Sawbones 433: Does Shrimp Make My Husband Drunk?

Published November 8, 2022

Listen here at themcelroy.family

Clint: *Sawbones* is a show about medical history, and nothing the hosts say should be taken as medial advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose you mystery boil? We think you've earned it. Just sit back, relax, and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

Justin: Hello everybody, and welcome to *Sawbones*: a marital tour of misguided medicine. I am your cohost, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: And I'm... just Sydnee McElroy? I— if I was a doctor, if I was a doctor I would never, ever, ever, ever, ever say my name without doctor at the beginning. It would always by Justin Dr. McElroy. Always. Even if I was—

Sydnee: There's no— there's no need to...

Justin: If I had the MD, if I worked and I got my MD, I'm gonna...

Sydnee: Or your DO.

Justin: Or even, you know what? Even, I will make this concession, even if you have one of the— like a PhD, like a pretend doctor like that, I would definitely still put Dr. at the beginning... of that.

Sydnee: [simultaneously] Did you— no. Okay. Justin, did you just—

Justin: 100%

Sydnee: I would just like to point out to all you PhDs out there, I would never call you pretend doctors. And Justin, you should know that it is, um, I would say more difficult to get a PhD than an MD or a DO. Not that I have a DO. I'm not insulting my fellow colleagues who are DOs, but I think we could all agree, all of

us who practice medicine, that PhDs seem harder to get. You have to argue something in front of people. Um, and present it. Defend it, I believe. And it takes longer, and I think it seems more difficult. You have to write big, long papers.

Justin: Yeah, but... I don't have either. And here's what I'm saying. If that is so upsetting to you, your intellectual inferior, Justin McElroy, maybe you need to, like— maybe there's some work *you* need to do. You know what I mean? If you're hurt by what I said, you should maybe do some work. 'Cause, like...

Sydnee: I think they get tired of being called pretend doctors when they are every bit as much doctors.

Justin: Pretend doctors I never would say.

Sydnee: That is what you said!

Justin: Rachel, check the tape and see if I said "Pretend doctors." Ra—

Sydnee: I would just— listen.

Justin: Hold on, wait. Rachel, just check the tape. So there you see it, I didn't. I never.

Sydnee: Whatever sort of doctor— whatever sort of doctor degree you have, if you are angry about what has been said on this podcast, please direct all your angry letters to Justin, and not to me. All of you doctors work hard for your titles, and everybody who's not a doctor, why do we have to divide it? Justin.

Justin: Listen, that was— can I just say real quick—

Sydnee: Why do we have to stratify society based on levels of education. This is unnecessary!

Justin: That's what I'm saying! I'm trying to tear everybody down! That's what I'm doing!

Sydnee: I wanna build everybody up.

Justin: Okay, so Dr. Justin McElroy. I love it!

Sydnee: Okay, that's not what I said. No, I'm saying that the—

Justin: Okay, so you do like the— you do like the elitism, the structural elitism in academia, if it benefits you, but not if it benefits me.

Sydnee: I'm saying dispense with the titles. I'm just Sydnee. I'm just Sydnee!

Justin: And I'm just doc—

Sydnee: I'm just your friend, Sydnee—

Justin: [simultaneously] And I'm just—

Sydnee: —who wants to do a podcast with you.

Justin: You know, I'm Dr. Justin McElroy, but you can just call me J-Man, or Hoops. Uh, don't ruin my replies. You're incredible if you've got a PhD. You know I'm kidding. But... that's all I wanted to say. I love all the [unintelligible] [wheezes] I guess.

Sydnee: If you're here today, you worked hard to get here. Whatever you did. You're here today.

Justin: [simultaneously] I respect your journey!

Sydnee: Every step on your journey brought you to this moment where you're listening to our podcast, where we're gonna talk about [through laughter] your weird medical questions that you sent me.

Justin: You can probably tell from that loose energy, it's one of our favorite kinds of episodes to do where we just dig into the mail bag of all your weird queries. And, you know what? We don't normally typify things as weird on this show. We try to avoid that sort of, like, you know, judgment of you, our dear listeners. But I think you are self-assigning as weird [through laughter] if you send one in to one of these episodes.

Sydnee: Well, here's the thing. You are, because when I decide, like, "Hey, we haven't done one of those in a while. We should do one of those episodes."

I go through my email. And Justin knows this. I don't delete any emails, ever, under any circumstances... pretty much. And I go back through the *Sawbones* email and I search "weird medical questions," and this is how you title your emails. So you know. We both know it's weird. And also, by the way, I'm not criticizing. I appreciate that, 'cause it makes it really easy to search. So, you can always send your weird medical questions to us, anytime, because when we decide to do one of these episodes, that's how I find your questions. I just do that search. So title it that way, and we'll all agree that it's weird, because this is why it's not medical advice, right?

Justin: I know. I know you're not telling people. But I am saying—

Sydnee: That's why it's weird. It's just interesting.

Justin: It's just— it's just interesting.

Sydnee: It's, like, just stuff you wanna know. Just stuff that—

Justin: Curious.

Sydnee: Yeah. Curiosities. [laughs]

Justin: This first one's from Justin. McElroy. When I eat American chocolate, my teeth hurt sometimes. And that used to be a problem for me, but they don't really hurt anymore.

Sydnee: Can you read the first real question?

Justin: Yeah, okay.

Sydnee: [laughs quietly]

Justin: I'm just sharing that we all have weird medical stuff. That's fine.

Sydnee: I don't know why American chocolate makes your teeth hurt. I really don't.

Justin: It used— sorry, hon.

Sydnee: I don't know why it used to and it doesn't now.

Justin: [holding back laughter] If you had listened...

