

Sawbones 572: Would a Healing Vape be More Efficient Than a Healing Potion?

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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!

["Medicines" by The Taxpayers 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: And we're back here, we have—with another medical questions and answers episode. We're going to take your questions that you have about the human body, and we are going to try our best to solve them. And I will say, some of them have gotten pretty weird to hear Sydnee report it from the inbox. I feel like some of you all may be trying to be even more weird than you already are to try to get on the weird medical questions episode. Which I respect.

Sydnee: [chuckles] No. I don't—I don't think that. I don't think that. I think that we have cultivated, I—here's the way I like to look at it. You can correct me if I'm wrong. We've cultivated a relationship with our audience where they feel comfortable asking me the weirdest stuff now, you know? They don't—it doesn't have to be like... superficial level weird, it can be the deep weird.

Justin: The deep weird.

Sydnee: The deep weird.

Justin: The deep weird! That's what we offer you here on Sawbones. Now, Sydnee, I—

Sydnee: I will say, on that note, I do try to stay away from questions that may be very individual.

Justin: Mm-hm.

Sydnee: Because it gets into the—I start to cross from general query like, oh, let me untangle this sort of thing, this academic or this, you know, thing for everybody to understand, into maybe diagnosing someone. And I never—

Justin: Sure.

Sydnee: As we always say, I can't diagnose you through a podcast. I shouldn't, I wouldn't try, it would be unethical and wrong. You should always, you know, seek care from your own provider for those sort of—and I never want to cross that line where I might be giving you direct medical advice on like diagnosis and treatment, because that could be bad for you. And I don't, you know, I want to help you, not hurt you.

Justin: I will also ask, speaking of helping me and not hurting me, Sydnee, since I will be reading off of your monitor, would you mind, because I care so much about my beautiful peepers, can we just increase the brightness on this screen to something that normal—thank you. I don't know what you—why you have sworn a vendetta against your eyeballs.

Sydnee: I don't know what's wrong with me—

Justin: You refuse to have screen brightness.

Sydnee: I turned down the screen brightness on my computer, my phone, as low as it will go, almost.

Justin: So weird.

Sydnee: Almost as low—not quite as low as it'll go—it's pretty close. It used

to be as low as it'll go on my phone. It's a mark that I'm getting older that I've had to just nudge it up just a little.

Justin: Yeah. I often will comment on the brightness of your phone, but I hate to nitpick you. See, nits is a unit of measurement for brightness and screens, so—

Sydnee: It is?

Justin: It's actually like an extremely good joke.

Sydnee: Really?

Justin: Yeah.

Sydnee: But that's not what nitpick—as we have discussed on the show before, nitpick is referencing the practice of having to remove lice, like small lice, nits, the eggs from your—

Justin: Yeah. But if like Marques Brownlee or somebody, or like a tech mogul were here, they'd be like, "*Wa-ha-ha-ha-ha-ha!*"

Sydnee: That's what they would do?

Justin: "*Wa-ha-ha-ha-ha-ha!* Great joke!"

Sydnee: Is that how tech moguls laugh?

Justin: It's how Tim Cook laughs, I'm sure of it. "*Wa-ha-ha-ha-ha!* Fantastic joke, Justin!"

Sydnee: Do you want to ask me some questions?

Justin: Yes, I'd love to, because I can read the screen now. Hey, Syd, why do my eyes water when I tried to read your screen? No, sorry, I misread. "Why do my eyes water when I yawn? Sometimes when I'm really tired and yawning a lot, I'm practically crying. It happens to my dad, but I don't know anyone else who has this. Thanks, Zoe."

Sydnee: Justin, do you—do you cry when you yawn, or do your eyes water?

Justin: I do, a lot. I get very wet eyes when I yawn.

Sydnee: Yeah.

Justin: This could have been a Justin McElroy email.

Sydnee: It doesn't—it's interesting, it doesn't happen to everybody.

Justin: Wet yawner, they call me.

Sydnee: You are not alone, this is—this is a phenomenon. And it's interesting, we've talked about yawning, I don't remember if we talked about yawning on a medical questions, or if we even did a whole Sawbones about it. I know we've discussed yawning before, because the really weird thing about yawning is we still don't completely know why we do it.

We have a lot of theories. And that's why I think we've talked about this before. There's a lot of theories as to why, and good ideas. But 100% can I concretely tell you why do humans yawn? No. And can I concretely tell you why do some of us have eye watering, which I do as well, when I yawn? No. But we have some theories.

Justin: It's a phe-yawn-menon.

Sydnee: [titters] That was pretty good.

Justin: Thanks. I came up with it a while ago, but I didn't want to interrupt, which feels like growth.

Sydnee: That does. Hey, I'm proud of you. [titters]

Justin: Thanks. [titters]

Sydnee: So, in terms of why do we yawn, one of the theories that we have is that yawning cools our brains.

Justin: Yeah, just like—

Sydnee: That we yawn—

Justin: Just like Yanni, who also has a brain cooling effect for all of America when they hear his sax waft across the airwaves.

Sydnee: Which is—[chuckles] you know what's—

Justin: Sorry, I'm thinking of Kenny G. Yanni is the piano player.

