

How Your Clothes and Their Materials Shape Your Health

April's Open Thread



A MIDWESTERN DOCTOR
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I feel one of the biggest issues in modern medicine is that it's become so disconnected patients often can't form a meaningful therapeutic relationship with their physician. Because of this, my goal here was always to be able to correspond with everyone who reached out to me (e.g., through comments). Unfortunately, due to the size of this publication, that's no longer possible. To address this, I've started doing monthly open threads where I cover a brief topic and then provide an open forum for any question readers wish to ask me about .

In this month's open thread, I wanted to discuss a fairly under-appreciated aspect of health—how your clothing can affect your health for the better or worse.

Note: in [the February's open thread](#), I surveyed which future article topics had the most interest and I am presently working on one about Dermatology's War Against the Sun (and the skin cancer racket) since it was one of the most requested topics.

A Chance Plane Ride

Years ago, a friend of mine was seated on a plane next to a chief executive of a major American chemical company that was notorious for polluting the environment and sickening large numbers of Americans with its products. After building up a friendly rapport, my friend asked the executive what he considered to be the most important piece of advice he had to share. The executive immediately responded:

Always wash new clothes before you put them on.

I've never forgotten that story, and over time my patients have helped me to appreciate just how many nasty chemicals end up on our clothing most of us never notice.



Kylee 11 hrs ago Liked by A Midwestern Doctor

An elderly friend of mine when I was growing up used to work in a clothing factory. And she gave the advice of always washing new clothes etc before wearing with the same seriousness you would advise someone to wear a seatbelt in the car or never smoke cigarettes.

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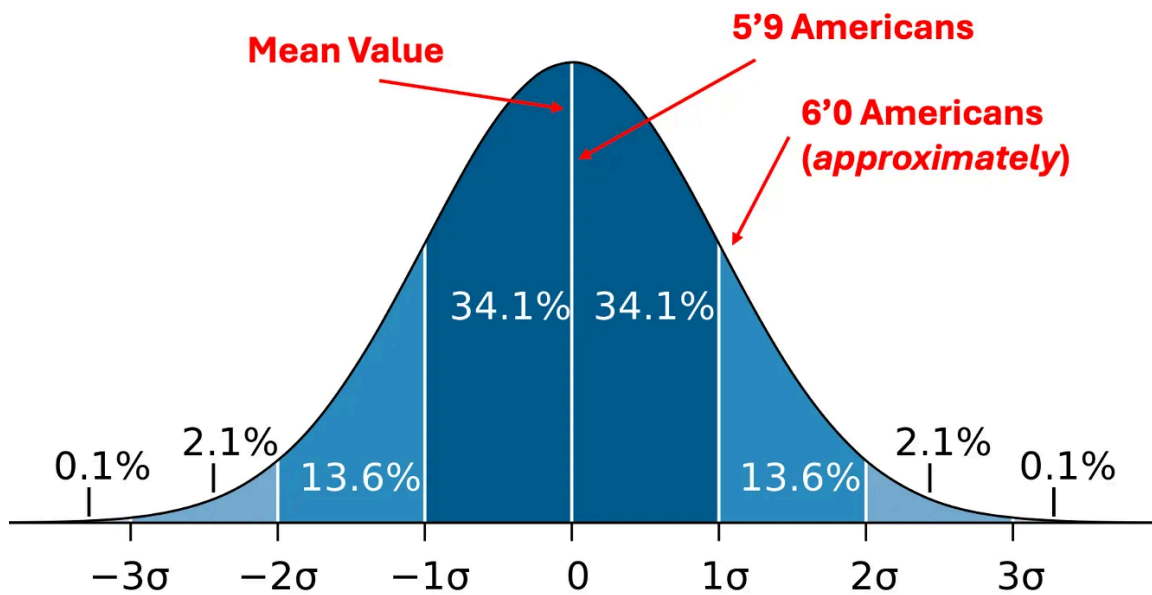
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Canaries in the Coal Mine

Birds tend to be much more sensitive to environmental toxins than humans (e.g., I've heard numerous stories [of birds dying while in the vicinity of someone cooking with a teflon pan](#)). This principle in turn was utilized by coal miners who were always at risk of a lethal toxic gas buildup (particularly of carbon monoxide) occurring in the mines. Since carbon monoxide is odorless, they would bring canaries with them and if the canaries suddenly died, they immediately got out as they knew they eventually would too.



