Exploring the Benefits of Postural Restoration for Restoring Balance and Improving Health
A Special Interview With Aleena Kanner
By Dr. Joseph Mercola

Dr. Joseph Mercola:

Welcome, everyone. Dr. Mercola helping you take control of your health. And today we're in for something a little bit different on this interview. I'm interviewing Aleena Kanner, who is one of the leading postural experts in the country. Hard to believe, but it's true. And let me give you the backstory on how I encountered Aleena. I've interviewed Dr. Leland Stillman, who is a really phenomenal integrative medical physician, twice before, and he had mentioned this Postural Restoration Institute, or PRI for short, the last time he was at my house and because he learned of it from a person that he's working with in his practice and just said enormously great things about it. And then Taylor DeGroot, who I also interviewed [and] is an optometrist, recommended postural restoration training, specifically Aleena, because they actually know each other and they live in the New York area, in Long Island specifically. So, I said, "Okay, okay. This is great. I probably need to see her."

And then the third nail in the coffin was when I had been trying to treat my bunion for [the] last year or so. And it was inspired by Mark Sisson, who I've interviewed in the past, too, and he had a company that just created this new shoe called Peluva, which is a little bit similar to the Vibram shoes, where they had the five toes in separate pockets and separates the toes, but this is better. It's more of a minimalist shoe and he was convinced it would be helpful. I went to New York to see Aleena just to find out specifically if this was going to be a rational thing, or is there something better or something in addition that I should do. And she helped me understand that actually it was a flawed approach. Like so many things in life that I've done, you think you're doing the good thing, like low-carb and fasting, when actually you're hurting yourself.

So, it turns out, and I'm pretty convinced this is true, that I likely got the bunion because I stopped wearing shoes. I hadn't been wearing shoes for over a decade. Over a decade. And this is fine if you're walking on the beach all day or in your grass, but I'm at my home, and I have tile floors and it's very hard surfaces, and that is not good. Aleena's going to give us her feedback on this discussion in a moment as soon as we bring her in. So, I think that's what caused it. And well, Mark's shoes were useful because they separated the toes. They weren't as good so she helped me understand and identify a few good options, and I'm actually wearing those shoes now, and I wear my shoes inside my house now. I just don't wear them on the beach, which is great. So, I'm really excited about this journey and I'm starting to see some improvements, certainly, with range of motion.

I've never had any pain, but it was a definite deformity. So, I'm just excited for myself, personally. Because most of the people that Aleena consults with, this Postural Restoration Institute training is designed – And she's going to go into the history of it, but it's really targeted for people with severe pain. And frequently, they find that posture is a massively contributing

factor and that once the posture is corrected amazing things happen. So, with all that intro and the reason why you're on the podcast, welcome and thank you for joining us today.

Aleena Kanner:

Thank you so much for having me.

Dr. Joseph Mercola:

All right. I think it's probably best to give us a bit of your background and tell us all about the PRI, the Posture Restoration Institute and its history because virtually no one watching this understands or has even heard of that.

Aleena Kanner:

Yeah. It's a struggle because, really, it is a small institute and it's only been around for 20 years, so a lot of really great things, sometimes they don't get the information out there, but it's really starting to grow a lot in the last five to 10 years, so it's been great. But let me explain a little bit about me and how I got into it. I'm a certified athletic trainer, meaning that I have a master's degree and my background is to be able to work with professional sports teams, and be on the sidelines and really help those guys out when they're getting hurt. And so ultimately, I went to school for that because I really wanted to help athletes. I wanted to work in the world of USA Gymnastics. I grew up as a gymnast myself. I was a high-level Olympic weightlifter. And along with my journey of seeing how athletes were treated in the more conventional model, I also was an athlete myself, so I saw the discrepancies in how we were treating these athletes and how they really were not getting better. It was almost like we were just slapping Band-Aids onto them to get them through the season. So, I really did not want to participate in that world and I wanted to pave a new way for myself.

So, when I finished graduate school, I ended up finding out about postural restoration. It was in our world. I had heard about it in grad school, so the word about it was getting out there. But the institute itself, it's fascinating what they do. They're actually an institute based out of Lincoln, Nebraska, which is such a random place to have a hub of academic knowledge, but that's where they're located. And the founder is a man, his name is Ron Hruska. He's a physical therapist (PT).

Actually, the background history on him is that he is one of 13, he grew up on a farm, and when he was growing up, he worked with the animals and noticed all these asymmetries in their gait. And so, the obsession with asymmetry started when he was really young. And he ended up going to dental school and actually leaving dental school because he was so obsessed with the asymmetry of the palate. The actual palate in your mouth is asymmetrical. The entire institute that he's created in the last 20-plus years, most of his life has been dedicated to this, is teaching us about these asymmetries. And yes, we talk tons about posture because posture is asymmetrical and posture is how we walk and how we breathe and how we get through life. But it's really off of these natural, normal asymmetries that we are born with, and that can dictate how we function in life, whether it's excellent or whether we're struggling.

So, when people come to see me now, I'm treating a lot of chronic pain, but I also have some professional golfers who are coming to me and they just want to up their game because you can change something very specific on an athlete and it can open up a world of opportunities for them. So postural restoration is actually getting really well-known in Major League Baseball. So, it's really a vast array of people that we can work with and that's where I'm at. I'm based in New York, so I get to see a very interesting wide range of people from Broadway singers to the mom who's struggling with three, four kids at home and is in pain. So, it's really definitely made its way more lately into the holistic world, which I'm very excited about because that's really where I want to bring this, to people who are interested and open-minded to learn about it, because it is an alternative method to treating a lot of things we learn about in conventional medicine.

Dr. Joseph Mercola:

Perfect. So maybe, while it's still fresh in your mind, at least maybe not your mind, but the mind of the people who are watching this, and I shared my story with my bunion, maybe we can jump in there and just comment on that and then we can go into some other areas.

Aleena Kanner:

Yeah. That's a great place to start, too, because everybody wears shoes. So, we're all outside wearing shoes. We're all in our house, maybe we're barefoot. And there's been a huge hit lately in the last, I'd say, 10 years, to be wearing barefoot minimalist shoes. I know because-

Dr. Joseph Mercola:

Or no shoes like me.

