Sawbones 439: Can I Become the Alpha Period-Haver?

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Clint: *Sawbones* is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your 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'm your cohost, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: Phew. I tried to do a really normal— did that sound really normal? Like, I was trying to do, like, a very normal one.

Sydnee: Your pitch is higher.

Justin: It was— yeah but, like—

Sydnee: Like, the pitch of your voice is higher right now.

Justin: That's energy. That's like a normal...

Sydnee: Is that what that is?

Justin: Yeah.

Sydnee: Well, but usually when you start *Sawbones* I feel like you drop into a lower register.

Justin: "Helluh—" yeah, like there? Yeah, you're right.

Sydnee: You do.

Justin: Yeah, it was a higher register for me. I don't know why.

Sydnee: I don't have a preference. I'm observing. I didn't want it to come across like a prefer one or the other. I like all your voices, and all of the pitches, and all of your tones.

Justin: I like all your tones too, Sydnee.

Sydnee: [laughs]

Justin: Uh, always have, always will.

Sydnee: I think my voice has gotten deeper as I've gotten older, and I'm not sure why. That would be a weird medical question, wouldn't it?

Justin: Yeah, right? But you have no Sydnee. [laughs quietly]

Sydnee: I have no Syd—

Justin: "But doctor— but doctor, I am Sydliaci!"

Sydnee: [laughs] I could look it up. I do think— my singing voice is lower. I'm a baritone now. [laughs]

Justin: [laughs]

Sydnee: No, I've dropped from alto, lower than that.

Justin: If you can't tell from the loosey-goosey nature of this, folks, it's almost Candlenights. It's almost the holidays. Uh, this'll be probably our last episode of the year, I believe. Right?

Sydnee: Yeah?

Justin: Yeah, 'cause we— we—

Sydnee: Well...

Justin: We'll be dark next week. And this will come out—

Sydnee: Oh, are we?

Justin: —the day— I mean— you know what I mean?

Sydnee: But you know what?

Justin: What?

Sydnee: There is still something to bring you joy.

Justin: What's that?

Sydnee: If you are not— we will not have an episode out. Well, I mean, this will come out next week.

Justin: Right.

Sydnee: That's all confusing. They have no idea when we're recording this.

Justin: No, the chronology is all loosey-goosey.

Sydnee: But there will be a week without a *Sawbones*. However, there will still be Candlenights available.

Justin: Yeah, that's true. Bit.ly/candlenights2022. For just $5, or more if you would be so kind. Because all of the money that we raise goes to Harmony House, a shelter that's very important to Syd, and very important to unsheltered people in our community. Um, and it's a great video spectacular. Two hours of skits, and games, and songs. And, uh, learning.

Sydnee: And perhaps...

Justin: Learning, cooking, healing— what?

Sydnee: Perhaps a movie trailer.

Justin: A short— a short, 11 minute—[wheezes] trailer. Like all great trailers.

Sydnee: Like all great trailers for—

Justin: It's 11 minutes long, that we made.

Sydnee: —for movies that definitely exist.

Justin: Yeah. Real movies.

Sydnee: But you can start watching that Saturday.

Justin: The previous Saturday as this is—

Sydnee: The previous Saturday.

Justin: This is really puttin' your noodle through the wringer, huh?

Sydnee: [laughs]

Justin: Yeah! So we're recording this on Friday. Candlenights comes out... tomorrow.

Sydnee: Tomorrow, the 17th.

Justin: And this episode comes out on Tuesday, so Candlenights is already out. You can go watch it right now for five bucks.

Sydnee: Yeah, please. And anything you can give, it's a huge help. We have, as many areas in the country, are experiencing unprecedented numbers of people experiencing unsheltered homelessness. And we really need all the help we can get to provide people with the resources for housing and, you know, things like food stamps and Medicaid, and all the things people need to, you know... live and thrive.

Justin: That's beautiful, Sydnee. So that is— that's very exciting, but that's not what we're here to talk about today, Sydnee. We're here to cut loose... with an incredible episode of your medical questions, answered.

Sydnee: Yes.

Justin: The challenge at this point has become coming up with names for these, which thankfully our fabulous editor, Rachel, has had to take on with me. But we used all the permutations. We've also already used "Yes Virginia, there are weird medical questions." So even the— the holiday theme is pretty well tapped.

