



Dr. Jill Carnahan, MD - 00:00

Welcome to Resiliency Radio, your go to podcast for the most cutting edge insights integrative and functional medicine. I'm your host, Dr. Jill and with each episode we dive into the heart of healing and personal transformation. Join me as I interview medical experts, thought leaders and people of all types to bring us transformational helpful hints and healing tips to maintain optimal performance and longevity. Today's no different. We're going to talk to Gail, who's an integrative manual physical therapist and hopefully give you guys insight and information on how the manual therapies can really take your health to the next level. Before we go into that and introduce Gail, I want to just remind you that drjillhealth.com you can find all kinds of products and services specially curated for you. I wanted today just talk about a couple products really quick.



Dr. Jill Carnahan, MD - 00:50

The Rejuvenating Body Lotion in this winter time as this episode is being aired is so great for stretch marks and color marks and all kinds of things. It's got a retinol based so you get the same retinal activation that you would on your face. You can use it on your body. I use just a little bit of this after my showers a couple times a week and it's so powerful. So check that out. Rejuvenating Retinol Body Lotion and in our Daily Radiance kit we have three products. You can get that as a kit. It's the Revitalizing Cleanser 3. You can wash your face and have that PH balance. We have the toner which I have here and then we also have the toner, the Revitalizing Cleanser and the.



Gail Wetzler - 01:34

HA.



Dr. Jill Carnahan, MD - 01:36

Ultra Hydrating Booster which is a hydrating booster with hyaluronic acid. So really moisturizing. Again, I'm just picking a couple of our favorites for the winter months as this episode is being aired and as you know, if you haven't heard yet, our patient CL Flat Iron Functional Medicine with myself, my PA Fawn and my nurse practitioner Hannah. We are accepting new patients and if you have a complex chronic case or would like to see someone that is an expert in functional medicine, you can give us a call at 303-993-7910 and we are currently scheduling new patients. Okay, let's go ahead and introduce our guest. Gail Wetzler is a physical therapist with 45 plus years of experience and owner of Integrative Practice in Colorado, trained by leading Pioneer Manual Therapy.



Dr. Jill Carnahan, MD - 02:26

She's taught for the baral Institute since 1991 serves as curriculum director and her work focuses on head, neck, tmj, cranial and visceral systems. And she's lectured widely and contributed to the research on concussion recovery. Gail holds multiple advanced certifications as a Doctor of Physical Therapy and she now serves on the US Olympic and PAR Olympic Committee Women's Health Task Force, hoping helping to shape, guiding and care for female athletes. You guys are going to love this episode. Let's get to the show. Gail, it is so fun to have you on Resiliency Radio and I'm so looking forward to getting to know you better. We know each other through multiple colleagues and I've heard nothing but rave reviews on the work that you do and all of your experience.



Dr. Jill Carnahan, MD - 03:11

So we're going to dive into that today and hopefully share some really important pearls and things that you've learned in your work. And also I love bringing awareness to things that people, patients, you know, colleagues maybe didn't know were out there to help with healing. And I always know like my little lane, which is the allopathic medicine with a very open, broad toolbox, functional, integrative. But I know what I don't do. And like body work and somatic therapies and IMT and cranial sacral and all the many realms, I always just want to kind of frame that there is so much power in other therapies other than medication and surgery and supplements. And that's where you're going to enlighten us today. So as we dive in, I'd love to hear a little bit about.



Dr. Jill Carnahan, MD - 03:51

I think you're one of the world leading teachers at the Barrel Institute. You've done this a long time. But let's go back to the early days. How did this transpire on your journey into what you're doing now?



Gail Wetzler - 04:02

Well, it was my curiosity, honestly, if the body kind of when we're working with our hands on the body, it really keeps us humble because when you think you've got one thing kind of settled or understood, maybe something else kind of comes into the picture. So, so it was my curiosity and I really wanted to get to know Understanding the messages of our body. Not all messages are necessarily. Struggles. Some of them are messages that it is an information highway, right. And it's trying to share with us. And one of the ways is through our mouth. And for us as practitioners, we like to hear what's going on. But the curiosity of a physical therapist, manual therapist, is in the sensitivity of our hands. And manual therapy can be very precise in the hands of sensitive people.



Gail Wetzler - 05:04

And so the training that I had as a physical therapist and athletic trainer turned into, wow, I feel something deeper inside the body. It's not just muscle skeletal, it can be deeper. So how do I get to understand that? And it turned into osteopathy. When I had my first child, it was challenging and she was breached and I went to an osteopath. This is when I was in California, I'm in Colorado now. I went to an osteopath and said that there might be able to do some changes and we just need to let the body speak. And I went, wow, let the body speak. That's a whole new frame, you know, to be with. So I did more understanding and education into osteopathic medicine and I went off to Michigan State University and took their continuing education.



Gail Wetzler - 06:05

And I found myself really enjoying diving deep with my curiosity to see what other things were beyond the muscle

skeletal system, basically.



Dr. Jill Carnahan, MD - 06:16

Wow, I really love that. And you just hit on something I talk all the time on this show about and that's curiosity. Because the most interesting people I know and all the ones that I learned from and even myself, hopefully in practice, it really is that curiosity to say kind of what else is possible. So often most of my colleagues are open minded and amazing, but I still get reports from patients seeing their very traditional doctor who says, you know, your labs look normal and there's nothing wrong with you. And there's no. It's almost like once they get out of medical training, there's no more learning. And they might have been in practice for, you know, four or five decades and they just think they. So I feel like that, that really it's ego.



