

Sawbones 161: Your Medical Questions, Answered!

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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:

Uh, well, sorry that this episode is so late in coming. Um, it's been kind of a crummy week.

Sydnee:

Yeah.

Justin:

And we just didn't feel like it. [laughs]

Sydnee:

We just didn't feel particularly funny. Uh, I usually am supposed to have answers, uh, for things on this show like information to share with you and explanations. And frankly, I don't have, I don't have a lot of answers for anything that's happening in the world right now. There it is.

Justin:

But—

Sydnee:

Do you, Justin? Do you, by—

Justin:

Yeah.

Sydnee:

I didn't ask you if you have any answers, explanations.

Justin:

Yeah, but I'm not sharing. Uh, they're gonna be in my book that's coming out, all the answers, Everything Explained by Justin McElroy. And it's gonna be a big seller, so.

Sydnee:

Can I be straight up with you? Like, I really wish we could use profanity on our podcast this week. [laughs]

Justin:

That's—that, yeah, I understand that vibe too, Syd. But you know what? I will not stop, will not stop. I will not stop this—

Sydnee:

Are you about to rap? 'Cause you sound like—

Justin:

You can't—

Sydnee:

... you sound like you're leading up—

Justin:

... can't stop, you can't stop—

Sydnee:

... a rap. [laughs]

Justin:

... the signal. You can't stop the Sawbones signal.

Sydnee:

Uh-huh.

Justin:

And you know what? We may not have all the answers, but we thought, hey, we can answer some of the questions that—

Sydnee:

Like medical ones—

Justin:

Like medical ones.

Sydnee:

Like funny, goofy medical questions. That, we can, that I might have some insight on. Maybe.

Justin:

So let's—

Sydnee:

I try.

Justin:

Let's do it, Syd. I got a whole bevy, a flotilla of questions here for you. And I'm hoping that you can, uh, help me, help me—

Sydnee:

Excellent.

Justin:

... to parse them all out.

Sydnee:

Excellent.

Justin:

Um, these were s—

Sydnee:

Throw them at me.

Justin:

These were sent in by you, our beloved listeners. Um, so thank you to everybody. Sorry we couldn't use them all, but, uh, we just hand-picked some and decided to go with it. So here—

Sydnee:

And I'm sure we'll do this again someday. So—

Justin:

Yeah.

Sydnee:

If you didn't get an answer this time, don't fret.

Justin:

Don't fret. Here, so here we go. First question comes to us from Claire who asks, "I'm assuming you guys know about the Biore and other brand pore strips. What is all that stuff that comes out of your face and onto the strip?"

Sydnee:

[laughs]

Justin:

"I wash my face regularly, and they're still always so gross."

Sydnee:

[laughs] I appreciate that, Claire. I also appreciate, uh, how open you are with sharing how gross you find your face. [laughs]

Justin:

I—you can't use those things and not get some really yuckeroony material.

Sydnee:

No. And let me comfort you in saying that I am certain anyone who's ever used one of those pore strips has gotten some pretty gross stuff on it—

Justin:

Yeah.

Sydnee:

... out of their face. Us included.

Justin:

Oh, yeah.

Sydnee:

Justin and I have both used them.

Justin:

So what is it?

Sydnee:

Uh, so mainly, we, when you think about your pores, I mean, they're just little holes, right?

Justin:

Right.

Sydnee:

There's little teeny, teeny holes. And they collect stuff that is on your face because they're teeny little holes. And so, I mean, you're largely just pulling out, like, clumps of oil. We all release oil, you know, from the oil glands in our skin. And like, some sweat, and then a lot of dirt. Like, just, you know? There's dirt and debris out there that gets in your pores on your skin. Um, and then also, probably some dead skin cells as well. So you know, we're constantly shedding skin cells.

And so, you get, like, these little holes that can collect globs... globs? I'll use the medical terms, globs... of oil and dirt and skin cells and sweat. And voila, you pull it out of your pore. If, the difference between what you get on, like, a pore strip... 'Cause, I mean, I think that it's fair to say you would call those things, you're putting it on blackheads?