Sydnee: And I am unhelpful in this effort, as my documents associated with these episodes are titled "Weird Medical Questions," and then the date.

Justin: Mm-hmm.

Sydnee: And that's not a good— that's not a good title.

Justin: That's not gonna get anybody— the click-through on that is bad!

Sydnee: I do appreciate and will go ahead and say, you all send me emails constantly titled "Weird Medical Questions" so that I always have plenty of questions for these episodes. Thank you. If you do have weird medical questions, please always put that in the subject, 'cause it makes it so easy to put these together and answer your questions as often as we can.

Justin: Yeah. Uh, here's question number one.

"I suffer from chronic migraines and I get prescribed nine... "

Sydnee: Rizatriptan.

Justin: "... Rizatriptan pills per month to use when I get one. I've been on this for about a decade at this point and every month I've noticed that in the days following refilling my prescription, I get a lot of migraines. This means I use half my supply of... "

Sydnee: You can say Maxalt as the brand name.

Justin: "... Maxalt right away."

Sydnee: It'll make the end make sense.

Justin: Okay. "And I have to ration my remaining pills and hope I don't get another flare up before I can get another refill. Why am I like this?"

That's from "Gotta Have My 'Xalt!" In New York. [laughs quietly]

Sydnee: [laughs quietly] Um, so I can't— I can't speak to exactly why your migraines follow that pattern. That would be really interesting if I could.

Justin: I have to let Olive in.

Sydnee: [laughs quietly] Uh, but I think this is a good question to answer and to discuss some of the issues that you're bringing up, because this is a common frustration for people who have migraines. When you fill your prescription of whatever your— kind of your— you're having a migraine. It's not a preventive medicine. 'Cause there are medicines you can take to try to prevent the frequency of migraines, and then there are medicines you just take when you get a migraine. Um, usually you don't get 30 pills a month. Generally speaking, they give you less.

Justin: Because you're... probably not having a migraine— one migraine every day.

Sydnee: Yes. And if you are having a migraine every— there are a couple reasons around that. If you are having a migraine every day, we need to talk about a medicine to try to prevent that, right? We need to talk about not just treatment, but prophylaxis.

The other thing is, taking any of these medicines every single day can actually cause rebound headaches. And this is actually true with Tylenol and Ibuprofen. If you take those constantly, especially for headaches, and then you stop them, you'll get rebound headaches, and so you'll take more of them. And so it can actually cause problems. So there are reasons for limiting how many you would take. There's also, like, unhelpful bad reasons like that's just all your insurance company wants to pay for. And this is always a fight with, you know, what you need versus what our American healthcare system will allow you to have, because it's built to make money and not built to help you, but that's a whole other issue.

There was a 2015 study that I thought was really interesting. It looked at people who have migraines, who have these, you know, as-needed medicines to take. And what they found is that medicines like Maxalt, that family, triptans, that family of medicines are effective for most people— not all, but most people who have migraines. But that a lot of people don't take them when they have a migraine, even if they have them.

Justin: 'Cause they're rationing?

Sydnee: They're rationing.

Justin: Ahh.

Sydnee: That's one of the biggest problems. I'm wondering if you're noticing that you have migraines more and take your pills more right after you get a refill because you're also subconsciously aware that you have your resource that you need. And as the month goes on and your supply wanes, you're more aware of the need to ration, which you shouldn't have to do. But a lot of people do ration. And then what happens is if you delay taking it until you're really sure, "Okay, yes, this is a migraine. I have to take it." They're not as helpful. It's better if you take them as soon as you start to get those symptoms that tell you a migraine is coming. They're more effective. So then you end up, you know, having more migraines.

Justin: And it's funny. The solution to all of this, as we've said so many times on this show, the fix that starts to un-mess up the situation is a drone network that can distribute pills as needed from doctors.

Sydnee: [laughs]

Justin: Is that what you were saying?

Sydnee: No, I was gonna say single payer healthcare, but that's just—

Justin: Okay, okay. That's an interesting idea. Maybe we could fold these two together. But I've al— I thought you've always been really big on the drone network to distribute pills from doctors with an army of drones.

Sydnee: No, no. Single payer healthcare is the thing that's big for me. Because there are reasons why it wouldn't be healthy to take a migraine treatment medicine every single day. Certainly there's a medical reason here, but there's also a financial incentive to prevent you from getting all the medicine you need.