Sydnee: Yes, yes, I believe that's right. But what I—but what I was gonna say is, it's interesting because if we just yawn to cool our brains, why do we yawn when other people yawn? Is it a reminder to us, on some evolutionary level, that my brain also needs—I don't know, anyway. We don't know why. But if we are indeed yawning to cool our brain, perhaps tearing would also help remove heat, basically, from your head. That's another way of dissipating heat.

Justin: Oh, you're cooling it off.

Sydnee: Yes. And so, if this theory is right, then it could follow that tearing would also be additive in that effect. So, that's one thing. The other theory, one of the other theories, is that when you yawn—this is simply just a byproduct of yawning. When you yawn, you kind of squinch your other facial muscles. Think about the way—[chuckles] no one makes that face when they yawn.

Justin: *Oh! Yawn! Yawn!*

Sydnee: That was like an anime yawn. [laughs] But the—but if you just think about the way that you scrinch your face when you yawn, that maybe you're just squeezing your lacrimal glands, the glands that produce tears, and you're just sort of like squishing the tears out of those. [chuckles]

Justin: Smooshing them out, smooshing the tears out of your face. Where else are they going to go? It's like a toothpaste tube.

Sydnee: You're just mooshing the tears out of your—out of those glands! That's another theory as to why we might. And that's, I mean, it could just be that simple. And then the other thing is, it may just be that some of us have drier eyes.

And when you have drier eyes, you actually are going to have an overproduction, it's kind of like to try to compensate for that, you're going to produce these like kind of thin, watery tears. Have you ever noticed that, the kind of tears when your eyes are really dry? I mean, and we've talked about this too on the show before.

Tears have different compositions based on why you are creating them, why you're crying. And the tears that are really thin and watery, you know what I'm talking about, it almost just feels like they're running down your face and you can't control them. Like not crying-crying, there's no action, it's just like, oh my gosh—

Justin: Yeah, yeah, yeah.

Sydnee: It's just leaking—

Justin: Yeah, it's just dripping down.

Sydnee: Yes.

Justin: Like with onions.

Sydnee: Those are the kind of tears generally producing yawning. And they can just help with dry eyes. So, it may just be that we have dryer eyes, those of us who do this—for whatever reasons that we have dry eyes, allergies or genetics, or whatever.

Justin: Do you think—do you think a Sherlock type could get to a point where they could tell the difference in the tears by taste?

Sydnee: I don't—hm, no, because you have to—because then it has to be things you can taste. And there are going to be certain components of tears

that would not have a taste associated with them. Yes, there—I mean like, if you're talking about just sodium, maybe, but they're so—tears are so complex, and you're not gonna know the taste of other kinds of tears.

Justin: Yeah, that makes sense.

Sydnee: I don't know. And everybody's unique, too. So like, you could become—you know what? I think a Sherlock could become an expert in a single person's tears. [chuckles] Like the one thing I know—

Justin: The one flavor—

Sydnee: Is I can taste Justin's tears, and I know exactly why he's producing those tears.

Justin: That would be such a normal thing to say about your husband like, "Yeah, one thing about him is that, from the taste of his tears, I know if he's happy or sad."

Sydnee: Yes. I could just ask you, I guess.

Justin: [chuckles] "Hi, host Justin and Sydnee! Why do we take antibiotics over a period of like 10 days, rather than a bunch at once?"

Sydnee: [chuckles]

Justin: "I'm currently in the throes of a sinus infection, and while I'm being good and taking my antibiotics every 12 hours, I can't help but wonder if I could feel less miserable faster if I just took a bunch of antibiotics at once and just killed the infection really fast? Is this because of gut biomes? Thanks, Wolfie."

Sydnee: There are a couple reasons. And I think this is a good thing to point out, because I will say, Wolfie, that a lot of my patients, when I give them their antibiotics, I've learned to say this, take them exactly as I'm telling you. Taking more right now will not make them "kick in faster." You don't need a "boost."

A lot of patients think that. That is a really common belief. And I have found it's not just—I mean like, this spans medical literacy levels, because patients from all walks of life that I have cared for through my career sometimes have this misconception. So, part of the reason we dose antibiotics like we do is the same reason we dose any medicine like we do. What's the adage? The dose makes the poison.

Justin: Mm-hm.

Sydnee: Too much of a medication, that is good for you at the proper dose, could be toxic for your body. And in fact, many antibiotics will. It could harm your liver, it could harm your kidneys. Your body can only process so much of a chemical at any given time, and if you overwhelm it with a huge overdose of it, you can harm your body. So, part of it is we're trying to kill the bacteria, we're not trying to kill you. [titters]

So, we can only give you so much at a time. And certainly, when you talk about gut biome, that is part of it, right? If we give you a massive dose of antibiotics and wipe out all that good bacteria in your gut that you need—which we may end up doing anyway, right? Even at proper doses, sometimes this happens.

You're gonna get sick from that, and you're gonna have all kinds of nasty side effects. So, we dose it this way to reduce side effects, to reduce toxicity to you. We're killing the bacteria, not the person. And then finally, if you think about the way bacteria grow, I mean, it's a living organism. There's generations.

Justin: Mm-hm.

