Your Pain May Not Be Where the Problem Starts: Why Body Asymmetry Matters Transcript

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Introduction to Dr. Jess Unfiltered and Alina Kanner

We have a world that's obsessed with symmetry and wanting us to look our faces to be symmetrical. And that is important because that actually can show you what health looks like.

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Hi, I'm Dr. Jess Petros. And on my podcast, Dr. Justin Filtered, we uncover the real root cause of most misunderstood symptoms with help from top experts and real patients who've healed themselves.

Hello, welcome to the Dr. Jess Unfiltered podcast. Today I'm really excited to dive right in and introduce one of my favorite people in the world. She is not only one my best friends, but she is an excellent colleague of mine and does something pretty novel in holistic health field.

And this is really our first podcast diving into the physical body and the intelligence of that and how that can lead to overall better health if you're just looking at your physical health even.

So one of my best friends, Alina Kanner, here today. Thank you so much for being here. Thank you for having me. I'm really excited to be here Yeah, so just to start out because most people here are not really familiar with what you do I know when I met you I was not familiar With what?

You did so how would you explain that as a general population? Yeah? I do something very interesting most People don't know about it because Most people you know look at physical medicine and orthopedic medicine in just the way that they were taught in school So with how we're taught in school, we were just taught, you know, one siloed healthcare system, and we are not looking at the body as a whole.

So what my goal is, is to look at that physical medicine, look that orthopedic medicine in a very holistic manner. And that encompasses looking the nervous system and asymmetry and how that ties in together, as well as some other pieces which I'm sure we will get into.

You said asymmetric right there. I think I know what you mean, but just for everyone out there listening, why is asymmetry important?

What Holistic Physical Medicine Looks At

And we are built to be asymmetric. So I feel like in society, we're also always chasing asymmetries. Why are we made to asymmetrical and how can this lead to chronic pain for people sometimes?

Yeah, well, I hope you know, because we've been friends for a while now, so just better know. But asymmetry is actually a fundamental part of us humans.

We are meant to be asymmetrical. If we are born asymmetical, our internal organs are asymmetric. So what we see is that we have a world that's obsessed with symmetry and wanting us to look our faces to symmetrical.

And that is important because that actually can show you what health looks like. So whenever I see somebody who's very visibly asymmetrical on their external body, then I know that they're actually not mitigating what's going on internally.

So we're meant to be asymmetric, so I never want people to go home and be like, oh my gosh, I'm asymmetrical and that's a problem. It's not necessarily a problems, it's problem when it is giving you problems.

If you're having pain, if you are having dysfunction, If your having nervous system dysregulation and it causing you issues, Then sometimes we have to look deeper and see, well, maybe why do you have this asymmetry?

Has it gone? too far down a rabbit hole where one side feels extremely different than the other side in your body and what really can we do about it? Can you like maybe give the example of maybe some just normal asymmetry in that body for people?

Yeah, a lot of people will see their right shoulder being slightly lower than their left shoulder. And we'll see that because—I mean, I can talk about first the actual asymmetries you see and then maybe why, but that's one.

We'll a left ear that kind of flares out more, maybe a pelvis on the left side that sticks out, more pops up more. Maybe a pelvis on right side, that is lifted up higher or a rib cage on either both sides or just one side.

That's flared out. And all of these asymmetrys are somewhat normal, I shouldn't really say normal. They're very common, but they're not necessarily normal to see externally.

Internally we have these asymmetrical features. When we see them externally, we know that there's a little bit of dysfunction going on. Interesting, okay.

I know when we first met and you evaluated me, i definitely had that left rib flare. And you talked a lot about nervous system dysregulation actually for me then.

i know in this podcast, you know, even though we're new, nervous system dysregulation already. And so it is so important and central to health. I guess I would say, how does what you do relate to the nervous?

How does the physical body relate the to nervous exactly? Well, I think that everything I do is related back to that person's nervous system. Really? Yeah.

Because how we're looking at somebody and what they're experiencing has a lot to do with just their entire system and how it's communicating.

Natural Asymmetry, Pain, and Nervous System Dysregulation

So when I look at the nervousism from this perspective, i'm looking a sensory component. And when i am looking that sensory components, how well does that persons understand their body in space.

And so if you have somebody who is a very stressed out person, they're in a fight or flight all the time, They probably don't understand their spatial relevance in the world.

They don' have a solid experience of where their body is in space. That's something you're not going to know. If you lose, let's say, some peripheral vision on one side, you are not necessarily going notice that.

If you start to feel heavier in one side of your bite, which I know we're probably going to talk about, you're not necessarily going notice that unless we bring attention to it.

And all of these slight sensory changes, they actually can make somebody in a state of continuing that cycle of nervous system dysfunction. So everything I'm looking at when I am assessing somebody, yes, I look at asymmetry, but I always look how that nervous is mitigating itself and managing in its external environment.

You mentioned bite and a few other things there. How in the world does, well I'll just go there because I know what you do, how does you know bite in a way the teeth touch and like even feet and other thing you look at you can encompass all of that here.

