

## Sawbones 134: Goofiest Medical Questions Vol. 2

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**Intro (Clint McElroy):** 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 co-host, Justin McElroy.

**Sydnee:**

And I'm Sydnee McElroy.

**Justin:**

Welcome, Sydnee, back to Sawbones. So happy to have you.

**Sydnee:**

Thank you, Justin. You know I'm here every week, right?

**Justin:**

Yeah, but it's just—

**Sydnee:**

Like, it's still me. It's just your... It's your wife.

**Justin:**

Just a delight and I don't wanna take it for granted.

**Sydnee:**

Oh. Well, thanks.

**Justin:**

No problem. So we're, uh, we are, uh—

**Sydnee:**

We're late.

**Justin:**

We're late.

**Sydnee:**

And we're sorry.

**Justin:**

I've been out of town all week.

**Sydnee:**

It's all Justin's fault. He abandoned his family.

**Justin:**

Mm-hmm. And Sydnee was too busy raising our daughter, uh, to—

**Sydnee:**

He's trying to keep himself from saying too lazy to research.

**Justin:**

Too lazy to research. No, we wanted to... Since we had, like— It's been kind of a busy week here at the McElroy ranch, the McElroy hacienda, la hacienda de McElroy.

Uh, we thought we would do another Q&A episode because y'all seem to like it and it's fun, uh, for us. Um, and I'm hoping— I'm gonna start calling this segment Stump Sydnee 'cause I think that's a good name for it and good branding.

**Sydnee:**

I think that sounds terrifying for Sydnee.

**Justin:**

Yeah. But, um—

**Sydnee:**

Then you're all going to realize that it was all a ruse.

**Justin:**

It's all a ruse.

**Sydnee:**

I've never been a doctor.

**Justin:**

She's not a doctor.

**Sydnee:**

That's not true. That's—

**Justin:**

No.

**Sydnee:**

No, I am.

**Justin:**

She's definitely a doctor.

**Sydnee:**

I mean, just in case any of my patients listen, I don't want 'em to suddenly be horrified.

**Justin:**

And think, like, "What have I been doing?"

**Sydnee:**

[laughs]

**Justin:**

"What are these... Oh, you know what? Uh, these pills are Tic-Tacs. That... Okay, that's on me. I should've noticed. They are very minty."

**Sydnee:**

"How has she kept this up for so long?"

**Justin:**

It was an amazing ruse. Um.

**Sydnee:**

"How has nobody at the office figured this out?"

**Justin:**

Um, so, Sydnee, I have— We have tons of questions from listeners. Uh, and we... Uh, I wanna get right into them.

Just a reminder. We already say this in the intro, but this is not a program to diagnose your medical illnesses, so, uh, it— Don't use us as a reference for what's goin' on with you.

**Sydnee:**

No, exactly. I'm really not seeking to give you medical advice. I think that there are a lot of just kind of quirky questions around the human body and medicine and why we do the things we do in the practice of medicine now and that I think are helpful and interesting and funny and fun and that kind of thing. So this is not meant to replace... If you really have a question about your own body, please go see a doctor.

**Justin:**

Uh, okay. Sydnee, this first question comes to use from Jennifer who asks, [loudly] "Ingrown hairs." Those are all caps. That's how— Why I said it like that. "Ingrown hairs. Why do they happen so much and turn into pimples and hurt?"

**Sydnee:**

So ingrown hairs are kind of interesting because they, actually— Ingrown hair is a pretty apt description of what they are. There's another name for 'em, like, pseudofolliculitis barbae, which—

**Justin:**

Let's stick with ingrown hairs.

**Sydnee:**

Yeah, I was gonna say, which I— We don't use that. It's not, like, you know, you say you have an ingrown hair and your doctor secretly goes, "Ugh. Um, you mean pseudofolliculitis barbae? Of course. Uh-huh."

**Justin:**

[laughs]

**Sydnee:**

No.

**Justin:**

They do that with other things, right? Like, if you say you got the sugars, they're like, "Oh, you mean diabetes mellitus?"

**Sydnee:**

I don't know. At this point, I think I probably refer to it as sugar [laughs] as much as diabetes...

**Justin:**

[laughs]

**Sydnee:**

... just, uh, just because. But. So ingrown hairs are actually... There, there are two ways they can form. And they're largely the result of shaving.

**Justin:**

Okay.

**Sydnee:**

For, for one. That's one thing to know. Or some kind of traumatic event to the hair or plucking—

**Justin:**

Traumatic event? How are you shaving? [laughs]

**Sydnee:**

[laughs] So what happens is the hair either grows out of the hair follicle and then, like, kind of curves back and grows back into the skin around the hair follicle.