Aleena Kanner:

Or no shoes. And no shoes are okay and we talked about this when we met. No shoes are fine if you are out in nature. I love grounding. We all know that there's an exchange of frequency from the earth into our bodies, and that's great if you are outside on a grounding mat. Really outside, in sand, in grass. However, our society is not built like that. We are not walking outside in grass and sand all the time. We are walking on flat surfaces. I look around at my house right now, it's a wooden floor, it's a tile floor. And the problem with that is when we are walking with our feet that have arches, we need to be able to give that foot the proper contact with the ground. It ends up actually just slapping the ground and not creating that proper movement, range of motion, in the foot where we should have pronation, supination, pronation, supination.

When we're missing that range and that flow, it actually can lock up your neck, it can lock up your rib cage. So, wearing a specific shoe can open up that ability to have better range of motion at the feet, which can transfer up the chain. This is a really hard topic for people because the minimalist shoes have a great marketing scheme, and so they're saying, "Our ancestors were barefoot." But you have to think about the context of that, the context of our ancestors being barefoot. They were outside, they were not walking on pavement all day long in cities.

Dr. Joseph Mercola:

Or wood floors or tile floors.

Aleena Kanner:

Right. Right. They were really outside in nature where the foot's ability to pronate and supinate was still there because nature has uneven surfaces. So, I want to get [that] across, it is okay to be outside barefoot if you're walking on an uneven surface on the beach, like you said earlier. But if you are in society and you're walking in barefoot minimalist shoes or no shoes at all, and you're having pain or symptoms – Doesn't necessarily have to be pain. If you have hormone issues, et cetera, a shoe with proper ability to ground, sensory ability to ground, is going to most likely, almost always, make a positive change for that person's well-being. So, when I say the shoe gives that brain the ability to sense the ground better, I'm talking about certain aspects of the shoe.

So, if somebody comes in and they're wearing a Nike, I'm going to take them out of that Nike. Nike is just an example. Adidas, Reeboks, the same thing. Those shoes, a lot of those more known shoes, they lack what we call a heel counter. A heel counter is the back of the shoe that grabs the heel and you can feel it. And if it's hard, it's going to hold the heel in a better place, which is going to position the talus bone, which sits on top of the heel, to align the body upwards in a better position. If that heel counter is minimal or non-existent – you could really feel a barefoot shoe, there's zero heel counter there – then that person's heel, calcaneus and talus, is going to go in whatever position that brain wants it to go in. You're not giving that person the stability it might need to combat the stressors of society's life just by living in places that are flat ground, concrete floors and wood floors.

So that's one component of the shoe. The other component of the shoe is the arch. When you think about walking on the beach, when you're putting your foot in the sand, there's sand that comes up to solidify, ground that part of your arch in your foot. We don't have that when you're walking on flat surfaces. You're just slapping that foot into the ground. That arch is getting no feedback. Actually, I see a lot of people enter a more parasympathetic state when you just put an arch in their shoe. So those are the things we look at with shoes.

Now, PRI actually makes a shoe list and you have this, we talked about this. But it's a free list that they have. Every six months, they put out a new shoe list. I think they actually just released one last week, which is awesome. And it's free and it's online and it shows you how to test your shoes. They can't test every single shoe that's out there, but they do test a lot of running shoes. Asics, Brooks, New Balance, sometimes Hoka. And they will give qualifications of what these shoes fit into. So, for example, if somebody has a really high-arch foot versus someone with a really medium arch, the person might prefer a specific shoe. So that's one of the first things I do with patients is I take them out of what shoes they're in, change them-

Dr. Joseph Mercola:

Or no shoes.

Aleena Kanner:

Or no shoes. Or no shoes. And ultimately, it seems so simple how a shoe could change how you feel or not change how you feel depending on the person. If they don't want to come out of a shoe, that tells me a lot about that person's personality. But when I change the shoes on people, people can't believe it because it's such a simple thing you wouldn't think about. We've been wearing shoes since we're 1 1/2 years old-ish. So, it has to do with the specific shoe the person's in, and then exactly what you said before, if they're not wearing shoes, if they're in a minimal shoe, that is a big red flag for me as a practitioner. It's something I need to address to get their body to be able to relax and get into that calm state to combat whatever they're dealing with. Whether it's trying to get their speed up 5 miles per hour throwing a baseball or it's chronic pain that they've had for the last 20 years, I still am going to go about that in the same way.

Now what you talked about with your bunion is really interesting because bunions specifically can happen on [the] right or left foot. They're different and should be treated slightly differently from side to side. And this is something that, I think, chiropractors, PTs, et cetera, movement professionals, don't always know about the body. But we are asymmetrical, so we need to be treated as if we're asymmetrical because we are, and we have a diaphragm on the right side that's bigger and larger and it attaches lower into the lumbar spine compared to the diaphragm on the left side. We have three lobes of lung on the right and only two on the left. And we have a heart that sits on the left chest wall, which keeps that whole chest wall hyper-inflated. And we have a, on average, 3-pound liver on the right side of our body. So, because of this internal asymmetry, we're going to see slight changes in how that person, one, feels, two, moves.

And so, when we look at feet and bunions – let's go back to the bunions. Bunions on the right foot versus bunions on the left foot are actually coming from different reasonings. So, when I see a bunion, in general, I know that that person is most likely lacking an arch of their foot. And that is because bunions are when the toe is coming inwards towards the other toes. That person's ability to feel the ground with their arch is going to be limited most likely, especially if it's on the right foot. I can go into the details of that if you want me to. But when I give that person an arch under their arch where it should be, and if they're not normally sensing that, we not necessarily see a huge decrease in the bunion. Maybe with time. It's not an immediate change because it took time for that person to get a bunion in the first place. But we see major changes in that person's brain's ability to feel their feet on the ground.

And somebody with a bunion has really lost that ability to pronate, which is [to] flatten the arch into the ground and then push off and use their right glute to push off and get the body weight to the left. So, when I see bunions, I know that there have been bony changes to adapt to somebody's gait pattern or postural breathing pattern. Which gait, posture and breathing are really all tied together. They're all one thing that I look at.

Dr. Joseph Mercola:

Now interestingly, you had put – My bunion is on the left, but you put the arch support on the right.

Aleena Kanner:

Yeah. I did. I remember that. And I did that because of the same reason. So, when I see a bunion on the left, I know that there are other reasons happening. You're somehow getting to your left side, maybe not properly, but it tells me that you're not getting off your right leg even though your bunion is on your left. So, I actually treated your right side to give you better treatment on your left side. And obviously-

Dr. Joseph Mercola:

Oh, I didn't realize that.