Sydnee: We gotta get all of 'em. We gotta get all those little suckers, the ones that are still in their early stage of development, the ones that are flourishing. And we also have to accept that there are going to be some resistant bacteria, that it takes a little longer to track down and kill, or to sort of starve out, so to speak. So, that's why a course of antibiotics is not all at once, it does take time. And we don't want to harm the host, you, just the organism inside you.

Justin: Hm. Okay, that makes sense.

Sydnee: Take them as prescribed. Please finish all of your antibiotics—

Justin: Don't get funky.

Sydnee: That's not just for you, that's for everybody. Finish the entire course, there's a reason that it is as many days as it is. And you do not need to take a big boost dose at the beginning. [chuckles] Unless you're instructed to! Like with a Z-Pack, right? Azithromycin, we're all familiar with that, you take those two pills on day one, and then one pill a day after that. Unless you're instructed to, please just take it as directed.

Justin: And don't chew 'em up. Gross.

Sydnee: Well, no, if they are—as with any medication, take it the way it is— if they tell you to swallow it, swallow it—

Justin: Why are you chewing 'em up?

Sydnee: If they tell you to chew it, chew it.

Justin: That's so gross, don't chew 'em up?

Sydnee: If you need to crush it, for some reason, if swallowing pills is a challenge for you, ask first. You can ask your pharmacist, you can ask your physician, you can ask your provider. Your pharmacist will often know, that's a great resource when it comes to taking medicine correctly.

Justin: Mm-hm.

Sydnee: If you forgot to ask something in that doctor's visit, if it was a quick appointment, sometimes you walk out and you go, "Oh, man, I have 10 questions about this medicine," your pharmacist is a wonderful resource to help you navigate that.

Justin: Yeah. You can also ask your wife.

Sydnee: Well... you can.

Justin: In my experience.

Sydnee: I'm sure if some other—some of our listeners can.

Justin: Fair enough. Hey, Syd, "If pirates were swishing high-proof alcohol around in their mouth all the time, why did they have bad teeth? Would this not have been like mouthwash? Wouldn't the stereotype of bad pirate teeth come from scurvy, not dental caries?" Is that right?

Sydnee: Mm-hm, caries, cavities.

Justin: Oh.

Sydnee: Caries, yeah.

Justin: Oh. "Sub question, less complicated by the perils of sea voyage and potential anti-pirate bias, do populations that consume a lot of distilled spirits have lower rates of cavities? Thanks—" Is that Marla or Marta?

Sydnee: Marta.

Justin: Marta, thank you.

Sydnee: You know, I read this question, and I had this thought. Well, first of all, I definitely think that—I didn't know that pirates specifically had a reputation for bad teeth. I'm going to start there.

Justin: I just think in that time period, I guess kind of everybody—at least my—is my conception.

Sydnee: That was my—yes. Now, I definitely think the gum disease thing is part of it, right? Because we know that pirates or people at sea were likely to get scurvy.

Justin: Yes.

Sydnee: And that can cause bleeding of the gums, gum disease—

Justin: Yes.

Sydnee: You can lose your teeth as a result of that. And so certainly, I can see that—

Justin: There's a connection there.

Sydnee: Yes.

Justin: Scurvy connection.

Sydnee: I definitely think that's part of it. I do think, for me, it's more of a time period before we understood dental health.

Justin: Kind of guessing, yeah.

Sydnee: Right, but that is an interesting question. If you think that alcohol, especially like high gravity alcohol, kills germs, could you use it as a way to prevent cavities?

Justin: I mean, yes and no, right? If that's all you're having, it probably is better than nothing. I know that they tell you to—if you can't brush your teeth, that you should rinse your mouth out with water, which this feels kind of like that. Like if you swish your mouth out with whiskey and then spat it out—pirate rum and spat it out, it's probably better than nothing? No.

Sydnee: No.

Justin: There's sugars!

Sydnee: It's not.

Justin: Sugar is—

Sydnee: Sugar.

Justin: Is the problem.

Sydnee: Sugar is part of the—that's one of the problems, you're absolutely right, there's sugar in there. We know that sugar bacteria love to eat, and so if you are putting a lot of sugar into your mouth and then not—

Justin: What about [unintelligible], has that got sugar in it?

Sydnee: It all has sugar?

Justin: Yeah, but if it's like pure—

Sydnee: Grain alcohol?

Justin: Grain alcohol.

Sydnee: Well, the other problem—

Justin: Because wouldn't that have been at the end of the process by which—all the sugar had been dissolved at that point.

Sydnee: But then like full proof, 100—like 100 proof?

Justin: But who's drinking that?

Sydnee: Who's drinking that?

Justin: Like realistically—

Sydnee: Well, certainly not pirates—

Justin: Do the pirates even have that technology?!

Sydnee: No, they were drinking rum—

Justin: I don't think they do.

Sydnee: I think. But even aside from—so, one, the sugar is a problem. You're not going to brush it off your teeth, and then you're going to lead to more dental caries or cavities. So, that's part of it.

Justin: Pirates famously would only use like kid-friendly kinds that didn't have like fluoride, that would only use like blue blast or bubble gum or whatever, so it wasn't actually good enough.

Sydnee: It wasn't good.

Justin: It wasn't good enough.