Justin:

Um, well, I mean, I... sometimes it's just, like, you put it on your nose 'cause it feels cloggy, right?

Sydnee:

You put it on your nose 'cause it feels cloggy?

Justin:

Yeah, you just feel like there's some stuff in there, and you can probably get it out. That's why I use them. Just like I haven't done it in a while, and I feel like it's time to clean it out.

Sydnee:

Your skin feels cloggy?

Justin:

You know, like a cloggy skin type feeling.

Sydnee:

I have never had a cloggy skin type feeling.

Justin:

Well, that's 'cause you don't use the Biore Pore Perfect strips.

Sydnee:

Okay, well, even if you don't, most people I think use them 'cause they get concerned about, like, blackheads across the bridge of their nose. You know? Which are just exactly what I've described, pores that are filled with all that kind of stuff that I've talked about. When they start to get inflamed, uh, infected or irritated, uh, and then bacteria can start growing in there, then you, you're talking about pimples, right?

Justin:

Right.

Sydnee:

These are whiteheads and pimples and the like. Um, but before that, when it's just a pore filled with dirt and goo, there you go. That's what you get out of it.

Justin:

And—

Sydnee:

It's not gross. It's all over all of us all the time.

Justin:

Is it? Could it be? I'm—I'm sometimes suspicious of, like, um, hygiene that we couldn't have achieved, like, before medical advances. Like if your body wanted to get rid of that stuff, it would probably just, like, let you.

Sydnee:

Yeah.

Justin:

Is there any danger to, like, emptying that stuff out, do you think?

Sydnee:

Uh, the only danger I can see is, um, if you are, if you're irritating your skin. Um, that's, it's the same kind of advice I would give some, uh... we tell people who ask questions about, like, "How do I deal with acne," don't scrub.

Justin:

Mm-hmm.

Sydnee:

A lot of people will wanna scrub their face after they wash it as if, like, I'm really cleaning out those pores. But if you're causing inflammation in your skin, you're setting it up for, you know, your pores to get clogged even more so with bacteria and with, um, oil and, you know, more debris from, like, the dead skin cells.

Like, you're just setting yourself up for a cycle of inflammation. And then you scrub it to clean it out, and then stuff get, they inflamed and stuff gets back in there. So, I would say the only danger I could see with those strips is if you were using them so much or you were applying them in a way that you're actually causing a lot of inflammation in your skin—

Justin:

Mm-hmm.

Sydnee:

... then you're really not doing yourself any favors. But I don't think removing the dirt and oil in and of itself is, like, a dangerous thing. Now, you do need some oil in your skin. As anyone who has used, like, a lot of the over the counter acne products and too much, have you ever dried your skin out?

Justin:

Oh, yeah. Yeah, yeah.

Sydnee:

Yeah, if you do that too much, I mean, and your skin gets dry, it fights back by creating more oil. And again, viscous cycle. So you know—

Justin:

Um—

Sydnee:

Just don't irritate your skin. It's your friend. It's your biggest organ. It's your friend.

Justin:

Uh, here's another one, a short one from Jeff who says, "Does working a night shift," uh, is, sorry, "Is working a night shift unhealthy for your body?"

Sydnee:

You know, that's a good question, Jeff. And there's actually a whole disorder, a shift work disorder. Uh, people who work, um, irregular hours are kind of, you're—you're trying to force your body to do something that we are not chemically, you know, programmed to do. We release, uh, lots of different hormones change throughout our night/day Circadian Rhythm cycle. But, like, just one for example, we release melatonin—

Justin:

Mm-hmm.

Sydnee:

... in the evenings to chill us out, calm us down, tell us it's time to go to sleep. And then our levels of it drop as we get closer to the morning.

Justin:

Right.