One of the fundamental principles in statistics is that variable phenomena tend to distribute on a bell curve, with the average value (e.g., [adult American men being 5'9](#)—which is a bit above the global average) being by far the most common, while values become exponentially rarer as they move further away from that mean (e.g., [only 15%](#) of adult American men are at least six feet tall).



Sensitivity to pharmaceuticals and environmental toxins (e.g., synthetic chemicals) follows a similar pattern, with a minority of the population existing which is extremely sensitive to these things (and conversely, on the end of the bell curve, another minority exists on the opposite end which has a very high tolerance to them).

I've always felt genuinely bad for the sensitive people as the medical system [frequently dismisses their symptoms](#) (as the majority of patients do not share their sensitivities) and they are often left alone to struggle with a variety of things most people can't relate to let alone empathize with.

Note: I've tried to use this Substack to bring attention to their situation (e.g., [this article](#) discusses the unique sensitivities patients in this constitutional archetype experience, [this article](#) explains the frequent association between ligamentous laxity and pharmaceutical injuries along with how things like manganese can be used to treat hypermobility and [this article](#) reviews the dysfunctional mitochondrial danger response many of them are stuck in). For additional context, I consider myself a "somewhat environmentally sensitive" individual, but I have been close to numerous "highly sensitive" individuals and witnessed what they go through each day firsthand.

One of the major challenge with all of the environmental toxins we are exposed to is determining how much our exposures to each of them actually matters, as there are so many of them it borders on impossible to identify which ones are actually directly responsible for the chronic illness an individual experiences. That said, a few individuals like [Joseph Pizzorno](#) have done a remarkable job of quantifying the evidence that demonstrates the harms these toxins have created, and in clinical practice, we periodically see a complex and debilitating illness resolve once a comprehensive detoxification protocol is administered which addresses toxin exposures that occurred years if not decades ago.

Note: [in a recent article](#) I shared our observations which substantiate that a massive decline in the health

of the human species has occurred over the last 200 years and listed what I presently believe to be the key culprits.

The highly sensitive individuals frequently refer to themselves as “canaries” under the logic that the same environmental toxins they experience severe reactions to are also affecting everyone else on a more subtle and insidious way (e.g., by giving them cancer ten years down the road). I’ve taken this point to heart, and both used them as an early warning sign something is dangerous and a guidepost for all the things in the environment I should be avoiding, under the logic that if I mostly avoid all the things the canaries are sensitive to, I probably won’t have any major health issues (which has so far held true).

The COVID vaccines in turn help to illustrate many of these concepts. For instance, since they are a highly toxic agent, once they hit the market, immediately I began to have numerous patients show up who had severe reactions to them (which suggested their average injury value was very high) and hence was not surprised as I began to hear more and more stories of sudden death following their use, and later numerous insidious chronic complications of the shots that onset in the years after the injection.

Likewise, while I was hearing all of those injury reports (which I compiled [here](#)), I noticed within them there was also a smaller number of unvaccinated individuals who were developing similar symptoms (e.g., menstrual abnormalities) after spending time with someone who had been recently vaccinated. This prompted me to begin reaching out to the sensitive individuals I knew (along with looking for online reports such as the video I included [in this article](#)).

Once I found a few sensitive individuals who could immediately tell if someone had been vaccinated from being around them, I concluded shedding was a very real thing and began looking for a way to explain it (as mechanistically it seemed impossible the mRNA vaccines could shed). Since that time, [those mechanisms have been identified](#), and through working with Pierre Kory (who has many patients whose labs show they are affected by shedding) I’ve collected over [1,000 reports of shedding injuries](#) which occurred in a fairly consistent and reproducible manner (and likewise [could be treated in a fairly repeatable manner](#)).

