

Sawbones 543: Is Nose Ointment a Waste of Time?

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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: And I'm tired of it. Tired of doing a musical, making musical magic, I don't wanna do it anymore.

Sydnee: It's a lot of fun.

Justin: Mmm.

Sydnee: It's just a lot of work.

Justin: Yeah, that's why we missed last week. Do you understand that? We were too— so busy making magic, that watch— It was my fault, I was on tour, I forgot.

Sydnee: Yeah, you were on tour.

Justin: Yeah, yeah, but like—

Sydnee: And I was at rehearsal every night.

Justin: [laughs]

Sydnee: And raising our children, and being a physician.

Justin: Yeah.

Sydnee: So.

Justin: And.

Sydnee: I was doing all those things, but you were on tour.

Justin: And you were on— See, that's why—

Sydnee: So see you did one thing.

Justin: See, that's why you're my she-ro.

Sydnee: [chuckles] No, we're sorry we missed last week. We're very happy to be back this week. We are in the midst of directing, and producing, and building set for, and designing, and painting.

Justin: And I—

Sydnee: Yadda yadda yadda.

Justin: Yadda yadda yadda yadda yadda.

Sydnee: A musical called *The Prom*.

Justin: Yeah, it's really good, and if you— I'm gonna do this plug right up top. I'm gonna— and say hey, if you— This Friday, Saturday, and Sunday, or next Friday, Saturday, and Sunday, will come to the Huntington Ritter Park Amphitheater, you should— you can come. There's a preshow at 7:30.

Sydnee: Seven.

Justin: Seven?

Sydnee: It's at seven.

Justin: It's at seven.

Sydnee: Just check the website, it's at seven.

Justin: Okay, we got a preshow at seven.

Sydnee: We weren't in charge of that. [chuckles]

Justin: That's not our department, and then our show starts at 8:30. Bring food, bring a chair, bring drinks, bring whatever you want. It's a really good time, it's a lot of fun, we'll be there, come say hi. People come into every single one of these shows from all parts, all over, and they have a really good time. We— I hope to see—

Sydnee: Yeah.

Justin: — all of our friends from Columbus and all parts unknown. Cincinnati, we have—

Sydnee: Is Cincinnati parts unknown?

Justin: Parts— No, parts unknown is separate from Cincinnati.

Sydnee: Right, I was gonna say.

Justin: That's like a chill coffee.

Sydnee: I am—

Justin: I— See city names. Ohio City.

Sydnee: I feel like for those of us that live in Huntington, Cincinnati is known.

Justin: It's big.

Sydnee: It's where you go for King's Island, it's where you go for Great Wolf Lodge, it's where you go for concerts when you're young and you live in Huntington.

Justin: It's a big, fun musical, it's a great story, we've got so many great performers in it, and it makes me cry every night, and it makes me laugh several times, and I think you're gonna love it.

Sydnee: It's a really beautiful story, it's great for Pride Month. Again, it is an outdoor amphitheater, so if you come bring a blanket or chairs or something, or you're gonna be sitting on the grass.

Justin: And an umbrella. And an umbrella, if you—

Sydnee: Just in case.

Justin: Just in case, you— Yeah.

Sydnee: Just in cases.

Justin: If you wanna get tickets, and you do, go to— You are not gonna believe this URL, Syd. You're finding this out for the first time. You ready? Hartprom.com.

Sydnee: Oh, nice.

Justin: H-A-R-T.

Sydnee: Yeah.

Justin: It's the name of the group.

Sydnee: H-A-R-T.

Justin: Hartprom.com.

Sydnee: Yeah, and that— I should mention, Justin and I don't make money off of this.

Justin: Yeah, it's all—

Sydnee: We don't get paid.

Justin: It's not— Yeah.

Sydnee: We do— It's volunteer, we do— We just want you to come 'cause it's a great show, and our actors work really hard.

Justin: Yeah.

Sydnee: And we want you to see this great show.

Justin: And—

Sydnee: That's it.

Justin: And when—

Sydnee: That's the benefit. [chuckles]

Justin: And when people come from far away, and they make a big deal about us, it makes the cast think that we are a big deal.

Sydnee: [laughs]

Justin: So.

Sydnee: So it's for Justin's ego, that's—

Justin: It's for my ego, thank you.

Sydnee: So that's what we need, we don't need money, we need—

Justin: You're needed here, thank you.

Sydnee: Yeah. [chuckles]

Justin: Anyway, this weekend and next, please come out, it's really fun. We need this support, we need butts in seats, so we could use your presence. Your presence would be a great present, thank you. Alright Syd, what else we got to do today on *Sawbones*?

Sydnee: Well Justin, we're gonna answer some of your weird medical questions, is what we're gonna do.

Justin: Mine?

Sydnee: Not yours.

Justin: Why me?