Sydnee: I think you have a tooth problem. And as we have discussed on the show many times, you need to talk to a dentist about your teeth, not me.

Justin: I'm going to do it later. I have an appointment today, actually.

Sydnee: Oh, good.

Justin: [quietly] Did you ask what time?

Sydnee: No. Do you wanna share that?

Justin: What time today?

Sydnee: What time?

Justin: Tooth-hurty.

Sydnee: Oh.

Justin: "I have a weird question. My husband has a shrimp allergy. Apart from the symptom of an itchy mouth, he also says that his tolerance to alcohol goes way down. It typically takes quite a few drinks to get him to act drunk. He's a big guy and used to run a bar. But if he's ingested sh—" [extended wheeze]

Sydnee: [laughs]

Justin: "[strained] If he's ingested shrimp—[wheeze-laughs]

Sydnee: We're not gonna make it through all of these questions.

Justin: This really is shrimp heaven now! This guy's bl—[wheeze-laughs]

Sydnee: [laughs]

Justin: "It takes far fewer drinks to get him feeling tipsy, and if he's already been drinking, it pretty suddenly hits him hard and he becomes drunker."

You could go to a bar and be like, "Listen. I don't have a lot of cash tonight, so I'm gonna need three beers and eight shrimp." [wheeze-laughs]

"Why would shrimp allergies sudden decrease his tolerance like this? Is it some sort of histamine reaction? Psychosomatic? I hope you can help solve this medical mystery, [through laughter] because Google has not been helpful! Thank you. Strange Shrimp Symptoms in Chicago."

Sydnee: Okay. This is— this was a tough one for me. I'd never heard of this. So I had to do some searching, and I don't really have a straightforward answer as to why in this order things would happen. I thought, though, that there is a phenomenon here that is real, that is not psychosomatic. That is an interaction between allergies and alcohol ingestion that we're still, like, understanding. We have a growing body of understanding, but we're still not completely there. So there is a relationship. Some alcohol, for instance, contains histamine. So it's pretty straightforward. So if you're having an allergic reaction and you drink alcohol, you can worsen it. Or you can, because it does have histamine in it, some people will just say, like, "My nose runs when I drink alcohol." That was actually another email we got. "Sometimes my nose runs."

Justin: When I drink alcohol.

Sydnee: Yeah. Well, some alcohol has histamine in it. So there you go.

Justin: There you go.

Sydnee: Um, alcohol has also been noted to increase something called IgE, which is one of the antibodies that reacts, that is released and reacts in an allergic reaction. So you get more IgE— if you have more IgE already, and then

you're exposed to something you're allergic to, you could have a stronger reaction. Does that make sense?

So the— in general, the people who study allergies and immunological reactions say that in general, alcohol lowers the amount of allergen necessary to cause a reaction, makes allergen-related allergic reactions develop more quickly, and increases the severity of those reactions. So, I know this is backwards though, right? Like, you're asking me why would shrimp make you drunker? And I'm saying alcohol would make your shrimp allergy worse.

Justin: Hmm.

Sydnee: So the reaction— I know this is the wrong order, and why it would work the other way around is still... I mean, what would have to imagine is that in some way your allergic reaction is impeding his ability to break down the alcohol in a timely fashion. 'Cause that's really what it is, right? As we metabolize alcohol and break it down to its final byproducts and excrete it from our bodies, we become not drunk.

Justin: Right.

Sydnee: If you slow down that time, one, you get a buildup of things like acetaldehyde, which can make you feel bad. And two— and that's what you can build up if you have, like, not an allergic to reaction to alcohol, but if you're somebody who is slow metabolizer, and... anyway. And you have a bad reaction to drinking a lot, you get flushed and nauseous. Two, it can also make you drunker, if you're slower to break it down. So there's definitely an interplay between an allergic reaction and alcohol. There's definitely an influence. For the time being, I'd be careful with shrimp and beer, I guess.

Justin: Yeah. And I'm sorry in advance that you've likely been banned from every Red Lobster in the tri-county area.

Sydnee: [laughs]

Justin: Um, maybe you get— one, just one, uh... sh— I pulled up their drinks, honey. [wheeze-laughs] [strained] There's one called the Lobster Caesar?

Sydnee: That's a drink?

Justin: "This lobster tail-topped creation starts with spiced Mott's Clamato mixed with Smirnoff vodka, garnished with a fresh lime wedge and pickled beans." [wheeze-laughs] "One sip and you'll be a Caesar believer."

Sydnee: Whatever's happening to you, it's just 'cause of that drink. That has nothing to do with— that's not— that's not your fault. That's Red Lobster's fault. [laughs]

Justin: That's Red Lobster's fault. They over-served you on the Alotta Coladas.

Sydnee: So I don't know. It's interesting. I know that's not a clear-cut answer to the question, but there is an interplay between the two. You are spot on in recognizing it. And, I don't know, maybe we need to do a study.

Justin: Um, here's one from Becks. "Weird medical question I bet a lot of people have. Why do old injuries hurt when it gets cold or rainy, or is this just a common myth in our heads? Love your show and wishing you well."

Sydnee: So, this phenomenon dates back— like, Hippocrates wrote about this. The idea that an old injury will hurt when it's cold or rainy or whatever. So this is definitely something that humans have noticed for a really long time, which makes us think there's something happening, right? If we keep talking about it over and over and over. Either that or somebody read Hippocrates and repeated that, and then somebody repeated that, and then somebody— and on and on and on. Um, so it could just be, you know, confirmation bias. You notice that your knee hurt. You looked outside, it was raining, and then you thought about, "Does my knee hurt?" And it hurts. And then you... but your knee also hurt that day that it was sunny and you didn't notice, 'cause it was sunny. You know what I'm saying? So obviously there's always that sort of interplay. And I don't have, like, a study. Again, nobody's— who would do that study? Um, somebody would.