Clothing Toxicity

One of the frequent points I raise here is that our regulation of pharmaceuticals drugs is woefully inaccurate due to there being so much money in medicine there is inevitably enough to pay off a bureaucrat to approve and then often mandate dangerous and ineffective products (e.g., all the data [showed Paxlovid was useless](#) but the government nonetheless spent billions giving it to America).

However, while the pharmaceutical situation is abysmal, it’s actually much better than the cosmetic industry, as very few resources are devoted towards ensuring those products are safe. In turn, I’ve lost count of how many people I’ve met who discovered they reacted to specific

chemicals in their shampoo, makeup or soaps and were forced to gradually shift to all natural products to get through life. In turn, I avoid most of the products on the market and try to either make the ones I use at home (as that way I can guarantee what's in them) or buy very specific brands we believe are clean.

Note: as many natural skin care products contain biological proteins in them, every once in a while I come across a case of someone who developed an allergic reaction to a natural product. Fortunately this is quite rare.

Sadly, while some regulation exists for cosmetics, almost none exists for fabrics or the chemicals put onto them (other than things like mattresses needing flame retardants—many of which are toxic). Because of this, we wear a lot of things we just should not be wearing.

With clothing, because of how I react to synthetic fabrics like polyester (they just don't feel good on me—for example when it's hot and I sweat it often feels as though plastic fibers are coming into my skin), I've long suspected there are significant issues with the fabrics. Likewise, the tendency for feet to sweat is why I believe having socks made from a natural (and relatively dye free fabric) is fairly important.

Note: one of the most intriguing models I've come across to explain why synthetic clothing causes issues arises from the fact that unlike natural fabrics, [they generate positive ions around the wearer](#), which I believe is due to them removing negative charges from the surfaces they contact (which for reference is the mechanism behind static electricity). Excessive positive ions (or a lack of negative ions) in turn [have been linked to a variety of health conditions](#), many of which I believe are reflective of them weakening the (negative) physiologic zeta potential in their immediate vicinity (e.g., [most of the existing data](#) demonstrates their adverse effect the respiratory tract which makes sense since positive ion exposure is typically through inhalation). In certain cases, the skin is also extremely responsive to changes to zeta potential (e.g., [much of the data](#) on negative ion therapy was gathered from burn units—a challenging condition known to be heavily influenced by blood sludging [which in turn [results from impaired zeta potential](#)]), so the positive ion from synthetic fabrics may account for some of the reactions these fabrics cause.

Since a few of my colleagues have had similar experiences with clothing, we've made a point over the years to ask our highly sensitive patients how they respond to clothes and have found the following:

- Quite a few of them learn on their own that they need to wash new clothes before wearing them. Furthermore, some find they need to wash them 3 or so times before they can wear them without reacting to the clothing. Additionally, they must almost always use a clean and fragrance free detergent, and one of my own struggles is to make sure my clothes never get cleaned in a toxic detergent because the smell will often linger with the clothes for a long time. Finally, I completely avoid using dryer sheets (although I find they are not as problematic as detergents).

Note: more sensitive patients have difficulty being in large stores that have a detergent section, because even while sealed, they still emit an odor which can be smelled from quite far away. Likewise, I've heard of cases where they had to move out of their house because someone used a typical detergent in the house's

laundry machines and of them having difficulties being around people wearing clothes which had been cleaned in a typical detergent.

- Reactivities to synthetic fabrics is quite common.

- The option to buy organic fabric exists (e.g., clothes made from organic cotton). Given how cotton is produced, I thought that this would be important but it comes up fairly rarely and typically only in cases where they have prolonged exposure to the fabric (e.g., we had a patient who we eventually discovered needed to sleep on organic bed sheets to stop the significant symptoms they were being plagued by).

Note: a certain subset of sensitive patients have issues with the dyes often used in clothing and I suspect they have a greater need for organic clothing.

- Many of them find they cannot tolerate the labels on their clothes (e.g., the one at the top of the back of most t-shirts) contacting their skin and have to cut it off.