Justin: The drone would decide. You would program it to decide if you get your pills or not.

Sydnee: You know what, honey? I don't know which would be worse, at this point. Our current system or a drone who decides.

Justin: "Hello, Sydnee. When I was younger and had to have a CT scan, they would make me drink this awful drink, what I can only assume was medicine and Sprite." [wheezes] "I just had a CT, and as an adult the technician just gave me contrast through my IV. Do kids still have to drink that stuff? Am I just old and medicine has advanced past bad drinks? Thank you for your help and making my favorite podcast. Best wishes, Kate."

Sydnee: This is a great question. It never occurred to me— and this is— Justin, you point this out to me a lot. There are things that 'cause I went to school for a very long time just to know these things, I kind of assume, like, everyone knows. And then, why would you? I had to go to school to learn 'em. You know, there's lots of stuff I don't know 'cause I didn't go to school and, like, somebody went to school for... I don't know... farming. They know all about farming. I don't know anything about farming.

Justin: Right, yeah.

Sydnee: Anyway...

Justin: As I have to repeatedly remind you.

Sydnee: [laughs] Every time I try to farm.

Justin: Every time you try to farm.

Sydnee: Uh, so we're looking at different things when we use contrast, oral contrast that you drink. Um, versus contrast that we put in your veins through an IV. We're looking for different structures. We're looking for different— well, not— like, we know— we're not looking for the structures. I mean, we know where they are. Hopefully we know where they are.

Justin: [simultaneously] You know, hopefully, where they are.

Sydnee: Generally, sometimes we don't. Sometimes— sometimes we don't.

Justin: "What's this beaty red thing? There's this big lump right in the middle that seems to be beating."

Sydnee: But we're trying to visualize. We're trying to highlight different tissues. Um, we're looking for specific disease processes with different things. Uh, 'cause

sometimes you don't need contrast at all, right? Sometimes we do a CAT scan and you don't need any contrast, because what we're looking for is something that you can see without highlighting anything. For instance if we're worried— if you hit your head and we're worried that you're bleeding inside your brain, we can usually see that without any sort of contrast on a scan. We would just put you in there and look. If we're looking for infection or cancer, we often need contrast. And then if we're trying to look for something happening in your bowels, like let's say we're trying to rule out an appendicitis, it's really helpful for you to drink the contrast. We can also, if you're having trouble drinking contrast, we can administer it rectally. Um, but then we're only getting part of the GI tract.

But—so we're just looking for different things. Sometimes you need one, sometimes you need the other. Sometimes you need both. For some, especially if it's in the abdomen, some pathology you need both kinds of contrast, and some you don't need either. So I would say it's just a different kind of scan for a different reason, is why you had to drink it once and get it through the IV another time.

Justin: Have we done one— an episode on imaging? I think that stuff is so fascinating, and I understand it so little.

Sydnee: I don't think we have. And it is definitely a whole other— I will say, like, I understand a lot of these basics, and I can look at images and give you a basic idea, but I'm not a radiologist so that's something that I can always learn more about, too, is exactly why we do what we do.

Justin: What was the one I had? For my noodle?

Sydnee: You had an MRI.

Justin: That was the pits! That was the pits.

Sydnee: Yeah, the MRI is the longer one, the louder one, the one people tend to kind of dread. It's not painful, but you lay very still for a long time.

Justin: It's makes you insane. [wheezes]

Sydnee: And it's very loud, and the CT scans are usually quicker.

Justin: Yeah. "There's a probiotic called Rephresh, that's spelled R-E-P-H-R-E-S-H, which I enjoy very much for some reason. Rephresh! That supposedly prevents yeast infections. Rephresh! Does it work, and if so, how does the bacteria get from the stomach to the vagina? By the way, I'd be interested in a whole episode of probiotics if you haven't done one already."

Sydnee: We probably should.

Justin: Lot of— yeah, that's a complex one, man.

Sydnee: It is, it is. And it's complex depending on what we're talking about probiotics for. Probiotics, the general idea is you put good bacteria in to keep your supply of good bacteria up to help prevent the complications of bad bacteria. And there is truth and value in that concept. But like a lot of things in medicine, it has been expanded upon in ways that are maybe, uh—

Justin: [simultaneously] Creatively, creatively expanded upon.