Sydnee: Acid eats tooth enamel. That's bad. So that's another reason alcohol would not be helpful.

Justin: Yeah.

Sydnee: There's a third reason, alcohol dries your mouth out.

Justin: Oh? And that doesn't produce as much saliva.

Sydnee: Yes, and that can also increase the chance that you're going to have cavities. So, alcohol, for a number of reasons, is not good for dental health. That doesn't mean, you know, to have perfect teeth, you should never drink alcohol.

Justin: Sure.

Sydnee: But it does mean that alcohol would in no way—like I would never use that as a—as dental health, as a dental health aide. You shouldn't swish alcohol in your mouth as a replacement for brushing your teeth, certainly. I don't think anybody would. But if we're—if we're having this—if we're playing in this space—

Justin: No.

Sydnee: No. And yes, I would think a population of people who drink more alcohol, especially if they don't have access to proper dental hygiene, like

the pirates in this scenario, would have worse dental health overall, would see more decay, more cavities as a result of the alcohol, as opposed to less. So unfortunately no, alcohol is not going to replace a good dental hygiene regimen.

Justin: Unfortunately, you say?

[both laugh]

Sydnee: Well, I don't know if that was the goal here is like, "Eh, if I just switch some whiskey in there at night, do I have to brush?" Yes, please. Yes, you do have to brush, yes.

Justin: You can't do it "pirate style," as they say.

Sydnee: Do not do it—don't do it pirate style. [chuckles] Brush and floss.

Justin: "Hi, Dr. and Mr. McElroy. I'm a fraternal twin. When we were little, we found out my sister has an allergy to sulfa medications. I have never taken sulfa medications, and I'm curious if our shared time spent in utero means I'm more likely to have a sulfa allergy. Would I with 100% certainty have the allergy if we were identical? Do we have any other weird medical quirks due to being twins? Thanks very much, Twinning in Texas."

Sydnee: So, I thought this was an interesting question. My instinct was that fraternal twins would not necessarily share all the allergies, just like siblings don't—

Justin: Right.

Sydnee: You know—

Justin: Because it's a different genetic material.

Sydnee: Exactly, so you would have the same likelihood of having the same allergy as any two siblings would. And we know that two—like siblings don't all have the same allergies, so fraternal twins also would not. But this also extends to identical twins.

I was—I was looking this up, identical twins don't necessarily have the same allergies either. Certainly, any genetic sharing will make you more likely to have these things in common, right? Family members are more likely to share an allergy, certainly siblings, identical twins more so than fraternal twins.

All of that increases the likelihood. But it is not certain that you would have the same allergies, even if you were identical twins, and definitely not as fraternal twins. They've done studies on this, and they show that when it comes to fraternal twins, only around 7% share food allergies, for instance.

Justin: Really?

Sydnee: Yes.

Justin: That little, huh?

Sydnee: Mm-hm.

Justin: That's surprising.

Sydnee: I know, I thought that was very interesting. And it's because a lot of allergies are not purely genetic.

Justin: Mm-hm, they're more—

Sydnee: It has to do with environmental factors—

Justin: Epigenetic—

Sydnee: With epigenetics, exactly. There's a lot that goes into whether or not you are allergic to a substance beyond just your genetics. Certainly, genetics would play a role, but that's not it alone. So, I think you're definitely going to see—I mean, you imagine most sets of twins are also raised in the same environment, more or less.

And so you would see even more likelihood that they would share that. But if you took two identical twins and raised them in different environments, they may have completely distinct allergies. And even if they're raised in the same environment they may have completely distinct allergies.

So, it is a good thing to tell your provider, I would say, if you have a twin who has an allergy to a certain medication, I would advise that. If it was the best choice for you as your provider, and you didn't have a documented allergy, I would probably still recommend it—

Justin: Yeah.

Sydnee: If this was the best antibiotic for you in this case, or whatever medication. So, share that information with your provider. But there's no guarantee, and it's more likely that you won't have the allergy just based on that about three to 8% of the population has a sulfa drug allergy.

Justin: Huh.

Sydnee: So, statistically, you probably don't.

Justin: Yeah.

Sydnee: But obviously always talk to your own provider.

Justin: Yeah.

Sydnee: Justin, we've got some more questions. But before we do that, I think we need to visit the Billing Department.

Justin: Let's go!

[theme music plays]

[ad break]

Justin: Syd, "I follow various travel pages on social media, and I always see people recommending that everyone should wear compression socks while

flying in order to prevent deep vein thrombosis, regardless of one's age or health. There's always some extremists, if you're overweight and/or have high blood pressure. Do compression socks really work this way for everybody? Does every—" Not everybody, every-*body*.

Sydnee: Mm-hm.

Justin: "If so, does the type matter? Should I treat them like a medical device and check with my doctor first, or just go ahead and pick up any pair at the store? Sincerely, Squashed in the Sky."

Sydnee: Justin, do you ever wear compression socks when you fly?

Justin: No, I never, ever have my entire life. Unless I've done so accidentally, like I just picked up a pair and wore 'em. But no, not on purpose.

Sydnee: I will say, let's just go ahead and set aside for the purpose of this conversation, if you have been recommended by your healthcare provider to wear compression socks, do that. Do that. [titters]

Justin: That goes without saying, I think, I hope.