Aleena Kanner:

Yeah. So, I gave you something that allows you to pronate that right foot, flatten it to the ground, push off, use your right glute to get over to the left foot so you don't have to try so hard to get to your left side. Yeah.

Dr. Joseph Mercola:

Well great. Now just to finish this up and then we can go into some other areas, I think it's still – At least my view on this is that [the] body is enormously capable of repairing damage even in something like a solidified bony deformity, like a bunion. And that if you correct the underlying fundamental reasons that caused it and then put adaptive corrections in there, that it will eventually heal. Now it's not going to heal in [a] week or a month or even a year. It might take a decade or longer. It took a decade to happen so why wouldn't it take a decade to resolve? So that's my philosophy.

In an attempt to add additional corrective vectors, I put a spacer between the bunion and the second toe to keep them apart. And actually, I found a brace that has a steel bar on the one side and Velcro tabbing. So, it has a Velcro band that keeps the great toe – pushes it medially. And it seems to work really well, even better than the spacers. So, we haven't discussed this, but I'm assuming you're okay with the spacers and then providing the corrective forces to push it in the right direction.

Aleena Kanner:

Yeah. And the spacer that you were using is a little different than the spacer I had imagined when you had told me that you were using spacers because a lot of the spacers are really thick and bulky, but yours was very minimal. So, I prefer what you're using. And I actually tested you in it, so I knew that it was fine for you. Whereas there's a lot of different things out there. I just recently saw something called the Naboso, which is basically an arch. It's like a piece of rubber. It's a little prickly. And the goal of it is to give the brain some better sense of feeling the ground. However, I've seen it a couple times, and I'm testing people and they're testing very poorly on it because it's almost like you're walking on something prickly all day. Your brain doesn't like that. Your brain wants to be comfortable a bit. So, what's interesting with you is that could work for you and it did. I know because I tested you. The spacer. But if I put it in me and someone tested me, I don't know if that would work for me, which is where PRI can become a little bit

more specific and is person-dependent. It's almost like we all need certain things underlying, but then you can specify it towards each person, which is like holistic health in general.

Dr. Joseph Mercola:

Yeah. It's customized. Individualized. Because everyone has their pretty much unique characteristics of life that contribute to where they're at. So, why don't you review some of the more common things people see you for? Which you said is primarily pain, and some of the underlying themes that surround those, and some commonalities that you find that might be generally useful for people.

Aleena Kanner:

Sure. Typically, sometimes – I'll even tell you some things that I see that are atypical that, I guess, not every practitioner would put two and two together because people are really like that. But I do see the typical low back pain for 10 years and they can't figure out why, and hip pain for five years, they don't know why. That is a lot of what – when people are coming to see me, they've seen a lot of practitioners prior and they just can't figure out what is going on, why they can't get rid of the pain they've had. So chronic pain, maybe neck pain. But the difference, I think, is when I'm diving into somebody's history, I'm going really far back and I'm looking to see what is going on with their eyes, what have they done dentally, what's going on with their feet, but teeth, eyes, if they've had any major head injuries, because those specific things will actually change – It could really change an entire treatment plan for somebody.

If the person doesn't have a history and they're in pain, I'm going to go very basic. I'm going to look at the typical PRI techniques and I'm going to treat them like that. But when I hear things like LASIK (laser-assisted in situ keratomileusis) eye surgery, they've been put in a monovision eye prescription, they're in a progressive [eyeglasses], so those are my certain vision implications or certain questions I ask about vision, about difficulty reading or difficulty tracking with the eyes. There's specifics about that. Or if I hear, with dental, [there are] teeth pulled, permanent teeth pulled. Trauma to teeth when they were young or even as an adult, but really at a young age, it can be very detrimental. Of course, we look at root canals too, but from a sensory perspective, the brain still senses that there's a tooth there. I ask because I know a lot about it and I want to make sure I'm giving my patients the best care possible.

Dr. Joseph Mercola:

Excuse me for interrupting, but the teeth pulling is primarily for the concern that there wasn't something inserted into that space. Because if you do that, then it's not as much of an issue.

Aleena Kanner:

Right. Exactly. So, when you pull a tooth, first of all, one tooth is out and there's still a top tooth there, that top tooth is going to come down to meet that bottom tooth. We're going to have something called [a] super-eruption happening. You don't want that in your mouth. It's going to change how your bite feels. So, your bite, how people's teeth touch is actually very important to cranial posture, cervical posture. So, a lot of times people will chew on one side or only feel one

side of their bite, and that can be of concern for me. And when teeth are pulled and nothing [is] put in, no implant put in, then that brain might not be able-

Dr. Joseph Mercola:

Or a partial.

Aleena Kanner:

Yeah. Or a partial. That brain just might not be able to figure out where [the] center is. I ask people about having braces multiple times. If I hear that someone has braces three times in their life, I know that there's something going on with their body. It's not the teeth that keep shifting necessarily. It's the teeth that are trying to find center because their body doesn't know where their center of mass lies. So yeah, I treat the common things that all practitioners treat. Back pain, neck pain, shoulder dislocation, I had yesterday. I'm also treating a lot of, lately, POTS (postural orthostatic tachycardia syndrome), dysautonomia, dystonia. So, a little more neurological conditions.

Dr. Joseph Mercola:

Could that be from the jab or COVID?

Aleena Kanner:

It could. And I will say that I ask that question and I do hear that that's an on-top-of-it thing, but why did some people get that and not everybody? So then, it's like, "Well, maybe that person had the jab and had a tooth pulled two years prior and they've already started to experience a little bit of visual symptoms and they got into a pair of glasses." So, I really have to sift through that history to find out what's going on. I've been seeing involuntary neurological twitching lately, a lot of that, and that goes along with all of this. Why does one person have that and maybe this person just has low back pain? So, it's going to show up differently. But people that have had dental history, vision history, major head injury history, I tend to see that they come with more things that they're coming to me for me to treat. More high-level neurological conditions.

But I also sometimes just treat the typical, "My foot hurts. It's been bothering me for six months. I don't know why. And I've done some PT and it didn't work." But I just look really in-depth at a history of somebody. And then I have practitioners I work with because I'm not a dentist and I'm not an optometrist. And I might know a little bit about those specialties, but I leave that to my practitioners. But I'm the person that decides, "Okay, after five sessions that we've done together, this person maybe needs to go to my optometrist because I can't figure out why their body's not staying centered."