Sydnee: —that are profit-driven as opposed to evidence-driven. When it comes to Rephresh, they have a whole line of products. So I was— I am familiar with their Replens vaginal moisturizer, which can be helpful for people who are experiencing vaginal dryness. It's an over-the-counter product that you can buy to, you know, help moisturize your vagina. Makes sense. But they also have some other products, and the one that we're referencing here is one with probiotics that are supposed to basically, by replenishing the good bacteria in your vagina, which... I mean, when you... when you swallow a pill with bacteria in it, it will get through all of your GI tract and can populate and grow and eventually make its way to other places. So, like, it's not totally unreasonable, although it is going into your GI tract.

There is no— the FDA has not evaluated any of these statements, and there is no solid, scientific evidence that tells me that this will prevent or treat, certainly— it wouldn't treat or prevent a yeast infection. They also sell products aimed at reducing odor. There's an odor-eliminating vaginal gel. That's always a giant red flag for me, when people are selling products that are telling you how to clean or improve upon a vagina. Um, because there's a lot of— we've done a whole episode on this. There's a lot of, like, shame involved with what someone's vagina looks like, smells like, whatever. And so there's a whole industry that profits off that shame. "It should look and smell like this, and here's a bunch of stuff we want you to do to it."

It's a self-cleaning organ. It doesn't need a lot of stuff done to it.

Um, I looked through— you can go to their website and look at their various clinical studies. They link you to clinical studies on their vaginal odor and vaginal PH products, on their fertility friendly lubricant, on their Replens gel, on their probiotics— they have all these studies. They're all incredibly small. None of them are powered to really tell us for sure that this is superior to other products we use.

There are ways to treat things like bacterial vaginosis, if that is a cause of odor or discharge, there are ways to treat and prevent yeast infections that aren't these, and nobody needs to change the odor of their vagina simply to change the odor of their vagina. If there is a pathological process, please seek help from a healthcare provider. But I— I mean, that's with a lot of these products. It's not FDA approved and they tell you it's not meant to treat [laughs] any condition. But yet they'll tell you it's good for a condition.

Justin: "Sydnee, what's the deal with period syncing? I once googled it, and google said it wasn't real, and I and many people I know have experienced it firsthand, so what's going on?"

That's from Annie.

Sydnee: Um, I couldn't remember if we'd ever mentioned this before. Um, but just in case— so, period syncing is the idea that if people who have periods spend enough time together, their periods will fall in line. They'll sync up. You'll have 'em at the same time. Um, this is not— and sometimes there is even, like, this concept that there's one, like, alpha... period-haver, who everybody syncs up with.

There is no proof that this happens. It was originally called the McClintok effect. There is no proof that this happens. It was originally called the McClintok effect. There was a researcher named Martha McClintok who studied 135 college women who lived in a dorm together, and thought that she noticed this synchronization of the periods. More recent studies have said, "We do not see any [laughs quietly] evidence that that is— why would that happen?"

We don't have evidence that it happens. There was a huge study that Oxford did. Because now we have period tracking apps, so it's a lot easier for us to study this stuff, right? It was just asking people, like, "When was your period?" Now you put

it in an app and so we can just compare data, so it's a lot easier to do, and we don't see any reason why that would happen.

The theories behind it initially were things about the moon. [pause] Your periods are linked to the moon, and so everybody lives together, and their moon and their cycles— that's nothing. Um, and then there's all this like, well, does it have to do with pheromones? Are you sending out pheromones that trigger other people's periods?

No.

Justin: No?

Sydnee: No. I'd say that if you— I'd say it's a common— it's a bias of, uh— you're just noticing it. It's an error of... what am I trying to say? It's, uh... you notice it. You know the bias I'm talking about.

Justin: Recency bias?

Sydnee: It's, uh— there's another word for it. You're just noticing it. It's confirmation bias.

Justin: Confirmation bias, there it is. Hey!

Sydnee: You thought that might happen. You and your roommate, your period happens at the same time and you go, "Look, it happened, and I'm noticing it because I read that that might happen."

Whereas all the other times in your life where your periods haven't synced up with somebody that you've been in proximity with, you didn't notice.

Justin: Alright. Let's go to the billing department.