Sydnee: There's a reason they've recommended it. Please follow that advice. So, if you're already in that category, follow your provider's advice. If you have certain high-risk conditions that put you at higher risk for a DVT, for a deep vein thrombosis, then certainly we have good data that says compression socks help with that, right?

If you are somebody who has a history of clotting, if you have high blood pressure, if you have diabetes, you know, there are a number—and again, these are all things you should discuss with your own provider, so I'm kind of putting that aside.

I think what the interesting question here is, for all of us who don't—like I don't have any, that I know of at this moment, like high-risk factors for getting a DVT, personally. Would I benefit from compression socks? For an

evidence-based answer to that question, it's really difficult, because they're pretty rare.

Justin: Compression socks?

Sydnee: No, DVTs, among people—among people who don't have some sort of—

Justin: Can you imagine the world where you're like—

Sydnee: Direct risk factor.

Justin: Where you're like, "Rebecca? Rebecca, come over here and look at this shelf for me. Are you see—are you seeing what I am seeing? I haven't seen these since I was a kid! Compression socks! These are so rare!"

Sydnee: Listen to this, listen to this, okay. While a long-haul flight, I was looking up statistics on this, makes a DVT 1.5 to four times more likely, this is—this has been cited as of 2021, a Cochrane Review—

Justin: Mm-hm.

Sydnee: The dangerous clots are very rare. The Journal of Internal Medicine, in 2007, estimated there are 4.8 cases of severe pulmonary embolism per million flights longer than 12 hours.

Justin: Mm-hm.

Sydnee: The risk of DVT within—that's a deep vein thrombosis, within four weeks of a flight of at least four hours, was one in 4600 flights.

Justin: So you don't need to worry about it.

Sydnee: No, I'm not saying that, if—and again, if you have—if you have reasons to worry, then—and if somebody's told you to wear—

Justin: I'm sorry! I want to go the record saying, don't worry about anything ever.

Sydnee: Well, I don't agree with that. But certainly, if you are immobilized, that is a reason that we worry about clots forming.

Justin: Mm-hm.

Sydnee: We also worry about if you're up in the sky and you're not drinking as much fluid, I know I don't like to get up to pee, so I'm more likely to dehydrate myself on a flight, and I don't think I'm alone, that can thicken your blood a little bit. And so, you're dehydrated, you're not moving...

Justin: Yeah.

Sydnee: And then if you have other risks. So, we can see why this would be a reason why somebody could get a DVT. The reality is, the risk is so low that it's hard for me to get good data. The number's so low that I can't tell you if you have no risk factors, and you're on a long-haul flight and you wear compression socks, have you reduced your risk of DVT? I don't know for sure. [chuckles]

Justin: Is it—is it fair to say that like it's really hard to study if—

Sydnee: Yes.

Justin: And I'm making up these numbers, but it's hard to study if something takes something takes you from a one in 10,000 chance to a one in 5000 chance.

Sydnee: Absolutely.

Justin: Right? Those are both still extremely low chances.

Sydnee: It's a very—yes.

Justin: So you might double your—you might cut your risk in half, but you still don't have any risk, really.

Sydnee: That is exactly—there was a study done, they were actually looking at women who were pregnant or who had just given birth, and their risk of DVT. And the difference with compression socks was 0.07% versus 0.05%. It's just such a tiny diff—it's really hard to see a difference. That doesn't mean it doesn't exist, right? It's just to do that study is really difficult. What I will tell you is that there is no risk to wearing compression socks, so—

Justin: Looking like a dork! [laughs]

Sydnee: No, if you're on a long-haul flight and you want to wear compression socks—

Justin: With your shorts? You're gonna look like a dork!

Sydnee: Wear 'em. A lot of people like 'em. I think they're really comfortable, I wore them during pregnancy and I found them really comfortable. They do reduce swelling as well. And so, if swelling from that position is a problem for you, if it's like a discomfort, they reduce that too—if you like wearing them. You don't necessarily need to talk to your provider before getting compression socks, they sell them at a lot of pharmacies. I would say wear them—

Justin: They're behind the counter, though, so you have to go up and show them your ID.

Sydnee: Wear them the way you're supposed to, because if you kind of roll them down, you could create like a tourniquet around your leg or something—

Justin: And if you—

Sydnee: So, wear them how they're supposed to be worn.

Justin: And if you wear them like Anthony Kiedis wears them, there could be some bruising. [chuckles]

Sydnee: But at the end of the day—I mean, it's hard. I think if you prefer to get up and walk—like they tell you that, right? Like on a—if you're on a long

flight, try to get up and walk once an hour. You know, just take a stroll back and forth across the plane. I usually try to move my legs around a lot, wiggle my toes, rotate my ankles, flex my calves up and down. I do that when I'm driving a lot too on a long distance, like I don't know, because I always worry about DVTs is in the back of my mind.

Justin: Sure.

Sydnee: Stay hydrated is good advice. There are a lot of things you can do outside of wearing compression socks. Certainly, if you've been told to, again, please do. And if you want to, again, there's no harm in wearing compression socks appropriately. And even if that risk reduction is just a teeny little bit, that may be worth it for your peace of mind, right?

Justin: Yeah, maybe. Chu.

