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# Neural Organization Technique

By Carl A. Ferreri, D.C.

Neural Organization Technique is a specifically organized examination and treatment protocol utilizing Kinesiological methods as the only modality for both examination and treatment. The N.O.T. concepts are all based on the organized and synchronized function of the primary survival systems which have been designated as Feeding, Fight -Flight, Reproduction and the Immune Systems.

All physiological, neurological, vegetative and cognitive activity must function within these survival systems in an organized and integrated manner. These systems must be organized within themselves first and then must be integrated and synchronized with each other. Nothing happens in or to the body without a total body awareness of the incident. This awareness is communicated through an intact nervous system so that the body can and does accommodate the particular incident and can act appropriately to survive. Because these systems are involved in our basic survival they must also of necessity be reflex in nature, that is, automatic, needing no cognitive activity to function. Trauma in all of its possibilities can and does disrupt the neural programs within these reflex systems which then send inappropriate signals to the body.

Early in my investigation of how the patient functions certain circumstances became obvious. A patient would complain that he could not get comfortable in bed at night and would wake up with a backache. At first the recommendation would be to get a new mattress however many had already done this so that was not what they were telling me. After repeated incidents of this nature it dawned on me that they were telling me they hurt at night or in the dark. After this realization all future examinations [therapy localizations] and treatments were also done in relation to dark or night [which ever concept was more appropriate for that patient]. Later I found that there was

a difference in the patients response to examination and treatment with their eyes open and with their eyes closed. Therefore all examinations must be done with the minimum options of eyes open and eyes closed and in the light and in the dark. Gradually over time many similar concepts were added to the protocols depending on the circumstances of the particular patients trauma such as "a dark and rainy morning or evening" or at dusk or dawn or "the scene of the accident". All of these concepts access the memory banks of the individual patient in relation to the specifics of their injury. Unless this is done, many times you cannot get the body to respond. [How many doctors do you know examine the patient in the dark or with their eyes closed or both?] Just saying "in the dark", etc. will create the reality to the subconscious.

The method of examination for all of the above is based in Kinesiological concepts in which a strong muscle indicator [a muscle which can resist reasonable force on command] is used. This method accesses the body's own knowledge of itself. If there is a functional or structural deficit anywhere in the body there will be a change in the electro magnetic energy in that part or function. When that part -or reflex area is touched by either the examiner or the patient there is a distraction to the overall energy field as the body tries to accommodate or compensate for the change. This change is registered in the test muscle and the muscle momentarily weakens on stress.

By using this Kinesiological modality you can access and activate the reflex systems which control posture, gait, balance, reactive muscle function, etc. such as the Labyrinthine/Ocular, the Tonic Neck Righting and the Vestibular/Ocular Head Righting Reflex Systems, the Cloacal Pelvic Centering Reflex Systems, the Cerebella Stretch Reflex, any of the reactive muscle systems, the spindle cell

and golgi tendon reflex systems [feedback mechanisms in the muscles themselves] and other known systems and sub systems and the structural or pelvic Category systems [I, II, III]. We can profoundly affect all body function on purpose and by design. Then using the body memory banks found with the eyes open and/or closed, in the light, in the dark or in half light and other circumstances including "the scene of the accident" for example, we can create the proper circumstance to effectively treat almost any condition or deficit which can befall the human condition- The body remembers not only how it was born, how it was injured but also the circumstances of all insults to it, be they physical, chemical, environmental or emotional and the combination of all these circumstances.

There is an axiom in neurology which is known as the "all or none" rule, if there is sufficient stimulation then that neurological program Must fully activate and if not it will not. Each of the specific reflex systems have specific areas in or on the body which will access these neural circuits. They in turn control all Possibilities including posture, gait, balance, movement, glandular, immune, digestive and cognitive functions, etc.

We must also take into consideration the reactive muscle system in its front to back, side to side, top to bottom and cross body activity. The body does not fight itself if a particular muscle is facilitated its reactive muscle or muscles must of neurological imperative defacilitate. A deficit in these muscle systems will define body position, posture, balance, gait, etc. There are also bone and ligament interlines so that one part of the body has direct influence on another.