Sydnee: Let's go.

[ad break]

[music plays]

[dog barks]

Ella: Hi, everyone! I'm Ella McLeod.

Alexis: And I'm Alexis B. Preston.

Ella: And we host a show called *Comfort Creatures*. The show for every animal lover, be it a creature of scales, six legs, fur, feathers, or fiction. *Comfort Creatures* is a show for people who prefer their friends to have paws instead of hands.

Alexis: Unless they are raccoon hands. That is okay.

Ella: That is absolutely okay, yeah.

Alexis: Yes. Every Thursday, we will be talking to guests about their pets, learning about pets in history, art, and even fiction. Plus, we'll discover differences between pet ownership across the pond. It's gonna be a hoot, on Maximum Fun.

[music and ad end]

Justin: "My cardiologist works at a teaching hospital, and every year when I go in for my checkup, she'll bring in at least two or three students and residents and have them sit in on the appointment and listen to my heart. I have a very prominent murmur, so she likes to use me as a teaching tool."

Man. Uh, that's gotta be a mixed bag of emotions right there. Like 'Yes, I do have a very prominent murmur. It is scientifically noticeable. It is worthwhile. It is worth studying.'

"I'm never sure quite how to interact with them. How much or how little am I supposed to talk to them? Is there anything I can do that's helpful for them as students? [through laughter] I've had 20 years of these appointments and I still haven't figured this out!"

Oh, Nora. That's rough—[cough-laughs] that's rough!

Sydnee: I just want to—

Justin: I can get— you're sitting like, "Okay, Nora. Okay. Come on. You can do this. Just be normal. Just say normal things while they investigate your murmur."

Sydnee: Listen, Nora. I feel that pain. Not necessarily for the same reason, but whenever I have to make a phone call... [sighs] I made a phone call the other day. I had to tell Justin about it, I was so awkward. I just don't know. What do people say?

Justin: Which— what was it? Oh, you were buying a, um...

Sydnee: I was trying to inquire about a gift card from a local business. And I said, "Hello. My name is Sydnee."

Justin: Very normal start.

Sydnee: "I would like to purchase a gift card for the upcoming holiday season." [laughs]

Justin: [laughs very hard] I've heard that once already and it still slays me! [giggles] God. [crosstalk].

Sydnee: This is how I— this is my opener.

Justin: [laughs] You think she's so well-spoken on the podcast, but you put her in literally any other—[wheezes]—environment! When was the last time you called to order dinner somewhere, Syd? And haven't made me do it?

Sydnee: [through laughter] I don't do that. I don't do that.

Justin: I mean, it's been years. Years.

Sydnee: I don't know why. I have, like— it's because I don't have a persona for that. I got my doctor persona for doctor stuff. For the campaign I had a campaign persona. I just don't— what's the calling and inquiring about gift card persona? I don't have that.

Justin: That's when I use a fursona. I get into my suit, and then I feel more confident, 'cause I'm a cool fox that needs some pizza.

Sydnee: Hey, listen. I will try it if it will make it easier for me to make phone calls. Anyway, um, first of all, Nora, thank you for letting all these students and residents listen to your heart. I appreciate you doing that, really. Because as someone who was once a student and resident, it is essential that we hear not only as many typical heartbeats, but as many murmurs and things we don't normally find as possible, so that someday when we hear them for the first time we can say, "Oh, I know what that is."

Justin: "Heard this before."

Sydnee: So you are—

Justin: So they're kind of like— Nora's is kind of like a ea— um, easy mode murmur. Right? Like, you can't miss this one.

Sydnee: Somebody already told you it was there.

Justin: Yeah. But it's, like, very prominent. So it's like, this is easy to find, right?

Sydnee: They actually have— we rate murmurs on a scale of one to six as to how prominent they are. And they say anything— three out of six and above is the med student murmur, meaning even a med student can hear this.

Justin: Oh, wow!

Sydnee: This is no offense to you med students. They call— they told me that when I was a med student. They get harder to hear as they get quieter. Anyway, thank you for doing that, because it really is essential. You're not just helping all those students and residents. Every patient they interact with for the rest of their careers is being helped by you allowing that to happen, so thank you.