Sydnee: Well you ask them as if they're yours, but that's— No, they're not yours. But that's— before we do that, I did wanna— a brief update, I promised I would try to— Any major health, medical, medical health science, you know what I'm saying. News to share, and just make sure people are aware of what's happening. I would say the most important thing is that the Secretary for Health and Human Services, RFK Jr, on— this just happened on June 9th, fired all the members of the Vaccine Advisory Committee for the CDC.

So, what does that mean? So, the Advisory Committee on Immunization Practices, or ACIP, A-C-I-P, is the panel of experts that's made up of epidemiologists and pediatricians and vaccines scientists, infectious disease doctors, all the people who know about vaccines. And it is a panel that is— it is appointed by the administrations, by presidential administrations. Many of the members of the panel that just got fired were appointed by the Biden Administration, which I think is what he's trying to use as his criteria for firing them.

Justin: Right.

Sydnee: But it is not in essence it is not a political body. While it is appointed by, you know.

Justin: None of this should be political, right? I mean...

Sydnee: No, it is not political. I mean these are people who know about vaccines, who then convene meetings to decide what our immunization recommendations as the CDC should be. So that is where we get the childhood immunization schedule. So you can look that up online, there's a schedule and it's color coded, and if you're this age you get this, and if you're these whatever you get this. And it has, you know, you can look up this chart. This is where these charts come from, this panel of experts meeting regularly to make updated recommendations when there are new vaccines, when there are new pandemics for instance, to add them or change them depending on the needs of society at this time.

Justin: Okay.

Sydnee: So he fired them all.

Justin: Yes.

Sydnee: Saying that it was because they were politically motivated, and that they have ties to Big Pharma, and financial conflicts. A lot of this is not true, a lot of this is conspiracy theory based on RFK's own personal beliefs about Big Pharma's undue influence on vaccines specifically, and the absolute myth that physicians make a ton of money off of having your immunized, or that someone is making tons of money.

Obviously, people who make vaccines make money off of immunizations, but generally speaking, this is not the profit center of medicine. There are those. It is not immunizations. Anyway, they've all been fired. There is a meeting later in June. No new members of this panel have been appointed yet. He stated that this meeting will happen, I think it's on like the 25th of something. I don't know how the meeting will happen when we do not have anybody on this, on ACIP at the moment, so he will be— The President will be reappointing them.

Justin: Okay, here's what I'm thinking.

Sydnee: But—

Justin: I'm thinkin' a bunch of hastily appointed people who do not know what they're talking about, specifically planted there with the intent of making our country worse. That's it, that's actually, there's not— Yeah, that's it.

Sydnee: There's— Well, I mean you have to imagine that they will be people whose views on vaccines align with RFK Jr's, which is that he is a vaccine denier. He consistently undermines the science and evidence behind vaccines that says repeatedly they are safe and effective. So obviously everyone is very concerned, I think this is very alarming. It doesn't change the facts about the vaccines.

Justin: Mm.

Sydnee: Right?

Justin: Okay.

Sydnee: Like we've still— The immunization schedule that stands should still stand.

Justin: Mm-hmm.

Sydnee: And we can certainly still continue to recommend that as healthcare professionals, and as parents, you can make those— and guardians, you can make those choices. I think the concern is going to be that if they're not covered by insurance because they're not recommended by the CDC, then you can't afford them perhaps, and perhaps these pharmaceutical companies stop making so many, because if nobody can afford them, it's not worth making them.

So you can see where there is concern. In the meantime, I would not make any healthcare decisions— Don't— I would not trust this new panel, at the moment, to make good decisions for us. But we will see who is appointed, we can make our own decisions at that point, but I do thing that's worth being aware of.

Justin: Can we update when—?

Sydnee: Yeah, we will update once new panel members are appointed, and we know who they are, and what they're— And there are no beliefs on vaccines. There's science and there's evidence, and they're safe and effective. So let's answer some weird medical questions.

Justin: I got a question for you. "Hi Dr. Sydnee and Justin. I'm working my way through the backlog of *Sawbones*, and recently listened to the grapefruit episode. I was wondering if other citrus fruits effect medications in the same way. When I was a kid, I had to take iron supplements, but apparently wasn't absorbing them well, so the doctor told my mom to give them to me with orange juice. What about lemons and limes? Should folks on medications be wary of all citrus?" And then that's from Katie, and Katie doesn't ask about the obvious question of Ricketts, and scurvy, but I'll be the one to ask.

Sydnee: Well, those are related questions, yes. And—

Justin: Everybody's wondering about scurvy. If we cut them out, what about our scurvy?

Sydnee: Well yes, we shouldn't—

Justin: Cut out the limes, the scurvy will follow, that's what I say.

Sydnee: That's true, Justin, that the— Well, I mean there are probably other ways. There are definitely other ways. We could get vitamin C—

Justin: They sent me back in time.

Sydnee: [chuckles] We can get vitamin C now.

Justin: If they sent me back in time to pirate times, I would do the scurvy thing, and everybody would be like, "That's my dude."

Sydnee: Mm-hmm.