Dr. Joseph Mercola:

And that's actually when I visited you, I visited you and Taylor, who's an optometrist, and we did our evaluation session and treatment, and then we went to a local optometry clinic and

rechecked my prescription. And of course, it changed. So, I got a new prescription for glasses. It was good.

Aleena Kanner:

Yeah. The beauty behind that is – Well, me and Taylor have worked together with cases before, but we are able to do a joint appointment and give you something that's better for you. And I was able to test you in standing and your body was in a good spot before you did that appointment. So, I was not surprised at all that your prescription changed. It would be surprising if your prescription didn't change because we got you into such a good state, and I can tell with my testing. So, with postural restoration, they give us simple range of motion tests. I did them on you, [the] ones that we learn in school. Well, some of them that we learned in school, we might learn them with a different name. And we are looking at these range of motion testing as a completely different way of looking at testing. I'm not just looking at shoulder internal rotation. I'm looking at, "If you can't internally rotate your shoulder, how well are you able to expand your chest wall?" And so, when I tested you, you had gotten off a flight and you were tight. I was not surprised at that. But by the end of the session, you were in a better spot, which really allowed you to get into a good position for the optometry exam.

Dr. Joseph Mercola:

Yeah. It was interesting when I – I haven't been driving a lot, but during this time, the date we picked was the date that there were flash floods all over New York that week. [They] shut down LaGuardia, they shut down FDR [Drive]. It was just a massive disaster, environmentally, but it was fun.

Aleena Kanner:

We had a fun time.

Dr. Joseph Mercola:

Yeah.

Aleena Kanner:

It was fun.

Dr. Joseph Mercola:

All right. So yeah, I'm glad I went. It was really, really enlightening. And for people who are interested, you have a place that you see patients in Manhattan?

Aleena Kanner:

Yeah.

Dr. Joseph Mercola:

It's at 42nd Street or somewhere in there?

Aleena Kanner:

Yeah. It's 45th & 5th.

Dr. Joseph Mercola:

Okay.

Aleena Kanner:

And it's actually the only PRI center in Manhattan so that's pretty cool.

Dr. Joseph Mercola:

There's not a lot of these places around.

Aleena Kanner:

No. You have to have certified practitioners working there. So, I got my certification earlier this year. On average, it takes people five to seven years to get the certification just because postural restoration is so loaded with information and it's fascinating. We take it from-

Dr. Joseph Mercola:

Almost like medical school.

Aleena Kanner:

Yeah.

Dr. Joseph Mercola:

With respect to the length of time to have your training and get licensed.

Aleena Kanner:

Yeah. It's tough. They teach us in two-day courses. I just took one this weekend, 16 hours, and it's packed with information. They can't even finish giving us all the info. So, they give us these binders and we sit and we study them, and Ron puts out information for us under a practitioner. You have to have a username, et cetera. And they're constantly educating. And there's a center in Lincoln, Nebraska, that they really treat people that are coming from all over the world. It's pretty amazing the things that they're working on over there. But the biggest thing with PRI is that they take information from old optometry journals, just regular optometrists, ophthalmology. They take information from dentistry. Tons of information from dentistry. A lot of what we learn

is craniosacral stuff and then osteopathic medicine. So, they've taken bits and pieces of all these professions and meshed it together to understand human asymmetry and treat – Not necessarily treat, but allow us to learn how to flow, internally, using all this information.

Dr. Joseph Mercola:

And the results can be pretty spectacular because you're addressing one of the foundational contributing factors to why you've acquired your dysfunction.

Aleena Kanner:

Yeah. It always comes back to the brain and we always know that, but it's hard for people to totally understand that. It's hard for dentists to grasp it. It's hard for optometrists. It's a little easier for optometrists because [of] what they learn in school. But when you're telling a dentist, "Hey, I need better contact on this right canine in a dental appliance so that this person can relax in their body," the dentist is like, "What are you talking about?" Dental schools are not built like that. But ultimately the whole goal of postural restoration is to give that person better grounding in their body, teach them how to breathe, and then it's neurology. You're playing with the brain. You're playing with signals going into the brain. Yeah.

Dr. Joseph Mercola:

All right. So people, in my experience, tend to learn best by examples. So, I'm wondering if you can share a few other case histories that you have that are particularly illustrative of what you're doing there to help people recover their sense of well-being.

Aleena Kanner:

Sure. Let's see. I have a case I'm working with. We finished up, so this is a good one. She came to me. Her parents are both doctors and she came to me. She had knee pain and she had low back pain. Her nervous system was just off. She was having some fainting episodes. She was really just struggling to get through the day. Some sensitivities, light sensitivities, sound sensitivities. She just did not feel herself. She's very young, early 20s. To have these problems in that age when – That's very young to have that. Also mind you, living in Manhattan so that's a big stressor on the system. She was in an eye prescription.

I knew maybe that there could be something wrong with it, but I waited until about four sessions in. So, what we do is we do these PRI techniques. They're very funky-looking techniques. We do balloons, we use kazoos. And what we're doing is we're putting the body into a position that compresses one side and expands the other. Because in order to get optimal airflow, we are typically compressed on one side and expanded on the other. But we are reversing it when I'm doing techniques. So, it's uncomfortable to tell you to go into a position that you do not own and say, "Okay, now breathe here and use a balloon." It's really difficult. So, she got pretty good at my techniques. I got her into a good space, but she was still having some fainting episodes. She actually was even having random vomiting episodes. She was running marathons. She wasn't able to run.

I ended up – We did an optometry appointment and her center of mass was so far over to the right that we had to give her something called the prism to pull her back to center. So, we pulled her left, but really it pulled her center. Along with my techniques, working together with the optometrist, we were able to change her nervous system regulation symptoms she was having. So that was really amazing. I've seen it, of course, but this one's fresh on my mind because it was just two weeks ago. The prism giving her that feedback from her eyes to be able to see the world slightly differently because she thought her center of mass was so far over to the right side. Giving her that prism is not a long-term solution. It's short-term. But what the plan will be is in six months we're going to take her off those glasses. She's going to stop wearing them and her brain will now know where [the] center is. She has no knee pain. She's running a marathon at the end of November. So that to me is [the] ultimate goal. She came to me – She had been running, she was a soccer player in college. When she was struggling, she had to stop running, and then her body really went downhill.