Why does that matter for someone trained in how you're trained and how and for the nervous system as a whole? Yeah, I even want to go to what you were talking about before with asymmetry and then I'll touch on it with bite.

But when we have these asymmetrical patterns, so we will typically see a body that is more dominant or kind of balancing itself, the center of mass is over more on the right side compared to the left side.

And all those asymmetries I mentioned before are just due to where our body wants to because of our natural asymmetry. Now, asymmetries happen usually because the brain and because if the diaphragm.

So the diagram on the right is bigger than the one on left. It's bigger, it's stronger, and it attaches lower into the lumbar spine compared to the left side.

You also have a liver on your right side, which is on average three pounds. I'm small, so my liver is probably smaller, but somebody who's six foot has a three pound liver.

and that's very heavy to the system. Then you have a heart that sits slightly to left, which kind of pulls that left chest ball open. So we have body underneath everything that is asymmetrical.

When we understand that there's this inherent asymmetry, now to go back to your question about the bite, we actually will see one side of the palate being more elevated compared to other side.

We'll see these little components of asymmetries and patterns occur because of our anatomy. And when we have that asymmetry in a bite and it's never addressed, or when even have the asymmetries in the pelvis and is never properly addressed.

It's not able to orient over the right side and then come to the middle and orient to over to left. That's when you see that nervous system dysfunction.

So the biggest thing that I'm trying to give people is not to not be asymmetrical because we're all asymmetric. We're going to be a smash girl. The biggest thing I'm looking for is how can I get that system to feel safe, to able to oscillate and flow on both halves of the body.

And that's how you can really help somebody's nervous system. That makes so much sense, actually. So, you know, with the bite, I guess, there's a lot that goes on with a teeth, and I talk about the teeth a while as well.

We both think this is a very important part of the body that represents a lie. Do you see when people have certain, physical variations, that they may have other problems within the bodies, specifically speaking about teeth and the mouth?

Do see different genetic variations or anything there that matter? Yeah. I mean, if you look at modern society, England, here in the US, you're going to see loads of, I should say, like, dysfunction, variations that are dysfunctional.

If you go to Africa, There's this big pull in dentistry, whether it's genetic or whether its lifestyle. There is a bit of both, but I do think lifestyle is huge factor.

And yeah, I assess all my patients in their mouth and I'm looking at how their teeth are hitting.

Bite, Pelvis, and Whole-Body Compensation Patterns

I am not a dentist. That's something I very clear about. Not a dentists because I study human movement. I cannot study human movement without looking at where they are sensing pressure in their bite.

Because how you sense pressure and your bite is going to give your brain a feedback loop to how are you going feel in space. So let's say we have somebody with a cross bite, that's like a good example.

It's when we had teeth on the bottom coming forward and we're seeing a malocclusion, a misalignment in the mouth and they're not going be able to sense their teeth properly, we're typically going to see some different patterns in the pelvis also show up and in their rib cage also shows up.

It's never going be, okay this cross bite is here and nothing else shows. That's why this medicine that I do, this physical medicine is very holistic because I'm never just looking at the bite solely on its own, I am pairing it with all the other testing and then we are treating it in conjunction with everything.

How the heck could the teeth or the palate change the Yeah. It's pretty wild. So it's like how I was explaining before, because of these patterns that we have due to our inherent asymmetry that were born with, and then really lifestyle that kind of kicks that the asymmetrical body to be problematic.

Because of that, we're going to see that people will use maybe one side more than the other, and then maybe they're gonna rely more on their right molars instead of their left.

And they are not going chew on both sides, they will start chewing more of the right side. And then, so now it's like chicken or egg. Did the bite create the problem?

Maybe we're going to see, we will typically see somebody in this pattern has a pelvis forward on the left and back on right. Or maybe they're forward, on both sides.

There's a little bit of compensations and different things we'll see with patients, but it it definitely going go back and you're gonna see some changes in the.

The bite that may affect the whole body and then vice versa. The pelvis could be affecting the bite. I mean, even right now, I have a patient who hurt her foot.

She was great. When she came, she saw me. We got her better. she was doing great, broke her. And now since her feet has been had a stress fracture, her mouth has really been giving her problems.

Her jaw has given her a lot. There's no way that her pelvis is feeling too great right now. Like her pelvic is also in a state of dysfunctional positioning.

So it's never just one piece of the puzzle. Whenever I assess any patient, I'm always looking at everything. I do a bunch of different movement tests and I look at feet and how they interact with the ground, how the pelvis what we're seeing there, what kind of patterns we are seeing at the pelvis because there are even some patterns at pelvis that tell me how dysregulated a person is and what their nervous system really looks like.

Or when I put my hands on their rib cage, I can really feel a very rigid ribcage is going to tell a lot about that person versus a flexible rib position is huge.

I'm really big on that neck because if you get the body to what we call neutral, finding that neutrality where they can go on both sides and be able to orient and rotate and move through all planes of motion that we need to be to able move to walk in space, Being able to do that comes with neck being able move side to side, pelvis being to move to the side.