Justin: Yeah.

Sydnee: Somebody would do any study.

Justin: Yeah.

Sydnee: Um, but also, an area that's been damaged and healed, you could have nerves as they healed that are slightly more sensitive in changes in things like temperature or pressure. Um, and so a storm would cause pressure changes in fluid, right? Barometric pressure changes. So your joint fluid could have pressure changes. And if you have sensitized nerves, maybe you do get pain in that joint. Same thing if the air around the joint is very cold. You're more sensitive to temperature now because of those healed nerves, and so the pain would be more intense. Um, so there are some possible mechanisms. That has to do with, like, just those nerves that have healed, and the sensitivity in them now. It's definitely possible. I can't tell you conclusively 'cause, again, I don't... I don't know. I don't know what we would do with that information. Warming a joint can help, though. I will say that. If your joint hurts more when it's cold, actually applying, like, some warmth to the joint does help ease the pain, so.

Justin: "I'm a cisgender woman. Both my mom and my grandma have told me it's bad to drink too much carbonated water, because it steals calcium from your bones. They say it's especially bad for women's health, because it increases the risk of osteoporosis. Is this really a thing, or is there any reason fizzy water would be worse for you than carbonated water? It just seems like one water should be as good as the other, and I love the bubbles. Thanks so much. Love the show, Jen."

Sydnee: Uh, this comes— this came out of a study. So there is a root to this, although it has been misinterpreted. Um, there was the Framingham osteoporosis study in 2006, and many things came out of it, but one of them suggested that older women who drink cola have a lower bone mineral density in their hips. Not in other places, just in their hips.

Justin: Cola or carbonated drinks?

Sydnee: This was about cola.

Justin: Oh, okay.

Sydnee: This was about soda, cola, I don't know. Whatever you wanna... um, what they found though, 'cause they did look into other carbonated drinks and there was no connection to other carbonated things, so it wasn't the fizzy that

was the problem. Right? Because it was really associated with cola. The thought was that phosphorous in the drinks, in carbonated drinks, was leeching calcium from your bones.

Justin: Is that a thing?

Sydnee: That doesn't seem to be happening, no. That is not what the issue is. They also found that people in the study who were drinking more cola were taking in less calcium. At first they thought they were drinking less milk. They didn't really find that, but they did find that you were— for some reason, you are taking in less calcium if you are also drinking cola. I don't know. Obviously there's other—

Justin: Well, you're not drinking milk.

Sydnee: [laughs]

Justin: [laughs] There you go.

Sydnee: There's other things happening, there.

Justin: You're not drinking Go-Gurt. [laughs]

Sydnee: And also maybe it has something to do with caffeine. There may be an association with caffeine as well. But at the end of the day what they said was it isn't fizzy water. Fizzy water is not the issue. You can drink the fizzy water. It's okay.

Justin: Um, "Can I reinfect myself with a virus I've already had? For instance, right now I got a nasty non-COVID cold, and because it's suddenly chilly outside I'm using my lip balm pretty regularly. I would never share my lip balm with someone while I'm sick." I would just go ahead, if I could add a little comma there, just probably don't share your lip balm [wheezes] at all. "But should I ever use this one again? Could a virus live somewhere like that for a long time? Is it even possible to get the exact strain of virus I already had?" So they're— that's from Liza, Contagious in Clapton. They're worried about reinfecting with a chapstick, yeah.

Sydnee: With the exact same virus, yeah. So, I mean, if it— I mean, obviously that is the virus that is already in your body. You're gaining immunity to that strain. Eventually would you be sensitive to it again? Yes, but by the time you'd be sensitive to it again, the viral particles on your chapstick will have died. Um, viruses all live different times outside the body. Every virus, every sort of class of virus is different. And so, some viruses are especially hardy and can live a really long time on surfaces. Some of them, not very long at all. Um, none of them will outlive [laughs] that immunity you have to the virus. So no, using your chapstick, you're not gonna keep reinfecting yourself. And I can't even come up with a scenario where like, well, but you're increasing your viral load every time you use it. I think all of that would be pretty far-fetched. It is important to know you shouldn't share your chapstick.

Justin: Just don't share your chapstick.

Sydnee: Yeah. You shouldn't share your chap— that is good. And I will say, though, I have been in situations recently where people have offered chapstick. Where I have seen this phenomenon occurring again. I felt like that would go away forever with COVID. A lot of people thought handshaking would go away forever with COVID, right? It didn't. [laughs]

Justin: It didn't.

Sydnee: As someone running for office, I can tell you...

Justin: We like it. We like chapstick.

Sydnee: People love shaking hands. People love sharing chapstick.

Justin: [simultaneously] We like shaking hands. We like sharing our chapstick.

Sydnee: They love that stuff. I would say never share your chapstick. I don't think there's a great reason to get rid of your chapstick in this situation. Um, I wouldn't.

Justin: No, but just... if experience has taught me anything, just wait. I've never finished a chapstick. You ever finished chapstick?

Sydnee: No.

Justin: It just— it goes away. No one knows where they all go.

Sydnee: I lose it.

Justin: You know where they go? They go where the nail clippers go, which is, I have no idea. They just disappear.

Sydnee: Well, where—

Justin: I've bought 20 pairs of nail clippers in my life. I use one at a time. How is this possible?

Sydnee: Mine are under the seat of my car 'cause they've fallen out of my pocket when I'm driving. They're in the couch where our children have stolen them.

Justin: "Mine" is an— "mine" is an interesting word that you've chosen to use there. "Mine."