Dr. Jill Carnahan, MD - 06:58

Thinking that we know everything is what keeps us from learning. And I know you know this and I completely believe this. My patients are my most important teachers. And when I write, when I listen to them and listen to their stories, they're so often that I'm like, huh, that's interesting. I don't know what to make of that. But let's together try to figure this out. And it's your curiosity and mine that allows them to tell a story. And then I find all these amazing little pearls that I would have never known had I not like really listened and asked the question. And even if my analytical mind doesn't says, well, that doesn't make sense, instead of, you know, doing that, it's what else is possible? And then I learned these amazing things.



Dr. Jill Carnahan, MD - 07:38

So I love that's the core of your journey I want to highlight. And as People heard in the introduction, I mean, you have cranial sacral visceral manipulation, tmj. You've done concussion recovery. Have there been any particular aha moments? It sounds like many along the way, but how did you kind of pull all of these together into what you do today?



Gail Wetzler - 08:01

Yeah, I really. In the physical therapy world, I really started to be interested because my journey in college was, do I want to go into veterinary medicine? Yeah, I loved animals. Do I want to go into dentistry? Maybe, maybe that. Or do I want to go into working with the wholeness of the body? All those things were in my. In my college background. But I found myself. Well, I really like the wholeness of a person. I was an athlete myself, so I wanted to understand that better than just an area of the body. And when I did, I was a vet assistant. Honestly, I was a vet tech before I became a physical therapist. And I found them turning to medicine and surgeries.



Gail Wetzler - 08:46

And I just noticed that I could do things with my hands, even with the animals or the caring or my intention out of

my heart. And so I said, well, maybe I don't want to go into veterinary medicine at this point, because that's where they were focusing. I wanted to be more with my hands in the whole. So it kind of. There was a guidance for me, bringing me into working with the wholeness of the body. So then in my athletics and understanding the pathways of continuing education beyond college, I was a teacher in the Institute of Physical Art. And that was looking at the spine and its relationships to perhaps maybe what's inside the body. And it was dealing with the psoas muscle, which is deep on the anterior lumbar.



Gail Wetzler - 09:36

And went through these wonderful organs that we kind of pushed aside to get to the psoas muscle, and we made changes. But as I was working with cranial sacral and working with Dr. John Upledger, he has conferences called beyond the Dura. And he brought Jean Pierre Barral to this conference from France. And I'm sitting there listening to his very strong French, trying to understand what he was saying. But he was trying to hold us to the point of, you don't want to push these organs aside. They are very important for what might be in front of the spine. So it just kind of lit my fire as to what were we going through to get to. So thus visceral manipulation. He came back the next year and started teaching his first course. And he taught one in San Diego and one in San Francisco.



Gail Wetzler - 10:37

And I was in both because I was so curious. I wanted to know kind of a little bit more. And I honestly saw some patients in between. And the patient that had a gallbladder situation sent him flowers in the second class in San Francisco to say thank you. Thank you, thank you for training more of the importance of the internal environment of the body and its relationships to the spine or to orthopedics. It just started. The impetus of the excitement started my training with him. I have been with jump here 38 years. Wow. Now. And we. We evolved. I'm more the US Representative, but I am the director for the entire curriculum. We started with six teachers and then it went to eight teachers and now we have 58 teachers.



Dr. Jill Carnahan, MD - 11:28

Wow.



Gail Wetzler - 11:29

Internationally. So it does express. Let's look possibly beyond the scans. Can our hands find things more like signals in the body, vibrations receptors? How do we feel a dysfunctional tissue versus normal functional tissue? And that's our training. And his whole first day is understanding the anatomy. If you don't understand the layers in the anatomy and the fascial connections through the fascial connective tissue, then you may not get the idea exactly what we're doing with our hands and how we can make a change on working a kidney and a position of the kidney that's been disrupted by a forcep delivery or suction delivery that changes the whole peritoneal to cause pain down for women's health or pain down the sciatic nerve. So that was my beginnings of kind of the excitement.



Gail Wetzler - 12:31

And it was the results of the patients that kept me going and kept me learning.



Dr. Jill Carnahan, MD - 12:37

Yeah, I love that. And I have experienced imt, cranial sacral visceral manipulation and many of these things myself. So I can attest to, you know, my rational allopathic mind being like, I don't know what's happening, but I know it works like to. And it doesn't even matter if I know how it works. But one story in particular about myself that I'll share and I'd love your comments because I think it'll exactly kind of show what you're describing. I remember maybe 15 years ago when I had Crohn's 20 plus years ago. And obviously because of that, my gut was very inflamed. And I've healed from that. But about maybe to eight years into that, my gut was still healing. I had to re distribute the microbiome and heal from fungal overgrowth and inflammation.