Sydnee:

And then we wake back up. Um, a lot of the hormones in our body have that same... it's related to light. A lot of our Circadian Rhythms are related to light. So when you are awake in the dark and asleep in the light, you're fighting that natural Circadian Rhythm in your body. And that is really difficult for people to adjust to. And so, I'll have a lot of people who work night shifts who never really feel very well rested.

Justin:

Well, that makes sense to me because the, your... you know, anytime that I, like, I think the closest I can come is, like, staying up overnight and, like, it's just miserable for your entire body.

Sydnee:

Mm-hmm.

Justin:

Like, if you don't sleep for a night because your whole thing gets out of whack. That stuff seems really fragile except it... it certainly is for me.

Sydnee:

It is. It is and the other thing I can, from my own personal experience having done a residency is that the next morning after I would've stayed up all night on a call, I would get that, what we all call our second wind. And that's probably those natural, you know, those levels of melatonin such—

Justin:

Seeing the sun up and—

Sydnee:

... dropping. My cortisol levels rising to keep me awake and up and moving. And, uh, and then I would come home and try to sleep, and my body was not in a condition where it wanted to sleep then, because it is programmed to try to force itself to stay awake. So the sleep I'd get wouldn't be particularly restful.

Justin:

Babies get this on a really accelerated pace too. It's crazy to see, uh, Charlie, like, get tired and you see the window and then all of a sudden it's just gone.

Sydnee:

Yes.

Justin:

The window's just, like, passed us.

Sydnee:

Yeah, if you miss the nap window, you're doomed.

Justin:

Doomed. Um, we have several questions here, um, uh, from Jessica. Uh, all pertaining to birth control. And, uh, they say, "Why do we still have periods when we're taking birth control? My understanding is you don't release an egg when you're on birth control pills. And periods are the shedding of an unfertilized egg. So if you don't release an egg, are they real periods? Do we have to have them?"

Sydnee:

You want me to start with those questions?

Justin:

Yeah.

Sydnee:

Okay.

Justin:

So let's start with those.

Sydnee:

Let's start with those. Okay. So this is a really, this is a really good question and it's important if you take birth control or if you're thinking about taking birth control that you understand somewhat how it's working in your body. So an easy way that I'll often explain it to patients is that birth control sort of creates a hormonal situation in your body that is similar to that of pregnancy.

Justin:

Okay.

Sydnee:

Not exactly, but similar. And, uh, because when you're pregnant, you're not ovulating and having periods, obviously. Uh, when you are on birth control pills, it prevents, exactly like you said, it prevents your ovary from releasing the egg just because of the certain levels of, and I don't wanna get into the particulars, but the levels of hormones that you now have in your body.

Um, now, your endometrial lining, which is the lining of your uterus, it's still going to grow somewhat while you're on your period. Usually less. Or while you're on birth control, excuse me. Usually less than when you're not on birth control. Uh, but it is going to grow somewhat. So at the time when you would have your period, if you do have bleeding, you're shedding that lining of your uterus.

Justin:

Okay.

Sydnee:

While if you weren't on birth control, you may be shedding both the unfertilized egg and the lining of your uterus. If you're on birth control, it's

just the lining of your uterus. So that's why you still have a period. Now, some birth control, uh, depending on the level of hormones that are, that are in the birth control itself or your natural level of certain hormones, you may find that you stop having periods, that it actually suppresses both the release of the egg and the growth of that lining.

That's okay. That's okay if it does that. You don't have to have periods. That's a, that's a, that's a question I get a lot. Um, obviously the utility of a period sometimes is that it can tell you whether or not you might be pregnant. It may clue you in. But, uh, other than that, it's okay not to have a period.

Justin:

Um, uh, another side question here, um, it's, uh, you're not supposed to miss a pill. And if you do, that you might not be protected. So you're protected during the week that you take placebo pills.

Sydnee:

In theory, the week that you take the placebo pills, 'cause you know that last, those last seven pills in your pack are just sugar pills.