Note: We are still not sure if this reaction is chemical or physical (from it rubbing against the skin) or both.

- Many of the reactions our sensitive patients exhibit resemble mast cell reactions.

Note: mast cell disorders are frequently seen in the sensitive patient population and are one of the most common chronic spike protein injuries. In [this article](#), I discuss how mast cell disorders are often linked to blood stagnation.

Additionally, I've also met numerous people who react to scented products others are wearing (e.g., colognes, body sprays, or perfume), but sadly the wearers rarely consider how that choice will affect their target audience.

Lastly, I would like to share a comment I just received from a reader that helps put some of this into context:

SashaSue 14 mins ago

What a wonderful article! I am sensitive to chemicals and cannot stand made man fibers. Within minutes, I want the offending garment off. I have worn all cotton for years and years. I worked operations in a nuclear plant and synthetic fibers would absorb radon released from soil and concrete and set off the radiation monitors when leaving the plant. We were required to wear cotton since it does not absorb radon like polyester. This has carried on thru life and I just cannot stand the feel of manmade fabrics. Needless to say, cotton, bamboo and silk are my go to fabrics and in the winter, I do love a soft wool sweater or shirt.

My husband and I have been making our own laundry soap and use unscented castile soap and baking soda. I cannot even think of using fabric softeners or commercially scented laundry soap. Instant headache and it just stinks. The same is true for shampoos and bath soaps. The purer we go, the less we can handle the commercial fragrance in cleaning/hygiene items. You are so correct about the laundry isle in the store, it is just horrible and we make a point to stay away from that isle, well most isles actually. We shop the outer perimeter of the grocery store since that is where the organic items usually are.

Note: many similar stories were shared in the comments (including ones from readers who were even more sensitive than SashaSue).

Clothing Fitting

While the fabrics you use matter, I presently believe how they fit to your body is more important as tightly fitting clothes (or rings) can restrict many important circulations through the body. In turn, we frequently notice sensitive patients with chronic illnesses will, of their own volition, choose to wear looser and looser clothes—something I believe is due to those patients frequently having an already impaired fluid circulation throughout their body (as complex illnesses often go hand in hand with an impaired zeta potential and as mentioned above, easily compressible vessels).

I will now focus on four specific areas.

Corsets

Something most men have difficulty appreciating (let alone empathizing with) is how much pressure society (e.g., in America) places women under to conform to specific appearances that largely exist to fund the fashion industry. The worst of these offenders were the corsets, which [quote Wikipedia were](#):

A **corset** is a support undergarment worn to hold and train the torso into the desired shape and posture. They are traditionally constructed out of fabric with boning made of whalebone or steel, a stiff panel in the front called a busk which holds the torso rigidly upright, and some form of lacing which allows the garment to be tightened. Corsets were an essential undergarment in European women's fashion from the 17th century to the early 20th century.

In the 17th and 18th centuries they were commonly known as "stays" and had a more conical shape. This later evolved into the curvaceous 19th century form which is commonly associated with the corset today. By the beginning of the 20th century, shifting gender roles and the onsets of World War I and II (and the associated material shortages) led the corset to be largely discarded by mainstream fashion.



A woman models a corset in 1898

As you might imagine, wearing that [was not the best thing for one's health](#):

While not usually deadly, wearing a tightly laced corset can be quite harmful to the wearer. They can reduce lung capacity, cause shortness of breath and fainting, produce skin irritations, compress the ribs, weaken back and chest muscles and have even been known to cause organ deformity. Tight corsetry can also exacerbate lung conditions such as pneumonia, dangerously restrict digestion, cause constipation and can also worsen any existing issues within a woman's reproductive system. Remarkably enough, a "maternity corset" was designed in the 1830s, allowing pregnant women to stay in fashion. Despite the spatial allowance made by the corset maker, however, it still caused great harm to both mother and child.