Justin: Like, "That guy, we're gonna start a whole religion around this guy. What a genius. What else you got for us? The scurvy thing was great. What else do you have?" And I would go so— I would really try, and I'd be like, "Aw crap, I should've remembered other stuff that was easier to remember, like look for— There's some trees around that cure malaria—"

Sydnee: [chuckles]

Justin: "— if you guys can find them."

Sydnee: Why?

Justin: I think—

Sydnee: If you're going back in time anyway—

Justin: [wheezes]

Sydnee: — why wouldn't you just take these? Like why wouldn't you just take antibiotics with you and—?

Justin: 'Cause I'm not gonna get 'em hooked on it, and then I don't have anymore. I don't know how to make more! I went back in time, I can't go back and forth. The limes is easy.

Sydnee: [chuckles]

Justin: 'Cause I can be like, "You guys heard of limes? No? [sighs] Crap, okay, well limes is— It's from another country, you go get 'em, you don't get scurvy anymore."

Sydnee: Well, I think if you're gonna go back in time, I mean the lime thing is good, that's a good one.

Justin: Yeah.

Sydnee: But also like wash your hands, and water can carry—

Justin: Oh no no no no no. I know that—

Sydnee: — disease if it's not clean.

Justin: I know what they did to the guy who said, "Wash your hands."

Sydnee: Yeah, well.

Justin: I'm not ending up like Sybil Weis, I don't need that.

Sydnee: Listen, the lime guy wasn't— I mean like that was a problem too. Well and look, we're still arguing over fluoride, Justin. This stuff never ends.

Justin: I mean, hey, gosh.

Sydnee: So you know, I had never thought of— I know grapefruit is an issue, we've done a whole episode on how because of the things in grapefruit, it can interact with some medications, and we've done a whole episode on it. The other one that I knew was an issue was cranberries and warfarin. Warfarin is a blood thinner, also known as "coumadin."

Justin: Yes.

Sydnee: You may have heard of— Anyway. It interacts with a lot of things because vitamin K can counteract it, so you have to— Anyway,

cranberry and warfarin was one. So I think those are the only two that we consider like really clinically significant.

Justin: Okay.

Sydnee: And worth warning you about. Now that being said, I looked this up, there are other fruits that can cause interactions. A lot of citrus fruits, but oranges, pomelos, pomegranates, grapes, apples, as I mentioned cranberry, there's a lot. And I mean also in like jams and concentrates, juices, all these things technically do have... components that can interact with medications. Now, none of them in such an amount that we consider it worth warning you, right?

Justin: Right.

Sydnee: We don't tell you like, "Hey, when you start your medicine, stay away from pomelos."

Justin: Right. [chuckles]

Sydnee: Right. But it is interesting like potentially I guess if you had a diet— This would be like one of those things— This is like a *House* case.

Justin: Okay, yes.

Sydnee: If somebody comes in and their medicine, suddenly they're becoming like super therapeutic, or not responding to their medications anymore.

Justin: Right.

Sydnee: And then you found out that they like went on some wild pomegranate only diet, and they've been eating nothing but—

Justin: [laughs]

Sydnee: — but just raw pomegranate for just like days on end.

Justin: "Did you just say 'pomegranates'?"

Sydnee: [chuckles] The— I— But I think barring that sort of hyperbole.

Justin: Yeah.

Sydnee: Generally speaking, we don't consider the other ones a problem, but they do— there is a potential for interactions, but not to the extent of the almighty grapefruit.

Justin: Thank you. Thank you. "Hi Dr. Sydnee. How come sometimes you don't have the hiccups for months, and then you get 'em like six times in two days? Or is it just me? Is there anything you can do to prevent hiccups?" That's from Tired of Hiccupping, from Kiersten.

Sydnee: So, I really liked this question, because I read it and Cooper had had, I don't know if you noticed this Justin, she had hiccups...

Justin: A lot.

Sydnee: Like three times the other day.

Justin: Yeah, it was crazy.

Sydnee: So generally speaking, and we're done— I know we've done a whole episode on hiccups, I love talking about hiccups. Because the best thing about hiccups are hiccup cures.

Justin: Yes, I have lost some of my taste for this, Sydnee, because I fixed hiccups.

Sydnee: Oh yeah?

Justin: So as someone who has solved the let's call it "hiccup issue," I'm— I get a little bit insufferable when the topic comes up.

Sydnee: How do you solve— How do you cure hiccups, Justin?

Justin: You— Do you want me to skip right to the real ans— like the true, final solution of hiccups?

Sydnee: Well, the question wasn't "How do you cure hiccups?" so if you'd like to go ahead and tell us how you— I was gonna talk about how you prevent hiccups.

Justin: Oh, well if you've messed up and you get 'em.

Sydnee: Yeah.

Justin: You bend over, and I think we probably talked about this before on our last hiccup thing. But since then, I've solved it. This is permanent. You get— You stand up, okay, imagine yourself standing. And then you pour yourself a cup of water, okay? Now you wanna bend over as far as you possibly can, like you wanna fold yourself in half, right, as much as you can, right? And now that you're doing that, you're gonna get the cup, you're gonna bring it down to where you're at, and you're gonna drink it from the wrong side, from the side that feels weird to drink it from right now. But you're basically gonna drink upside down, and when you do this and you take a few gulps that way, your hiccups will be gone.