Because we are dealing with neural integration and integrity, the cranial bones and their function must also be taken into consideration- The anatomical position and the reciprocal respiratory motion of the cranial system is essential to proper neurological function and to life itself- The lines of force of these electro magnetic fields are generated either by muscle activity or by the brain itself. They influence all body function including brain function and these lines of force are laid down in the connective tissues particularly in the bones and ligaments and in the case of the brain in the cranial bones. Any disturbance of this delicate balance can produce disastrous results in relation to brain and neurological function. We see evidence of this every day when we see the results of cranial trauma.

Because the neural reflexes work as on/off switches,

any particular system can be either turned on with specific stimulation or directional activity or turned off with the opposite activity This phenomenon specifically indicates the neurological correctness of the protocol. Any function or condition can be turned on or off at will, if you know how.

There are Neural Organization Technique protocols to specifically address and correct the basic Pelvic Category systems recognized in Sacro Occipital Technique and in Applied Kinesiology.. The Category. I sacral respiratory deficits involve fixation of the sacrum [usually on the right side] and usually causes a dural torque. The Cat. I lesion is involved in all neurological deficits. Sacral respiratory motion is necessary to maintain the circulation of the cerebro spinal fluid. The Cat. I deficit also includes the integrity and reciprocal activity of both pelvic and cranial motion and function and the spinal dura, neck, pirformis, gluteus maximus and hamstring muscle activity. Because the sacral respiratory motion is at deficit the opposite sacroiliac joint must extend motion in an attempt to maintain sacral motion which is necessary to maintain the circulation of the cerebro spinal fluid. This destabilizes the sacroiliac joint which then can create a Cat II weight bearing pelvic [sacroiliac] lesion. If the pelvic muscles react with a splinting activity because of a pain response there will again be restriction of the sacral motion. The lumbar spine must then extend motion in and attempt to reestablish some activity to try to maintain this circulation. This can destabilize the lumbar spine creating a Cat. III spinal lesion and possibly lumbar disc lesions.

As part of the organized N.O.T. protocols there are specific protocols for any closed head [cranial] and whip-lash injuries which involve all the head and neck righting reflexes, the defensive muscle involvements of the T.M.J. [to hold the head and face together] which also activate the cranial and spinal dura by increasing tension within these structures to stabilize the brain in the skull and the cord in the spine and by reactivity to this activity to cause an increase in the tension in the facial support system of the body [to hold the body together]. Once this defensive system is satisfied any cranial deficits which involve any cognitive deficits which are usually found in head or whip-lash injuries can then be addressed successfully This program will eliminate all symptomatology usually involved in this type of injury. [head, neck, jaw, balance and cognitive problems]. This part of the protocols require only a

few treatments at most not months or years of treatment.

Because N.O.T. is a specifically an organized procedure which organizes the body programs any gait deficits resulting from a traumatic event, the multitude of possible TMJ deficits, digestive system faults, hiatal hernia, chronic digestive valve problems, Scoliosis, Learning Disabilities, Endocrine, Circulatory and Cardiac stress syndromes will be corrected along the way.

#### ABOUT THE AUTHOR

Dr. Carl A. Ferreri has been in active practice for forty three years. Graduated Atlantic States Chiropractic Institute in 1956. Was on faculty for seven years teaching both undergraduate and post graduate Technique and Nutrition. Earned a PhC degree in 1958. Sacro Occipital Technique and Cranial with Dr. De Jarnett, Dr. Mel Reis and others for eight years, studied Acupuncture for two years, Applied Kinesiology with Dr. George Goodheart, Dr. Herbert Anderson and others for more than 2000 hours,

Activator with Dr. Feur, did Bio Magnetic research with Dr. Ralph Searra and with Rawles and Davis [authors of Bio Magnetic therapy books] and since 1979 has been the primary researcher and developer of Neural Organization Technique. He has been teaching seminars since 1981 in various parts of the country and now in England, France, Italy, Switzerland, Germany and Australia as well as Post graduate seminars conducted for both the New York Chiropractic College and the French Chiropractic Institute, the Italian Chiropractic Association and the Michigan Chiropractic Association. Breakthrough for Dyslexia and Learning Disabilities published in 1984 was the first book published plus Instructional Manuals on Basic Protocols, Scoliosis, Learning Disabilities, Endocrine, Circulatory and Cardiac Stress problems. For more information on Neural Organization Technique and Seminar information call or write Dr. Carl A. Ferreri, 3850 Flatlands Ave., Brooklyn, N.Y. 11234. Phone 718-253-9702 or fax 718-951-7825