Dr. Jill Carnahan, MD - 13:16

And during that time I was on a treatment regimen for bacteria and fungal sources. And it was when I was moving to Colorado because I'll never forget. I got off an airplane and my low back was in such excruciating pain, I had to call for a wheelchair to pick me up. And I'm like an athletic, like, not an invalid kind of individual. And that same weekend I passed out cold on the floor from the pain, like it was so bad. And a course MRI of the lumbar spine looked like terrible degeneration. I saw someone for considering stem cells, and it was all related to my intestinal inflammation and the psoas muscle, which you so adequately described. And I've had such an open mind since that because once the gut's healed, I don't have back pain anymore, like zero.



Dr. Jill Carnahan, MD - 14:01

And if you look at an mri, it looks like it's very severe degeneration, spinal stenosis, like some pretty significant things that any other person would say, oh my gosh, you need surgery. You, stem cell injections, you need, you know, some sort of very invasive procedure. And today, 12 plus years, 15 years later, actually zero pain. I run, I go, you know, jumping down, I can do burpees, any of that stuff, and I don't have pain. So now we know what's happening. But I'd love from your perspective, for you to kind of take that story and describe, like, why would someone with intestinal inflammation have back pain? And, and how could that be the solution to someone with.



Dr. Jill Carnahan, MD - 14:41

And again, visceral manipulation is part of that because you're kind of, again, you can tell us how do you do that with the psoas and all of the surrounding organs.



Gail Wetzler - 14:50

So as is a piece of the muscle skeletal system that's in front of the spine. Yeah. What's in front of that is the incorporation of this peritoneum, or connective tissue. Big bubble, if you want to say. Yeah. That kind of divides what muscle skeletal system is versus the internal environment. So the organs move, and that's based on pressure. So if there's been pressure and these connections in the environment of what's called the mesentery, it connects an organ to an organ. So what these suspensions are for, the organs are connected to somehow the muscle. Is it the rib cage, is it the spine, is it the pelvic bone? And so all these connections.



Gail Wetzler - 15:36

So in front of the psoas is called the root of the mesentery, and it's a angle that comes from the left kind of lower region of the rib cage down to the right ilium or into the pelvic girdle. And so that covers a lot of material and that is 15 centimeters long that houses 22ft of the intestinal tube. So all this information, and this is how the blood supply gets through. And so if that connective tissue property is compressed or adaptively shortened in some way, then it includes even the vascular, muscular and the very important autonomic nervous system. So those are the relations of sympathetic and parasympathetic. The autonomic nervous system that can have an occlusion or an environment that is compressed and that is by kind of definition of pain. Pain by definition is lack of blood supply to the nerve ending.



Gail Wetzler - 16:33

And so if this compression factor and the adaptive shortening stays that way, it causes the cycle between the local responses, the peripheral nerves and the local respons is the autonomic nervous system. And that's what gives the impression into the muscles. So like a scar tissue after an appendectomy and you have this adaptive shortening or scar tissue, it sends the referral back in the local context to the nervous system of that lumbar spine, then it ascends to the central nervous system and then now we have a centric, right? And we go up. Are we upregulated in the central nervous system or not because of the agitations down below? So it's so interconnected. When we talk about nervous system and gut ability to relax. Vagus nerve, as you know, is so big in regards to wanting to learn more about it's been such a question, right?



Gail Wetzler - 17:28


You know, is it dorsal vagal, ventral vagal? But the just the nerve itself and its ability to feed the impulses into our digestive system is part of that track.



Dr. Jill Carnahan, MD - 17:40

Hey everybody, just want to pause for a quick moment to remind you if you have not yet gotten a copy of my book Unexpected Find Resilience through Functional Medicine, Science and Faith. It is available on Amazon, Barnes and Noble or wherever books are sold. And it makes a great gift if you want to inspire someone to take their health to the next level or someone you know is struggling with mast cell activation, mold related illness, tick borne infections, cancer, Crohn's, any of the many things I've been through. My book describes the journey of myself


overcoming those illnesses and several of my patients. And my hope is that it will be an inspiration to you if you haven't yet read it and to those that you love. So pick up a copy today if you want a signed copy by me personally.

 Dr. Jill Carnahan, MD - 18:24

Just go to drjillhealth.com and order from there and make a note in the checkout and we will get you a Signed, copy. Okay, let's go back to our show.

 Gail Wetzler - 18:34

Yeah.

 Dr. Jill Carnahan, MD - 18:34

I have found, as we integrate some of those many types of things we can do for the vagal nerve, the gut improves, and everything can start to improve. Right. So. So interesting, because let's speak just for a moment to those. We have a ton of listeners that have gut disorders. Sibo, Sifo, Crohn's colitis, you name it. Or just ibs. Right. I'm assuming with visceral manipulation, you can actually help these patients. What would you do, or what would you say to someone who's been suffering from pain. And give them reason to seek out someone like you for part of their treatment?

 Gail Wetzler - 19:08

That's great, Jill. Thank you for asking that, because that's how I really got involved with functional medicine. It was, you know, we're in our own world sometimes learning all these things. And I say I would become to the small intestine. We want to keep that as our same object. And I were to feel, with the ability to have a motility, the internal environment has an ability in our organs to kind of expand and retract. And so that is the movement pattern that happens in. In the yoga organs. And then there's a motoricity like peristalsis that keeps the food going through. It's a chemical response and a stretch response that does that. But so we have to evaluate which one of these organs in the digestive system is the primary. And that's how we do our listening skills.