Sydnee: My chapsticks.

Justin: Ohh, okay, I thought you were talking about your nail clippers! [wheezes]

Sydnee: No, I know where my chapsticks go. I just can't get— they're all under my seat, 'cause I wear— they're in my scrub pocket and when I sit down, the scrub pocket gaps, and then it falls and it gets down under my— I'm never gonna get that.

Justin: Fair enough. "Why does my period affect my bowel movements?"

Sydnee: Um, this is a com— I thought this was important to highlight, because I was once told in medical school that if you ever have changes in your bowel movements with your periods, it's because you have endometriosis.

Justin: Ooh.

Sydnee: Like, 100%. And, like, actually everybody who had menstrual cycles in the class was encouraged to raise their hand if they've ever had diarrhea during a menstrual cycle.

Justin: Whoaaa!

Sydnee: Please don't do that.

Justin: Do it on the first day.

Sydnee: All you teachers out there? Don't do that to your students. For numerous reasons, don't do that. Because all of us who had periods felt the need to raise our hands and admit that we had had diarrhea. [laughs quietly] And then also be diagnosed based on that. You may or may not have endometriosis. That is nothing— that is not it. A lot of people experience differences in bowel movements while they're on their menstrual cycle. It has to do with a couple things. One is prostaglandins, which are the same substances that cause cramps, and the amount of them can also cause different intensities in cramps and all that. It can also cause diarrhea. It can speed things up. Conversely, progesterone can actually slow things down. So later, towards the end of your cycle, you may have some constipation. So you could have diarrhea. in the beginning, constipation at the end. Not everyone will experience this, and everybody who does could to varying degrees. It may be subtle, it may be intense. Obviously it would also have to do with, like, what you ate, and all these other things that influence our bowel movements. But that is a real thing that happens. It is— it is just part of the whole chemical, hormonal milieu that changes during that point in the cycle. Um, if it's intense enough to concern you, please do go seek your provider and discuss that with them. But generally speaking, it is not uncommon or something to be worried about.

Justin: Um, we got a lot more for you, but we are gonna take a quick break, and then we will come back with more of your questions right after this. In... the billing department.

Sydnee: Let's go.

[theme music plays]

[music plays]

Jackie: Hi! I'm Jackie Kashian.

Laurie: Hello. I'm Laurie Kilmartin.

Jackie: We do a podcast called *The Jackie and Laurie Show*, and you could listen to it any time you wanted, 'cause there's... hundreds of episodes.

Laurie: Yeah. I mean, we've been doing comedy forever, and we should both quit. So why don't you listen—

Jackie: [laughs]

Laurie: —before we leave this— not only terrible business, but this awful world.

Jackie: And find out why we can't.

Laurie: [laughs]

Jackie: Because we love it so.

Speaker Three: *The Jackie and Laurie Show*. Every week, here on Maximumfun.org.

[music and ad end]

[music plays]

Jesse: Hi, it's Jesse Thorn, the founder of Maximum Fun. I am breaking into this programming to say thank you to Max Fun's members. Your purchases in this year's post Max Fun Drive patch sale raised over $50,000 for Trans Lifeline. Maybe you already know about the good work that Trans Lifeline does. If you don't, they're a trans-run organization that offers direct emotional and financial support to trans people in crisis. If you want to learn more about the work Trans Lifeline does or support them further, go to translifeline.org. Thanks for supporting Maximum Fun, thanks for supporting Trans Lifeline, and thanks for being awesome people who want to do good in the world.

[music and ad end]

Justin: "This question is kind of theoretical, so you may have less of an answer. Recently, two of my friends got COVID. They got it while together at the exact same time with the exact same symptoms. Presumably they got it from the same source, meaning identical strain. One had two COVID shots, the other had three. The friend who had three was less severely ill, even though she is immunocompromised, and the one who had two is not. Obviously this is only two data points, but it would suggest that vaccination alone is more effective than the human immune system. Is there any scientific basis for this? Could this just be a fluke? Is there any evidence that even when immunocompromised, vaccinated people are better protected than non-immunocompromised unvaccinated people?"

Sydnee: Um, I thought this was a good question to address, because you're hitting on something that I think was— you are saying the right thing, and this was a big point of misinformation throughout the last couple years, or however— through the last million years that we have been trying to understand and fight COVID.

So, first of all, you are absolutely right. These are two data points, and you can't draw a ton of conclusions from that. It's anecdotal. This isn't— you know. So, I mean, it's always good to point that out. But you're illustrating something that a lot of people have argued about. Which— and you will hear this— that our immune systems are better at protecting us against viruses than vaccines, and that the immunity we build up after getting through COVID is better. That "natural immunity," quote-unquote, is better than vaccine-induced immunity. Those are not true.

Justin: Huh.

Sydnee: No. There are things—

Justin: Why?

Sydnee: Well, we've talked about how vaccines work. There are things we do with vaccines to induce a robust immune response that has been shown to outlast,

to engage the entire immune system in a way that being infected or exposed to COVID, or any virus, doesn't necessarily do. It could, but it doesn't necessarily. So vaccine-induced immunity tends to be better most of the time.

Justin: Mm-hmm.

Sydnee: Than natural immunity. So, you know, in these two specific people, I don't know what the difference was. There's still obviously people who get much sicker than others with COVID. There are a lot of studies ongoing to figure out what are all those factors. There's some things we know for sure, some certain underlying chronic illnesses and things, but there's lots of it we don't understand yet. Why does one person get this sick, and this person doesn't get that sick? You know? We tried to tie it to age in the beginning, and then we saw people who are elderly who had mild courses and people who were younger who had severe courses.

Justin: We don't know.