While it seems absurd people would do that, we still have many vestiges of it today. For instance, women are often encouraged to compress their waist and breathe through their chest to attain

the elusive hourglass figure (which is not healthy), and numerous breathing instructors have shared that one of the greatest challenges they've faced in teaching abdominal breathing (which is great for your health) is that the women they teach often have a great deal of difficulty doing something that goes against their conditioning to have a thin waist. Likewise, many less extreme corsets (e.g., the "[waist trainers](#)") are [commonly sold online](#) because a lot of people buy them.



yantra 1 hr ago

In the 1950s and early 60s, a woman was not considered decently dressed unless she was wearing a "girdle" - an extremely compressing undergarment that spanned from upper waist to thighs and prevented any female flesh from "jiggling" which was considered somewhat indecent at the time. And of course the same rationale was applied to bra-wearing. Although my own mother didn't wear the super-compressive type girdle, i was glad i was too young for one. By the time i was a teen, bras were still required, but most women were beginning to dispense with those horribly uncomfortable girdles . They were nothing, however, compared to the corsets you described.

Bras

Note: this section is a bit longer but provides the context for the things that follow which are directly relevant to men.

Presently, Americans spend [roughly 20 billion dollars a year](#) on bras, which is remarkable given that prior to a century ago ([the 1910s to be precise](#)), almost no one wore them (whereas now between 80-90% of women do). In turn, almost every woman assumes bras are something women have always worn and are not aware of the massive marketing campaign the fashion industry did to normalize this practice (which was essentially done as a pivot [because they could no longer sell corsets to women](#)).

Since women never wore bras for most of human history, it raises a simple question—might there be any downsides to the practice?

Presently, I believe a good case can be made for the following:

Pain—bras frequently cause chronic back or rib pain (which goes hand in hand with restricted breathing) along with neck, shoulder and breast pain, and as many women can attest, it feels so good to take your bra off. In turn, whenever I have a patient who complains about pain in the region of her back or rib that her bra digs into, I counsel them to consider removing the bra.

What is remarkable about this is that most women recognize this (e.g., [a survey of 3000 women](#) found that 46% of them enjoy being able to take their bras off at the end of the day, while [another 3000 women survey](#) found 52% take it off within 30 minutes of getting home) and during the pandemic many women stated [they stopped wearing a bra](#) once the lockdowns allowed them to work from home and hence not “need” one. Likewise, when 3000 women were asked to characterize their bras, 21% selected “An Enemy - I wish I had never met her,” 14% chose "A Business Partner - I put up with her" and “uncomfortable” was the most common word women

shared to describe their bra.

Nonetheless, most women still wear them in public (which I feel helps to illustrate how unfair many things in our society can be—e.g., women that object to subjecting themselves to this are often trivialized as irrational “bra burning feminists”).

Note: a case can be made that many of these issues result from improperly fitted bras. However, given that every report finds the majority of women have “improperly fitted bras” (often citing an 80% figure) and this issue has been known about for years, I do not believe this is something that will ever be addressed with “better fitting.”

Breast Shape—one of the most controversial points on this subject is whether wearing a bra “worsens” the shape and quality of one’s breasts. Very limited evidence exists to support this contention (e.g., that it increases sagging overtime), but the honest truth is that no one has ever wanted to formally study this in a large trial, so it’s technically “unproven.” That said, in my own observation (and [that of others like this gynecologist](#)) is that not wearing a bra is cosmetically beneficial to the breasts. I mention this because one of the most common marketing tropes for bras is that they help one maintain the breast’s youthful appearance.

Metal Allergies—One estimate found [17% of women](#) are allergic to nickel (whereas 3% of men are) and hence suffer issues where it contacts the skin. This is frequently a problem for bras because their underwire is normally made from nickel (due to it being the cheapest material to use) and the nickel frequently coming in contact with the skin (due to sweat leaching it out and friction rubbing it against the skin). Remarkably, despite many women being sensitive to nickel bras, the industry has not been motivated to make nickel free ones be easily accessible to women (which is something I’ve always found extraordinary).

Note: a variety of other products (e.g., buttons, glasses, and belts) also use nickel, so a potential nickel allergy is always something that should be considered when unusual symptoms start, particularly in a localized area. For those interested in learning more about nickel allergies, [this article](#) describes a lot of it from a patient’s perspective.