Rib cage being be able pump. And all of it then goes back to breathing, which we haven't talked about yet, but I wanted to bring it up. Oh, we'll go there in just a bit.

Just out of curiosity, do you see certain… personality types that go with, you know, maybe a tilted pelvic floor or, a certain high palate, or there's certain personality that come with these genetic variations.

Yeah. It's really interesting. So you even asked me before, like, what are some of the asymmetries I typically see? Yeah, and I said lowered right shoulder.

But if I actually see a shoulder on the right that's higher, then I know that person has more compensations and we're going to have, it's going be a little bit of a harder time for me to treat them.

So when I see a variation from what the norm of the asymmetrical pattern is, and it's opposite of that, then I actually know that person's even more stressed.

Their system is compensating over that first layer of sort of compensation. But what you said specifically about like Kind of like the rigidity or flexibility that like if I put my hands on somebody's rib cage and their ribs move really well and I can say hey do a full exhale I Can get your ribs down.

No problem then I know like it's it I Know that that person is going to be more of a flexible personality and And I'll typically ask my patient, are you ever late?

Or do you care if somebody cancels plans on you last minute?

Rib Cage Shape, Personality, and Fight-or-Flight

What's your response to that? Because somebody who's more type A is going to be like, I'm never late, and I hate when people cancel plans me. And they're ribcage.

Somebody who is more rigid? their rib cage is going to be more rigid. Interesting. Somebody who's more flexible. I actually worked on one of our friends this weekend and I was like, your ribcage is gonna be so flexible because you're such a flexible personality.

That was not me, just so you guys know. Yours is not bad. It's gotten better. Yeah. Yeah, so we will see that. We'll also see, even going back to ribcage flares, that's a huge topic that people are very interested in because I think many people have them.

And when I see a really giant rib cage flare with both those ribs are what we call externally rotated and in this position where they're flared outwards, they are visible.

If you're standing, you can see your ribs. lifted up and out, then I also kind of know that that patient is, or person, is just in a state of go, go go like fight or flight a little bit.

Wow. Well, how, why would a flared rib cage equal flight or fight, like physiologically speaking? Yeah. So if you think of like the gait cycle, so bipedalism, we stand up, and we walk, then we walked forward.

And what we will typically see is in order to walk forward, We have to move over our right half, come to center, move our left half. But what we'll see with people with a flared rib cage is that they've actually come, their center of mass has come so far forward in space that, they have lifted their ribcage up just to manage their spatial awareness and to remain upright.

Everything we do in life is for breathing and walking. Those are the most important things we have to do life. Breathing and Walking. And our bodies will compensate in order to that.

So if we had somebody who is in a state where their Center of Mass has gone forward, and they're kind of falling forward, we're typically going to see those ribs elevate.

And those are the people that constantly feel like they are being chased by a tiger. So if you imagine yourself, if there was a Tiger by you, like your body would go into that fight or flight.

immediate position is flaring your ribs. Or ever think of like a time where you've had pain or any sort of, like, girls go through beauty and pain, you know?

Anything with beauty, sometimes we go though pain. If you think about what your body does in that painful

moment, it flares your rib, immediately, and you arch your back.

That's just like what you'll grace in yourself. Yeah. So it's a very neurological response. And some people are walking around like that 24-7. And that's when it's problematic.

It's not problematic to be in a sympathetic overdrive for when you need to. When you to go and do a lecture, do something that is going to get your heart racing, you might get into that position.

That's OK. But can you get out of it? And the people that I'm seeing in my office today are stuck in it 24 seven. I also work in New York City, which doesn't help for many reasons.

Absolutely. Well, let me see. Let's go back to something, because we are going to get into the breath. And you did bring up the breathe. So it sounds like this very simple, practical thing that we all do.

I mean, it's three things. We don't even have to think about it. But if you're doing it improperly, or you've been tattooed in the body a certain way, as you like to say, You may be kind of headed towards nervous system dysregulation that we've talked about.

So what do people need to understand about that and the breath in general, how important that is? Yeah, so I want to do like a little myth-busting with maybe I should explain my tattoo and skin reference and then I'll do my myth busting.

So Jess just mentioned like about the tattoo. The way I like to describe these patterns is everybody has skin and that's the normal level of asymmetries we have.

Typically we see a lowered right shoulder, pelvis forward on the left. head and neck staying over on the right side. But then anytime I see something opposite, that's when somebody gets attacked too.

So it's a bit of a compensation that has occurred. All are asymmetrical. Some people have a little more going on. Those are the people we're talking about here.

And then I want to talk a litte bit about myth busting. You go to a yoga class and they will teach you how to breathe. They'll typically say, breathe into your belly.

And when it comes to breathing, you actually don't really want to be breathing so much into your belly. Your belly is going to move. It's not wrong to have your body move, but your lungs live all the way up into you chest.

So you need to able to breathe into chest Now take somebody with a flared rib cage, so their ribs are lifted up into that external rotation position. They are in a state of hyperinflation.

What exactly does that mean is that they're kind of in hyperventilating all day.