Sydnee: And it works.

Justin: That's not a threat. Sydnee—

Sydnee: It works every time?

Justin: Sydnee, have you ever seen it— Back me up, don't be suspicious of me. Back me up.

Sydnee: [chuckles] It does work, it does work.

Justin: It works.

Sydnee: No, it works, it works.

Justin: Ev-ev-ev-ev-every time.

Sydnee: Well, I can't, I can't— I don't have the science to say every time.

Justin: [exhales coldly]

Sydnee: I don't have the science to say that!

Justin: I love that, I love that. No no no, I love that. You do the science thing, I love that, I love that for you.

Sydnee: So there are— Generally speaking, these— You know, we know hiccups are these little spasms of your diaphragm.

Justin: Yes.

Sydnee: Big muscle, helps you breathe.

Justin: Yeah.

Sydnee: Why would you get a bunch of them like back-to-back? Well, they can be triggered by things like if you eat or drink really quickly.

Justin: You get air, like an air bubble.

Sydnee: Yeah, so like that. Yeah.

Justin: Sucking in.

Sydnee: Yeah, so—

Justin: That's probably not right.

Sydnee: — when we talk about—

Justin: Shouldn't get air in there, it's something like an air bubble.

Sydnee: When we talk about hiccup prevention, one good way to prevent them is to slow down.

Justin: Yes.

Sydnee: If you're eating or drinking. You can also— There's some things that tend to be triggers, like carbonated beverages, or alcohol for instance. And so if you're getting a run of them back-to-back, it— like did you drink that day? You know, I mean there may be some sort of— There's probably some sort of extenuating factor that would contribute to you getting hiccups a bunch. Whereas maybe you don't for a while 'cause you're not engaging in whatever that behavior is.

Justin: But we don't have— But there's not like... like some— There's no physical element of this where like air is trapped somewhere right?

Sydnee: Mm-mm.

Justin: Like the fizziness is not like—

Sydnee: No, these just—

Justin: 'Cause I feel like sometimes it does feel that way, but it's not.

Sydnee: No, it's not like that. It's just— I mean 'cause they're— Typically they're harmless, they're temporary, they come randomly and they go randomly, and— or you use Justin's surefire hiccup cure and they go away.

Justin: Never fails.

Sydnee: And it's not— I mean, if they are persistent, if they are— if you get hiccups and they do not go away, there can be other more insidious causes, and you should go get that checked out. Generally speaking, that's not true about hiccups, right.

Justin: Right.

Sydnee: I don't wanna— I don't want everybody to freak out about hiccups.

Justin: Nobody panic.

Sydnee: Most of the time, hiccups are entirely benign, but there can be— And I mean even like we find it associated with like times of great stress, or like stress activation.

Justin: Mm-hmm.

Sydnee: Could lead to more spasms of the diaphragm and more cases of hiccups. So these could all be reasons why. Maybe you have a bunch of hiccups for a couple days, and then you don't have hiccups for a long stretch. Generally speaking, again, don't worry.

Justin: Not a problem.

Sydnee: Most of the time, hiccups are entirely benign and will go away on their own. Or if you wanna try what Justin recommended, you go for it.

Justin: Next question.

Sydnee: Well Justin, I would love to answer the next question.

Justin: What?

Sydnee: But before we do that...

Justin: We had a lot of preamble, didn't we Syd.

Sydnee: Yes.

Justin: [chuckles]

Sydnee: We must go to the Billing Department.

Justin: Let's go.

[transition theme music plays]

[ad break]

Justin: Okay, next question. "Hi, Dr. McElroy and Justin."

Sydnee: [chuckles]

Justin: "I've been wondering about antibiotic ointment. Does it actually have any affect in keeping cuts from getting infected? Should it go on things other than cuts like rashes? When/how often should it be applied?"

Sydnee: Let's do that one first. This listener had two questions.

Justin: Okay.

Sydnee: And I wanna take 'em one— They're both good questions, so I wanna answer both.

Justin: Okay.

Sydnee: Okay. This is something that I find really fascinating, and I— Actually, I talk about it a lot in the work I do at Harmony House, because antibiotic ointment can sometimes— I think we take that for granted, that a lot of us have a tube of some sort of over-the-counter antibiotic ointment in a drawer, a crusty tube in a drawer somewhere.

Justin: Crusty old tube.

Sydnee: You know, you know you do. Also check the expiration date. I'm not big on expiration dates in general. [chuckles] I don't really pay attention to 'em much.

Justin: A lot of 'em are just made up.

Sydnee: Mm-hmm, mm-hmm.

Justin: I mean literally made up.

Sydnee: We've talked about this.

Justin: Yeah.