Impaired Circulation—since the bras compress the breast, it’s reasonable that they might also impair their circulation and numerous anecdotal reports support this. Likewise, this may explain some of the other issues commonly associated with bras (e.g., headaches and indigestion). However, in my opinion, the greatest issue is impaired lymphatic drainage from the breasts (as lymphatic circulation is very sensitive to being obstructed by an external pressure).

Note: [this Venezuelan study](#) (which you have to machine translate) is an example of a study that found bras created a variety of issues for the breasts and that the rate of these issues increased as they were worn more frequently.

Breast Cancer—the most taboo subject with bras is their link to breast cancer, and as in turn, every major cancer organization attacks this contention, insisting there is no evidence to support

it. Conversely, an argument can be made it is plausible since many holistic schools of medicine have found cancers are linked to lymphatic stagnation and the most common site of breast cancer (the upper outer quadrant which lies before the armpits) is also [a primary lymphatic drainage site for the breasts](#). Furthermore, there are some conventional sources that support this assertion (e.g., [this article](#) from a Dermatology journal highlights how many skin cancers are associated with regions of lymphatic stasis and cites evidence indicating that is a product of lymphatic stasis creating immune stasis that promotes tumor growth). Likewise, there is some acknowledgment [within mainstream sources](#) that bras create lymphatic stasis which can give rise to breast cysts.

Note: in addition to the lymphatic stagnation hypothesis, some also believe bras with metals may function as antennas that concentrate carcinogenic EMFs at the breasts, but I am not aware of any research that has formally evaluated this. Additionally, people have suspected aluminum (which is contained in deodorants and antiperspirants) may be linked to breast cancer as it is frequently found in cancerous breast tissue (and likely being trapped there due to the lymphatic obstruction created by bra wearing). The scientific community has vehemently denied the link between these aluminum products and breast cancer, but in recent years, [some evidence](#) has accumulated to support this contention. I find this link noteworthy, as due to its [adverse effects on zeta potential](#), aluminum is one of the most effective agents that exists for creating lymphatic obstruction.

In turn, there is some evidence to support the contention bras are linked to breast cancer. Specifically:

- [A 1991 Harvard study](#) of 9333 people found “Premenopausal women who do not wear bras had half the risk of breast cancer compared with bra users.”
- [A 1991-93 study](#) of 5000 women that found:
 - Women who wore their bras 24 hours per day had a 3 out of 4 chance of developing breast cancer.
 - Women who wore their bras for more than 12 hours but not to bed had a 1 in 7 risk for breast cancer.
 - Wearing a bra less than 12 hours per day dropped breast cancer risk to 1 in 152.
 - Women who never or rarely wore bras had a 1 in 168 risk for breast cancer.

This for reference is 4-8 stronger than the association between smoking and lung cancer and is discussed further in the book [Dressed To Kill: The Link Between Breast Cancer and Bras](#).

Note: [the authors](#) did a followup study in 2000 in Fiji (where half of women don't wear bras) and were able to identify 24 cases of breast cancer, all of which they then found occurred in women who had worn bras (whereas no cancers were found in the women in their village who did not wear bras). Additionally, they [also published an article](#) describing the mechanisms they believe underlie bras causing breast cancer.

- [A 2009 Chinese study](#) found that avoiding sleeping in a bra lowered the risk of breast cancer by 60%.

- [A 2012 Chinese study](#) of 400 women found sleeping with a bra made women 1.9 times more likely to develop breast cancer.

- [A 2015 Kenyan study](#) of 694 women found wearing a bra all the time (including while sleeping) made them 3.4 times more likely to develop breast cancer.

- [2016 Brazilian study](#) of 304 women found women who were frequent bra wearers were 2.27 times more likely to have breast cancer.

- [A 2016 meta analysis](#) comprised of 12 studies found wearing a bra while sleeping doubled one's risk of breast cancer.

Note: this is one of the most detailed papers on this subject, so I would advise reading it if you are seriously interested in the topic.