So now, within – it was probably eight months of working together, that's pretty awesome. I don't see people often either. I see people about every three weeks. So, it's not like she was coming to me twice a week like a regular PT would. So that's a really awesome change. She was in a barefoot shoe. I got her out of that very quickly. She was like, "Yeah, these shoes are so great." She's like, "I only was ever running in running shoes, but now I'm wearing them all the time and I can't believe the difference." So that's really cool. I'm also right now in the process of working with a young girl who has a lot of – She doesn't really have pain. She had neck pain, chronic neck pain, 12 years old. It's very rare for a 12-year-old to have neck pain. 12-year-olds shouldn't be walking around, cracking their neck and in pain with their neck. But her bite is really off. And she actually had palatal expansion done a few years back, and I don't know if they-

Dr. Joseph Mercola:

They surgically corrected it? Expanded?

Aleena Kanner:

They expanded her, but I don't know the details of it. Her mom didn't really know.

Dr. Joseph Mercola:

Is that with essentially braces that pushes it out or they actually go in there and cut it?

Aleena Kanner:

There's a lot of different ways to do it. There's a lot right now. There's a whole airway movement for adults too, which can be really tricky because anyone who's too specialized, I think, misses some generalized thought process of looking at the body from a whole. But she did this expansion. It was not drilled in or anything. It was just something that was put up at the roof of her mouth, where you had to turn a key and it expanded her palate. However, they didn't hold the palate out there. I think there was something missing with that expansion. It wasn't right for her. I'm not sure. But she never had an eye prescription before and then her eye prescription

within that year jumped up to -3 on one eye, -1 on the other, which, that's a very big asymmetry in the eyes.

So, when you have asymmetry like that, you actually need to give the person contacts. So, this is where it gets complicated, because I don't want to necessarily put plastic on somebody's eye. I don't love that. But for her to not have double vision, she needs contacts. So, there are some things where you have to ebb and flow with what's going to work for the person and what's not. But we've gotten her into a different glasses prescription right now and she feels way better. It's still very asymmetrical, but now I'm working with her orthodontist. We're going to redo the palate expansion, put braces on her, give her a wider palate. But as she's doing that, she's going to be working with me consistently for the next two years, once a month, and I'm going to give her things to work on. I have her doing things like hula hoop, right and left side. I have her kicking [a] ball right and left side. She needs to be alternating within her body, using her right side like she does her left side, or else, which we see in a lot of individuals – I mean myself, I had braces for five years. We see a body get locked up. We see soccer players tear ACLs (anterior cruciate ligament) when they're in braces or right when they come out of braces.

We see all these injuries occur from the time that kids are in – They always just say, end of middle school, beginning of high school, "Oh, I just got hurt. Everyone gets hurt at that time." They say "puberty." I personally think it's braces. So, it's really interesting. So that case will be very fascinating because I've worked with kids in braces, but I've never worked the full-term with somebody, and her mom is so dedicated so I'm super excited to see how that goes for her. But I do see other overall cases. I do get to see a lot of people in LASIK prescriptions and the struggle with LASIK, it's like braces. It can lock up.

Dr. Joseph Mercola:

For those who don't know that, why don't you just describe what that is?

Aleena Kanner:

LASIK.

Dr. Joseph Mercola:

It's not good.

Aleena Kanner:

No.

Dr. Joseph Mercola:

So, we can warn people about the dangers, but then at the same time you have to give them some reassurance because many people have already had it and it's irreversible.

Aleena Kanner:

Yes. Correct. So, there are different types of LASIK. There's LASIK, there's PRK (photorefractive keratectomy). They're either shaving off a bit of the eye or they're cutting it.

Dr. Joseph Mercola:

The cornea. The cornea.

Aleena Kanner:

Yeah. The cornea. So, there are two problems with it. And yes, not to worry, there are things you can do. But the main problem in my world, from postural restoration is, in general, glasses can either benefit you or not benefit you. So, if you're asymmetrical in your body and your body weight is more over your right side, which is what we typically see, and then you are getting corrected and you're putting your head forward into the phoropter and your neck is forward and you're primarily over your right leg, and your posture is not good when they're correcting your eyes – "not good posture" as in internal regulation of the breath – they're going to give you a prescription that might insinuate that you're in a more sympathetic position. Then you're going and wearing those glasses all day long and that can upregulate you. Now, if like what we did together, we did an appointment together, I know that the prescription we gave you, Dr. Mercola, is not going to upregulate you because I was there.

So, for these people that are just going to an optometrist, the optometrist doesn't know about this asymmetry, but we tend to see people that are very over-corrected in their eyes. I'd say a lot of people in glasses are over-corrected, which can elicit other problems. So, with that, we need to first get the body even and then we redo the eyes. Now with LASIK, they're taking a prescription that you've been consistent in for five years or four years, I think. Just because it's been consistent does not mean that it cannot go down or that it is the right prescription for you. So even for me, I had the same prescription for about four years. They told me I could get LASIK. And I personally just actually liked wearing glasses, I think it's fun so I didn't, and I'm very glad I didn't because I was over-corrected by over a diopter and a half in each eye. As I've done PRI, my prescription has gone down. Now with LASIK, they're changing the shape and they're gluing you to whatever side of the body that you prefer, you're dominant on. Especially if you haven't worked with a PRI provider to get you out of that.

Dr. Joseph Mercola:

And it's a surgery, so it's permanent.

Aleena Kanner:

Right.

Dr. Joseph Mercola:

You can't undo LASIK. There's no way you can undo it. It's like trying to reverse an appendectomy. It ain't going to happen. Or a gallbladder removal, which would probably be more appropriate.

Aleena Kanner:

And they don't always do the proper testing prior to LASIK. So, if there is an actual visual discrepancy, if there is an eye turn problem that has never been looked at, you can have a lot more issues. Okay, so what do you do if you've had LASIK? I recommend [you] go see a postural restoration provider, and then you actually might need glasses to go opposite, as in change your prescription in the other direction if you're feeling chronic pain anywhere. It might be because of your eye prescription or your LASIK or it's glasses in general. It could just be that you're wearing the wrong prescription. So, I do see that quite a lot. We do make some pretty significant postural changes in people with both eyes and teeth [issues]. When it comes to teeth, like we talked about with the permanent teeth being removed, I also just see people that had braces, their bite changed. Now they have an open bite on one side or a crossbite. And when we are having a bite that doesn't give proper canine guidance or proper molar contact, if somebody's missing pieces of that, the neck is going to have to work harder to stabilize over the body and we're going to go over to that dominant side.