Justin:

Oh, sure. Yeah.

Sydnee:

Yeah. And the reason— [laughs]

Justin:

You used to let me—

Sydnee:

Right.

Justin:

You used to let me take those.

Sydnee:

You did used to take those.

Justin:

Yeah.

Sydnee:

Yeah. Why? They don't taste like sugar.

Justin:

No, it's just a fun novelty. I don't know.

Sydnee:

Uh, the—

Justin:

It was college.

Sydnee:

The— the reason they're there is just to keep you on schedule, by the way. That's just it. Because it's easier to get in the habit of taking a pill every single day than for three weeks and then not for a week.

Justin:

That makes sense.

Sydnee:

It's just, it's just easier. That's the whole reason they're there. But, um, I used to actually throw them away and just keep track of the day I had to start my next pack. Because I don't like being patronized. [laughs]

Justin:

[laughs]

Sydnee:

Uh, but, um, the thing is, during that week, you should be on your period. Now, if you don't have a period, that's still okay. It doesn't matter. It's not hurting you. But because that's the week that you would be shedding the lining of your uterus, you can't, you shouldn't be able to get pregnant that week anyway.

Justin:

Okay.

Sydnee:

So if the birth control is working like it's supposed to, you can't get pregnant that week. Um, that's not to say, you know, I don't wanna sit here and make

birth control pills sound like they're the sunny solution to every problem. I think they are hugely helpful for many patients. They are tolerated well by many, many patients. And again, some of the things people worry about, is it okay not to have periods, totally okay. There are other side effects to birth control pills, though, which is why if you're going to seek out birth control, I would talk to your doctor about all forms of birth control that are available to you.

Justin:

Uh, here's one from Shelby who asks, "Is eating at night really worse for you? Is it true that your metabolism is slower so you'll gain more weight from it?"

Sydnee:

The big, the big reason, Shelby, that we tell you not to eat at night is not as much... at least when I'm talking to my patients, it's not as much for your metabolism. Uh, my big concern are a couple things. One, acid reflux. A lot of people can get acid reflux, especially if you eat right before you go to bed.

Justin:

Sure.

Sydnee:

Uh, because then you've churned up all that stomach acid to digest your food, and then you go from vertical to horizontal. Most people sleep laying down. You might sleep standing up, in which case that might not be such a problem for you. But assuming you sleep laying down, uh, all that acid could, in some patients, reflux back up into your esophagus and cause heartburn and such. So that's one big reason I'll actually tell people not to eat late at night. Uh, another reason is it can actually disturb your sleep.

Justin:

Um, because you're digesting?

Sydnee:

Yes.

Justin:

Hmm. Why is that?

Sydnee:

Your body needs to chill, man.

Justin:

Give your body a break.

Sydnee:

Yeah, give your body a break at night. Uh, so yeah, your body's kinda set up to rest now and not to be doing the hard work of digestion. Um, so it's not really good for you. I wouldn't worry as much if somebody told me that they were eating at night and they were worried about, or they were trying to lose weight and they were seeking advice on losing weight, that would not be the first thing that I would tell them to change.

In general, um, I would say that the times in my life when I ate late at night, like I mentioned when I was in residency or back when I was in college, I usually wasn't making the best food choices late at night.

Justin:

Sure, right.

Sydnee:

Um, and I wasn't on a particularly healthy eating schedule. So I don't think that I was taking very good care of my body in general. And so, I think that's where you get a lot of the bad rep about eating late at night. In addition to the things I've mentioned is that if I'm eating fourth meal—
[laughs]

Justin:

[laughs]

Sydnee:

... at Taco Bell, there are a lot of other issues than just what time I'm eating.

Justin:

I almost hear you saying that I shouldn't be eating a bowl of cereal every night before I go to sleep. It's al—I don't wanna misconstrue that.

Sydnee:

Justin, I have literally told you, I think this is what? The third time on our podcast, not just in our lives, on our podcast, not to eat a bowl of cereal every night before you go to bed.