 Gail Wetzler - 20:00

How do we understand the messages of the body when we have the wholeness of the digestive system that might be a problem or inflamed, which one is the most involved? And that's how we narrow it down to. This is the most important. When I find that I'm getting the motility and the vascularity and the neurological control back. And it resolves by the 45 minutes that I might be working with someone and I might give them some home exercise to do or thought process or meditation around it. And there has to be diet, right? There has to be nutrition that involves that particular organ. So there's education. And that person comes back the next time a week later, two weeks

later or so. And that, again, is the same place where I started it on day one. I go, oh, I'm missing something.



Gail Wetzler - 20:50

What am I not engaging? So I extend my listening, say, off of that small intestine, is it more nerve from the back? Is it more the central. Is it maybe in regards to the vascularity? I have to work with the blood vessel that goes through there with greater detail. So I do that and they come back again and I have the same reading. I go now it's. It's beyond moving it with motion. Movement is life, right. It's beyond mobility, it's beyond motility. Maybe it's beyond the vascular with an occlusion that might be structural. Now it's on the inside. Biochemistry, hormone and et cetera. And that's where I got involved with anything beyond three times that I've not made changes. I need to seek out functional med, integrative med, naturopathy. And that's what I did in the practice many years ago.



Gail Wetzler - 21:41

And I just loved the combination of bringing both together, honestly, because even for you all that you give the right, you've done the testing, you give them the right herbs, you give them the right nutrition. Are they on a detox? You know, what. What is the pathways and the phases. But if you and I can't see the change because the liver isn't moving to be able to have the contraction to happen, or moving the bile through to get to the next phase of it, doing it into the gallbladder, into the duodenum, then you miss out on what we can offer because movement is life. We want to help it move through the body, get to the other place. So just like you work out, I know you work out.



Gail Wetzler - 22:26

So we want to retrain and rehabilitate and get the resilience back in our body, muscle, skeletal system. That is what we do with visceral. It's a nerve training and re educating the what it should be doing on the cellular level for function.



Dr. Jill Carnahan, MD - 22:42

I love that. And what a great. And again, what a great testimony to the ability for us to collaborate or any ones in both of our fields. When I'm looking at someone with sibo, so often it's recurrent, so we treat and then one month, two months, six months later. And if you're listening out there and you've had small intestinal bacterial overgrowth, which is very commonly cause of ibs, you might have been treated with a drug or with herbs. And then it comes back and in my mind the question is always what's affecting that migrating motor complex? I always say it's almost like the Zamboni between ice hockey periods, where it's just going across the ice and smoothing it out, that movement.



Gail Wetzler - 23:19

Right.



Dr. Jill Carnahan, MD - 23:19

I love that because zamboni is such a fun word and it's silly and. But it's like that. But I always know that if that it's coming back that Zamboni, that movement, which is what you're talking about, and how. How you work with a system, that movement has to be there. I could treat a hundred times. And if it's stagnant and not moving and the liver, gallbladder access and all that aren't working, bile is sterilizing to the gut. So if that's not moving, like, again, you know this, which is why I love working with someone like you, because I know that I only have a limited amount of things that can move that viscera. And it has to move or you're going to just. I say it's like stagnant pond scum. Right.



Dr. Jill Carnahan, MD - 23:53

It just gets sluggish and then you get this overgrowth, and then that overloads the system. And so this makes so much sense. Let's shift to something different. Because you've got so many skill sets. I want to talk about multiple things. TMJ is a really common thing in just the cranial sacral axis. I am certainly not an expert, but what have you learned about people? Like, maybe give us an idea too, of someone who comes in with symptoms that we wouldn't think would be associated with the jaw or the cranium and how that you as a physical therapist might be able to help them and help their symptoms?



Gail Wetzler - 24:25

Yeah, Well, I started with dentists in the California area, now, of course, down here in Colorado, and just seeing how can physical therapy collaborate with a TMJ specialist that has been from a dental background, so just oral mandibular therapy. And I went to USC School of Dentistry and I began teaching there to the junior and senior dentist about maybe looking beyond what the TMJ and just looking at the joint. And maybe there's other reasons, either in the cranium itself or within the neck and the spine. And so with looking at. Helping them see the possibility of the spine making changes to give a firm foundation for the jaw and the head and neck to be able to sit on the spine equally to start to create this other joint, you know, for the teeth to be in an alignment then.



Gail Wetzler - 25:24

So we just wanted to expand the knowledge of looking beyond what the. What the TMJ would be. And it's not always just an appliance that does that, but, you know, do we need expanders and things like that? That's not my field, but I how I assist the dentist to be able to do that. So the cranium itself has a what's called the dura material. And the dura is the lining that helps keep kind of the cerebral spinal fluid and the different layers around the brain. So it knows it has this protective, like the viscera, has this peritoneal. Connective tissue. This is what the dura is to the structure on the outside. And any slight hit, any. The way you sleep, how you always sleep one side, how the neck has positioned itself. How about instability? How about C1, C2 instability?



Gail Wetzler - 26:17

That that can happen after an injury and. Or with eds, how those changes are not stable. So is it too loose or is it too tight? And those kind of decisions are made maybe perhaps with the dentist or an osteopath and. Or manual therapy to get where's that foundation going to come in? So there. Honestly, that's funny that you asked that question. There was a study that they did with rats. I don't know if you've ever seen that, but they changed the occlusion in the rat by putting just a prop in there and change the occlusion for 48 hours. And the rat developed scoliosis.