Um, the main thing is I would say, having been in this position as a learner, I really appreciated a patient who said, um, like, "Yeah, I don't mind," or seemed open, or just okay with it. Not even like, "Yes, I'm excited about this!" But like, "Yeah, that's okay. You can listen to my heart."

That was enough. If you want to tell us anything about what that's like, whatever this condition is that we're learning from, if you want to tell us your perception, your experience, like, do you notice it? Do you feel it? Do you hear that? Do you— whatever. I mean, not necessarily a murmur, but you know. Any information you

want to give us is only gonna help us. And a lot of the times as a student, especially if you're working with, you know, an attending, you're not gonna feel like you have a lot of room to ask questions directly to the patient. You're gonna wait. And if the doctor tells you, like, "You can ask a question," you might. But generally you're not gonna feel like you can. And so if you as the patient are like, "Hey. Let me tell you about this, or let me teach you something about that." That is, like, a giant weight off our shoulders, because oh, you're just gonna tell. I don't have to ask a question, or upset my preceptor. Any information you want to share is only helpful. You're never going to, like, start telling us stuff and it will be like, "Why did we—" no. That will always be helpful.

Justin: It could— well, unless it's about, like, boats, you know. Or sports. Like, there's lots of things that wouldn't be helpful, right?

Sydnee: I don't know. I think that the most— I think that learning the physical exam and practicing on other humans is obviously essential to learning medicine. But just as essential is learning how to sit down and talk and connect with someone, so that when you're the only one in the room, you can make people feel, um, like they have trust in you, and confidence in you, and like you care about them. Like, learning how to convey all of that and build that relationship, I would say is more important in many ways.

Justin: Do you feel like I do that as a person?

[pause]

Sydnee: Yes?

Justin: So I'm like halfway to being a doctor. That's amazing. Like—

Sydnee: [simultaneously] Oh my gosh. I knew this was where this was going.

Justin: So could I do two years instead? Could I just bang it out? Just do the science and bang it out?

Sydnee: No, you couldn't. But thank you, Nora.

Justin: "Hi, Sydnee and Justin! I have a weird medical question. A friend of mine reposted the image attached to this email. A bunch of folks, including me, commented that we do the same thing. Seriously, what gives with this?"

Sydnee, this is our second visual reference. [laughs]

Sydnee: It was somebody tweeting about how they rub their legs and feet together like a cricket before they go to sleep.

Justin: I thought that was universal. Doesn't everybody do that?

Sydnee: A lot of people. I don't know if every single person, but it's incredibly common.

Justin: I hadn't even considered that that would— yeah, I thought...

Sydnee: Why do you think you do it? I don't have a solid answer to this. I have a lot of theories, I've read. There are a lot of theories. Why do you think you do it?

Justin: Umm... uh... I've always, like from the time I was little, I always use muscle tensioning and relaxing to help me fall asleep. It's something Dad taught me, and his Dad taught him or whatever. But I think I find that, like, it relaxes the mu— it's kind of like a crappy massage. [laughs quietly] Like, rubbing the... the leg with the foot is, like, you know, stimulating blood flow and relaxing the muscles. I don't know.

Sydnee: I think a lot of theories have to do with the comfort it provides, the skin-to-skin contact, and its mimicking skin-to-skin contact from another human, to rub your feet and legs together. You're getting that sensation on your feet and legs. So it is incredibly common. There are— other than, like—

Justin: If only we didn't sleep in separate wings—

Sydnee: [laughs]

Justin: —of the—[laughs]— of the estate, Sydnee.

Sydnee: I read this really interesting article from—

Justin: We sleep in the same... we sleep in the same bed.

Sydnee: We sleep in the same bed. [laughs] From—

Justin: I just don't like to be touched—[wheezes]

Sydnee: No, Justin does not like to be touched when he sleeps. Um, I read this interesting Psychology Today article that was talking about, like, the link between our feet and legs and our limbic system, sort of our innate, like, subconscious response to things, or to signal things. You can tell in feet. And they talked about, like, if you're in a hurry to go somewhere, you might notice that your feet are already pointed in the direction of the door. Like, all these sort of subconscious things. And so, like, I don't know. I don't know how all that plays into rubbing your feet together when you go to bed. But there are, like, these general kind of innate comfort things it's triggering probably in most of us. There's some specific things, I would say. Like, some people, for stimming, this is their version of stimming. And then there are things like restless legs syndrome or periodic limb movement disorder.