Breathing Mechanics and Postural Restoration

So when I teach breathing, I don't teach belly breathing and I really focus on the exhale. The inhale is actually what changes the patterns and where we see these changes take place.

But in order to get a good inhale, you have to have a really solid, strong exhale and so the work that I'm doing with breathing techniques is very specific on exhale, and very specifically on that position you're breathing in.

Typically, if you lay down in meditation, yoga, any, anywhere where you're doing like breath work. You're not so focused on the position your body's in, you are more focused how you doing that breath.

But breathing and the breath and pressure of airflow will only go into the area of least resistance. So in order for you to actually make a change in your physical body to notice a ribcage flare decrease, You have to teach your

how to get air into places that it is very compressed there and doesn't typically get airflow there.

So we will really focus on the exhale, like I mentioned, and we're really going to focus the position somebody's breathing in. I put people into the craziest positions to breathe.

You know, I've been studying this stuff from an institute for a really long time. It's called Postural Restoration Institute. And the positions are very specific to direct pressure and airflow into regions that are compressed to make long-term neurological changes.

Yeah, I have to say, you know, because I've experienced this personally, it's almost like an awareness that the body has to get that's missing, wouldn't you agree?

Yeah. It's like for me, um, couldn't breathe into the left posterior part of my back especially. And since I learned to breathe out my ribs I can actually exhale at my lower abdomen and at the very top of the sternum where I didn't have access to that.

Almost like I was neglecting that part my body. almost like a mini stroke or something, and you neglect part of your body. It's what I was doing. And so part what you did was help me get into my ribs and into exhale to figure out how to get a sympathetic overdrive a little bit.

So I guess, would you tell people, besides the breath, you really work a lot with that with the exercises with people I think. You also do certain things with what they put on their feet.

Right? Explain that to people as well. Yeah, so it's the same thing like kind of what we talked about with the bite before. The way I look at it is you have really two, maybe more, possibly three floors of your body.

So your first floor is how your feet touch the ground. Second floor's your pelvic floor. Third is your diaphragm. And then fourth is really how you bottom jaw touches your roof of you mouth.

Then you really have your visual system. Back to the feet, how your feet touch the ground is going to immediately send a signal to your brain as to where you are in space.

So shoes are very important to me. And I mean, we could do myth busting here too. But a lot of people will use barefoot shoes, but we walk on flat surfaces.

So I don't have a problem with barefoot shoes if you're outside hiking on uneven surfaces, because that's going to give you the feedback loop of being on an uneven surface.

So when you are walking in your house on wood tile floors in bare foot, you aren't getting any frequency exchange from the earth, from negative ions from earth.

And you also aren' t getting the right proprioceptive input into your foot. So we actually use shoes that are a little bit bulkier, that most people are like, well, it's going to make your foot weak.

But in reality, It doesn't make you foot week, especially if you go outside in the sand and in nature and use your feet. What it does is it allows for your brain to have better sensory input because of the special qualities of this shoe.

So we're always looking for a shoe with a heel counter and an arch support. And these qualities are really important to give the body a better signal through the whole system and into the brain.

So that's why shoes are important. When I met Jess, she was already wearing a good shoe. but I actually put something in your shoes, which has been, you've liked those.

And so I am a fan of orthotics sometimes, but they have to be made very specifically, not every patient needs them.

So there's always stipulations with it.

But I do think shoes feet, it all goes back to your sensory system and how well you breathe. Those are the two things that are really going to change how one feels in their body, in the nervous system, and they feel on a day-to-day basis.

Have you seen people correct a lot of their anxiety through getting a corrective lens? Yeah, I've seen, so when it comes to vision, whenever I have a patient that's very anxious, i mean I work with a lotta providers, So I will send them out to somebody like a functional medicine doctor or naturopath, and I'm really big on that.

I also do, you know, send out shamans or therapists or whatever I think they need. But when it comes to vision, people with true visual dysfunction, whether their eyes don't team together, convergence of deficiency, maybe they have a strabismus, one eye turns out, they're going to be the people that are a bit more anxious.

Feet, Shoes, Orthotics, and Sensory Input

And if I put it into a perspective like this, like if you were standing at the edge of the Grand Canyon and I was standing right behind you and you are kind of looking down, your body would like freeze up.

That's because your visual system is giving you a signal of fear because you're at the edge of the Grand Canyon. Now somebody with visual dysfunction, they're getting that signal all the time.

So they can't differentiate like safety because their eyes are not able to do that for them. And when I say eyes, I really mean brain because it's not really the eyes.

the feedback loop that comes to the brain. So with specific optometrists, behavioral optometers, I will typically go to appointments with my patients and we do a lot of things very differently.

We don't sit them behind The for operator, we usually will have them stand up and do a gait analysis and all these different tests because we're not really meant to be using our eyes while sitting down and bringing our head forward.

We're meant be to using out eyes when walking in space, walking, moving, breathing. So we do things quite differently and I have seen incredible changes in anxiety, including myself with lenses, to So yeah, to answer your question, yes.