So, it's really just specific to the person. When it gets to eyes and teeth, it's really specific to what we find. When it gets to teeth, it's a little less specific because we can actually see what's going on in the bite. Eyes to me are – It's a whole world of possibilities because every person's eyes could be slightly a different prescription, et cetera. With teeth, you can see a bite that maybe doesn't have proper contact, but I'm still going to go – We use two dental appliances that I make with a dentist – I don't make it, the dentist makes it, but I help the dentist in the delivery portion.

So, when we give a person an appliance, they put it on their bottom jaw, preferably. I don't use maxillary appliances. Bottom jaw needs to be able to move and be free side to side. And that device is like an eraser for the brain. So, it erases the normal bite that that person has. And when you're sleeping in that or you're working out in [it], it can really make that person feel so much more grounded because you have a floor underneath your feet, which is why I talk about shoes, and this is your other floor. Your jaw. So, a lot of people experience TMJ (temporomandibular joint) discomfort, problems with the disc. And that's been really big lately, I think, because our airways are shrinking a little bit, our palates are shrinking. So, I definitely think that not everybody needs a dental appliance. Not everybody needs a new optometry script. But the people that really do need it, if they're in pain for a long time, they're not going to get away with not having it.

Dr. Joseph Mercola:

Well, I wanted to get back to LASIK again. And one of the other reasons not to do it is that it essentially eliminates your possibility of ever recovering your vision fully. Because many, many people – Probably, maybe even the majority of people, I don't think it would be unfair to say, if they implemented a proper visual recovery program, they could get rid of their glasses permanently. Permanently. And I think I'm going to have Taylor back on to review some of those methods. The classic method is [the] Bates method, which is interestingly – He was an ophthalmologist 100 years ago in Manhattan. He was really a pioneer in these techniques. And there are many derivatives of his work, but they do work. It's a lot of effort and time, but it can have enormous benefits, depending on what the cause of your visual dysfunction is. So, that's just one more reason why you want to avoid LASIK. It's certainly convenient, but like many

conveniences, especially the conveniences that tech offers us, you don't want to do those because the exchange isn't worth it. It really isn't. And in this case, it's for health reasons. It's clearly the case.

Aleena Kanner:

Yeah. I could tell you a little bit about my own story with this, too. I didn't have LASIK but I had a head injury when I was 12 with a little bit of loss of consciousness.

Dr. Joseph Mercola:

Was it related to your sports?

Aleena Kanner:

What?

Dr. Joseph Mercola:

Was it related to your sports?

Aleena Kanner:

No. It's a funny story. I was always a little bit spicy, I guess, as a kid. And I stood up to a girl on the bus. I was in sixth grade, she wanted me to sit down. I said, "No, I don't want to sit down." And she punched me in the face.

Dr. Joseph Mercola:

Oh, geez.

Aleena Kanner:

Yeah. So, I got punched in the face. It's okay. Getting roughed up a little bit was good for me, I think. And it's good. I'm so proud of my 12-year-old self for already sticking up for myself. Yeah. I was punched in the face right here. And then I did do athletics. So, when I was 15, I had a little whiplash injury from gymnastics. When I was, I think, 17, I had another one. Had one last year from snowboarding. So, a couple head injuries, but really the one at 12 years old was probably the largest one. And then around 14, I got glasses. Nobody in my family has glasses. No one. And a lot of times we do see that there's a genetic component when it comes to myopia. So, I got glasses to see far. I couldn't see well far. By high school, I was probably -1.5 because every year you go up just ever so slightly. It's funny how that works.

I started to really wear them more in high school. By graduate school, I really needed them. And I remember I graduated, I started doing Olympic weightlifting, my prescription jumped up by half a diopter. So, I was -1.75 in my left eye and -1.5 in my right eye. Not a crazy prescription, but still a prescription. I still couldn't drive without them. So, a few head injuries by that time in

my life. And I had braces for five years when I was in middle and high school, so my cranium was locked up for five years. It's a very long time to have braces. Typical is two years. My teeth were a disaster. I needed to straighten my teeth. But the way it was done, especially back then was just, "Let's get your teeth straight. Let's not really care about your bite."

When the script jumped up after graduate school, when I was training as an Olympic weightlifter, I didn't put two and two together until four years later, but I had insomnia for four years. And so, what that script did to me at -1.75 and -1.5 is it revved my system up all day long. It's like you're looking through pinholes, looking very far all the time. It's minimizing. And it revved my system up and I couldn't sleep. And then I moved to Texas, so way wider open space, not as much as Brooklyn and Manhattan. And I ended up seeing a neuro-optometrist there with my mentor. I was down there studying postal restoration. And I was automatically over-corrected by a full diopter in each eye then, so he lowered me, and within three days I started to sleep differently.

So, it was such an automatic response because you're playing with the nervous system. You're playing with the brain. When you put glasses on all the time, what you're putting on your face is going to matter to what your body does. So, I started to feel much better with that. And about five months after the eye prescription change, I got a dental appliance to sleep in at night. It actually opened my bite about 5 millimeters. So, we have these biomechanical positions and a lot of times people want to fix it biomechanically. They want to expand [the] palate biomechanically, they want to do things surgical, et cetera. But a little plastic, which it's acrylic plastic, not ideal, but ideal for me because it really helped my airway, and for my eyes it also realigned where my eyes were, my cranial bones, from just having a better bite overnight. And then my eye prescription dropped down another, almost a full diopter. So now I actually am a plus in my right eye. So, I went so far back that I reversed it and I'm a little -0.5 in my left eye. I do have astigmatism, so I'm still working with that.

Dr. Joseph Mercola:

So, you don't need glasses?

Aleena Kanner:

No. I only wear glasses now – I am not wearing anything. I cannot wear contacts because the astigmatism is so low that they don't correct it via contacts. I only wear glasses now from a postural restoration's perspective in that how we put my astigmatism actually opens up my peripheral on the left side a little bit, which allows my neck to feel really good. So, for this, we're up close, I'm not going to wear glasses. I never wear it on a computer. If I'm walking outside, I feel better in them. So, it just makes it ever so crisp and it opens up me on the left side, which allows my body to be able to be more centered. So that's where the optometrist comes really into play. And I actually work with the School of Optometry in New York, which has really been an amazing experience. But I can't do all this on my own. I can have as much information, but I'm not a dentist, I'm not an optometrist. So, when people come see me sometimes they're like, "Oh, I have this." And I'm like, "All right, let's do the postural restoration first and then we'll do all that other stuff." But I really can't do my job without providers that are open-minded. And so, it's been an amazing journey creating those networking.