Sydnee: I mean, the consensus—

Justin: I mean, hey, listen—

Sydnee: I will tell you, there are a lot of places you will read that the consensus is there's enough evidence to just wear 'em. That if you're on a long-haul flight, there's enough evidence out there—and the risk—

Justin: Hm, it's weird—

Sydnee: The—

Justin: I read that study at compressionsockoutlet.com.

Sydnee: Uh-huh.

Justin: Huh, weird. Weird. Big compression sock—

Sydnee: I find them—

Justin: From like—

Sydnee: I find them comfortable, I will say.

Justin: Yeah, you find bias comfortable, Sydnee. [chuckles] Big payoffs—

Sydnee: Anything—

Justin: From big compression.

Sydnee: Flying can be stressful. Anything that brings that stress level down just a little bit—

Justin: Yeah.

Sydnee: One less thing to think about? And certainly, a blood clot in your leg or a pulmonary embolism can be a life threatening, life-ending event. And so—

Justin: It's also one more thing—

Sydnee: It is something to take seriously.

Justin: But it's also one more thing to think about, that you probably didn't need to worry about, and you've now increased your stress.

Sydnee: You can also just get up and jog back and forth. Well, don't jog.

Justin: Everyone—

Sydnee: Stroll.

Justin: On the plane loves that.

Sydnee: And make—

Justin: [laughs] When you start sprinting from one end of the plane to the other!

Sydnee: [chuckles] Stroll and make some friends!

Justin: Make some friends—

Sydnee: Make some friends.

Justin: Unless you see me. If you talk to me and I have my headphones on and my blindfold on and my pillows over me and my wrist braces, leave me alone. "I take over the counter melatonin supplements to help me sleep—" That's not related, but it might as well be.

Sydnee: This is our next question.

Justin: It's our next question. "I usually just buy whatever brand is cheapest and has the flavor I like, so I end up switching brands every other month or so. Sometimes, when I start taking a brand-new formula, I get crazy, vivid dreams for a few weeks. Why does this happen? And how can I tell which brands can brands give me the most entertaining sleep experience? Thanks in advance. I love the show and the work y'all do." That's from Strummer.

Sydnee: Okay, this is—this gets scary if you take melatonin regularly, which I will say happens in our household. So, the problem with melatonin is the same problem—and we talk about this on the show all the time, the same problem with all supplements in the United States.

They are not regulated by the FDA as drugs, so they are not held to the same standards as a prescription medication or as a drug that you might take, even an over the counter drug. The amount of melatonin that is in a melatonin supplement can be vastly different depending on which brand you're buying, and is not necessarily what it says on the bottle.

Justin: Yeah.

Sydnee: This is true.

Justin: Because there's no regulation, right?

Sydnee: Right.

Justin: It can be whatever.

Sydnee: Yes. So, in studies, they have found that melatonin supplements, over the counter, if you look at what is labeled on how much, you know, whatever milligrams, one, three, five, 10, whatever milligrams they say are in each of those supplements, it has ranged from negative 83% to plus 478% of what they're say—

Justin: Like 400—like almost 500% more. So they said there's 100 milligrams in there, and there's actually like 500 milligrams.

Sydnee: Yes. And I'm not saying that that's—and maybe yours is right, but there is no requirements that—I mean, they're not being regulated, and so it's hard to tell. So, if you are switching brands, it may just be that your dose is going up and down every couple months.

Justin: Yeah.

Sydnee: And that would lead to changes in your sleep pattern, to changes in your dream patterns, all of those things. There can be more severe side effects from taking a lot of melatonin, some people have some stomach upset, some dizziness, headaches. There's lots of other things that can—especially if you're taking way more than you think you are. The other thing is, some melatonin supplements have been found to contain serotonin, without labeling that.

Justin: Oh?

Sydnee: One study found 26% of the melatonin supplements they looked at had serotonin. Serotonin can also cause these sorts of symptoms, can interact with medications you're taking, can cause all kinds of problems.

Justin: Wow.

Sydnee: So, the problem here is that melatonin in and of itself is not necessarily a harmful substance. But in terms of how we consume it,

because it is so unregulated, it's really hard to give good medical advice on it. And then there's a lot we don't know.

Long-term effects of melatonin, there's been some evidence that perhaps it's not a good thing to take regularly, especially in older adults, with some studies indicating a risk of dementia, but not all, and so I can't tell you that conclusively. We don't know what it does if we start giving it to kids and then give it to—for the rest of their life. We don't have good long-term data on that yet.

And because all of it's unregulated, we don't even really know what we're all taking, or giving to each other. So, it's tough. My point here isn't don't take melatonin, what I would say is that if you find a melatonin supplement that works well for you, that you do not have harmful side effects from--

That the dose seems to be appropriate for you and it's working with your quality of life, and you've talked to your own provider about it, I would try to stick with that same one. Because switching from different brands, you may just be getting a completely different amount, or maybe even a different substance.

Justin: Okay.

Sydnee: True with all supplements, by the way, not just melatonin.

Justin: "I have a friend who's very opinionated about the use of healing potions in video games. They feel that healing potions are impractical and too slow for the instantaneous healing represented by item use, and suggests that healing potions should actually be inhaled or a smoked substance. How do you feel about this assessment of healing potions and their pharma..."