Sydnee: With medications too. But when it comes to gels and liquids and creams and things like that, they do other things. It's not just about the medicine in it. They do— Like the other compounds—

Justin: Or yeah, you look for... It's a real eye opener when you start— when you learn about that little like 12m.

Sydnee: Mm-hmm.

Justin: Or however many months symbol on things you open like that. There's a symbol that's just like—

Sydnee: Or like makeup and stuff, yeah.

Justin: Makeup specifically, it's like, "Throw it away. Throw this away. Don't keep this."

Sydnee: Well, well, they— And for makeup they can like harbor bacteria and stuff, but like the, you know, the tubes, the creams, they do weird things.

Justin: Yeah.

Sydnee: So like check those. Anyway. Also, maybe you don't need antibiotic ointment. So this is an area of medicine where we've kind of evolved our thinking. We often will jump to, if you get a superficial cut or scrape, go grab your tube of— And I'll— Some brand names you might have are like Bacitracin or Neosporin, or you may have like the generic brands of antibiotic ointment, triple antibiotic ointment, that's very common. And you throw some of that on there to prevent any bacteria from accumulating in the cut or scrape.

Justin: Right.

Sydnee: However, we now think... that you probably don't need that, and in fact—

Justin: What?

Sydnee: Yes, in fact you may actually have a reaction—

Justin: Wow.

Sydnee: — to some of the components that are in triple antibiotic ointment specifically, that would be counterproductive, that would actually cause some inflammation in the cut, and slow healing.

Justin: You've been bangin' this drum forever! Since we've been together, you've been— had me put antibiotic ointment on.

Sydnee: Well most of the time it won't do anything bad or good. I mean we— none of us—

Justin: Okay, but like—

Sydnee: — none of us react to it.

Justin: You can understand me feeling a little bit misled by this, Sydnee.

Sydnee: I understand, I understand. Well this is a new area of medicine. I had read a study where they, head-to-head, if you use plain old petroleum jelly, Vaseline, petroleum jelly.

Justin: Mm-hmm.

Sydnee: Versus antibiotic ointment.

Justin: Mm-hmm.

Sydnee: What heals faster, and there's really no improvement—

Justin: Really?

Sydnee: — with the additional antibiotic in the ointment. The thing that helps you most is the vehicle that the antibiotic ointment is delivered in, the petroleum jelly.

Justin: Mm.

Sydnee: That seems to be the thing that is most beneficial to put on a cut, to help cover the area, to seal in moisture, to prevent external things, you know, germs and dirt and whatnot—

Justin: Yeah.

Sydnee: — from getting into the cut. That seems to be what is actually beneficial, not so much the actual antibiotic component. And like I said, there are specific things in the antibiotic ointment that some people have reaction to, like neomycin or polymyxin, and in those cases you may actually be making things worse. Plus there was a more recent study that suggested, I thought this was really interesting, I thought this was a study from 2021, that was looking at do we need some of the bacteria that are in the cut to help it heal? Like is there some—

Justin: Oh, like—

Sydnee: — bacteria-induced skin regeneration via IL1B signaling, is the name of this study. I don't expect you to go find it and read it. But the point is—

Justin: I already read it, so that would— I wouldn't waste my time with it, reading it again, that's gonna be boring, I know the ending.

Sydnee: Maybe some of those bacteria—

Justin: It's quick, but please.

Sydnee: — actually help a little. So when you get a cut or scrape, you should ro— you should wash it out, like we always recommend. We go wash it out. Especially if it was dirty, go wash it out.

Justin: Go wash it out.

Sydnee: But if it's just a superficial cut or scrape, you may not really need antibiotic ointment. Some... petroleum jelly would probably be fine.

Justin: Just a barrier.

Sydnee: Yeah, and we may be evolving our thinking that, moving forward— And that's a lot easier for me to recommend to people, I have lots of packs of that that I can hand out to people and say like, "Hey, you don't necessarily need to keep coating this in antibiotic ointment. Once it's cleaned out, once the initial cut has been cleaned, you can just put this petroleum jelly on it."

So this may— this is an area of medicine we're evolving, I'm not saying throw away your antibiotic ointment. I'm not saying everybody go clear out your— Obviously if they're not in date—

Justin: And you're not saying to eat it.

Sydnee: No I'm— Do not eat it. But we may at some point have a standard recommendation "You know what? Just put petroleum jelly on it, and most of the time we don't need that stuff." And if you're— if it seems to be making your cut worse, you may be reacting to some of the components in it, and you don't need it.

Justin: “Also, my mom used to make me eat carrots saying it’d make my eyesight better. Given that I had to eat— get glasses in the second grade despite eating so many carrots, I’m inclined to believe that isn’t true. Can carrots make your eyesight better, or at least slow the decline of vision?”

Sydnee: Why do we think carrots help with vision, Justin?

Justin: Well, it’s ‘cause I’ve never seen [chuckles] a rabbit wearing glasses.

Sydnee: Did you— Really? [chuckles] I— Justin!

Justin: Didn’t like what I said?

Sydnee: No, that was great. Very good.

Justin: Thanks.