**Justin:**

Okay.

**Sydnee:**

Right. So hair comes out of a hair follicle and it's not supposed to penetrate the skin around that follicle.

**Justin:**

Okay.

**Sydnee:**

Uh, so it can either grow out and then kinda curve back down and grow in, or it can be a case where it grows kinda out the side of the follicle and through the skin next to it before exiting... You know what I mean? Before it kinda tries to exit the skin.

**Justin:**

Sure.

**Sydnee:**

So those were the two ways that it can form. Either way, they usually have to do with shaving. So, uh, in the first example, it's just because you've shaved and created this short, very sharp-ended little hair...

**Justin:**

Mm-hmm.

**Sydnee:**

... which can penetrate the skin very easily. Or in the second example where it grows through the skin, it's because as you shave, you retracted the skin. So you actually, like, cut the hair really short.

**Justin:**

Okay.

**Sydnee:**

Does teat make sense?

**Justin:**

Yeah. I mean—

**Sydnee:**

And so then it's really short and it's down inside the follicle and it's sharp now. So as it grows, it can grow through the skin...

**Justin:**

Hmm.

**Sydnee:**

... next to the follicle.

**Justin:**

Yeah, 'cause so many shaving products sorta advertise that as like a big... a win. You know, that they can get so deep. A lot of people do that intentionally when they're shaving so they can get right... like, as close of a shave as possible.

**Sydnee:**

Which is nice, you know, aesthetically, and I think, you know, a lot of us culturally choose to shave for maybe have to for your job or whatever.

Uh, but in the long run, if you are creating all these little, teeny, sharp hairs and you're doing it frequently and they're retracting down into the hair follicle, you're setting yourself up for a situation where you're gonna get ingrown hairs, especially if you have curly hair, actually, because the hair is more likely to then curl back down into the skin.

**Justin:**

Mm-hmm.

**Sydnee:**

Uh, so that's the main thing that's going on with an ingrown hair. Uh, you can also get, like, secondary infections as a result of this, but that's not really... That's a whole other thing.

**Justin:**

Mm-hmm.

**Sydnee:**

So that's, like... That's the main process. If you wanna know how to stop 'em, I don't know if you would like this answer.

**Justin:**

Ready.

**Sydnee:**

You got to stop shaving.

**Justin:**

What about plucking?

**Sydnee:**

Uh, plucking can do the same thing.

**Justin:**

Really?

**Sydnee:**

Mm-hmm. Any kind of routine hair removal, uh, aside from, like, trimming hair, but, like—

**Justin:**

Laser? What about laser?

**Sydnee:**

Actually, so laser is one option that is less likely to result in this.

**Justin:**



Okay.

**Sydnee:**

So there are options that are less likely, um, but... And certain ways of shaving can help. For instance, uh, they mention specifically that, like, multi-blade razors retract the skin more.

**Justin:**

Mm-hmm.

**Sydnee:**

So that if they're advertising we'll get, like, a closer shave.

**Justin:**

Mm-hmm.

**Sydnee:**

Yes, that's at the expense of setting you up for perhaps more ingrown hairs.

**Justin:**

Okay.

**Sydnee:**

So a single-blade razor, using a lot of very moisturizing, uh, shaving gel can help.

**Justin:**

Okay.

**Sydnee:**

But, I mean, if you really wanna completely eliminate the possibility of ingrown hairs?

**Justin:**

And I do.

**Sydnee:**

Just go au naturel.

**Justin:**

Okay. No problem. Get that rugged mountain man look, or a rugged mountain man who has a few patches on his face—

**Sydnee:**

[laughs]

**Justin:**

... where the hair doesn't necessarily all fill in real nice. Mountain man. Uh, this is a question from Songlin. I'm just using people's Twitter handles, by the way. So if that is not your actual name, I'm all apologies. "Does clear snot always equal allergies and yellow/green snot equal contagious? Because every childcare I've worked for insists yes."

**Sydnee:**

This is actually a myth that I think has... Uh, I don't think we'll ever get rid of. So the color of your snot, while, um, I mean, interesting, while artistically stimulating, perhaps.

**Justin:**

Ew.

**Sydnee:**

Is not that important when it comes to diagnosing what is the cause of your snot.

**Justin:**

Okay.

**Sydnee:**

So there are some general distinctions. You know, yes, generally if you have allergies, it's going to look more clear, your snot. Generally. Uh, but you could have some sort of cold, some sort of virus, viral illness, and it... your snot looks clear.