Justin:

It helps me sleep.

Sydnee:

No.

Justin:

It does.

Sydnee:

No, it doesn't.

Justin:

Apparently not. You've just stolen that—

Sydnee:

It— it—doesn't help you sleep.

Justin:

... from me. Uh, here's one from Phoebe who asks, "Why do some types of birth control help protect against STI's but others don't? I wanna get an IUD but would like the extra protection against STI's. I'm not one for unprotected sex either way. I'm just deeply paranoid." That's from Phoebe.

Sydnee:

Um, I'm assuming, Phoebe, when you're asking about certain types of birth control that protect against STI's, you mean barrier methods like condoms and such. Um—

Justin:

Diaphragms. Is that—

Sydnee:

Diaphragms, which are, I think, still used by some people.

Justin:

I don't know if that's a thing.

Sydnee:

I don't have a lot of people who are using diaphragms these days.

Justin:

Okay.

Sydnee:

Um, but I mean, some people do certainly. Uh, but there are... you know, when we, I mentioned birth control pills already. There are birth control patches, there are birth control shots. There are, uh, intrauterine devices. There's the vaginal ring. Uh, there's the birth control implant that goes in your arm. Um, there are, uh, like we said, diaphragms. There are, um, condoms, spermicide. There's the sponge. Again, not used too much these days. Uh, vasectomy, tubal ligation. A lot of these things don't protect against sexually transmitted infections. Very few do.

Justin:

Mm-hmm.

Sydnee:

Um, and that's because I think we were really, there were different goals when they were developing these products. You know? A lot of the, a lot of with birth control pills and the things that have followed the birth control pill to help prevent pregnancy was an effort to give, uh, people who are able to become pregnant, control over their bodies. Uh, the ability to both have a sexual life, have, engage in sexual activity, and choose when they decide to become pregnant and start a family.

Justin:

Mm-hmm.

Sydnee:

Um, and so, I, that's a very different goal than a condom, which while it does indeed help to prevent pregnancy, also can help to prevent the transmission of a sexually transmitted infection. Um, so I think we're just talking about different goals. It, when you're seeking out, uh, birth control, I would, I would ask yourself what your goals are, what your concerns are. I think that in general, both should be the answer. Uh, for most people, I recommend, you know, I think there are a lot of great, other than, uh, condoms, there are a lot of great birth control options that are actually more effective.

Justin:

Hmm.

Sydnee:

Um, in particular, you mentioned the intrauterine device. So the IUD, intrauterine device, there are different kinds. There are kinds that secrete hormones, and then there are copper ones. Uh, they are over 99% effective. So if we're talking about purely preventing pregnancy, they're a really great option. Uh, they can last... the progestin, which is a hormone secreting ones can last three to six years. The copper ones, some can last up to 12 years.

Justin:

Wow.

Sydnee:

So if you know that in that timeframe, you very likely will not want to become pregnant, it's a great choice for you. Um, they do need to be inserted by a doctor, and there are risks associated with them, of course. But, um, if you're concerned about the future availability of, uh, birth control or other family planning methods for yourself, an intrauterine device may be a good option for you to go talk to your doctor about.

In the meantime though, you should always, uh, when it comes to preventing sexually transmitted infections, um, regular testing is one good thing you can do that isn't a, isn't, uh, something you have to buy. You know, it's not a condom, it's not an IUD. It's a, you know, make sure you know your own status. Have an open discussion with your partner about the last time they were tested for sexually transmitted infections. And encourage them to do so before engaging in sexual activity. And then I still recommend using barrier methods—

Justin:

Mm-hmm.

Sydnee:

... if that's a concern. I mean, obviously, if you're trying to become pregnant, that might not be the best way to do it.

Justin:

Can't be too careful.

Sydnee:

But... [laughs]

Justin:

Just saying.

Sydnee:

But, uh, but use it, use a condom or some other sort of barrier method if you are concerned. Uh, so they're different, different goals, but both extremely important.