- [A 2019 Iranian study](#) of 360 women found women with breast cancer on average wore bras longer than women without, with the greatest difference being observed in how much it was worn when they slept. The increased risks of breast cancer seen here were smaller than those in the other studies but still were statistically significant.

- Conversely, there is also one [2014 study](#) (produced by researchers at a major cancer center that takes in a lot of corporate money to bring new [cancer pharmaceuticals to market](#)) which refutes the link between bras and breast cancer. This study is repeatedly cited by establishment cancer organizations to debunk the link between the two, and in many cases, those organizations also falsely claim it is **the only** scientific study that ever evaluated the link between bras and breast cancer. Critics of this study, in turn, suspect it's negative finding were in part due to it only evaluating post menopausal women whereas the previous studies found the association in premenopausal women.

Note: I am somewhat skeptical of this study because it is extremely common for the medical industrial complex to first ignore or ridicule mountains of data which threaten its financial interests and then eventually have an establishment site conduct a study which was designed to get a negative result (e.g., by deliberately administering the treatment too late in the disease process) and then trumpeting that study as proof all the other studies were a hoax. This for example happened to the alternative cancer treatment [laetrile](#), [IV vitamin C for sepsis](#), and both [hydroxychloroquine and ivermectin](#) throughout COVID-19.

In turn, my feelings on this subject are as follows:

- You should try going without a bra and see how it makes you feel. If you feel better, you should ask why you are forcing yourself to wear one (and spend quite a bit of money on them).

- If you decide to go without a bra, there are a variety of approaches you can do which conceal that from outside observers (e.g., by wearing thicker and looser fabrics).

- Some women (e.g., those with large breasts) do need bras for support. However, I do not believe this applies to the majority of women.

- If you wear a bra, it should be appropriately fitted (which can be surprisingly challenging to do) and it should not have an underwire.

- If you wear a bra, you should minimize the amount of time you do it, and under no circumstances do so when you sleep.

- If you have a daughter, you should encourage them not to wear training bras (which the fashion industry has somehow managed to be a ritual into womanhood for many of our children).

Ties

Ever since I was young, neckties have never been something I could relate to (e.g., one of my first memories of them was associating them with [Mr. Snuffleupagus](#) from Sesame Street and thinking it was weird people would want to have an elephant trunk hang off them). As I entered practice, I began to notice I would periodically see patients who appeared to be developing symptoms from the tie impeding blood flow in or out of their neck due to it being tied too tightly.

This in turn prompted me to ask why they had tied it so tightly, at which point I learned it is quite difficult to make a tie look nice without it also being moderately tight.

Note: my present solution here is to recommend wearing a bow tie instead as they do not need to be as tight to consistently look nice.

There is also some data to support my observations. For example:

- [A 2003 study](#) found that wearing a tie increased the intraocular pressure within the eyes, leading to the authors suspecting ties may also be tied to glaucoma.

- [A 2011 study](#) found neckties decreased cerebrovascular reactivity (the ability of cerebral vessels to dilate or constrict in response to challenges or maneuvers), which suggests it also impaired cerebral blood flow.

- [A 2018 MRI](#) study found wearing a tie decreased blood flow to the head by 5.7%.

Note: since ties often [are colonized by bacteria](#), they [are frequently cited](#) as a potential vector for doctors transmitting infectious diseases to patients. Presently, it's unclear [if sufficient evidence exists](#) to support that contention.

Pants

Another unfortunate fashion trend is wearing tight pants. As I hope the above points show, this can be potentially problematic, and we periodically see patients who are suffering from pants that are just too tight.

Some of the common issues with tight pants include:

- Impaired blood or lymphatic flow to and from the legs (which is particularly easy to disrupt in chronically ill patients like [the hypermobile ones](#) mentioned above). Once this blood flow is disrupted, it can in turn lead to a variety of issues such as numbness, tingling, coldness or weakness in the legs.

Note: some of these issues [have also been observed in COVID-19 vaccine injured patients](#) due to them having a variant of May-Thurner syndrome.