Absolutely. That's really cool. You have a personal story too. How often do you think attention deficit hyperactive disorder is a visual or breathing problem or a distractibility problem?

I really do think that there's more to the story, like always. And you can attack it from so many angles. ADHD and convergence insufficiency, there is a lot of research to show that they go hand in hand and that just means the eyes have a hard time turning in and being able to team together as they turn in.

A lot that happens from really, kids are really having it being on computers. Really? Yeah. Just being on computers, it's so close all the time, they're never turning their eyes out and diverging.

They're not using their visual system like we're meant to use it. We're only using it with our eyes converging all of the times. So that's a big one with ADHD.

And also, if you're turning off one eye and using mainly one-eye, you're going to see problems like that. It's just the brain is trying to process and processing speed is really important.

it's important for a child to get through school, it is important to us to be able to work as adults. And if you have a visual system that's not, the eyes are not teaming well together, there's so many reasons why that could be.

Or even wearing the wrong pair of glasses, like wearing two much of a prescription. That in itself could give somebody ADHD because it's just making that brain have to process the world in a way that's so much less effective.

So then they have work so hard and it could easily give them some ADHD. I honestly feel like with myself, it has been a big game changer to change my lenses for my own ADHD I think that I've seen a lot with breeding patterns too, with ADHD, in children especially, and adults.

How can you tell the size of the tattoo on someone when you see someone? The compensation you talk about in the body. How can you tell that someone's asymmetry is more pathologic or if it's like normal?

Like how someone is out there listening like, hey, you know, I know I have, a heart on the left and a liver on their right and that's normal, but like I feel asymmetrical in my body and it feels like pain.

How would you, how would, would recognize that? It's interesting because I will see so much on this street and I kind of at this point in the career I can zone it all out.

And then there's some people like especially I live on a boardwalk, and on board walk you can watch people walk and you're like. Whoa, that's really bad.

And sometimes people that look so asymmetrical don't even have pain, and they're fine. But people who typically come and see me, they are ones that are like, I feel like my right half is a completely different half than my left half.

My biggest thing is it's not the end of the world if somebody's asymmetrical. What the problem really is is when they have pain coupled with it or dysfunction or they just feel off.

I mean, I think everybody can optimize. Really do. Everybody can go through this sort of assessment and really get lifelong tools from it. But I definitely feel like just because you have an asymmetry that's showing up externally doesn't necessarily mean it is a problem.

I've seen some asymmetrical people that are fine. A lot of women will bring their husbands and they're like, we're good. And I'm like how, how are you good?

But some people are just totally fine and I think that's a robust system, whether it's mental system like they are emotionally in a great place. Some people more robust than others.

I think it just depends on the person. But if you are somebody out there that's kind of struggling and you just feel so different right versus left, that is typically what people will message me.

They'll be like, I need to come see you. I don't know what you do, but I feel like you'd help me, my right half works so much harder than my left half.

That's like a very typical thing I'll get. So if that sounds like then you probably need somebody that does what I do. You know, the way Alina and I met was that I was online talking about an asymmetry in my left and my right eye.

Vision, Anxiety, and ADHD Connections

And so I want to focus on facial asymmetries just for a minute because she politely DMs me and said, hey, I know you think this is, you know carbon monoxide poisoning only, which that can do it.

But I think there's a little more to the story. Why that would happen? What happens with that? Why was one eye higher and smaller than the other? why are there facial asymmetries and why do they happen.

So we're going to see like we talked about the skin tattoo pattern. We're gonna see a typical patterning in the cranium. Well, we'll see the cranial bone, the temporal bone on the left kind of flare outwards a little bit and on right

flare inwards, which is actually the same pattern we see in pelvis.

so it's a complete mirror image when that's with the typical pattern Sometimes we'll see a little more go on when there's more compensations. But due to that, and the sphenoid bone is a really important bone, sits like a butterfly looking bone right behind your eyes.

And we see it kind of orient itself based off the rest of the position of body. So if we're more on the right leg, we will see that sphenoid bone come up on right and down on left.

This little symbol is my sphinoid. We will that the eyes will follow that. And for you, you had something going on with the carbon monoxide, which I thought was fascinating, but I was like, I have to talk to her.

But we will see that left eye in some people actually come up higher compared to the right. And that's more of a torsion case. That's that tattoo case, and we'll see the left becomes 20. And they need to kind of go through some craniosacral work and help, but they really need this sort of modality to make facial changes.

We'll also see a lot of jaw deviation occur based off of the position of head and neck. So if the head or neck come over to the right, you have this phenoid on the left a little bit more elevated, and then this phenoid also has this triplanar movement.

It's a very complicated, it's very complex system and it takes really years to understand and grasp these tiny little movements. But all of it will then translate into even how you're using your eyes and also how your teeth are hitting.

So we'll see a lot of people will have midline, I mean I have on myself a mid-line deviation of the jaw because with the position of temporal bones it kind of pushes the jaws to move slightly over to the left.

We see mid line deviation in really high level athletes where the job moves to left Now if I see the jaw moving to the right, I'm like, oh no, there's more going on.