Even bacterial illnesses, sometimes you can have some more clear sputum.

Although we begin to associate bacterial illnesses with the colorful, you know, the greens and the yellows and whatnot, it's not a hundred percent. Certainly, if you have what we would call purulent sputum, meaning there's pus in your spit, that's bad.

**Justin:**

Mm-hmm.

**Sydnee:**

And we usually think that's an infection.

**Justin:**

Okay.

**Sydnee:**

That's a pretty good indicator. Um, and if there's blood in there, that's... Please come see me or someone. Please come get that checked out.

But the color is just one factor. There are a lot of factors that go into the decision-making as to, like, what is causing this issue...

**Justin:**

Mm-hmm.

**Sydnee:**

... that you now have snot. So no, you can't just say, "Oh, green and yellow. Automatically means that, you know, it's, uh,, it's some sort of infection," and you can't say automatically that clear means it's not. So.

**Justin:**

So it's not that useful.

**Sydnee:**

Yes. So, I will say this. You don't necessarily have to save it and bring it to your doctor and show them.

**Justin:**

Hey. Great. Has that—

**Sydnee:**

You don't necessarily have to do that.

**Justin:**

Has that—

**Sydnee:**

I'm not saying don't ever. And if, uh, you know, that's your thing, but...

**Justin:**

Has that happened to you?

**Sydnee:**

I'm not saying that it's happened to anyone. I'm just saying you don't necessarily need to bring your mucus in to your doctor.

**Justin:**

What's the best way, Sydnee? This is a question from Cory. "What is the best way to recover from muscle fatigue/soreness after exercise? I'm starting to work out and it hurts." That's from Cory.

**Sydnee:**

Well, Justin, I feel like... I mean, this is well suited for you, known...

**Justin:**

This hits right to the...

**Sydnee:**

Known muscle man, Justin McElroy.

**Justin:**

This hits right to the heart of my sort of milieu.

**Sydnee:**

Right.

**Justin:**

I know it so well, though, I almost feel like...

**Sydnee:**

[laughs]

**Justin:**

... if I started answering it, I would get into a lot of jargon.

**Sydnee:**

Uh-huh.

**Justin:**

And a lot of technical muscle head terminology that wouldn't be as accessible, uh, to the listeners.

**Sydnee:**

So you'd rather just toss it to me?

**Justin:**

I'd rather you just handle this one.

**Sydnee:**

Okay, sure.

**Justin:**

Just with this one.

**Sydnee:**

Sure. Uh-huh. So, you know, it... soreness after working out is a very normal thing. So first of all, don't worry about it, um, unless it's beyond the bounds of, you know, that normal muscle soreness. If you're in intense pain, of course something else could be going on and you should get that checked out.

But it's usual that, especially when you first start working out, you feel a little sore. Uh, some easy things to make sure is that you're being well hydrated. I mean, obviously you can, you know, when you're working out, especially if you're doing some sort of cardio workout, you can get

dehydrated faster.

So one of the easiest things you can do is replenish your fluids after you work out. Water is always a good answer to most questions that we ask. Not all, but most. Um, another thing to consider is that, you know, a lot of trainers will tell you not to continually do the exact same— If you're doing, like, muscle-strengthening exercises.

**Justin:**

Mm-hmm.

**Sydnee:**

The exact same thing every day. Kind of give yourself a break in between.

**Justin:**

Mm-hmm.

**Sydnee:**

You know, so maybe alternate some cardio and, you know, some strength training and, uh, throw in a day of rest every now and then. That's okay to do, uh, if you're real sore.

**Justin:**

I've got that one covered.

**Sydnee:**

For—

**Justin:**

That's my problem.

**Sydnee:**

You've got the day of rest?

**Justin:**

Yeah.

**Sydnee:**

So you... Okay. That's good. I mean, it's good to take baby steps, like one thing at a time.

**Justin:**

Yeah. I started there.

**Sydnee:**

Justin knows how to rest.

**Justin:**

Yeah, for sure.

**Sydnee:**

I'm drinking water.

**Justin:**

Yeah, so we're like—

**Sydnee:**

I've got that part down.

**Justin:**

We're getting there.

**Sydnee:**

I've got to get the muscle soreness first. Um, those are some really easy things that you can do. Uh, heat, I think, is always nice for sore muscles. So, you know, if you're just sore and you wanna put a heating pad not too long and not too hot, please don't burn yourself.