Sydnee: We don't know. There's still a lot that we have to learn. It will be a long time before we understand everything about COVID. That's just the nature of a novel virus. But it is a good reminder that vaccine-induced immunity with COVID we know is the better way to go than just hoping for natural immunity after you presumably survive COVID, if you get it. So please get vaccinated if you haven't. It's the best way to protect yourself from severe illness and death. Um, please get boosted if you haven't. We've been boosted. We are a fully vaxxed to the max family now.

Justin: We haven't been hitting it hard enough this season, but it is flu shot season, by the way. Go out there and get your flu shots, too.

Sydnee: Please, please. Get your flu shots, get your—

Justin: This one is bad.

Sydnee: Yeah. Flu shots, get your COVID booster, the new bivalent booster if you qualify for it. Right now we have RSV going around, flu is going around, the upper respiratory infection season is in full swing. I would say earlier than normal and more intensely for sure than normal. And there is no thought that's gonna let

up through the entire winter. We're seeing a lot of stuff that maybe people hadn't gotten for the last couple years they're getting now, because nobody's wearing masks and nobody's distancing and people are sharing their chapstick again!

So, um, please go get the vaccines that you are eligible for. It is incredibly important for all these reasons we've just talked about.

Justin: Cool. Um, let's see. What's next, here?

"Why do some people have difficult veins?"

Sydnee: This gets on. There's more to the question.

Justin: Oh, there's more to the question. [laughs] "I had to get some blood tests somewhat recently, and while the phlebotomist could find a vein, she couldn't get a good blood draw. I was feeling thirsty, so we agreed I'd focus on hydration that day and come back the next day, but it wasn't any easier the next day. When I told my sister about it she said 'Yeah, once when I got blood drawn the guy told me I have tiny veins.' Is this associated with any broader negative health outcomes?"

That's from Carrie. And Carrie, the phlebotomist was just having an off day. It's not your veins. It's a— it's a— it's a poor artist who blames their tools. Or in your case, the medium.

Sydnee: [laughs]

Justin: They— if— the real pros, the heavy hitters, they're gonna come in and find that vein, no scope, every time.

Sydnee: Oh, you are making so many phlebotomists and nurses and all kinds of people who draw blood so angry right now. [laughs]

Justin: If they are not already angry with me for talking out of my butt, I can't imagine this is gonna put 'em over the edge, but yeah.

Sydnee: It— I mean, obviously, like, if I am the one drawing your blood, it is very likely that I am the problem. I am not very skilled in drawing blood. That is

an interesting thing to know. Most of us physicians have not drawn a lot of blood in our career. Now, some have. I know there are gonna be physicians out there going, "Well, I do this every day." Sure, sure. There are exceptions to that. In medical school I was required to do it three times to get signed off on.

Justin: Wow, really?

Sydnee: Yes.

Justin: [through laughter] That is— that is bracing! If I could just take a moment— and so you see a junior doctor and they're like, "[goofy voice] I'm here— I'm a real doctor, and I'm ready to take your blood!"

And they've done it three times?!

Sydnee: Well, that's because we don't usually. So, like, in a lot of hospital systems, the physician isn't drawing the blood.

Justin: Oh, sure, okay, yeah.

Sydnee: So it's like— it's not a big part of our training, because— I mean, my opportunity— the only reason I have started pursuing— like, I actually have done it since then very recently, just in the last couple weeks, with Jan, the RN who works with me, volunteers with me over at Harmony House, [through laughter] she has allowed me to draw her blood a few times to practice.

Justin: [wheezes]

Sydnee: I know. Because she's incredibly talented at it, and I suck at it. And so—

Justin: [simultaneously] So if you— if you're—

Sydnee: I have been practicing learning how to draw blood better, because I am in a resource-limited setting now where my ability to draw blood would be very beneficial. In a hospital, me being able to draw blood is not particularly useful. There's lots of people who do it better than me, whose job it is to do it all the

time. I am not the best person in the room to do it. Now, since I'm the only person in the room a lot, it's a useful skill to have.

Justin: Yeah, but desert island lost scenario, if you're, like... if the doc— the one doctor that was on your plane comes up with, like, "[mockingly] Hey, I made a bamboo needle. I'm ready to go for it." You're gonna assume, like, they know what they're doing. I bet they got this. They're a doctor. [laughs] I'm in good hands.

Sydnee: My point is— and I've actually had this request before— if you are in the hospital and whoever's trying to stick you is having trouble sticking you, I've had patients say, "Can I have the doctor do it?"

Nine times out of ten, that is not... that is not your best option.

Justin: [wheezes] [through laughter] You don't want the doctor to do it!

Sydnee: We are not your best option. It is good to know your lane. That's not my lane. Um, but all that being said, there are no—

Justin: I'm kidding, by the way. I was kidding earlier. It must be very unpleasant to unnecessarily jab people with a needle when you can't find a vein. It's gotta feel very bad. I can't imagine. So it was—

Sydnee: I do other procedures that require, like, making sure you do it right immediately, and it feels terrible. You want to do the absolute best you can, and if you don't get it right the first time of course it feels terrible. And everybody's trying they're best, but there are no broader negative health outcomes with not being able to get a vein. For some people they're easy stick. You can look. You can look at your arms and usually tell pretty easily, like, do you have prominent blood vessels or not? There are many factors that go into exactly why your vessels might be easier to stick or not. Um, it has nothing to do with, like— I mean, hydration can affect it. That's a good point. Like, it is good when you go in for a blood draw to go in well hydrated.

Justin: Okay, good to know.