Dr. Jill Carnahan, MD - 26:54

Wow.



Gail Wetzler - 26:55

Yeah.



Dr. Jill Carnahan, MD - 26:56

Yeah.



Gail Wetzler - 26:56

So you take that out and it took some time, but eventually got back. And we didn't want to keep the rats that way. But just to share with you, even those that had scoliosis or had challenges in time, how does that adversely affect the head and the cranium and the jaw? And so the alignment is an issue, but so is the firm foundation and the cranial bones in their position, this membrane system that keeps the sphenoid bone in the alignment. So all of that is beyond just the tmj. Not only the environment of the bite, but the muscles and how they sit inside the cranium. And is the membrane system functional for them? Is movement capable of. Of happening?



Dr. Jill Carnahan, MD - 27:42

Amazing. Back to movement again. I love that. Keeps coming up because it's like this theme, obviously, with what you're doing. I'm going to shift just a little because this is common, obviously. And way more people are now talking about trauma and polyvagal theory. And years ago, I remember, you know, I had a massage therapist in my office for many years, and she would tell me stories of patients who come in and just start crying. And it's like one specific spot in the body, right? And I started to interact with massage therapists and realize, oh, wow, there's these

places we sometimes hold in tissues. And obviously even in my own experience, like some emotional reaction as I do body work.



Dr. Jill Carnahan, MD - 28:19

And it's always amazing to me that our bodies know and we know from Peter Levine and all the writers of Polyvagal and everything Else like that porgies, that this is a very real thing from your perspective, you're feeling the tissues and you're assessing that. How do you see people holding trauma in the body and why is it important to actually physically work through some of that?



Gail Wetzler - 28:42

Well, you know, the somato emotional work or the visceral emotional work and how we tend to hold it in the organs in the body goes way back in at least the field of osteopathy in regards to is attention that's being held in the body. 99% of physical structural tension. Or is that the 99 that might be emotional?



Dr. Jill Carnahan, MD - 29:05

Yeah.



Gail Wetzler - 29:06

So I want to tell you a little story that Jean Pierre and I I in California, I worked with Dr. Daniel Amen, who is the developer of the brain spec scan. And his sister came into me after a car accident and he was taking a scan and take this Wellbutrin and you know, just rest for a little bit. And she had heard of that. I do something different, kind of came over and said, is there something that maybe you can help me with? And so we did the work in the cranium and we did the work down the spinal cord. As far as what. How the seat belt injury had affected her. And the main issue was the seat belt injury that had the pericardium and plura a little bit more in a torsion that was causing some changes up the. Up the chain.



Gail Wetzler - 29:50

And she was complaining of not being able to put her hairbrush through her hair. It was so sensitive headaches couldn't get back to her work, which was a director of an insurance company. And so she came and we did some different things in regards to listening to the body. He took another scan and he called me and says, what are you doing over there? Wow. And so I kind of explained what cranial sacral therapy was and what the engagement of the relationships in the body and that where her. Hers was and the seatbelt injury really was the dominant and that was causing the torsion that went up the cervical spine up into the cranium. And so it caused the cranial nerves to be often what we did with the cranial nerves as a whole class level in itself.



Gail Wetzler - 30:35

But he was curious and he wanted to have a treatment. And then he invited Jean Pierre and myself into his clinic and we did eight different people with the question in our experiment was how does visceral manipulation affect the brain? Because Dr.



Dr. Jill Carnahan, MD - 30:55

Does.



Gail Wetzler - 30:56

Exactly. And so we did not take a certain diagnosis. Whatever they came in, was it a more of an emotional Component? Was it low back? Was it in the chest? Was it dyslexia? What was cognition issues? We didn't take a certain diagnosis. We want to know what we listened to in the body, what was primary, what our treatment focus was, and how it affected the brain. Wow. And in every single one of them, what Dr. Amen learned was how the organ system is so effective on proprioceptive input. Where the organs are in space affects the cerebellum, just like joint proprioceptors affect the cerebellum. Am I balanced or not? So he was like, I want to learn more beyond the cerebrum. I want to get into the cerebellum. So that was his.



Gail Wetzler - 31:44

And for us looking at the scans, the thalamus and the hypothalamus, the body regulation mechanisms all changed. And if it was a physical hit versus an emotional. I. I am not doing well in school. I have failed school. I failed in my first job. And it was causing stomach issues. Stomach up the vagus nerve. Working with the cranial nerve of that area made changes. What all of us discovered at that meeting was the body recognizes tension. It doesn't recognize if it's a physical tension or an emotional tension. The body and the brain itself just recognizes tension. And that's where our knowledge and intuition comes in. But it's. It's asking for help. So how is it going to store it if it's too much for the brain? It's going to store it in the organs. I'll get to it later.



Gail Wetzler - 32:40

Yeah, I can't deal with it now. I'll store it in the liver or I'll store it in the small intestine. I'll store it in the spleen. And, you know, from certain professional fields, there's more of a certain type of emotion by Chinese medicine and others, anger.



Dr. Jill Carnahan, MD - 32:54

In the liver or things like that, right? Yeah.