Um, but that can be helpful. Uh, and then, you know, in general, you wanna make sure if you're working out a lot... 'Cause I'll see people who will get into these cycles where they're, they're trying to lose weight, and so they're working out a lot and they're not necessarily eating well to go with it.

**Justin:**

Mm-hmm.

**Sydnee:**

You know, if you're gonna put your body through that kind of physical workout, you need to make sure you're also giving it the energy that it needs. And that doesn't necessarily mean that you need to eat, like, protein bars or drink protein shakes or necessarily drink, like, electrolyte replacement...

**Justin:**

Mm-hmm.

**Sydnee:**

... type fluids, if you get my drift. Like Brawndo.

**Justin:**

Brawndo, which has what plants crave.

**Sydnee:**

Exactly. You don't necessarily need those kinds of things, but you need to make sure that you're giving your body a good mix of some proteins, some carbohydrates. You got to have some glucose. You know, the... Just—

**Justin:**

I got that.

**Sydnee:**

All the electrolytes, the fluids. So make sure that you're also, you know, replenishing what your muscles need to grow and get...

**Justin:**

Get swole. Okay, I got another question for you, Syd. Uh, this one comes to us from Doombot999.

**Sydnee:**

Whoa.

**Justin:**

I'm assuming a robot.



**Sydnee:**

[laughs]

**Justin:**

Which is nice. Nice that the robots are listening.

**Sydnee:**

Th— Oh, no.

**Justin:**

Always nice.

**Sydnee:**

Wait. Is it nice, or are the robots trying to understand human physiology—

**Justin:**

Human physiology?

**Sydnee:**

... better in order to overtake us?

**Justin:**

Considering, uh, that makes this question even more terrifying. "What do those electric chest paddle things really do?"

**Sydnee:**

Whoa.

**Justin:**

"Do they really jump start your heart like it's a car battery?"

**Sydnee:**

That is... See? This is terrifying. Maybe I shouldn't answer this.

**Justin:**

No, yeah, we don't wanna give 'em too many secrets.

**Sydnee:**

Yeah, maybe then they'll know how to secretly make them stop working.

**Justin:**

Yeah. Uh, reverse paddles.

**Sydnee:**

So I assume we're talking about, uh—

**Justin:**

Clear.

**Sydnee:**

Yes.

**Justin:**

Yes.

**Sydnee:**

Like, a defibrillator.

**Justin:**

The clears.

**Sydnee:**

Um, you can also, you could also do something called cardioversion with electric shocks, but— So basically, it— Uh, first of all, let me say this. It does not work like a car battery. Let me preface with that.

**Justin:**

Right.

**Sydnee:**

Uh—

**Justin:**

'Cause your car battery stores energy.

**Sydnee:**

Yes.

**Justin:**

It, uh— And your heart does not.

**Sydnee:**

Yes. So when your car battery... The reason you would jump a car battery...

**Justin:**

Mm-hmm.

**Sydnee:**

... and put energy into a car battery is because it is dead, right?

**Justin:**

Right.

**Sydnee:**

The car battery has no energy.

**Justin:**

Does not... Yeah. Or at least doesn't have enough energy to light the spark in the ignition.

**Sydnee:**

So if we were to liken that to the heart, if the heart does not have electrical energy, so let's say that it is not, uh, it's not beating, you know, you're in cardiac arrest.

**Justin:**

Mm-hmm.

**Sydnee:**

You're what we would call asystole.

**Justin:**

Okay.

**Sydnee:**

Nothing is happening. So if we hook you up to a monitor, we wouldn't—  
Flatlining.

**Justin:**

Mm-hmm.

**Sydnee:**

We actually wouldn't shock you.

**Justin:**

Really?

**Sydnee:**

No. That wouldn't be helpful in that situation. We would do CPR, chest compressions. Uh, we could... There are medications we can give, uh, but the, uh, the application of shocks in that scenario are actually not helpful.

**Justin:**

I feel like I've seen that so many times on TV and stuff, like, the [imitates a flatlining heart monitor] and then clear.

**Sydnee:**

Yeah, you've probably seen a lot of things on TV that aren't true...

**Justin:**

Okay, that's fair.

**Sydnee:**

... when it comes to medicine. [laughs]

**Justin:**

Yeah, that's fair. And, and maybe other topics. Who knows?

**Sydnee:**

They're actually... And that's, that's one of our biggest, uh, problems when it comes to the whole advanced life-saving CPR, uh, shocking process, is that you see these things on television that you give you a, um, a very unrealistic and rosy view of how this works, uh, which we are constantly battling. But... So you would not shock for that.