Justin: Yeah, I've struggled with that a little bit.

Sydnee: You have that.

Justin: Okay.

Sydnee: I don't know if you know you have that, but I know it, because— well, because I've told you, and because—

Justin: And 'cause you're awake watching TikTok.

Sydnee: Well, I sleep with you, and I— you move your legs at night. If this is combined with disrupted sleep, if you're not feeling well rested, if you have a lot of sleep disturbances, I would talk to your provider about this, because it could be one of those other things I mentioned. But for most of us it's just a normal comforting self-stimulating kind of behavior.

Justin: "Hi there, Sydnee and Justin! I have a bad habit of picking at the skin around my fingernails, and I've noticed that when they bleed, my first instinct is always to suck the blood. As an adult I've been able to fight back this urge and instead clean and bandage properly, but I know I'm not the only one whose first instinct is to suck the blood rather than compress or clean the area. What the heck is that? Love the show!" That's from Bleeding in Boston.

Sydnee: I thought this was helpful to discuss, Bleeding in Boston, because I also... pick the skin around my fingernails, my cuticles, until they bleed, frequently. Which is not— I am not endorsing this. This is not me saying—

Justin: No kid— no kidding.

Sydnee: So, like, it is time for the cuticle pickers of the world to rise together and declare it... no. It's not a good habit. I also... gosh.

Justin: I got you that special oil. Do you use your special oil?

Sydnee: On my cuticles, I do. But then when I'm nervous I pick at them. Especially— and I don't know, some of you— I saw in a dermatologic textbook once, it called habit-tic deformity, which is I pick specifically at my thumbnail cuticles with, like, my forefinger and second finger. I'll do that all the time when I'm nervous, and then my thumb cuticles look terrible, like they do right now.

Justin: Mm-hmm.

Sydnee: It's—

Justin: I'm not agreeing with that, I can't see them.

Sydnee: None of— none of this is very good. You can pick at the skin around your nails, and obviously they can bleed, but they can also get infected, and that can be really bad. [laughs] Uh, so it's—

Justin: I feel like I should record you saying this and play it back for you later.

Sydnee: Plus it's not, like, great socially, or in my line of work, to have blood on your fingernails, or open wounds on your fingers is not great either, um, for a variety of reasons. [laughs quietly] So, um— but I would say that the sucking the blood thing— 'cause I have done that before. Um, when I am out somewhere and like, uh-oh. I took it too far. Uh-oh, it's bleeding. Because what are your options in that moment? If you can't leave the room you're in to go get, like, a tissue or something to stop the bleeding or a band-aid, you're either going to try to wipe it on your clothing... or you're gonna... stick it in your mouth.

Justin: No, it's 'cause it's a closed system, and your body knows what it needs.

Sydnee: No, it's not a closed system. I think it is the convenience. I think it's a way of trying to, like, stop the bleeding and rid your finger of the bleeding without anyone around you noticing, right? [rising in volume] 'Cause you don't want to tell anybody that you just picked your cuticle until it bled, 'cause they're gonna look at you like you look at me when I do that and go, "Why did you do that?!"

I would say that's what it is. But you shouldn't do it, and I shouldn't either. We shouldn't do it.

Justin: [crosstalk] I think it's your body knowing that that's blood and it goes inside the body, let's put it back in the body.

Sydnee: No. It's just you don't want to wipe it on your pants, 'cause then you got blood on your pants.

Justin: Same thing when everybody's, like, up in arms about picking your nose. You have a hole that is finger shaped and there's boogs up there. We were made for this. It drives me crazy. [pause] We were made for— I'm not saying, like, I endor—

Sydnee: Just blow your nose. You shouldn't— don't stick things up your nose.

Justin: I'm just saying, we were made for this.

Sydnee: Don't stick things up your nose!

Justin: I do the blowing the nose! I'm just saying—

Sydnee: Don't stick 'em in your ear or your nose.

Justin: I'm a sheep. Baa, I'm a sheep. I blow my nose, baa. I should be picking it.

Sydnee: [simultaneously] Read the next— we got two more. We got two more. Read the next question.

Justin: "Hi, Dr. Sydnee and Justin! Lately I've been drinking this Vitamin C supplement that claims to provide 1330% of my daily Vitamin C intake. Why is that good for me?"