Sydnee: What is in— [chuckles] vi— What is in carrots, do you know what is in carrots?

Justin: Vitamin D. Orange.

Sydnee: No.

Justin: Beta-carotene.

Sydnee: Beta-carotene, vitamin A.

Justin: Vitamin A.

Sydnee: Beta-carotene or vitamin A.

Justin: Beta-carotene.

Sydnee: Vitamin A. So yes, that is why carrots have this reputation for being good for your eyesight, because vitamin A is in carrots. Now vitamin A is in lots of things, right. Carrots are one vehicle.

Justin: Right.

Sydnee: To deliver vitamin A to you. Vitamin A is in other things. But we need a certain amount of vitamin A to maintain vision.

Justin: Mm-hmm.

Sydnee: Vitamin A deficiency is a major cause of vision loss across the globe, especially in areas of the world where, you know, obtaining... nutrition, you know, getting a wide range of foods, all of your vitamin—all of those necessary components can be a challenge. Then we do see cases of people becoming blind because of vitamin A deficiency. So absolutely vitamin A is a big component of maintaining good vision. Now, I think what is interesting... carrots, specifically.

Justin: Yes.

Sydnee: Because whenever we get to something like this, like okay so we need vitamin A, but why carrots? It's kinda like the whole like if you need potassium, what do we tell yah?

Justin: You gotta eat a banana.

Sydnee: Eat a banana, that's what we always say, right? But bananas are not necessarily the most potassium rich food, they're not, there are lots of food that have potassium.

Justin: Mm, lot of times people—

Sydnee: I don't know why.

Justin: — people are just looking for an excuse to eat a banana.

Sydnee: Yeah, I don't know, I mean we just go to banana. I think it's like something you could like hand to somebody, where it's like, "Here, eat this, it's a banana." It's good, most people like 'em, whatever.

Justin: Good.

Sydnee: Maybe that's why carrot, vitamin A. There—I looked for a study. Is there a study where we've actually looked at carrots, not just vitamin A. There's tons of studies out there that support vitamin A is

essential for vision, taking vitamin A supplements will maintain healthy vision, and kind of help improve vision if you're in—

Justin: What about carrots specifically?

Sydnee: Specifically carrots. There was a randomized study in 2005 which looked at consumption of 4.5 ounces of cooked carrots six days a week. [chuckles]

Justin: Wow.

Sydnee: I don't know why they had to be cooked.

Justin: It's a lot, it's a lot of carrot.

Sydnee: Why did they have to be cooked?

Justin: I don't know.

Sydnee: You wouldn't eat 'em.

Justin: That's so gross.

Sydnee: I know, you wouldn't eat 'em.

Justin: No no no no no. Oh god, what's worse? What's wor— How do you ruin a carrot faster? Oh.

Sydnee: And they put it up against other vitamin A rich foods. Fortified rice, amaranth leaf, goat liver. To address—

Justin: Amaranth leaf. Why does that—?

Sydnee: Yeah.

Justin: I was gonna say, "Why is that familiar?" and then I [wheezes] [through laughter] I just remembered *Court of Thorn and Roses*.

Sydnee: Yeah, I think that's what you're thinkin'.

Justin: Yeah, I think that was it. [laughs]

Sydnee: I think that's what you're thinking. And it was specifically looking at night blindness in women who are pregnant. The result was that everything did the same.

Justin: Oh.

Sydnee: But you know what beat 'em all? [chuckles] A vitamin A supplement. So. [laughs]

Justin: Yeah, that's always a problem, isn't it? Vitamins make it so tricky.

Sydnee: Well, it's a— You can't— It's a standard amount, you know exactly how much people are taking. It's easier when we can— The thing— It's why, we talk about this a lot, it's why with like herbal the idea of herbal medications, if we can— We don't give you— We don't tell you foxglove if we think you need digoxin, because we've synthesized the active component.

Justin: Right.

Sydnee: The digitalis, the digoxin, in a lab, and we have just a controlled amount of exactly what you need, instead of like eat the plant.

Justin: Would you mind writing all that down for me in case I do run into any old timey people, just so I'm like not completely caught with my pants down.

Sydnee: The don't—

Justin: Historically speaking.

Sydnee: Yeah, I'll— Don't eat the foxglove, make digoxin.

Justin: That's a good one.

Sydnee: So yes, carrots are good for you in the sense that they have vitamin A. But as long as you're getting plenty of vitamin A, you don't necessarily have to eat carrots specifically.

Justin: Okay.

Sydnee: And I will say that there is no evidence at this point that carrots will give you like super vision, you know what I mean?

Justin: Yeah.

Sydnee: Like we're not—

Justin: What's the point?

Sydnee: It's not like you continue— The graph doesn't keep goin' up like the more carrots you eat, the better your vision, until eventually you have X-ray vision.

Justin: Right.

Sydnee: Like that won't happen.

Justin: Yeah.

Sydnee: But vitamin A is important for good vision.

Justin: Okay, fine. So is the next question about how you do get super vision, or?