This person needs me so badly. So that's not necessarily that they have more pain when they a higher level of pathology like that or compensations. It just means that there in a pattern where they're going to have a really hard time getting out of it themselves.

I think that kind of got it. But yeah, There's a lot of cranial asymmetries and it's very complex. Do you think stress and holding your breath could cause facial asymmetry?

When I see those torsional patterns, there's always trauma, like whether it's physical trauma for sure, head injuries for short, whenever I hear any sort of head injury with loss of consciousness, concussions, that person is typically in a torusional stage, a right torusion.

Any sort emotional trauma? That's huge. People don't realize that. You've talked a lot about that, I've seen it in multiple cases since you've talked about it, where people go through horrific trauma and then their cranium is torqued.

I have seen this sort of facial asymmetry in braces cases. Because the children of orthodontists, they always want their teeth so perfectly straight that they actually torsion up their craniums so dramatically.

And I've seen probably five or six children or ortho-dontist that have such severe tortion just from them having braces two to three to four times. because their parents just want the best for them.

They just not perfectly straight teeth, but it actually creates some so much compensation in the cranium. So, those are really like the main things I'll see that torsion from.

Stress is that's all stress in reality. It's physical stress and emotional stress. You said something about braces there and braces actually changing the facial structure.

Can stress and breathing change our teeth pattern in a way, like, can they move our tea? I always start with breathing with my patients. That's go-to.

We're going to start the body. You want to change facial asymmetry and bite. Bite is a little bit more complicated because Although teeth move very quickly, bite is just a little more complicated.

If you've had people who've got braces multiple times, if they have permanent retainers in, there's complexities with it. But to answer the question, yes, we take a permanent or tater out of somebody, the teeth are going to shift very quick.

People know that. So when you give the body feedback, it's not just from breath, but breath is the main way we use the techniques to stimulate that feedback.

But in those techniques, we're giving so much sensory input. You know, because I've chewed it. Do you feel your left heel on the ground? Can you your feel left glute working?

And I'm giving that brain that feedback of an entire hemisphere that it's neglected. And that, plus the breath work, can really make the facial asymmetry change, and body asymmetries.

It's all going to change at once because it is a holistic thought process. Amazing. OK.

Facial Asymmetry, Trauma, and Cranial Torsion

So let's get into something that will ruffle some feathers here. Let's talk about LASIK because I think people don't really think about it. They think, wow, this is an amazing way to get my eyesight back, to not have to wear glasses or contacts anymore.

And you and I both are in the belief system that people get full informed consent. LASIK is a big one. And for some people, it's great. Really high myopes, my best friend had a negative nine in both eyes.

She couldn't shower without her contacts in. Couldn't see the bottles and know what to put in her hair. So I think for people it is fine and the majority of people will be okay.

There's a lot of people out there that are actually struggling with like post-lasik syndrome. They have severe dry eyes, which are debilitating. they have like a corneal neuralgia where the cornea's nerves are just cut because that's exactly how LASIK works.

It cuts the nerves of the Cornea. So the blood flow is limited. By the way, when I'm talking about Lasik, I am also talking PRK. Very similar surgery done slightly differently, but same effects.

From an actual health medical standpoint, it can be detrimental. From a physical body standpoint it could also be a detrimental so and we were talking about earlier today there's documentary called broken eyes it's a great documentary if you're interested in this topic but from a fiscal health perspective when we are looking at how somebody is able to move right and left in their body and looking out their patterns of asymmetry anytime you put a lens on their eyes that's correcting them for a long period of time you going to hold the body in Either it's going to enjoy that prescription and it is going be able to be malleable in that prescriptions and they are going move really well in the prescription or it will keep them completely patterned over one half of their body.

And what I see with LASIK patients continuously after continuously is I cannot get them better on my own. I have to send them to a behavioral optometrist.

We do about anywhere from four to six sessions together. It's usually closer to like four because by the first session I already know they had Lasik and I know that it's probably going to be a harder case.

And the only way to really help these patients that have pain that they didn't even realize was due to their Lasiks is

to get them in, to have a better lens on their eyes and to actually just change how their brain understands space.

Because LASIK a lot of times they overcorrect just because your body's pattern. So if you're sitting down in that eye exam chair, bringing your chin forward, staring at a focal image where you have to look, you know, looking very directly at that one image.

The lights are off. That's just not how your body, your eyes operate. Your brain doesn't operate like that in real life. We operate outside walking. So when we're being corrected like, that year after year, after a year it's very likely that the prescription is going to be much higher than what we actually need.

Which is my story. I was very over-corrected. For years I had severe insomnia, which you would never think, oh, it has to do with your eye. It's, I mean, had insomniac from a lot of things, but that's when it was really bad.

And then as soon as I got out of those lenses, there was like a huge shift in my sleep. And I've heard other patients tell me about that, but I will see patients come in with hip pain, with shoulder pain with neck pain.