Should we stop there? [wheezes] Because I think, my friend—

Sydnee: Do you want to take this one?

Justin: Yeah, man. [wheezes] Hey, bud. It's me, Justin McElroy. I'm not a doctor. But why would you take 1000% of anything? That's made up! They clearly—[wheezes]—they clearly— this is— this is 13 times more than you need. That's not good! [through laughter] That seems too much.

Sydnee: Well, and our—

Justin: And it's also you're gonna pee all of it out.

Sydnee: That's— there you go. So the— I think our dear listener was more worried about, "Is this dangerous?"

Justin: I'm saying I wouldn't trust a company that's like, "Here. This is 1000% of what you need." [through laughter] I wouldn't take the supplement.

Sydnee: So, um, we've done an episode on Vitamin C before where we outlined some of the roots of this. There are people out there who, without any scientific evidence, will claim that we should be taking massive doses of Vitamin C for a variety of health reasons. There's not evidence for that. Um, if you take too much Vitamin C, you pee it out. You have very expensive pee. That's it. And not very. I say "very expensive," that's always the joke. Most of the time Vitamin C isn't very expensive. But your pee now costs more. It's not dangerous, per se, but it's unnecessary. There are vitamins you can take too much of. Do you know what they are?

[pause]

Justin: K.

Sydnee: K. Is one.

[pause]

Justin: [laughs quietly]

Sydnee: I'll tell you if you want. D, E, A, and K.

Justin: D, E, A, and K.

Sydnee: That's— I don't know why I remember "DEAK," but D, E, A, and K are the ones that are fat soluble, so you can store them, so you can take too much of them. So you don't want to take a ton of D, E, A, and K. You should talk to your provider if you're worried about those things. C, if you take too much you just don't need it. You're gonna pee it out.

Justin: "My three-year-old has an extra ridge in one of her ears. If her ear was a maze she'd have a locked room where most people have a corridor. I asked her pediatrician about it and he told me that it was not harmful. It was the result of a cell line that's supposed to die off during fetal development, but didn't, like webbed fingers. Can you tell about fetal cell lines that didn't die? Any details about the extra ridge in the ear in particular? It's proven impossible to google. Thank you, Unusual Aural Anomaly in Utah."

Sydnee: I just think this is a really interesting thing to talk about, because embryology is fascinating and really hard, and was one of the most difficult parts [through laughter] of medical school for me.

The formation of the human fetus is... I mean, it's quite a thing, and difficult to remember all the stuff that happens, because things form and then sort of unform. There are lots of temporary structures and forms in the developing human that are not there in the final product. Does that make sense?

Justin: Yeah.

Sydnee: Part of that— I think this is—

Justin: Like scaffolding.

Sydnee: Yeah. Um, there— a lot of this is due to something called apoptosis. It looks like a-pop-tosis. Um, and it is— that's a kind of programmed cell death. And basically the idea is there are structures that form, and then they're gonna need to fuse with other structures so the edges of those structures have, like— they're pre-programmed for those cells to die off so that everything can fuse together and form something new. Sometimes we'll see remnants of these embryological structures in a developed human. Sometimes they cause no problems. They're just there. It's interesting. You still have that little remnant of something that you

had when you were in the— when you were a developing fetus, and should've gone away, but stuck around and caused no problem.

Sometimes we have things like certain heart congenital malformations that can cause problems if they didn't close off like they were supposed to. Um, but generally speaking, that's what's going on here. There were some cells that were pre-programmed to die, and... persisted nonetheless. [laughs quietly] And stuck around. And generally speaking, a lot of these things aren't harmful. They're just interesting differences in the vast array of humanity.

Justin: And we celebrate all of you interesting differences in the vast array of humanity, for listening to our program again. Remember, there's still time to go watch Candlenights. Bit.ly/candlenights2022. All proceeds going to Harmony House on that. Uh, we've got some— also, if you're listening to this in December— or whenever you're listening to it, really— you can go to mcelroymerch.com, and 10% of merch sales this month go to Harmony House. So those are two different ways you can support us, support Harmony House, and just be a great friend.

Speaking of great friends, thanks to The Taxpayers for the use of their song "Medicines" as the intro and outro of our program, and thanks to you for listening. Very much appreciated. That's gonna 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]

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