Sydnee: Pharmacokinetics.

Justin: Thank you. That's from Amanda.

Sydnee: [chuckles] So, I think this is funny.

Justin: Yes.

Sydnee: I agree. I agree, if we're—if we're gonna kind of engage with the—this is fun, this is theoretical Sawbones. If we're engaging with this, I think that if we want something to work instantaneously, drinking it or eating it would not be the fastest way. We know this. Like, just if you think about the way that we administer medications in general, if you're in the hospital and you're really sick, we're probably putting something through an IV.

Justin: Right.

Sydnee: Because we want to get it into your bloodstream as quickly as possible, because you're very sick and you need the medicine now. If we are not as concerned, if it's not as emergent, we might give you a pill or a liquid or something.

Justin: Right.

Sydnee: And so, I agree, if we—if we believe these are potions that are healing you instantaneously, we should probably either inject them, or inhalation would certainly get them into the bloodstream faster.

Justin: Right.

Sydnee: Or absorb them under your tongue or something.

Justin: You do have—there's a lot of different takes on this. Like I think stimpaks in Fallout are like you jam those in and use those, so that's—your cat is furious. I'm gonna let her in so she can harass you about it.

Sydnee: When you say, and I'll ask this question so you can answer it when you sit back down, a stim pack, my first thought is that there is nothing—I mean, let's be honest, what in real life, if you've gotten some sort of grievous injury, what can you eat or drink or even inject that would immediately heal you? Well, nothing. That's not—this isn't real life, this is a game. But what I could do is give you like a big ol' jab of amphetamines.
[chuckles]

Justin: Yeah, like a big—

Sydnee: Yeah!

Justin: Disco shot.

Sydnee: Yeah! That would make you forget how injured you were, and maybe continue to perform despite your injury. I'm not saying I should or would, or ethically that should ever happen, but if we're just, if we're talking about in this video game reality. Is that what a stimpak is?

Justin: Yeah, a stimpak's like, it's a stimulant, exactly. And you take it—I don't know, I don't—I don't get into like the lore of video games. I'm more of an experiential kind of guy. I know there's some that do inhalers too, there's like, I think Call of Duty maybe does that sometimes where it's like a—[spoofs an inhaler sound] like you inhale it.

Sydnee: That could be faster too, especially if it's something that crosses the blood brain barrier right away. And yeah, I mean like, I think there are definitely, if you want to be very realistic. But the truth is like if you had just gotten, I don't know, like slashed with a giant sword or something...
[chuckles]

Justin: I think the least—the least believable to me has always been Resident Evil. Because Resident Evil is you find a green herb, and it's like you just—and I guess you're eating it. Because they're always processing it, right? Because you can process a couple together and make like powders and different healing potions. Or you can just like find a green plant and be like, I guess I'm gonna eat it and then it'll heal my zombie bite? I don't think so.

Sydnee: No.

Justin: "Is there any benefit to taking prenatal vitamins if I'm desperately not wanting to get pregnant? It seems like a trend on TikTok, and I've heard anecdotally some women in the army are also given prenats. The claim is that it makes your hair and nails much stronger and healthier, which are things I too think I can benefit from. On the other hand, I don't want to get

pregnant! I have a nexplanon, and I don't want to encourage any fetal growth in there." [chuckles] I like this idea that you're like sowing the soil, you're like tilling the soil in a very baby-accepting way.

Sydnee: [titters]

Justin: "Is this a good, safe option, or should I save my money? Cadence."

Sydnee: If you are not trying to get pregnant, if you are not currently pregnant, there is no specific benefit to a prenatal vitamin. It has extra, specifically, folic acid in it, which you, if—unless you're trying to grow a human, you probably don't need. It also has extra iron, which, unless again—and I mean, you might be iron deficient, and you may have had a provider tell you you need iron.

But assuming your iron is normal, more iron is not going to be better for you, and could cause some side effects like constipation. So, and they can be more expensive, for sure. So, if you are not trying to get pregnant, and you are not pregnant, I would not recommend taking a prenatal vitamin. It will not encourage pregnancy. So, on the flip side, if you have decided to, for whatever reason, you are not more likely to become pregnant on a prenatal vitamin.

Justin: Mm-hm.

Sydnee: It just provides your body with the extra stuff it needs when it's trying to grow another human in there.

Justin: Okay.

Sydnee: I will say, on the hair and nail claim, as far as I know, and I looked into this, I can't find evidence for that. I really think that's an anecdotal thing, that people notice that. But no, hair and nail growth is not improved by prenatal vitamins. That is not an evidence-based statement.

Justin: Mm-hm.

Sydnee: So, you can stick with your regular old multivitamin, or whatever your provider has recommended, if there are specifics. But a prenatal will not fix anything if you are not trying to get pregnant or pregnant.

Justin: "I've recently gotten into woodworking, a noble pursuit, much like Justin, and I've had multiple nicks and jabs. Just today though I had a whoopsie bad enough to necessitate stitches. My question is, how do you tell the difference between first aid box under the sink and go to the ER cuts? Is there a general rule?" And that's from Tim.