- [Becoming twice as likely](#) to develop severe pain in the vulva region (termed vulvodynia), along with other forms of irritation from the tight pants rubbing against the area. Additionally, [many believe](#) tight pants can also cause microbial imbalances of the vagina (e.g., bacterial vaginosis).

- Testicular compression, which many believe can reduce the male sperm count (since it is heat sensitive) or cause testicular cancer. As best as I can tell, very little research exists on either of these (but some does—e.g., [numerous studies](#) show looser underpants increases one's sperm count while [this study](#) showed tight fitting underwear and pants made a man 2.5 times more likely to have impaired semen quality).

Note: [a 1992 study](#) found that having men wear a polyester sling which encapsulated their scrotum (and rubbed against it) caused a significant positive voltage to be generated which eventually rendered the men sterile and created degenerative changes within the seminiferous tubules. This supports the contention the harms of synthetic fibers can be electrical in nature.

- [A 2012 survey](#) of 2000 men wearing skinny jeans found 50% experienced groin discomfort, more than 25% suffered bladder problems, and 1 in 5 men experienced a twisted testicle.

Note: men are likely more sensitive to tight jeans due to their external genitalia.

- Significant numbness, tingling, and pain (e.g., burning) in the outer lateral thigh [due to tight pants compressing](#) the lateral femoral cutaneous nerve.

Note: there are a variety of other condition tight jeans are thought to be linked to (e.g., acid reflex or a hiatal hernia) but the data again is much less clear.

Additionally, since arterial, lymphatic and venous circulation to the legs is frequently quite important, I believe this accounts for why chronically ill patients (who already have compromised fluid circulations in their body) are frequently compelled to start wearing loose pants, and in this instance, they again represent the “canaries in the coal mine” who are warning us against the harms of tight clothing.

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Trusting Your Body

One of the major problems we face in life is determining how to make decisions in the face of uncertain information, especially since the funding we rely upon to create our scientific knowledge tends to be biased to arrive at conclusions that make money, not ones that promote health. In turn, as I highlighted in this article, there are a lot of simple things with clothing you would have thought would have been exhaustively studied but never actually have been (whereas I showed [in the last article](#), we frequently spend millions of dollars conducting completely unneeded and inhumane animal experiments).

Because of this, I often find we have to rely on alternative ways of knowing, and one of the most reliable (but frequently dismissed ones) is listening to our bodies, which for instance is what actually drove me to adopt the wardrobe I utilize, and similarly drove many of the chronically ill patients I mentioned above to do the same. My hope in turn by writing this article is to encourage you to choose clothes on the basis of how they feel, not how they look.

Note: last year I published a [detailed article](#) about what constitutes the optimal diet where I essentially argued that while there are some foods everyone should avoid (e.g., most processed foods), because there is so much variability in metabolic types from person to person, no “ideal” diet exists and evidence can be found to support every one of them depending on which subset of people you evaluated. In that article, I thus stated the key to a healthy diet is to be able to listen to your body and know how to make sense of what it is telling you as I felt that provided the necessary context for [the second part of the series](#) ([our preferred approaches for weight loss](#)).

Sadly, our society has done an incredibly effective job in convincing us to not listen to our own intuition so we will continue to be compliant customers. For instance, I’ve lost count of how many heartbreaking pharmaceutical injury stories I’ve heard where the patient stated they felt apprehensive about taking the drug or vaccine, eventually agreed to take it because the doctor badgered them into it, then continued doing so once they experienced severe side effects (which their doctor told them didn’t matter), and that once they became permanently disabled, their greatest regret was not listening to their body and their intuition. One of the main reasons I cited the bra example was to illustrate that despite bras being a modern creation and around half of women stating they do not like wearing them, because of how much money is behind that industry, it’s managed to reshape our society so that most women still do.

In the final part of this month's open thread, I will touch upon the types of clothing we currently endorse wearing (which was the product of years of investigation), and the cosmetic products (e.g., detergents for clothes, soaps and toothpastes) we have found are the least toxic, along with reviewing a few of the more taboo subjects this article touched upon (e.g., how everything mentioned here relates to some of the more concerning practices transgendered youth are now being encouraged to do).

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