**Justin:**

Okay.

**Sydnee:**

Um—

**Justin:**

What do I shock for?

**Sydnee:**

So there— What we're really talking about is there are some rhythms that your heart can get into. Your heart has an electrical wiring system all its own.

**Justin:**

Okay.

**Sydnee:**

Okay? And it's supposed to be in a very distinct rhythm. And you probably have seen that, like, the blip on the monitor, the little jagged—

**Justin:**

Sure, yeah.

**Sydnee:**

... blip. Or on an EKG, that kind of thing, the sheets with the different... You know what I'm talking about.

**Justin:**

I'm with you.

**Sydnee:**

Okay. So you've seen... That is what your heart's supposed to look like. Sinus rhythm, that's the normal rhythm of your heart. Um, if your heart gets into... There are a bunch of different— And I won't get into all the different arrhythmias, but there are several different ones where it kind of is in a repeating loop, like a circuit gets stuck. It gets stuck in, uh, in one little circuit of current.

**Justin:**

Mm-hmm.

**Sydnee:**

As opposed to going all the way through the heart from the top to the bottom the way that it's supposed to, it, it just gets stuck in this little repeating loop.

**Justin:**

Okay.

**Sydnee:**

Uh, and when that happens, we have to reset or depolarize all the cells in your heart so that we'll break that repeating current.

**Justin:**

Okay.

**Sydnee:**

It's like a stuck— When, um... Like a record would get stuck or something.

**Justin:**

Okay.

**Sydnee:**

Almost like that, right? And so when we depolarize all those cells, then our hope is that they'll start back into a regular rhythm.

**Justin:**

Okay. I think I understand.

**Sydnee:**

So that's what cardioversion is what I'm talking about at that point.

**Justin:**

Okay.

**Sydnee:**

Um, and that's, like, it's synchronized. When you cardiovert somebody, you— That rhythm— The energy you're putting in is synchronized to the normal rhythm that we want your heart in. Okay?

**Justin:**

Okay. So—

**Sydnee:**

So we're putting energy into your heart that will depolarize all the cells and hopefully reset them into a normal rhythm.

**Justin:**

Okay.

**Sydnee:**

Defibrillation is just a little different, in the sense that it is not synchronized to anything. It's just a jolt of electricity. Uh, when your heart is in something like V-fib, if you've ever heard of that.

**Justin:**

Mm-hmm.

**Sydnee:**

Uh, which isn't one circuit, one kind of repeating circuit. It's, like, everything isn't working correctly, and so your heart's kind of quivering...

**Justin:**

Okay.

**Sydnee:**

... as a result.

**Justin:**

Yeah.

**Sydnee:**

Our thought is that we can overwhelm it with enough energy to, again, depolarize all the cells and reset them.

**Justin:**

Now, I've seen, like, some places have that, like, uh, portable CPR station. You know what I mean?

**Sydnee:**

Right.

**Justin:**

Not, not a CPR station, but a portable defibrillator.

**Sydnee:**

Right.

**Justin:**

How can you tell, like, how can a layman tell if they needed that or if not?

**Sydnee:**

So here's the nice thing. Those ones that you'll see that could be used by a layman, uh, they come with very clear instructions, first of all, as to where to put the pads on the chest 'cause there's very specific places on the chest where these need to be. Uh, and they show you where they go, and then it will actually read your heart's rhy— The patient's heart rhythm at that point.

**Justin:**

Mm-hmm.

**Sydnee:**

And so the machine will tell you either to shock or no. And what it's reading is, is this, what we would call, a shockable rhythm.



**Justin:**

Okay.

**Sydnee:**

Is this a rhythm that would respond to this, or is it something that unfortunately these pads are not gonna help with? In that case, it will tell you to start CPR, usually. I mean...

**Justin:**

Okay.

**Sydnee:**

You know, that's what it's supposed to do, is tell you to start chest compressions which do help in some, I mean, some of these cases where you can't shock.

**Justin:**

Okay. Um, listen, Syd, uh, there's a lot more questions from listeners, but, um, I, we need to take a break real quick to talk about some of our sponsors.

**Sydnee:**

Let's do it.

**Justin:**

Let's go.

[theme music plays]

[ad break]

**Justin:**

Uh, Sydnee, I have another question here for you from, uh, Kevin.

**Sydnee:**

Okay.

**Justin:**

And Kevin asks, "Why can I only breathe out of one nostril at a time? Is this normal? Am I dying? Is it lupus?" That's from Kevin.