Sydnee: So, if you can—okay. Do as I say, not as I do, let me start with that. [titters]

Justin: Oh?

Sydnee: Because I—

Justin: Yeah, I—you know that I'm right here with counter examples in my pocket of what you're about to say.

Sydnee: I have injuries that I probably should have gone in for, and I did not, but—

Justin: You remember that one time that I was watching that Defunctland episode about the life pavilion, and you were cutting cauliflower upstairs, and I had to come—

Sydnee: It was kale.

Justin: It was kale?

Sydnee: Mm-hm.

Justin: Oh, sorry. Remember that?

Sydnee: Mm-hm. I almost cut the tip of my finger off.

Justin: It was scary.

Sydnee: It's numb to this day. I should have gotten stitches, I didn't. If you can get the bleeding to stop with direct pressure, pressure and elevation, and the bleeding stops within 10 to 15 minutes, that's a good sign.

Justin: Yeah.

Sydnee: If the wound is not particularly deep. I mean, if you can see structures that aren't skin, please go. [chuckles]

Justin: Bone.

Sydnee: Yeah, if you're looking at muscle, if you're looking at fat, if you're looking at bone, tendon, please go!

Justin: Your stomach. If you see your stomach?

Sydnee: Yeah, if you see viscera, please go. [chuckles] If you can't get the bleeding to stop, you need to go.

Justin: Yeah.

Sydnee: If there's something stuck in it, if there's still some sort of foreign body lodged in there, that would be a reason to go. Obviously, if you're going into shock, if you're losing consciousness, if you're becoming dizzy or sick, if you feel like you're gonna pass out, any of these reasons. If it's a particularly dirty wound, you know? I mean, there's one thing cutting yourself with a knife, but like—or woodworking, I imagine. But if like you've done this outside, you've sustained a wound that has gotten a lot of debris or dirt into it, you know.

Justin: Mm-hm.

Sydnee: But again, these would all be reasons to go to the ER. The main thing is—

Justin: I mean, a woodworking injury, you could sustain a lot of like saw dust and weird particulate in there.

Sydnee: Mm-hm, you absolutely could. And then you always need to think about, is my tetanus shot up to date? Because even if you've gotten the wound under control, it's not that deep, the bleeding has stopped, you bandage it up, it doesn't need stitches, if you have sustained a wound that's dirty and your tetanus shot isn't up to date? You need to go get a tetanus shot. Which maybe isn't an ER visit, but it is a doctor visit, right?

Justin: Sure.

Sydnee: So, if you're ever not sure, it's better to get it checked out.

Justin: Yeah.

Sydnee: Again, do as I say, not as I do. [titters]

Justin: Keep the super glue for your crafting projects.

Sydnee: Dad.

Justin: "There I was, doom-scrolling on TikTok, when Holler911 came up and he said something I hadn't heard in a while. He said 'knock the breath out of you.' It made me wonder, what is it that actually happens when you fall and experience that feeling associated with what he's saying? Does it actually knock the air out of your lungs, or is there something else happening and that's just what it feels like? I hope you can put this question to rest for me. Love the show, Beth."

Sydnee: So, I thought, I—you know, we've all experienced getting the wind knocked out of us.

Justin: Yes.

Sydnee: Or the breath knocked out of you, however you prefer to say it.

Justin: Yes.

Sydnee: What is actually happening?

Justin: I have under—I've understood it too your nervous system is so stressed that you can't get a good breath.

Sydnee: Sort of, but I mean—you're on the right track, but specifically, your diaphragm is paralyzed for just a second.

Justin: Hm.

Sydnee: And your diaphragm, if you think of it, it's kind of like a... a shelf that sits down under your lungs, of muscle, a muscular shelf. It helps breathe—it helps you breathe. It helps you move air in and out. If it can't move for a second, it will feel like you can't breathe, like you can't get a good breath in or out. So, usually, getting the wind knocked out of you happens when you get struck like in the upper abdomen, you know, upper stomach, solar plexus region. And for just a second, that muscle becomes paralyzed.

Justin: Mm-hm.

Sydnee: So, you literally can't get a good breath for a second.

Justin: Crazy.

Sydnee: Usually with loosening the clothing, relaxation, maybe roll over on your side, try to calm down, it will ease itself. It usually just lasts a few seconds, you know?

Justin: Hm.

Sydnee: And then—

Justin: That's wild—

Sydnee: Your diaphragm is no longer paralyzed, and then you start breathing again, and then you feel fine. But that is what is happening, your diaphragm, for just a second, isn't—

Justin: That's close—you know what's funny? That's actually closer to getting the wind knocked out of you than I kind of thought it would be, you know what I mean? [chuckles] Like it's, yeah, it's not that far off.

Sydnee: Yeah, it is not—it's not—I think the perception is that it was a... like a stress response, like a psychological response, right? Like, in your brain, you thought you couldn't breathe. But it—no, it is, you cannot move the muscle that helps you breathe. [chuckles]

Justin: Wow. Hey, folks, thanks so much for listening to our podcast! We hope you've enjoyed yourself. 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! Really appreciate you. That's gonna do it for us, until next time. My name is Justin McElroy.

Sydnee: I'm Sydnee McElroy.

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

["Medicines" by The Taxpayers plays]

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