Justin:

Uh, Syd, we've got a lot of other questions. But, uh, because you don't have them in front of you, I get the rare privilege of telling you that it's time to go to the billing department.

Sydnee:

Let's go.

[ad break]

Sydnee:

All right, what question you got for me next, Justin?

Justin:

Okay, Sydnee, I've got a few from Twitter here and I'm gonna hit you with them. These are a little bit shorter, but I think that, uh, I think that the, uh, you'll be able to help do some real good here.

Sydnee:

I hope so. [laughs] I'll do my best.

Justin:

This comes from Sarah Emma Rose who says, "What's the medical difference between an innie and an outie belly button?"

Sydnee:

[laughs] So, uh, they're both fine. They're both lovely, so don't worry whatever you have. Uh, of course, your belly button is the result of you are connected in in utero. That's the fancy term for inside a uterus.

Justin:

For a Nirvana album.

Sydnee:

What?

Justin:

That Nirvana album, In Utero?

Sydnee:

Well, yeah. But also for in a, in the uterus.

Justin:

Got it. Okay.

Sydnee:

In Utero, uh, you are connected to, uh, mom, to the placenta by your umbilical cord...

Justin:

Mm-hmm.

Sydnee:

... which comes from your belly button. Now, we cut that cord after you are born. And then there's this little, like, hunk of it that's connected there for a while that then slowly shrivels up and dries up, and it doesn't look... I mean, it doesn't look great—

Justin:

Mm-hmm.

Sydnee:

... for a while. And then eventually, it just falls off. And whatever you're left with is your belly button. And it just depends on how it heals, man. Some of them are innies and some of them are outies.

Justin:

It's not because, like, your doctor didn't do, like, a dope cut. It has nothing to do with, like, how skillful they are. I always feel like—

Sydnee:

No.

Justin:

... if you have an innie, that they just, like, went in and no scope, like, one shot, one slice, perfect.

Sydnee:

No, 'cause we always, we always cut pretty far away. You know? We leave a couple inches away from—

Justin:

Oh, that's a good point.

Sydnee:

... yeah, from the baby. You would, you don't wanna cut right up against the baby's skin.

Justin:

Oh, yeah.

Sydnee:

Uh, we clamp it and then cut beyond the clamp. And so, there's always a couple— couple inches hanging there. Maybe more, maybe less. But around that. So yeah, it just has to do with how it heals. Um, there is no tying. I've had that question before. There's no tying of, like, we don't tie a knot. So that's not why the belly button looks like it does. Um, it's just how the cor falls off, and they're both fine.

Justin:

What is the deal... This is from, uh, Daphne, "What is the deal with those painful bubbles you get on your tongue? How does it happen and how do I make it stop?"

Sydnee:

Uh, I am assuming, my, the premise with which I answer this question is that you are talking about, like, inflamed taste buds or swollen taste buds. Uh, because those are, there are many reasons, by the way, that you can get painful bubbles on your tongue.

So I don't want to... Let me say this. If this is happening a lot or causing you a lot of distress, I would advise you to go talk to your doctor, because you can have, you know, there are sexually transmitted infections that can affect your tongue or other infections that can affect your tongue. There are allergic reactions you can have on your tongue. Certain vitamin deficiencies can cause swollen taste buds on your tongue. Uh, there are, there are lots of other things that you might need to get checked out. So if this is a, if this is a common problem for you, please go see your doctor.

Now, if you're like me, every once in a while you, like, bite your tongue.

Justin:

Sure.

Sydnee:

Or Justin, you mentioned something that irritates your—

Justin:

Yeah, sour food. If I have sour foods, that will do it to me.

Sydnee:

Exactly. Acidic foods is what you're noticing. It's the acid in the food.

Justin:

I'm sorry I don't know all the clinical terms, Dr. McElroy.