Sydnee: That does make you a little bit easier to stick. If you're really dehydrated, if you've ever gone in sick 'cause you've been vomiting and they want to stick you to give you fluids, you know you're harder to hit. No matter easy your veins are typically, you could be harder to hit at that point. But, um— hydration can affect it, but don't stress about this. I don't want anybody to worry. If you've been a hard stick, that doesn't necessarily mean there's anything— you could have other health problems, but that has nothing to do with it. That doesn't mean anything.

Justin: "Have you heard of the bug bite thing? It's a little hand powered suction device that's supposed to treat insect bites. The makers claim it works by extracting the irritant from the bite. Is that actually possible? If not, what could it be about the suction that makes the bite itch less?"

Sydnee: Uh, that's from Juliana. Um, so I looked up the bug bite— you remember the bug bite thing, when we saw it on Shark Tank?

Justin: Yeah.

Sydnee: Uh, I looked it up, because when I saw it on Shark Tank I meant to do that, and then, I don't know, we probably went to bed afterwards and I never did. Because I wanted to see the studies. I'll be honest. I couldn't find any studies. [laughs quietly] I found a lot of, like, articles about it. There's a ton of, like, magazines and, you know, news sites and things that just wrote about. People who tried it, like journalists who, like, attempted to use it and reviewed it and things like that to try to talk about it. I didn't really find... if there were studies, like even like a Google Scholar search, I couldn't find articles.

Justin: Yeah...

[both laugh quietly]

Justin: Yeah... if you look at the— if you look at the top bar on their website you see "Buy now, how it works, Mom on a mission, real stories." That to me is like [imitates siren].

Sydnee: Well, there's a lot of testimonials. Now, this doesn't mean that it doesn't work, but it does mean that, like, if you're looking for studies, I don't

have any to point to. As far as I can tell, what they are trying to do is just, like, literally vacuum suction the saliva and what-not that immediately is on your skin when you get a bug bite. The problem is that the reaction that your body's gonna have to that is gonna happen fairly quickly. So from what I found from a lot of reviews— not testimonials, 'cause testimonials are people saying it works. [laughs] I wanted to look for reviews. This is not science, these are reviews.

From people using it, what I found is that if you, as soon as you get the bug bite, like immediately, like you see the bug, you brush it off your arm... [uncertainly] or you smush it, maybe... I don't know what you decide to do. That's up to you. Um, if you grab this suction device and immediately put it on your arm, it does reduce the reaction, according to reviews. This is not science. These are reviews. Because you have immediately removed some of the saliva or whatever that is on your skin.

However, if you wait any amount of time— and the problem with that is that a lot of us don't know we got bitten by a bug right away. Like, how often do you immediately see a mosquito bite? Versus, like, you look at your arm and go, "Oh, I got bitten by something."

Justin: [simultaneously] "[quietly] Oh no, I got bitten."

Sydnee: By the time you notice it, you're probably already having the reaction, and then it's too late. It's not gonna work at all, then, 'cause there's nothing to suction. [laughs] So... I think— I mean, I don't have science to tell you if it works. I think if you have it— like, if you're out in the evening when there are bugs and you have it in your pocket, and the second you got bitten by a bug you used it, it may reduce your reaction somewhat, for sure. Their big argument is that then you don't have to use chemicals. And a lot of the chemicals that they're talking about, like using some cortisone cream or something, I don't know what your... I don't know what you're worried about that chemical doing. I think that— my problem with it is more that. It's sort of playing on this false fear we have of quote-unquote "chemicals," when in fact we are surrounded and filled with chemicals at all times. A chemical is not something that is inherently dangerous or bad, and I think sometimes that word gets thrown around as like, "We don't want a chemical. We want a natural solution."

Justin: Right.

Sydnee: Well, no. Chemicals save our lives in many ways. [laughs quietly]

Justin: Water's a chemical. What's up now?

Sydnee: Yeah. I don't— I don't think we need to worry about putting some cortisone cream on a bug bite, most of us. I'm speaking in generalities. I don't know. If you want to use it, I don't think it's gonna harm you. I saw no reason that— they said don't use it on, like, your face or neck unless you want a hickey. [laughs quietly] But otherwise, I don't know. There's no science. I got no science to tell you.

Justin: It's taking literally all of my energy to not go full dad and just be like, "[exaggerated Southern accent] It's a bug bite. [wheezes] Just— you got— just have a bug bite!"

Sydnee: [sighs] Some people—

Justin: Sorry, champ! You got a bug bite! That happens. It's life.

Sydnee: And the thing is, if you are—

Justin: They don't have plastic for everything that happens to you. I'm sorry, you got a bug bite, Tex. I don't know what to say.

Sydnee: If you are someone who has severe reactions to bug bites, certainly allergic reactions to bug bites, the bug bite thing is not what you need.

Justin: Yeah!

Sydnee: I mean, I don't know if you need— if you've been to a doctor and you need an EpiPen, please carry one, if you've been diagnosed and prescribed one. Or if you do have severe reactions and you haven't been to a provider, go to one. But if it's just, like, a red, itchy bump... I don't know. I think this— you could try this, as long as it's not on your face and neck.

Justin: "My dad got neuropathy and got over prescribed opioids and got addicted. My brother was also prescribed by the same doctor and ended up

moving from prescription drugs to heroin after my dad passed. He's clean now. I'm terrified of getting injured and prescribed painkillers. I'm a ride share driver in a city with a lot of DUIs and a lot of gun violence. I'm less afraid of getting shot or getting into a car accident than going into an ER with a serious injury and being given painkillers and ending up with an addiction. Can you refuse drugs in the ER? Are there negative re... "

Sydnee: Repercussions.

Justin: Repercussions, sorry. "For refusing pain treatments? I would rather deal with the pain of a traumatic injury than have to get off opioids. This is a major fear I have."