And it's not until we get them into a better prescription post-LASIK that they feel better. So it is very interesting, I am not for LASIC. I'm not a fan.

at all. Have you seen migraines, headaches, TMJ due to LASIK? Yeah, because that cranial pattern is still stuck. So they're unable to move back and forth.

We need that pelvis to moved, we need the rib cage to be moved. You need those temporal bones to moves so the jaw can move it back-and-forth. And when you put a prescription, whether it's just glasses, that's incorrect, or Lasik, which is glued onto your eye forever.

that's going to hold the bones kind of hostage, the nervous system hostage. I've seen headaches, migraines, sure, TMD, and also just severe stress and strain on the nerve system.

What do you think about people out there listening who are like, gosh, that sounds a lot like braces? It's very similar. Um, I think braces are a bit better because they're not so permanent.

Yeah, because Lasik is permanent, it is surgery to your eye. Whereas braces, you can take off a lot of times with treatment with like kids that have braces.

I'll see like a 14 year old and they'll come in and I can't get their neck to loosen up. It'll be a couple of sessions in, and their braces on. And I have to call the optometrist to cut the wire.

They could leave the brackets on, but we cut. The wire, we take it off. Get their body to be able to oscillate side to side and move well. We could put the.

Wire right back on I just did it with a patient over the summer. You're kidding. Yeah, we do it. And it helps them. It takes off the cranial stress due to the inability for those teeth to move.

Teeth have to have micro-movements. They have have flexibility and movement. When you have a permanent retainer or wired braces, even in Visalign, not as bad, but wired braces and retainers, you're stopping the entire cranium from moving.

This is a very controversial thing in dentistry because dentestry is founded on the principles that cranio bones don't move, Oh, they do move or else craniosacral therapy wouldn't be a thing that works.

Yeah, or any osteopathic medicine that worked on the cranium or what I do. So cranial bones move. That's a myth. And braces and any sort of permanent wiring is going to stop that micro movement and really, really can cause.

LASIK, Braces, and Their Effects on the Nervous System

issues. I mean, I've seen kids roll their ankles a lot due to it. It's the issue I necessarily think about to relate it back to the teeth. And so my whole purpose is to get that information out there to really like get people understanding because I growing up I would have never thought rolling my ankle when I was 14 had to do with my braces.

Or your vision, I guess, either, right? It's actually even more likely it's due to vision. Because your eyes position your body in space, so do your teeth through the periodontal ligament.

But the visual system and ankles have a lot to do with each other. We'll see it with both. how interesting so i guess people out here listening never thought they thought maybe nervous system was due to physical or emotional stress but they've never though about how their physical body could be playing into their anxiety too by the way people things are misaligned so wild to me can you share with people up there like What is your maybe number one top or shoe and then top best shoe to help regulate their nervous system?

I don't have a top shoe because I think every foot slightly different. Some people have higher arch or a lower arch, or mid arch. Or an arch that's high and collapses when it touches the ground.

But I have list. Every single six months, the institute I study from, they come together. They test a bunch of shoes. I've gone out and tested hiking shoes and summer shoes, and I have three lists that are free on my website.

It will always be free because I want people to be able to have access to the information. So I can send that link. But the lists are really important because it goes through in depth why a high arch would be better with this shoe, why low arch with the shoe.

And typically, most shoes that are Brooks and Asics, some New Balance, and then sometimes Hoka. But Hoke is not for most people, even though it's a huge fad right now.

Yeah, it is. They're way too cushy and they're a rocker shoe so they have other issues. Sometimes we just need to try on a few shoes and get that person to sense their system differently and then they'll choose.

So I will typically tell my patients, go order three from Amazon, get them at your house, try them on, and you'll know what's best. But if you aren't sure, bring them in, I'll test your body with them.

That's my lowest hanging fruit of getting people to feel better. Amazing. Okay. So I'm going to do a little quick rapid fire with you. And can you say maybe one through 10? 10 being best, one being worst, what you'd rate it.

What do you think? Are you going for it? Yeah, I am up for. It. OK. Well, do think about regular shoe inserts? I'd say six. How about what are the glasses that get dark and the bright light?

Transitions? Yes, transitional glasses. Those are so bad. Like, I don't know what the rest of them are. A two. Why? Because your retina needs to get sunlight.

You have to sunlight to actually touch your Retina. And when you have transitional lens, you are blocking all UV light. But honestly, even most glasses block all the UV Light.

Sunglasses and regular glasses. So like my lenses that I wear. you know, outside on a walk, are CR39 lenses, which is a cheaper type of lens that actually lets the light to permeate through the lens so I can get it to the back of my eye.

And the idea of that is that my brain needs the circadian rhythm. So I need to know what time it is in the morning and what it time is the evening. In order to do that, you need sunlight in your eyes.

Yeah, not a fan. Perfect. Okay. High heels. Probably one. Yeah, they're so bad for you. Nikes. They're better than high heels. Four. Perfect. Curex inserts in the shoes.

Nine. Wow. Okay. Great. Amazing. All right. Mouth guards. Can be amazing, can be really bad. It really depends

on how it's done, who you're doing it with, and the timing.