Sydnee: I don't have that answer.

Justin: I could use supervision. [snorts] "Hi Dr. Sydnee and Justin. I have a few weird medical questions, so feel free to take your pick." Jokes on you, we're readin' 'em all. "One, when I was young, during airplane flights my mom would put Neosporin on the inside of mine and my brother's nostrils to prevent us from getting sick. Was this doing anything at all, or did I endure that gross goo up my nose for nothing?"

Sydnee: Well, I thought in light of our previous question, Justin you would be able to answer this.

Justin: Uh... It's just a barrier.

Sydnee: Yeah, they're— Well and also I don't know what that would...

Justin: I don't know what that would do.

Sydnee: I don't know. Neosporin has— So, Neosporin has antibiotic components in it, as we've talked about. They can kill bacteria.

Justin: Yeah.

Sydnee: But if we're worried about viruses...

Justin: Your mom was wasting your time, and I'm sorry.

Sydnee: I'm sorry.

Justin: I'm sorry.

Sydnee: I'm sorry.

Justin: Listen.

Sydnee: I don't know that that would do— I don't have a reason that it would hurt you. I do think it is interesting, there is a protocol we use. So this is related, this isn't this. I— We— I don't recommend people to do this, I don't know what it would do. But there is a protocol we use if we think someone is colonized with MRSA, commonly called "MeRSA," methicillin resistant staphylococcus aureus.

Justin: Less commonly.

Sydnee: [chuckles]

Justin: If you're just trying to stunt on your podcast, it's called that.
[chuckles]

Sydnee: It's su— I tell people it's super staph, when people are like, "I'm really scared of MRSA, it's just— it's staph that— it's a staph infection that's really resistant.

Justin: It's like a super— Oh, that's a good— So you make it a little bit easier for `em, less scary—

Sydnee: Yeah.

Justin: — by calling it “super staph.”

Sydnee: It’s just super staph.

Justin: [chuckles] Okay. Thanks. That’s better.

Sydnee: It’s just really hard to kill staph.

Justin: Oh!

Sydnee: But we have antibiotics that kill it!

Justin: Okay.

Sydnee: I have lots of antibiotics that kill it.

Justin: Don’t brag.

Sydnee: I have buckets of it.

Justin: [chuckles] Stop bragging.

Sydnee: Buckets.

Justin: Okay.

Sydnee: Don’t worry. But there is a protocol we can use where we take a specific kind of ointment, not Neosporin. Neosporin won’t cut it. We use somethin’, a prescription, mupirocin or Bactroban is the brand name, sounds like bacitracin, but it’s not. It’s called Bactroban, it’s a mupirocin ointment you can put inside your nose, there’s a specific protocol we follow, you do it a couple times a day for five days. And anyway, that will help reduce the amount. Because that’s where MRSA lives, it lives inside your nostrils.

And so if you do this, hopefully we could decolonize you. There’s also a newer swabby thing they do in the hospitals, but the point is [chuckles] we do that, and that does reduce the amount of MRSA in people and can sometimes decolonize them. Then those of us who work in healthcare often end up colonized again, wah wah.

Justin: No.

Sydnee: But that is a use for a type of antibiotic ointment in your nose.

Justin: Okay.

Sydnee: However, Neosporin on a plane in your nose, I don't really have a good reason for.

Justin: Sorry. But there's another question, maybe this one— And listen, don't fill bad about your parents wasting your time. If you're— My dad has wasted so much of my time and continues to, don't feel bad, that's just parents for yah.

Sydnee: Well, and we come from the generation of kids where like, I don't know about you Justin, but I was given Dimetapp all the time.

Justin: Our parents didn't have the internet, so like they were just going off of whatever they heard from [chuckles] at the grocery store, I guess.

Sydnee: Yeah, and like that wasn't good.

Justin: Yeah.

Sydnee: I mean we know now— we know better now.

Justin: "When I was a kid, I was playing tetherball and I severely jammed my finger on the ball. I didn't tell anyone to go to the doctor for some reason, and my finger was swollen for about two weeks. I know you can't diagnose anything, but I'm feeling like I might've broken my finger. [chuckles] I have zero mobility issues now. Is it possible for a broken finger to heal fully on its own?"

Sydnee: It is, yes. If you have a non-displaced fracture, it can heal on its own. Meaning that like the bones are all still where they need to be, there's just like a crack or something.

Justin: Yeah.

Sydnee: It can heal on its own. I do not recommend that, I don't recommend that "I think my finger's broken, I'll just see what happens." I will say that it— you probably did just jam it, more than likely.

Justin: More than likely.

Sydnee: I don't know, can't say, can't say. But it is quite possible that it as a jam, or what I— what we call here in West Virginia...

Justin: A stove

Sydnee: A stove, you stoved your finger.

Justin: You stoved it.

Sydnee: When you compress... the joint very quickly, you know.

Justin: Ooo, yeah.

Sydnee: I mean you can picture what I'm— You're jamming the tip of your finger on something. It like stretches those—

Justin: You know what it is to jam.