**Sydnee:**

[laughs] Uh, so—

**Justin:**

I can answer the third one. Probably not.

**Sydnee:**

Yes, it's probably not lupus. It's rarely lupus.

**Justin:**

Right.

**Sydnee:**

Uh, you're not dying from this, as far as I know. [laughs]

**Justin:**

Right.

**Sydnee:**

You're not dying. Don't worry. It's very normal to have that sensation that you're... Not that sensation. It's a real thing, that you feel like you can't breathe out of one nostril at a time. And a lot of people will think that it's because there's something stuck up there, like a... Like, the impression is, like, there's so much mucus...

**Justin:**

Sure, yeah.

**Sydnee:**

... that your nostril's clogged with mucus. Um, and certainly, there can be mucus present, but it's often because the inside of your nose, uh, the turbinates, we call them. That's just these, the lining, the mucus membranes lining the inside of your nose...

**Justin:**

Mm-hmm.

**Sydnee:**

... can get swollen.

**Justin:**

Okay.

**Sydnee:**

And then it blocks the passage of air in that nostril.

**Justin:**

So that's why it's, like, sometimes you blow your nose and blow your nose and blow your nose and it still feels clogged?

**Sydnee:**

Because those turbinates are swollen.

**Justin:**

Oh, man.

**Sydnee:**

And that can be in response to... I mean, this time of year, and especially where we live, Justin, it's largely allergies, in response to allergens in the air. Um—

**Justin:**

Okay.

**Sydnee:**

My nasal turbinates are quite swollen at the moment. [laughs] But it can be in response to a virus or some sort of infection as well. Um, again, very commonly allergies or some irritant.

And, uh, it, you know, it responds to a number of different both over-the-counter and prescription medications if it's really bothering you, but

it is not something to really worry about or be overly concerned about. It is irritating. It usually is transient. Goes away.

Um. And I've always found that if you're laying on one side in bed and it feels really clogged on that side, just switch to the other side and eventually, the other side'll get clogged.

**Justin:**

Is that an official doctor...

**Sydnee:**

[laughs]

**Justin:**

... recommendation?

**Sydnee:**

[laughs] No. That—

**Justin:**

No?

**Sydnee:**

That's just, uh, Sydnee's personal experience. [laughs]

**Justin:**

"Sydnee, is there a medically-approved way to get rid of skin tags? The internet's full of recommendations for applying apple cider vinegar to them, but I'm skeptical." Gag— That was from Katie. Good instincts, Katie.

**Sydnee:**

Yeah, I would generally be skeptical of a lot of, um, recommendations that involve apple cider vinegar. [laughs] Which we, when we... I don't know if I mentioned this specifically on our vinegar episode, that even of the vinegars, apple cider is probably one of the least effective for the things that vinegar actually does do.

**Justin:**

Yeah.

**Sydnee:**

Just on a side note. Uh, I think it just... People like it 'cause it sounds nice and you can abbreviate it. ACV.

Uh, there really isn't... If you wanna get a skin tag removed, for instance, if you came to me or another physician to have it removed, a lot of the time we will actually physically remove it, like, cut it off.

**Justin:**

Yep.

**Sydnee:**

With a pair of sterile scissors.

**Justin:**

Yep.

**Sydnee:**

And depending on how large it is, we may or may not numb it first. If they're really teeny, it's almost not worth it to numb it because it's gonna hurt to stick you with the needle to numb it inasmuch as it's gonna hurt to cut it off. So a lot of the time, we'll remove them mechanically. Now, if they're larger or something I wouldn't... You know.

**Justin:**

Mm-hmm.

**Sydnee:**

It may be a little bit more complicated, but there's probably not a good way for you to just get rid of it at home.

**Justin:**

Okay.

**Sydnee:**

Also, though, you don't have to.

**Justin:**

They're fine.

**Sydnee:**

You can just leave 'em alone.

**Justin:**

Yeah.

**Sydnee:**

Yeah. It's fine. It's no big deal. A lot of people have skin tags. Trust me. I know. I'm a doctor.

**Justin:**

This is quite a story. My question is this. It's from Alyssa. "My dad swears up and down that he worked with a man who didn't have any ribs on one side of his body after a motorcycle crash."

"The gentleman in question had to have them removed, and then had to live the rest of his life in a corset. If he took the corset off, the right side of his torso would lose shape and his organs would just bounce around in there. Is this possible? Would this even have been a viable treatment option for shattered ribs? And is the bag of organ description an exaggeration?" And that's from Alyssa.