I'll say seven. Palate expanders. Same thing also depends on how you're doing it your age timing. It's very dependent Eight because for the most part when it when is done properly can be great Especially the ones that are like not so invasive hot yoga I'm Conflicting I'm to Roseville.

Yeah, because I don't love stretching so much, but I think if you use it from a meditative component like you do, I Think it can be great. I know what numbers I have left.

Six, okay. No, no, six left, five. So you can use them again. Don't worry. Oh, yeah, you could use a multiple times. On the scale, don' worry, Yeah. You can say if he think it's less, so I was just trying to put them all in order.

No, you're being good. That's better. No you can write them however you want. You can say negative one if you don't like them. So don' worry. What do you think about kazoos?

I think it's great. I mean, people don't usually do that, but I'd give a kid that is able to fully excel in a kazoo ten. You use this, don' you? I do, I use them in techniques all the time.

Okay, interesting. Or harmonica for a 10 out of 10. Yeah, think about how much exhale you have to do. So even singing. Amazing. Really? And humming, whistling, 10 out of 10. Why do you say that?

You're just using your vocal cords in many different ways and it's just so good for you. Also rhythm, music, anything like that is really beneficial. Okay, amazing.

What do you think about vagal nerve stimulators? Ten out of ten. Really? I think it depends on which ones, but yeah, ten out ten Okay. Amazing. How about, um, what do think things like weight training and functional movement like that?

Also depends on timing. If you're in a state where your body is really overburdened and stressed and you are not eating properly, not great. But if you feel good, 10 out of 10. I like lifting weights.

You can do it in way that makes sense for your own body, but don't overdo it.

Tools, Treatments, and Patient Transformations

Root canals, negative seven. Very nice, I agree. Yeah, agree, have you seen those messed up people's nervous systems and their posture? Yes, i have biological dentists that I send them to and those are different than the dentist that i'll send people to for like braces and things like that.

Okay, amazing. You know, if someone has seen everyone and tried everything, they've seen a chiropractor, physical therapists, exercise specialists, everything they can to fix their pain that they know within their realm of possibilities.

What would you tell them the first thing they need to look at that's maybe been missed? They've done truly everything and they come to me, I'm going to do my modality.

For sure. But I'm definitely going into emotions with somebody. I think that the people that really are struggling, there's always an emotional component.

And even with what I do, I have seen people cry on a table just from a breathing technique. It's crazy when that happens, and they have a huge emotional release or shaking, things like that.

Most of the time, people who have done everything, maybe they'll say they've done emotional work, but they haven't really done it. That's really interesting because in my field, also, it's where I see a lot of roadblocks, is that it still stuck within the tissues, the issues in the tissue, right?

So I didn't really expect you to say that, actually. I thought you were gonna say, I don't know, anything else, but that's good, that aligns definitely with me.

Can you give us an example of a really amazing transformation you've seen with the person who's done your modality and your techniques? I actually have a few, but I'm going to give you one that is really interesting.

So it's patient. She was a runner in college and she was really struggling with issues with her hips for a really long time. And surgery, she did conventional medicine, everything like that.

I did what I'd did on her to help her, but he kept coming back. Day one, I dove into her emotional history and it all started after a tragedy in her family.

That tragedy brought on this severe pain. Until she really started to do the emotional work, that's when it changed. But that's more from that emotional perspective.

In general, we'll see the craziest transformations with just asymmetry work and just that sort of the work I do. I think that there's always a component of emotions and emotional release.

Also, I have a professional saxophone player and he had done everything and with his height, sometimes people's height can really throw off their center of mass, with this height plus any sort of professional musician where they focus on one thing for so long, their ear for music is actually really useful to the body but it almost throws off of their own internal rhythm.

We all operate on our own rhythm but then they're so zoned into that that ear for music and what they need to operate on for being able to perform that there he lost his own rhythm.

Interesting. And I gave him a technique with a kazoo and he was crying and we did an appliance and it changed his life. Those are the kind of stories that makes me love what I do.

Absolutely. It's really cool because as a physician, I was never taught that the asymmetries in the body, the way the teeth touch, or the feet hit the ground, and the visual system converges and diverges, perceives the world, can really change how you feel and your moods and pain and everything.

it's really cool to get your perspective. You know, if I was gonna, well, I know people are gonna eat up your information. So if people wanna hear more about you and what you do, you see people in consults too, correct?

So where can they get more of your and see more view? Well, primarily use Instagram as my source. It's at Alina Kanner, just my name. And I work in New York City, Long Island, and I travel to work sometimes too.

So you can book with me and have a bunch of free resources on my website. Amazing. Ebooks as well too, I think, right? So if you guys like information, you like learning, she gives a really different perspective and a fresh set of eyes to, a system that has needed that for a long, long time.

Alina, so you're also very active on social media. Can you give your handles there? It's just my name, very simple. So everything is just Alina Kanner.

Amazing. We'll put it in the show notes for you. Thank you so, so very much for being here and spreading your love and joy and information to the whole of the crowd.

and download the Wellness Care Plan I've made for you for free on my site WellnessPlus.com.