Gail Wetzler - 32:56

And more organs than the other. But I thought that was really interesting for all of us to kind of come to the conclusion from an osteopath way back at still asking, is this emotional more or is it more of a structural tension? And then we came up to how the brain is, not. Not necessarily wanting to determine it, just asking for your help. And then we move forward from there.



Dr. Jill Carnahan, MD - 33:20

Wow. Okay. That's profound. So tell me if I'm getting this right, because I think this is relevant to those listening with depression, anxiety, or childhood trauma or any of that. They might present with gut issues or. Or depression or anxiety or lack of focus or any number of probably hundreds of Things I could talk about. And you're saying that obviously they could do physical, nutritional, lifestyle treatments, but they could also go kind of in the back door and work with someone like you where you're actually adjusting physical structures to release this pent up emotion. And. And even if they aren't conscious of the reason for that tension in their body, they could still get relief from the physical modalities. Is that true?



Gail Wetzler - 34:06

That is true. That is true. It's first identifying perhaps which organ it is. But I do have to say that it's not necessarily the mobility, it is the motility, because that's the autonomic nervous system, which is really more responding to the trauma and the events in the head and what the memorization of that was. And so the motility that comes back into our hands describes to us that, okay, life force is coming back, energy is starting to come back there now as a pathway between the vagus nerve or a phrenic nerve, whatever, you know, it tends to have to be the problem. And so now there's a pathway of communication. And then as we work with concussion patients, it's now, you know, we have functional MRIs beyond brain spect scans and we can see pathways that are cut off.



Gail Wetzler - 35:00

And so what do we feel with our hands when we go inside is the densification and the lack of flow. And we want to get that again, that expansion and retraction and the movement of the internal cellular sense. That's what helps our hands know kind of what the difference is and how we can help those individuals. Okay.



Dr. Jill Carnahan, MD - 35:20

I love that clarification. For those who are kind of wondering what that means, I think I understand just because I've had a lot of IMT and I've had my practitioner say this motility changes when it's whether it's lymphatic organ or whatever. Do you want to go just to. And again, this is kind of. Unless you've trained as you have, it may be a little hard to explain. But do you want to go just a little deeper and say, how did you train your hands to sense and be able to identify the different motility? And am I saying that right?



Gail Wetzler - 35:46

Yes.



Dr. Jill Carnahan, MD - 35:47

Okay.



Gail Wetzler - 35:48

It certainly wasn't me. It was Jean Pierre.



Dr. Jill Carnahan, MD - 35:51

Okay.



Gail Wetzler - 35:52

He would put his, let's just say the large, the very important liver, which really accepts so much and in regards to dysfunction for our entire systems in the body. And if you put your hand on the liver and there was a. If I can put my hands up into the. In the screen here. Yeah, put the hands on the liver. And there's a way to test the ligament system to say, does this organ actually move? So I'm doing the activity on it, just like I would be to test a range of motion when you put your hands on and just listen. The possibility is like you listen to a heartbeat. Yeah, you can. You can sense that, you know, what your carotids are. We can sense that there's a electrical conductivity and a beat and the muscle actioning there.



Gail Wetzler - 36:42

Well, the same follows through when a vascular system is going through. That creates movement, it creates pressure when the cells are exchanging. Food's coming in, nutrition is coming in. The liver has to break that down. And so where does it go next? Does it store it? Do I need to keep these hormones in this area, or do I push. Move this on through to the kidneys? And does this have to get out of the system? So there's an actual cellular action that happens under our hands. And what he discovered is that it actually kind of moves in three planes. And these three planes of motion are based on embryological growth and development. So if were the heart, if were the liver, were in the middle of our body.



Gail Wetzler - 37:26

We're a nerve bud and an organ bud, and that grows out anteriorly, and then it goes. The liver tends to go into the right side of the body below the diaphragm. So it's now we feel this action coming out, and it's going underneath the diaphragm, and it's starting to grow and settle into its place. And then. Then it starts. The cells start to grow and the blood supply starts to go through it. So it kind of follows the migration of embryological growth and development. And so we feel for this cellular inherent tissue motion that is happening, that all of us who are physical in our therapy or osteopathic manipulation, had to slow down and start to believe that this existed. And it took a while. Just like cranial rhythm.



Dr. Jill Carnahan, MD - 38:16

Right, Right.




Gail Wetzler - 38:18

Takes a while to really agree and believe and feel it. And so the actual organ motion is that motility. And there's an appropriate timing and appropriate spacing for what is normal for those tissues. And so there we can determine, starting to come back. You started to come back. The flow pattern, the motility is starting to gain, and the entire body is in synchronicity with each other. They all go into what we call inspir and all come back into X spear. And we should feel that in each of the organs in time and training.




Dr. Jill Carnahan, MD - 38:55


Amazing. And what's so powerful to me is, again, I come from like the allopathic analytical background. So this is like, wow, this is crazy. But it's also like my experience. There is zero doubt some of the most powerful work that I've ever done has been in these realms of imt. And even now today, it's pretty frequent that I get some sort of treatment in that realm. I do find, and I love your comment on this, I happen to be one of those highly sensitive individuals, which makes me. It's. I always say it's like the. The gift and the curse. Right. Like, because I'm more sick with mold toxicity and all these things, in my environment, I'm way more sensitive.