Dr. Joseph Mercola:

Sure. Well, we'll talk about ways that other professionals can get hooked into this in a bit. But I wanted to highlight one area that I think you probably have some good treatment suggestions on, and that is something that's becoming really popular exponentially. Almost an epidemic of sleep apnea and people needing CPAP (continuous positive airway pressure) machines. So, what's your take on that?

Aleena Kanner:

My take on a CPAP machine is if you can't breathe laying down without one, well, then you shouldn't be forcing air down your throat. That's my big take-home point. So, people that are-

Dr. Joseph Mercola:

What do people do instead?

Aleena Kanner:

I think they need to see a posture restoration provider and learn how to breathe, learn how to expand their chest, learn how to not just only breathe into the belly, to not only be in an extended position where they're using their neck to lift their ribs up to pull air in. I think we need to teach people how to be breathing better, which I'm coming out with something, so it's coming there. That will lead into the rest of it. But I definitely think the more dentists and orthodontists that are educated on postural restoration, the more they can work together to help patients. Because I really think that when you're forcing air down someone's throat, especially a lot of times it goes [through the] nose and mouth, you're not getting proper flow at all within the body. There's a big push with a lot of the airway stuff. There's a big push with kids getting tongue tie releases. But you're right with adults right now, CPAP is the biggest thing. And I think if you teach somebody – I could take people off CPAPs more than I would ever put somebody on one. So, I think you need to learn how to breathe.

Dr. Joseph Mercola:

You had some good success with people who are on CPAPs?

Aleena Kanner:

I've had success taking people off of them.

Dr. Joseph Mercola:

That's what I meant.

Aleena Kanner:

Yeah. I had a patient. This one was an amazing case. Very narrow airway, had a pretty strong glasses prescription, trauma, head injuries. So really, the gamut of everything. Super narrow airway, that's the biggest thing that is really hard to combat, biomechanically, when someone is that narrow in their palate. And we ended up getting her dental appliance, we changed her eye prescription, we adjusted dental appliance, changed the eye prescription. And then eventually I was like, "Why don't you try to mouth tape with your dental appliance in at night and try to stop using your CPAP and just see." Because she was having 55 episodes an hour where she was stopping to breathe. An hour. And I have the chart of the day she started mouth-breathing. The week she started, it went from 55 to about 13 to then to about five an hour. Five is normal. So, it's an amazing – I should send it to you.

Dr. Joseph Mercola:

Five per hour at night?

Aleena Kanner:

Yeah.

Dr. Joseph Mercola:

Okay.

Aleena Kanner:

Anywhere under five is normal. But she was having-

Dr. Joseph Mercola:

And it goes to zero if you're taping?

Aleena Kanner:

Well, she was taping and still having five, so I was fine with that.

Dr. Joseph Mercola:

How could you be mouth-breathing if your mouth is taped?

Aleena Kanner:

It's checking how many times you stop breathing per hour.

Dr. Joseph Mercola:

Okay. Okay.

Aleena Kanner:

Yeah. So, when she taped it went from 55 to five.

Dr. Joseph Mercola:

Wow.

Aleena Kanner:

It was amazing. And within a week. It was amazing.

Dr. Joseph Mercola:

What's your take on universally recommending people to sleep on their back at night and then mouth-tape? Because it's really hard to mouth-tape if you're not sleeping on your back.

Aleena Kanner:

Yeah. So, my experience with insomnia, bad insomnia, I don't give sleep recommendations to people. I tell them, "I don't care how you sleep." These are some things I like. I like a pillow from PRI that they have, or a little towel roll underneath the neck.

Dr. Joseph Mercola:

Yeah. We used to recommend the Neck Nest.

Aleena Kanner:

Yeah. Yeah. I don't tell people what side to sleep on because I just care if the person sleeps, especially if they struggle to sleep. I think that you can mouth tape really anywhere in bed. There are some tapes that are better than others. So, for children especially, you don't want to just tape their whole mouth shut just to be safe. There's something called MyoTape, which I recommend and it goes around the lips, and that's what I recommend for people. That is the safest option. Most likely not going to have problems because if you want to mouth-breathe, you can. I, personally, don't mouth tape anymore because my brain has adapted to it. I did it for about two months, and I know now if I sleep with tape on, it stays on the whole night and I can feel that I nasal-breathe pretty efficiently. But if I mouth-tape now, I'd literally take Scotch tape and I just go like that. So, it doesn't have to be fancy. It doesn't have to be expensive. It can be very cheap.

I will say though, for children, I would be careful with kids. But at the same time, kids in their developing years, if they are mouth-breathing, it's going to cause a problem because their faces are going to elongate. They're going to use accessory muscles to breathe. It's not great. So that is a very quick change that you can give somebody that can elicit [a] wide array of changes within their system. There are some people that – I had a girl yesterday, she was like, "The mouth taping really did wonders." And it's like, "Wow, that's so awesome." So that tells me how much that person was not nasal-breathing.

Dr. Joseph Mercola:

Yeah. I recommend paper tape, which is a lot better than Scotch tape. It's a lot more flexible and pliable.

Aleena Kanner:

I should get that.

Dr. Joseph Mercola:

Yeah. Yeah. Paper tape for sure. And it's relatively inexpensive. And you can even reuse it a lot of times. You just put it – So you don't have to use a new piece every day. It probably costs you a few dollars a year. It's pretty cheap.

Aleena Kanner:

Right. So, it's nothing. So that's an amazing intervention that anyone can really try at home without having any costs.

Dr. Joseph Mercola:

Or virtually none. I want to talk about the educational possibilities. But before I do that, I wanted to finish up on my bunion again because there are other people who suffer with this. And just to give you the highlight of – the shoe that I chose was a Brooks. There were two models. The Dyad and the Adrenaline. And it was just subjective, I guess, according to your recommendation. And for me, the Dyad seemed a lot more comfortable. Literally, it's one of the most comfortable shoes I've ever had.