Sydnee:

Well, no, I'm just saying. Like, it's not the sour—I mean, it's the sa—it's the same difference. You're describing the taste, I'm describing the property. You know, the chemical—

Justin:

Sure, yeah.

Sydnee:

... property. Anyway, acidic foods, even really salty or s—

Justin:

I'm chubby so I would be talking about taste. That makes sense. I get it. I get where you're coming from.

Sydnee:

Uh-huh.

Justin:

Yeah, I get it.

Sydnee:

I didn't say anything like that.

Justin:

Okay.

Sydnee:

Uh, it, acidic foods, salty foods, spicy foods. Sometimes even really hot foods. And these are all things that can inflame your taste buds. Um, like cinnamon gum can do that sometimes.

Justin:

Yeah, cinnamon... I feel like any sort of, like, over, like, eating too much of any one flavor can do that to me I feel like. Most notably with sour, but...

Sydnee:

Yeah. Uh, um, tobacco can do that too actually.

Justin:

Makes sense.

Sydnee:

Um, there are other conditions that can do this, but those are the most common. If this just happens every once in a while, this is, you know, it's probably just that you irritated or inflamed one of your taste buds. Uh, this is usually not something serious. Uh, it will be tender. Um, you may notice that you're salivating more, producing more saliva.

Um, you might see the swollen taste, you know, like you described. You could see it. It'll look like, uh, red or white bump on your tongue and it's raised and it's painful. The important thing to know is that it's probably going to be, uh, short lived and go away on its own. Um, some people recommend, like, a salt water rinse of their mouth if that makes it feel better. I think that's fine. Uh, you can just eat something really soothing like yogurt or some other sort of cooling, like a popsicle. You know?

Justin:

Sure.

Sydnee:

And ice cube even could help reduce the inflammation. You usually don't need to go to the like, level of using a, uh, medication, over the counter or prescription otherwise. But if it is something that's exquisitely painful, there's many of them, or it's happening to you a lot—

Justin:

Exquisitely painful. [laughs]

Sydnee:

Get, this is a term. If it's happening to you a lot, go see your doctor. 'Cause there are other causes for those bumps, and I can't see the bumps on your tongue, so I cannot guarantee that we're talking about the same thing.

Justin:

[laughs]

Sydnee:

[laughs]

Justin:

[in a fancy voice] The tongue pain is exquisite. I'm Pinhead from Hell Raiser.

Sydnee:

[laughs]

Justin:

Um, here's one from, uh, Dustin Ratliff who says, uh, "Is it possible to knock someone out like in action movies without there being traumatic, long-lasting brain damage?"

Sydnee:

This is my, this is my favorite question because you said, like in action movies

Justin:

Yeah.

Sydnee:

I like that, Dustin.

Justin:

You know.

Sydnee:

Right, like in action movies.

Justin:

You know where we're talking about. Or like on Buffy The Vampire Slayer when Giles gets hits every single episode—

Sydnee:

Uh-huh.

Justin:

... in the noggin.

Sydnee:

Right.

Justin:

And gets knocked unconscious.

Sydnee:

And gets knocked out, yeah. Uh, yes, it is totally possible to have that happen to you and not have long lasting brain damage. Uh, I know this from personal experience. I played soccer in high school, and I was, uh, drilled in the head, directly in the forehead by a soccer ball by a member of my own team...

Justin:

Boo.

Sydnee:

... no less.

Justin:

Yeah, that, and I, and your, and then, and then what?

Sydnee:

Knocked—knocked flat on my back, unconscious, and I was okay.

Justin:

Eh.

Sydnee:

What?

Justin:

You married me, so I'm thinking—

Sydnee:

[laughs]

Justin:

... there must've been something up.

Sydnee:

Yeah, I think what, I think what you have to worry about... I mean, 'cause this is a concussion I think is what we're talking about, that loss of consciousness. We're assuming... it doesn't have to be a concussion but we're, that's what we're sort of talking around... is that loss of consciousness after a head trauma. And you get knocked out and you wake back up.