 Dr. Jill Carnahan, MD - 39:31


But on the other sense, on the other hand, with my patients, I can often have a much more deeply intuitive sense of what's going on. And if I remain curious and open, I often, you know, will find answers that maybe I wouldn't have if I wasn't so sensitive. Do you find patients or clients that are more in that realm of highly sensitive do better with this work, or is there not really a difference no matter who you treat?

 Gail Wetzler - 39:56


I would say we have one right now, Jill, that we share.

 Dr. Jill Carnahan, MD - 40:00

Yeah.

 Gail Wetzler - 40:02

Highly sensitive. And there are times in a person's body that the area actually doesn't attract us in. Okay. That is almost like, please don't bring that into my body. That's a skill of we listen. And if there's an attraction in the body. Oh, my gosh, thank you for coming. I'm hardly wait for somebody to listen to me. I've been. I've been having this and reading. So here comes this. Listening. Softer hand. Not. I'm going to fix this. This. Yeah, yeah. Softening hand to allow the tissues to speak. Because in our frame, it's like only the tissues know. They know what they've been through. Yeah. And it doesn't mean it might. The damage or history might still be there, but it doesn't mean they can't change the neuroplasticity of change. So we open that opportunity.

 Gail Wetzler - 40:54

And for highly sensitive people, my experience has been it's going to draw us into an area that might relate to. To like in hers, it's her abdomen who we're talking about. And it's really difficult to. When I first touched that and I go, oh, my gosh, am I going to be able to get in or not? And the sensitivity. And when it did occur, she was actually worse when I did. When I go, I'm going to kind of go on the other side. Of this fence and when I stayed in other areas that would affect the vascularity or affect the nerves that go into that. Whoa. Much better. Yeah. So I've learned of those sensitive people that there are times when the body says, no, go, not direct, yes, go indirect.

 Gail Wetzler - 41:34

What else can we work with that will invite me into that area and then I can be indirect to be able to have those connections occur.



Dr. Jill Carnahan, MD - 41:43

Wow. I love that because it's so related to when I'm treating mold related illness or mast cell activation. And just for example, a lot of people are colonized in the sinus area. And if we go direct with a really aggressive treatment, they get so much sicker. And. But sometimes if we go gently or we do a rinse with just saline or. So even in that realm, and even say homeopathic treatments are some of the most gentle and powerful. And those are, I would say, more gentle than, say, a drug. Or in the middle here is maybe herbal therapies. And some of these sensitive patients do really well on the really gentle stuff that the other docs might say, oh, there's not much power in that. But it's almost like you said, like there's. And there's this piece that I know you know this.



Dr. Jill Carnahan, MD - 42:24

It's the trust between you and the client. Right. And so as we build that trust and create a container where they feel safe. Because so often it's that trauma or an unsafeness where their body's just like guarding against anything to come in. And even for me, I feel like the first three visits are just building trust and allowing them to know that they can trust me and that they're in charge. I'm not going to push them. And it's the same thing physically as what you're describing.



Gail Wetzler - 42:48

Yeah. And to be able to feel honestly the actual tissues wanting to protect. Even with someone like these hands that are softer, that come in, you can still feel. I had someone come in today that just had PRP to the shoulder, and she has quite a history of trauma to the brachial plexus, even prior to the shoulder injury. And so I could feel the brachial plexus. Want to go into this internal rotation. You got to be careful. I want to protect this. Don't overdo anything. And so I just kept on listening and saying, I'm here for you in regards to you. Show me the way as to what that resolution is for you. So it's. It's also good for us to be able to feel a protection and to share that with the person Love that.



Dr. Jill Carnahan, MD - 43:39

So much because again, in my many years, I've just learned that it's that really collaborative way of accreting a space and then really allowing the patient to feel like they're in control, that we're here for them, that we're guiding them, but we're not like pushing or over directing or any of those things because it tends to be a much better situation for healing. Speaking of collaboration, one way we've recently collaborated is you and Dr. Tim Mazoula and a whole group of people have created a collaborative care model and a conference. And it's been just so successful. I was able to speak with your group and it was such an amazing. Because what I saw is you guys are teaching, but you have physical therapists and osteopaths and medical doctors and the whole group and many other coming together.



Dr. Jill Carnahan, MD - 44:22

And how can we help these patients? Maybe as we kind of wrap up, tell me like what has spurred you on to bring in this collaborative care model and why? I agree with you. Do we feel like this is the way that medicine is going to really advance the future?



Gail Wetzler - 44:36

Thank you. We just to want with. We're just all of us that came together was noticing that, wow, does medicine in general for the care of the person, to keep the person in the center of the clinical puzzle is the paradigm shift of coming together. So Tim had a very difficult women's health case and sent my way and said, this person can't sit. She has pudendal neuralgia. It's one year post delivery. I have done everything I can. You know, he specializes in the thigh joint and with regenerative medicine and everything. And he could not make the changes for her. And he says, maybe I'm missing something like you. And I will say too, let's collaborate. Maybe I'm missing something here. So he sent her my way and sure enough, the delivery was a challenging delivery.