Sydnee: Everything around the joint, and it can cau— Sometimes it can even tear them. If it's a hard enough jam or stove. And it can take a while to heal, it could be quite painful, and it can, you know, temporarily limit some of the mobility. You can have swelling, all of that, and then it will heal in a couple weeks. So it could've been a jam, it is possible, our bodies do heal breaks on their own. But I would not count on that. If you think something's broken, go get it checked out.

Justin: "How quickly do veins heal after an IV/blood draw? Last year I was having a weird medical problem, as a result I had two separate blood draws over the course of two weeks. My skin had healed over between each blood draw, but I wondered if my veins healed just as quickly? It seemed odd to be poking so many holes in such a short time period."

Sydnee: I think— So, there's two different things. One, if we're talking about like a standard venipuncture.

Justin: And we are.

Sydnee: Which means you just inserted the needle through the skin, into one side of the vein, took blood out of it, and then pulled it back out.

Justin: Okay.

Sydnee: The intima, the lining of the vein is gonna take like a week-ish, depending. You know, there's some variability person to person, and in caliber of the needle, and all that stuff. But it takes about a week.

Justin: Mm.

Sydnee: To heal that hole. The thing is, you're almost certainly not going into the same exact place, you might even use the same vein, but you're not going into the same place in the vein. So it takes about a week for the intima of that to heal up. Now obviously like your— it's not gonna be bleeding under the skin continually there, right?

Justin: Right.

Sydnee: Like it clots over at this— at the site.

Justin: Okay.

Sydnee: So you're fine. It can take a little longer if the vessel is blown, so I think that's another thing to consider, then that is when it— What— Do you know what that means, when we say the vessel is blown?

Justin: No.

Sydnee: So instead of— It's a tube, right. Your vein's a tube.

Justin: Mm-hmm.

Sydnee: Instead of going into one side of the tube and coming right back out and that's it, we poked all the way through.

Justin: Okay.

Sydnee: We poked a hole all the way through the tube.

Justin: Hmm.

Sydnee: Does that makes sense?

Justin: Yeah.

Sydnee: And then you can start having, you know, oozing under the skin, that's where you get bruising and swelling.

Justin: Bruising and oozing.

Sydnee: Yeah, and you know it's no fun. Again, that's gonna heal on its own, but that can take a little longer, so that can take, you know, 10 days, maybe even two weeks. But generally speaking, takes about a week for it to heal. But you got lots— the veins, you got lots of space on there, so don't worry about it. You can have multiple blood draws in a week, it's okay.

Justin: Alright.

Sydnee: You can always switch arms too.

Justin: You know Sydnee, I don't know that Leah intended for us to ask all three of her questions, and in a way Leah, I think we may have created too thorough of a biography for you, [chuckles] by doing all three. [wheezes] It feels like— I feel like I really have a complete picture of Leah as a person, you know?

Sydnee: Oh, I didn't think about it, I thought they were all really good.

Justin: They're all great, Leah, but it's just like I feel like I know you so well at this point, you know what I mean?

Sydnee: Ah well, I'm sorry.

Justin: Some very intimate details.

Sydnee: Leah, if that was too revealing, I'm really sorry. It was a— Those were good— You gotta find questions that are interesting, weird, but I'm also not getting specific, right? 'Cause I can't— I cannot be—

Justin: Right.

Sydnee: This isn't just for you, Leah, this is for everyone out there. I cannot be your healthcare provider.

Justin: That's you, Leah. Interesting, weird—

Sydnee: I can't, 'cause this is a podcast.

Justin: Sydnee said— Here's your— Sydnee's review of you, Leah. It's interesting, weird, and non-specific. So thank you so much.

Sydnee: No! They're thoughtful and clever—

Justin: [chuckles]

Sydnee: — and interesting, and— No! I mean these are good—

Justin: No, they're great.

Sydnee: They were all solid questions.

Justin: You're all solid people, thank you all our Sawboners are—

Sydnee: [chuckles]

Justin: — are the best podcast listeners.

Sydnee: I don't call you that, Justin calls you Sawboners, I refuse.

Justin: And hey, once again, we're doing our show, hartprom.com, it's H-A-R-T, come out and see it. And it's this weekend and next. And next weekend, if you are closer to Columbus. [chuckles] Sorry, we're all over the place. If you're closer to Columbus, you can come see *Sawbones* before *My Brother, My Brother and Me*, if— We're gonna be performin' there in Columbus, Ohio on, let me tell you the exact date, that's no problem for me, I'm a professional. It's June 19th at 7pm. You go to bit.ly/mcelroylive. [Bit.ly/mcelroytours](http://bit.ly/mcelroytours), not mcelroylive, I made that one up. [Mcelroytours](http://mcelroytours), and come out and see us.

Sydnee: And we'll be there.

Justin: 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.

[theme music fades in]

Justin: That's gonna do it for us. 'Til next time on *Sawbones*, my name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

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

[outro theme music plays]

[ukulele chord]

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