Syd, what do you think?

Sydnee: Um, I think— I thought this was a good question to ask.

Justin: So perceptive, yeah.

Sydnee: Well, because one, this is a big fear a lot of people have, and there's two sides to it. There is a place for opioids in treating pain, absolutely. There are reasons, valid medical reasons, why we use opioids. They're not just bad. Um, and I say that living in West Virginia and taking care of people with substance use disorder every single day. Opioids are not always bad when they're used in appropriate settings, at appropriate doses, for appropriate durations of time. Then it's okay. There are times where you go in with a painful condition and there isn't a medication that's going to help alleviate the pain in that moment in the way that an opioid would. You know, if someone comes in with a broken bone and I give them a Tylenol, that's not going to cut it. That's just the truth.

So while it is always good to be cautious about any medicine you're taking, it is important to know that opioids aren't always completely forbidden for us. And I think that some of us who live, especially in areas like we do, you get that sort of impression. I'm that kind of patient. I'm very hesitant. Even after surgery, Justin can attest, I was incredibly hesitant to take anything.

Justin: Mm-hmm.

Sydnee: That being said, if you are going to— if you are concerned about that, what I would just do is voice that concern with the person who's providing your care. This is a good point whenever you're quote-unquote "refusing" some sort of care. I think that there's a lot of worry that you're gonna get labeled as, like, AMA.

Justin: Uncooperative or— yeah, yeah.

Sydnee: Uncooperative, difficult, against medical advice, those kinds of things. And certainly that isn't— it isn't a good thing that will end up in a patient chart saying "Patient refused care." That sounds really bad. So I think that— and we, on our end as the medical providers, if a patient says "I don't want to take that," it is our job to say, "Can you share with me your concerns so we can talk through it?" Because obviously I thought you needed it. You don't want it. Let's talk that through. That's a good thing that we could discuss. And unfortunately that doesn't always happen, right?

Justin: Right.

Sydnee: Providers don't always ask the right questions and do the job we should. Um, but I would just do is be really honest. "I have this concern. You know, I don't want this to happen to me. I've seen this happen to other people around me. Is there an alternative? Do you feel like this is the only— could you help me understand? Could you help me understand how we're going to prevent these consequences from happening, these things that I'm worried about?"

It's totally fair to ask all those questions, and if a provider isn't willing to provide you with those answers or take the time to explain things, that's... it's perfectly valid to say, "I need somebody to answer— can someone else come in? Can you get somebody else to come?" If it's, you know, one type of provider in the hospital, "I need somebody else." It's okay to ask for a patient advocate. That's always okay to say. Like, "I feel like we're not communicating well. Do you have a patient advocate who could help facilitate this?"

That's somebody whose job it is to come in the room, hear your concerns, and help advocate for you to the healthcare facility.

Justin: Okay.

Sydnee: It's okay to do that. Ask the questions. Don't ever feel— and I think the worst thing to do is just say "I don't want any of that. No." And not further the conversation. Say "I have concerns, and here's why." And ask the questions. And then the impetus is on them to make sure and answer your questions and make you feel comfortable with whatever treatment plan you two agree on.

Justin: Before we close, real quick, Syd.

Sydnee: Yes.

Justin: You'll be relieved to hear, I got a couple poopers for you to close out on. I know you love questions about poop. You love talking about poop.

Sydnee: [sighs heavily]

Justin: A little bit of poop for you.

Sydnee: Oh boy.

Justin: Here's the straight poop on poop. "Ever notice sometimes when you poop, the volume seems much larger than the amount of food you've eaten recently? What's up with that? Where's this extra matter coming from?" Well, I will tell you. It's not just food that ends up in your poop. There's a lot of microbiotics in there, and different parts of your body that you don't need anymore that you slough off, like skin cells in our body are constantly regenerating, right? So it's not just food. It's also dead skin, dead... organics in you that are ready to come out, 'cause they've died and been replaced by fresh, healthy cells. What do you think about that?

Sydnee: I mean...

Justin: Is that— what do you think?

Sydnee: There's some truth in some of that that you said. So there are, like, organisms, like bacteria. A lot of our poop is bacteria.

Justin: Yeah.

Sydnee: Too. [laughs quietly] So that's in there.

Justin: That's some of the stinkiness.

Sydnee: Uh-huh. Well, yeah. [laughs quietly] Um, and there are, like— yeah, like fat or I guess, like, yes, dead intestinal cells, yes. All those sorts of things sloughing off, sure. Not, like, in large numbers. That's a whole other thing. But, like, okay, yeah. Waste from our bodies in addition to the food that we ate, waste that has been produced. There's also water. And so that bulks up stool, you know, too. Like, there's water in there too. Um, and then there are things that expand, too. Like fiber in things that you eat and then absorb water and expand and get larger.

Justin: Right.

Sydnee: And you've also gotta remember that, like— and you know what, this gets into the second question, 'cause this person sent in two poop questions.

Justin: "Occasionally—" thank you, Kristen. You're a hero. "Occasionally, generally after eating at a restaurant, I find myself urgently needing to find a bathroom 15 or 20 minutes after eating. I was under the impression that food takes several hours to wind its way through your digestive system." They told us 12 hours in school. I'm sure it's different with other people. "Is this after lunch distress caused by something in your restaurant food, or is it just a coincidence? Thanks for all you do, and sorry for being gross."

It's not gross, it's a beautiful miracle of the human body. Thank you, Kristen.