Gail Wetzler - 45:28

It was, it was forceps and the uterus with the kind of, the pulling and the pulling, the. The body changes of the body of the uterus changed. So it went into a retroflexion. So she stayed that way post delivery. Postpartum, post delivery, no one was really recognized that she had more low back pain than she should have and she wasn't sitting now putting more pressure on the pudendal, all of that vascular challenges with her body. So the uterus being back. And so I just evaluated what I typically do and I said, well, this could be the reason. And so we help the uterus by internal and external Means help the uterus get back into a typical position. Worked with the uterus. Sacral ligament, broad ligaments, round ligaments.




Gail Wetzler - 46:13

Help the organs get back into a distribution of its weight where it should behind the uterus and not on top of the uterus, putting pressure on the bladder. So all those things change the environment of homeostasis inside the woman's body. And that totally changed for him what he was noticing as well. Engagement of muscles engaging in not no further sitting issues, being able to breathe into that. So he said what are you doing this time? You know. And so we just kind of got together and we got together with other therapists in this area and he has this kind of a team of regenerative medicine people that are some one from Texas, one from Montana. Anyway, they got together and they have a meeting of the minds. Yeah.



Gail Wetzler - 46:59


And they invited the pts to come into this meeting of the minds and it was like a jubilee of an idea of let's get together on a bigger scale. And so this was in 23. 2023. And we had our first conference in 24 and then you were invited it this year to 25 and we have one coming up next year. So it's once a year and we, you know, we gather what is our topic matter going to be and then we bring in kind of extra professional people who work in that area quite a bit to come into that three day conference. And this year the conference is, I have to read it, keeping patients active one step at a time. And it's a collaborative approach to restoring functional connections between the core and the lower extremity. Wow. Yeah.

 Dr. Jill Carnahan, MD - 47:52

I am so excited about the work you guys are doing. And again being I was there, so I felt the energy, I felt the excitement like it was a really great group of many different practitioners and it was just a delight to be part of it.

 Gail Wetzler - 48:05


Yeah. And we're integrative. Like if we present something, what. What would you do in this case? Dr. So and so or what would you do as a movement therapist? What would you. You know, we're very integrated and we're going to be watching gait analysis this time. And what you know from Alan Kozar is a BDO and has gait analysis equipment back as a university in West Virginia versus a PT who analyzes with their eyes.

 Dr. Jill Carnahan, MD - 48:29

Yeah.

 Gail Wetzler - 48:30

You know, we're going to be gathering people together to learn from each other. Yeah.

 Dr. Jill Carnahan, MD - 48:36

Amazing. And if you're listening in the car, wherever you are, all the links to the conference and we'll ask you verbally in A second, Gail, about. You guys can find that. And wherever you're watching this, it'll be in the show notes. So don't worry if you're driving or working in the kitchen or whatever. I really love that. I love how all of your many decades of experience. I heard something, too, that was really neat with Dr. Amen and then Dr. Tim and. And I remember years ago when I first started doing functional medicine, everybody's like, what is Jill doing? She's crazy. She's a quiet whatever, you know? And then what would happen is the rheumatologist would say, well, her joint pain's better. What did you do, Dr. Jill? Or the gut's better. And so it's.



Dr. Jill Carnahan, MD - 49:10

I love the idea of you're going forward with what you know works. And these doctors are like, huh, Gail, what are you doing? Because they see the proof is in the pudding, which is the outcomes of the patients are better. And I really believe. Which is why I love having you on the show and getting people to know what you do is I cannot. My toolbox is here. Right. And I can't do all the things without people like you and all the many practitioners. So thanks for the amazing work you're doing in the world. If people want to connect to your work, your training, the collaboration, collaborative care, where can they find you?



Gail Wetzler - 49:41

Well, I'll start with collaborative care. We really call it C3 because it's a big, long three words. Yeah. Collaborative Care Collective dot com.



Dr. Jill Carnahan, MD - 49:51

Perfect.



Gail Wetzler - 49:51

You will see that for next year. If you want to know a little bit more about our work and the research actually that we've done, it's the Baral B A R R A L Institute dot com.



Dr. Jill Carnahan, MD - 50:04

Perfect.



Gail Wetzler - 50:05

Yeah. And if you want a little bit more like you want a conversation with me, then it's wetzlerpt.com and I'm in the Lone Tree, Denver, South Denver area to help anybody that I can help.



Dr. Jill Carnahan, MD - 50:21

Amazing, Gail. And I am so glad you're in our state. It's just like a blessing to me and every practitioner around. And thank you for joining just the way, first of all, curiosity, where it all started, Right? Thank you for being who you are. Thank you for the work that you're doing in the world and now again, expanding to medical doctors and providers of all types of the collaborative care initiative. I know. I'm grateful and I hope that listeners have gotten a really good idea of what you do today. Hey, everybody, Hope you enjoyed that amazing episode with Gail Wetzler on Integrative Manual Therapies and all the many ways the body speaks.



Dr. Jill Carnahan, MD - 50:55

And I hope that if you are suffering from chronic issues or pain syndromes or things that are unexplainable, gut related issues, many of the things we talked about, that you can seek out a practitioner in your area that does integrative manual therapy, cranial sacral therapy, or any of the integrated physical therapy modalities that Gail was telling us about. If you guys have not yet subscribed on YouTube, we've reached over 730,000 subscribers. And if you haven't yet, hit the subscribe button and the bell to be notified of future episodes. As you know, we have a new episode coming out each week and I look forward to seeing you again next week on Resiliency Radio.