Um, if you continue to have symptoms like headache or confusion or dizziness or that sort of thing, changes in, changes in your vision, um, then you may have a concussion. You should talk to a doctor because now, especially we know from sports that repeated head trauma, repeated episodes of this can definitely cause long lasting damage. Absolutely, it can. Uh, which is why we take them so seriously.

Now, if you have a concussion, we will put you on what we call cognitive rest, meaning to try not to think. [laughs] Don't strain your brain for a while.

Justin:

No problems, no problems there, doc. I got it.

Sydnee:

[laughs] But we really, I mean, we'll take kids out of school and no homework or anything, no computers, no, no, nothing, nothing very taxing, uh, until your symptoms resolve because we know that if we don't treat you appropriately after a concussion and if we, if you continue to have concussions, you can absolutely get long lasting damage. But no, one isolated event doesn't necessarily cause anything long lasting.

Justin:

Uh, few more quick ones, Syd, 'cause we're running a little short on time. "I'm currently in med school. Is there a way to both complete your studies and have a life outside of school? Feels impossible." That's from Emily.

Sydnee:

Oh, that's the, that's the eternal question. It is, it is difficult. I think it is totally possible because, again, from personal experience, I got married to Justin while I was in—

Justin:

Sure.

Sydnee:

... med school.

Justin:

Uh, yeah. I think this is basically, not to speak to this because, but we kinda went through it together, um, and I knew how long you were away. Like, I think just finding the moments where you can make a spot. There's a lot of times where Sydnee didn't necessarily *have* to study at that exact moment or didn't have to be doing something, and there, because you're always gonna have more that you could do, I would say.

Sydnee:

Mm-hmm.

Justin:

But finding those pockets where you don't absolutely have to be doing something is probably your best bet.

Sydnee:

This is true, I think not just for medical school, but for anybody who's involved in a particularly taxing profession or study, series of, you know, course of study or something where, uh, you get this impulse that the more time you put into it, it necessarily, like that, you will get better at it and that there is no end to that. Like, that's an infinite thing.

Justin:

Mm-hmm.

Sydnee:

You know? And you can get that impulse in med school that, well if I just keep studying though for 24 hours, seven days a week forever, I'll become the best doctor in the world. And the thing is, I think it's just as important that you are the best you, you can be. It makes me a better doctor when I am a happy, healthy person. And that includes making time for Justin and for Charlie and for all the other members of my family that I love, and my friends that I love, and the other activities that I enjoy.

It makes me a better Sydnee, and then I am a better doctor because I'm a better Sydnee. And that's true when you're a medical student and a resident as well. So you have to have time to nurture yourself and be the best you, and then you will be the best at what you pursue. And that, I think, goes beyond medicine. That's true for \ any time demanding pursuit.

Justin:

Excellent. Well, Sydster, that's gonna do it for us this week. Uh, we hope that you, uh, at home are hanging in there and trying to enjoy yourself and making lots of, um, uh, pockets in your day for self-care because that's so important, you know? It's just like we were just talking about. You gotta be the best you, you can be. And sometimes that means trying to take care of yourself. Uh, but—

Sydnee:

Self-care and may I just say also, care of others. There are gonna be a lot of people outside of yourself who maybe need extra care, extra help, extra support. Um, maybe even extra... I don't wanna say defense but extra support.

Justin:

Yeah.

Sydnee:

There may be a lot of people in your life that need some more backup right now. So take care of yourself and take care of each other.

Justin:

We were all in this together before, and we still are.

Sydnee:

Yeah. We're still stronger together. I don't care what anybody says.

Justin:

Uh, that's gonna do it for us. Thanks to the Tax Payers for letting us use their song, Medicines and the intro and outro of our program, and the midtro, I guess? And, uh, I think that's gonna do it for us. So until next week, my name is Justin McElroy.

Sydnee:

I'm Sydnee McElroy.

Justin:

And as always, don't drill a hole in your head.

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