Sydnee: Uh, so that's what I was gonna say. This gets into the second question. Poop doesn't— you are not pooping out what you just ate. Like, in this example, 15 or 20 minutes after you ate, you are not pooping that stuff out. [laughs quietly] Um, it takes a— it does take a while for food to travel through the digestive system. It varies from person to person, from age to age, metabolism to metabolism, whatever you ate, how much water you intook. There's a lot of factors that go into how fast food moves through the digestive tract.

Justin: Now, water can blast right through you, right?

Sydnee: Yeah. Well, but you pee a lot of that out, too.

Justin: But you— water to pee is a faster journey than cheeseburger to dookie.

Sydnee: Yeah. You can sit and chug a bunch of water and have to pee pretty quickly.

Justin: I used to do a fun trick when I was peeing, and I would drink while I was peeing, and it would seem like I was just never gonna stop. [mumbling] It was fun.

Sydnee: You got— you've got—[laughs quietly]

Justin: I was much younger, then. I was maybe in my mid-30's, maybe.

Sydnee: Your kidneys are constantly filtering your blood and removing things, including water, from it, constantly, every second, constantly, right now, right now, right now, right now. You are not pooping constantly. [laughs quietly] You are not removing poop from your body constantly. It takes a while for things to move through there, so what is happening when you poop right after you eat is— that's your gastrocolic reflex, which means food hits the stomach. It comes down the esophagus, hits the stomach, and it starts sending waves through the intestine, which is long, right? You gotta go all the way through the small intestine, and then through the large intestine, and then finally to the rectum and poop.

Um, and as it's sending that peristalsis, those waves, squishing the food and moving it along, um, stuff gets moved further down. So things that are further in the digestive process are getting moved closer to your butt...

Justin: [snorts]

Sydnee: ... while the food is coming in through the mouth. So that's not the food you just ate. Now, there are some conditions that can exaggerate that reflex, and make it happen quicker and stronger, so that it feels like "I just ate and now 15 minutes later, oh my god, I gotta go to the bathroom." And some of that could be because of something like irritable bowel syndrome or something else. Some of it might just be where you are at that moment. If you're really anxious, you might notice this happening. Somebody who is experiencing a lot of anxiety or

nervousness, maybe you're about to go, I don't know, do a live podcast or something. I don't know if this sounds familiar to you in any way.

Justin: Oh, are you worr— does this happen to you sometimes when we record *Sawbones*?

Sydnee: No, I meant— I meant you and... your family, and your...

Justin: Oh, and our bathroom. This isn't really a trial—

Sydnee: [simultaneously] And your bathroom, I mean.

Justin: —so much as it is a podcast. [laughs] So maybe just keep moving.

Sydnee: [laughs] Anyway, that's what's coming out. It's not the food you just ate. The food you just ate sent a signal to the food that you ate yesterday, or last night or whatever, that like, "Hey."

Justin: "Move it along."

Sydnee: "Move it along. I'm comin' in!"

Justin: [wheeze-laughs]

Sydnee: "Make some room." That's what that is. That's— it's okay. [laughs]

Justin: It's like when you put another hot glue stick in the back. You're not shooting out that hot glue stick, but it is pushing the rest of the hot glue out from the tip of the poop.

Sydnee: That is a good— it's not quite that, like, mechanical. Your entire intestine is not packed full of poop at all times that is slowly being pushed through.

Justin: That is why it is a metaphor.

Sydnee: Right.

Justin: Rather than me insisting that your body's a hot glue gun!

Sydnee: [laughs]

Justin: [through laughter] Thank you so much for listening to our podcast. We hope you've enjoyed yourselves. Thanks to The Taxpayers for the use of their song "Medicines" as the intro and outro of our program, and thank you to you, you yourself, for listening. We are so flattered that you continue to spend your time with us.

And speaking of spending time with us, do you wanna see a very rare and sadly recently rare— hopefully not rare for a very long time— *Sawbones* live? Because on November 10th in Cincinnati at the Taft Theater, November 11th in Detroit at the Masonic, and November 12th in Washington DC at the DAR Constitution Hall. You can see *Sawbones* opening for *My Brother, My Brother, and Me*. In Cincinnati, that show will also include *Shmanners*, and in DC that show will also include *Wonderful!* You're getting a lot of podcasting for your— for your buck, there. So we hope that you will come and join us.

Sydnee: I'm really excited. We haven't done a live show since before the pandemic.

Justin: Yeah. So if you go to mcelroy.family and click on events, you can see a list of those. There aren't a ton of tickets for those three shows, so you wanna hop on that. Also, we're doing TAZ in DC on November, 13th with Brennan Lee Mulligan. That will not be a *Sawbones* show, but it will be fun, so come out to that if you can.

Sydnee: And one other quick thing I wanted to address. Um, we would never run...

Justin: Oh yeah.

Sydnee: Political ads on our show. That is never something we would agree to, or in any way sign up for. That's not our show. This has nothing to do with me running for office, by the way.

Justin: No, no, no. Last episode there was a technical glitch is what it was, a technical glitch that surfaced some, uh, not-so-pleasant political ads to some of our beloved listeners through our dynamic ad insertion platform. That was a hiccup, a glitch, it was not intentional.

Sydnee: Yeah, I—

Justin: No one intended for that. That would never be—

Sydnee: We apologize for anybody who—

Justin: We do our ads.

Sydnee: Yeah.

Justin: No.

Sydnee: We would never do that. We would never run— we don't run any political ads on our show, and we certainly wouldn't run political ads that run contrary to our own values. But we wouldn't run any political ads. So, I apologize. That will— that will never happen, at least that we would agree to. [laughs]

Justin: That is going to do it for us for this week. Until next time, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

Justin: And, as always, don't drill a hole in your head!

[theme music plays]

[chord]

Maximumfun.org.
Comedy and Culture.
Artist Owned.
Audience Supported.