**Sydnee:**

[laughs] I love— I really like this story because it sounds like a story that my dad would tell. I think it sounds like a classic dad story.

**Justin:**

It does.

**Sydnee:**

You know, this is one of those like, "My dad said... Do you think that could be true?" And then your dad just swears to it.

**Justin:**

Mm-hmm.

**Sydnee:**

So are you gonna tell these stories sometime, by the way?

**Justin:**

Maybe it just starts happening and you don't really notice it.

**Sydnee:**

[laughs] You just start telling stories—

**Justin:**

Kind of creeps into your vocab.

**Sydnee:**

Uh, so let me say this. A couple things. One, I could see a scenario where your ribs are so shattered, that you do have to remove the bits because there's no reconstruction possible.

Absolutely, I think that that can happen with any bone. Uh, hopefully, it doesn't. But in severe cases, it could. And then in that case, would you wear... Especially if this is, you know, years and years ago, would some sort of corset have been thought to, like, just keep everything, like—

**Justin:**

Together?

**Sydnee:**

Like the shape of everything?

**Justin:**

Mm-hmm.

**Sydnee:**

Sure, like a binder or something.

**Justin:**

Yeah.

**Sydnee:**

I can see that. I could see that happening. The idea that you would... your organs would kind of shift around, though, if you didn't? That I would, I would have a little more problem with. Um, our rib cage doesn't, doesn't... I mean, yes it gives our chest wall shape.

**Justin:**

Mm-hmm.

**Sydnee:**

But, like, our organs aren't, like, [laughs] smooshed up...

**Justin:**

Free agents.

**Sydnee:**

... against the actual ribs and, like—

**Justin:**

Well, there's muscle on top of 'em, right?

**Sydnee:**

Yeah. There's a lot more than just bones there.

**Justin:**

Right.

**Sydnee:**

So, no, I... Your organs would not, like, squish around inside you if you didn't have a rib cage. Um, your chest wall would... That would be a different... It does give a shape, though, and it does protect our organs. Lemme say that. Our rib cage helps to protect some pretty vital...

**Justin:**

Yeah.



**Sydnee:**

... pretty vital organs. So it would be a dicier existence to not have a rib cage.

**Justin:**

Uh, this next question comes to us from a special guest question asker, co-host of Rose Buddies, Rachel McElroy. Uh, she says, "Let's get to the root of the 'McElroy tummy issues' here." She puts those in scare quotes, which I don't appreciate. Why do some people...

**Sydnee:**

[laughs]

**Justin:**

... just seem to have better/stronger stomachs than others? Can "tummy issues" really be genetic? Is this really mostly about diet choices, i.e., our husbands "I accidentally ate 100 sour gummy candies again" McElroys? Further, if you get some kind of infection/food poisoning once, are you really more likely to get it again? Why? Rachel McElroy."

**Sydnee:**

Uh, I love this. Thank you, Rachel, for putting the boys on blast. [laughs]

**Justin:**

Science is gonna— Science will prove me right.

**Sydnee:**

No, um, it won't.

**Justin:**

Yes.

**Sydnee:**

Because...

**Justin:**

Well—

**Sydnee:**

I mean—

**Justin:**

Which one are you answering?

**Sydnee:**

Okay. This is a, this is— Lemme say this. This is a complex question.

**Justin:**

Yes.

**Sydnee:**

So there are a lot of... When we talk about tummy troubles, I think we should divide it into, there are of course, people with real digestive issues with... whether it be, you know, syndromes where they don't absorb all foods well or, you know, celiac disease or different, um, intolerances, food intolerances. People are lactose intolerant.

Uh, yes, all of those things are quite real, and some of them are genetic, some of them are not. And they can be handed down in families. And obviously, those would cause a variety of stomach problems that aren't necessarily related to things that you do behaviorally.

**Justin:**

Okay.

**Sydnee:**

So I'm not saying that those don't exist or that... I'm not ignoring those. That's just not really what we're, I think, we're talking about.

**Justin:**

Yeah.

**Sydnee:**

We're talking about that kind of, um, [laughs] I know this isn't a good food idea. I know this is a bad, like, this is a bad that I'm doing, but I'm gonna do

it anyway. And then later, when I feel bad, instead of recognizing, "Wow, I really shouldn't have eaten that," I'm gonna blame it on my stomach.

**Justin:**

Right.

**Sydnee:**

I think that's what we're talking about.

**Justin:**

Yeah. So that's scientifically sound, though.

**Sydnee:**

Obviously, your digestive health is gonna be affected by your food choices, Justin.