And I've had a lot of shoes. I've been wearing running shoes for over 50 years. Over 50 years. Actually, I stopped for 10 years for the most part. I would wear them when I travel because you can't get on a plane or go into a lot of hotels unless you have shoes on. But for a decade there, I wasn't wearing any shoes much. But these shoes are great. And the recommendation, the specific – If you have a bunion, you're probably going to want to use some type of spacer. And then of course, you have the extra width that you need in the toe box. So, the reason why Brooks is so good is, I believe, it's the only one, as far as I know, the only one that you can order larger width sizes.

Aleena Kanner:

Yeah. Asics you can, too.

Dr. Joseph Mercola:

Okay. I wasn't aware of that. But if you're going to do that, don't order them online through an online shoe store, unless it's the manufacturer, because they have to carry all this inventory. So, you order from Brooks directly or Asics, and then they've got everything there. So, you get the

full range of sizes and you don't have to wait. And it's about the same price. There's not really much of a difference. So, if you have bunions – The Brooks Dyad or the Adrenaline, they're both really excellent shoes. But I think I ordered the double E wide, double wide E. I don't know how they classify it but it is the widest shoe you can get. So, it was good and it's been working really well. I thought they might've been too wide, but not really. It's almost like a square toe box.

Aleena Kanner:

So, that's the biggest complaint I get is that the "minimal shoes" have a wide toe box. They're made with a wide toe box and Brooks and Asics aren't. But you can get ex-wide, and in reality, if you pronate that foot effectively, your foot's going to flatten out. Sure, we want room in the actual shoe for it, but the marketing point of the wide toe box is that, "Oh, your toes have to spread." Your toes will spread if you know how to pronate. So, I think ex-wide or whatever – I wear Asics with a wide toe box. Right now, I have the Brooks Adrenaline right here. The Brooks Dyad is a great shoe for overall. And what I can do is I can send you the updated shoe list and you can attach it.

Dr. Joseph Mercola:

Yeah, that would be great.

Aleena Kanner:

So people can check it out.

Dr. Joseph Mercola:

All right. Now let's dive into the educational opportunities for two classes of people. The professionals, like specifically the dentists and the optometrists [who] might be interested in learning more about this for themselves professionally, or at least aligning with a PRI specialist so that they can be sensitive [to] these issues and work collaboratively. So, what are the educational opportunities for professionals or someone like yourself who finds this fascinating and wants to study it?

Aleena Kanner:

Yeah. Postural Restoration [Institute] teaches courses only for practitioners. They don't have a vision course right now, but they do have something called forward locomotion, which really is the vision course. And then they do have cervical and then cervical occlusion. And occlusion is, of course, for dentistry. So, dentists and optometrists can jump and take those courses. But regular practitioners – chiropractors, athletic trainers, physical therapists, personal trainers – can take any of the courses, and you start with the three basic courses and then you can go up.

Now the courses are so in-depth that most people take them twice. So, for example, there are three basic courses. I've taken one of them three times and one of them twice, and this weekend I took a cervical course for the second time. So, that's typical. So, just know going in, it is a commitment. You're committing to learning a whole language and a whole new way of looking

at the body. For practitioners, especially optometrists and dentists, if you're interested in this, I would recommend going on the postural restoration website, looking at "Find a Provider" and connect with some of the providers that might be in your area. So, we're establishing a huge hub in New York. If you're in New York, please reach out to me. I would love to include you in this hub. But I know that there are other hubs. There's one in Texas. Of course, Nebraska. In Seattle, there's a good amount of practitioners. California and San Diego are starting. There's one in Minnesota. They're happening. Atlanta, I think, and North Carolina. So, there are places – there are only about 200 PRI-certified practitioners. There are not that many of us, so we are trying to collectively get the word out about this.

And I really think it's life-changing for people. I know it is. So, if you're a provider, please reach out to your local PRI person. And if you can't find somebody on the website, send me a message or send Postural Restoration [Institute] a message and they'll help connect you to somebody. It takes time for us to get efficient at these courses and at applying the information. So just know when you're diving in, it's a journey. So that's what they have for the providers. They do have a lot on the postural restoration website for if you're interested in that. And you can always contact them and they'll give you more information. They're trying. I know in Europe, in London and in Austria, there are providers. I'm friends with them and they're really bringing it out to the U.K. and to Europe. So, it's going to grow. So that's really my recommendation for professionals.

Dr. Joseph Mercola:

All right. So, for people who are not professionals and have specific problems, and they obviously could consult with a local PRI person, but odds are there's probably not one local to you since there's only 200 in the country. So, are there any virtual options? Is that even a consideration or do you have any training courses that you offer?

Aleena Kanner:

Yeah. So yes, you can definitely consult a local PRI provider. It depends where you are in the country. If you're not in America, it's going to be harder. People do fly to see providers. That does happen pretty often.

Dr. Joseph Mercola:

I did.

Aleena Kanner:

Yeah, you did. It happens really lately, it's been a big thing. I know people have flown in from California, from all different places. So, I do have an application if you want to be my patient. And then Nebraska also has a prime program, so they definitely accept people from all over. And then I am in the process of working on something for general people who are struggling and they're living in Sweden, let's say, and there's no access to a PRI provider and they can't fly to see one. Now virtual is always an option. It is not as good as in-person. You're not going to see as much as I can show you in person.

However, this program I'm working on, it's called Rooted Well, you can sign up on my website right now for a waitlist to be on it. But it's going to give you a lot of the basics, a lot of what we talked about here, but way more in depth. And there's going to be phases of programming where I give out techniques that a lot of PRI providers can give you, but these ones are not going to be necessarily specific to you, but they should help you. At least get you to a solid place where you're feeling better. And if you follow along with the steps, the goal is to help as many people as possible. So, it's not done yet, but it'll be out very, very soon. So, we're still filming, but it's going to be good for general people.

Dr. Joseph Mercola:

Well, great. Well, you're a fireball. Lots of energy and commitment and dedication and thanks for everything you're doing and helping so many people.

Aleena Kanner:

Thank you for having me on here. Thanks for coming and hanging out in New York. That was a great time.

Dr. Joseph Mercola:

Yeah. It was fun. I get to be with three women.

Aleena Kanner:

We had a blast.

Dr. Joseph Mercola:

Yeah, we did.

Aleena Kanner:

We had a blast.

Dr. Joseph Mercola:

You, Taylor and Carlyn. So, it was fun.

Aleena Kanner:

It was awesome.

Dr. Joseph Mercola:

Yeah. All right. Well, I'm sure we'll catch up at some point, but keep up the good work.

Aleena Kanner:

Thank you so much.