**Justin:**

So you agree.

**Sydnee:**

So if you make bad food choices.

**Justin:**

Right.

**Sydnee:**

You know, like, if you don't have enough cookie points but you just eat the cookies all day anyway, your tummy's gonna feel bad. And then there are things like, uh, irritable bowel syndrome, which I'm not diagnosing anyone with. I'm just saying it may apply in some scenarios.

**Justin:**

Are you saying it's not real?

**Sydnee:**

No.

**Justin:**

Okay. It's real.

**Sydnee:**

No, it's quite real.

**Justin:**

Okay.

**Sydnee:**

It's quite real, but it's influenced definitely by your food choices and also by, um... You know, irritable bowel syndrome has a lot to do with, uh, anxiety as well, you know.

**Justin:**

Yeah.

**Sydnee:**

And so, you know, because you've got receptors in your gut for hormones released from your brain.

**Justin:**

Right.

**Sydnee:**

So it's... This isn't like, "It's in your head. It's not real." No. It's quite real. It's all physiologic. Uh, and so different anxiety states and things make you... You know, it's like when you get the nervous tummy?

**Justin:**

Mm-hmm.

**Sydnee:**

That's a real thing. You gotta run to the bathroom...

**Justin:**

Mm-hmm.

**Sydnee:**

... and all that? So—

**Justin:**

Nervous tummy.

**Sydnee:**

So, uh, you know, those influence these as well. Um, obviously if you know that certain foods because you have acid reflux or your prone to, you know, irritation in your stomach and there are foods that you know trigger it and you eat them anyway, that's gonna cause tummy problems.

**Justin:**

Okay, I get it.

**Sydnee:**

Uh, but none of these things excuse, in my opinion, burping loudly and often. [laughs]

**Justin:**

Yeah?

**Sydnee:**

And then saying—

**Justin:**

I don't know why you bring that up.

**Sydnee:**

And then saying, "It's not my fault. It's a disease." That is never okay. [laughs]

**Justin:**

I don't know who you're talking about here.

**Sydnee:**

That is unacceptable...

**Justin:**

Not me.

**Sydnee:**

... behavior.

**Justin:**

I don't pass the buck on that stuff. Not me. You talkin' about Travis? Yeah, Travis does.

**Sydnee:**

I'm talking about all of you.

**Justin:**

Okay, well that's fine.

**Sydnee:**

What I'm saying is come on.

**Justin:**

Well—

**Sydnee:**

You're grown-ups. Eat better.

**Justin:**

That's all the time we got for—

**Sydnee:**

And don't burp so loud— It sounds like a horse when you burp.

**Justin:**

We're done... Well, we're done, folks.

**Sydnee:**

[laughs]

**Justin:**

That's it. We're all done. Uh, thank you, MeUndies, who are dedicated to providing the world's most comfortable underwear. Go to [meundies.com/sawbones](http://meundies.com/sawbones) for free shipping and 20% off your first order.

Uh, we got a really funny new podcast on the Maximum Fun network, which we're a proud member of, called the Beef and Dairy Network. Uh, it is like a 10-minute long show that is— It's an update on all things related to beef and dairy. Um, and it's British and it's very funny and you'll like it a lot. The episode's really short. Go listen to the first one, and I think you'll be hooked.

You can search your podcast player of choice for the Beef and Dairy Network. Uh, and while you're there, check out a lot of other Maximum Fun shows like Throwing Shade, Judge John Hodgman, Jordan, Jesse, Go!, One Bad Mother, uh, Oh No, Ross and Carrie!

**Sydnee:**

My Brother, My Brother and Me.

**Justin:**

Oh, thank you, my dear. Pop Rocket.

**Sydnee:**

I haven't plugged you in a while.

**Justin:**

Thanks. I appreciate it.

**Sydnee:**

I thought you needed it.

**Justin:**

There's a ton there. [Maximumfun.org](http://Maximumfun.org) is the place to find all those. And, uh, Sydnee has another podcast. It's on the Maximum Fun network too. It's called Still Buffering. She hosts it with her sisters, and they talk about the teenage... navigating your teenage years. It's a really good show. Go listen to that too.

**Sydnee:**

Thank you, honey.

**Justin:**

You're welcome, sweetheart. I, uh, think that's all we have. Thanks to, oh, the Taxpayers for letting us use their song, Medicines, as the intro and outro for our program. And that is gonna do it for us. Until next Wednesday-ish, my name is Justin McElroy.

**Sydney:**

I'm Sydney McElroy.

**Justin:**

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

[theme music plays]

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