



## **The Origins of Neural Organization Technique** *The life long work of Dr. Carl Ferreri* Mitchell Corwin

*Abstract:*

Dr. Carl Ferreri created Neural Organization Technique, a powerful modality for working with physical and emotional trauma. His impact on kinesiology is enormous, and a brief history of his contributions will be presented along with a presentation of his work.

Neural Organization Technique (N.O.T.) was the culmination of a lifetime of work and study by Dr. Carl Ferreri. Dr. Ferreri studied and practiced many healing modalities and techniques that were available to him after his graduation from chiropractic school in 1956. Applied Kinesiology and Sacro Occipital techniques were the chiropractic methodologies he drew upon the most. When asked how many educational seminars he attended, his answer was, "I lost count after 200. I just wanted to know everything that everybody else knew."

Dr. Ferreri's license number in New York was DC102, representing the 102<sup>nd</sup> chiropractor licensed in the state. He also received a degree in Acupuncture and Oriental Medicine. Upon graduation from chiropractic school, he remained on staff for several years as an instructor at Atlantic States Chiropractic Institute (presently New York Chiropractic College). He was awarded the recognition of "Philosopher of Chiropractic" (Ph.C.) for his original research work.

His work was his passion and when practitioners and patients asked how he developed this technique, his short answer was, "The Creator allowed me a small glimpse into how things really work." The following summarized version of an autobiography he was working on before his recent passing in 2007 describes how he got started in chiropractic and how he created Neural Organization Technique. The proposed title was, "A New Manual For Body Owners ...An Adventure in Human Cybernetics":

For many years, my patients and particularly the N.O.T. practitioners I've taught have asked how I discovered the various protocols which make up what is now known as Neural Organization Technique? They wanted to know my thought processes, how I developed the methodology of the treatment programs and how I discovered the logic of the body itself. I will share with you many of the thought processes, more or less how they happened.

For as long as I can remember I was always interested in the human body and how it functioned. There was very little spoken of back then in relation to healthy living with the exception of exercise and eating the “right” foods. Dietary implications and knowledge were just starting to come into vogue with people like Carlton Fredericks and a few others who, for the most part, were often ridiculed as being some kind of charlatans.

My main influence of health at the time was exercise programs designed by Joe Weider and Sigmund Kline that incorporated the use of free weights or a concept developed by Charles Atlas of using muscle against muscle called Dynamic Tension. I started using Dynamic Tension but I felt it was too slow. When I was turning thirteen years old I started bodybuilding by using homemade weights made from two paint cans filled with cement connected by a pipe. As my body gained in strength and size I became an athlete in both high school and college (primarily track and field).

My father was a lawyer and so it was assumed that that some day I would join my father in Vincent and Son ... attorneys at law. While I was attending St. Johns Law School my father was appointed to the bench [became a Judge]. If I had continued in law school and graduated, I would have been the only lawyer in the state of New York whose father was on the bench at that time. It would have made my early law career a lot easier than most.

I was a very healthy child and young adult for the most part except for one annoying problem. I had developed allergies while going through puberty. This meant I sneezed a lot and had itchy eyes from May to October. I also had some kind of skin allergy on my hands from November to January that oddly enough was controlled by rubbing my hands on a copper artillery shell. I tried every antihistamine known at that time but after a year I would become immune to each antihistamine and needed to change to another one. The allergies were getting worse and all the medical doctors I saw agreed that some day I would develop asthma. Not a bright future I would say.

The fortunate part of this allergy condition was that my family and I had a neighbor who was a chiropractor, Dr. Richard B. Wainwright. Although we were long time friends and he often nagged me that he could be of help with my allergies, I ignored his kind gesture thinking “What could chiropractic do for me?”. After all, at the time I could not understand how spinal manipulation for a structural problem could possibly affect my allergies.

One stormy Friday evening in May of 1952 after the last final exams in Law School, I called Dr. Wainwright and told him I couldn’t breathe and that I could not stand these allergies any longer. At that time I needed to take as many as thirty antihistamines in a day. There were times when I would have to get up in the middle of the night to go

outside in the back yard and work out with the weights to get my adrenals up so that I could breathe.

I received daily treatments from Dr. Wainwright. On the 5th day while discussing what I was going to do for the summer, I noticed that one of my sinuses was opening up and I was breathing much easier. Within a week I needed only three or four antihistamines a day.

I was very happy and at the same time very curious about what was happening to me.

I needed to know what he did and how it worked. The next three weeks was an education in Chiropractic. I met with three other chiropractors including the president of the Atlantic States Chiropractic Institute that was located nearby in Brooklyn. We discussed the pros and cons of Chiropractic. Dr. N. Robert Limber the president of the school at the time was an interesting Greek man. He told me there is an expression in his country, "Give an important decision twenty one days and if you can't make up your mind after weighing all the facts, do something else." During that time, I made up my mind; I quit law school and decided to become a chiropractor. At first my father was very upset because his dreams of having a father & son law office were being shattered by his only son. Eventually my father was understanding and supportive of my career change. He always instilled upon me to become the best at whatever I chose to do. During my chiropractic

education, my father was appointed to the bench becoming a superior court judge.

At this point in the mid 1950's there was no license to practice Chiropractic in the state of New York. Frequently chiropractors would be arrested for "practicing medicine without a license." Usually the course was to plead guilty and pay a fine and they would then leave you alone for a couple of years. It was like paying dues to the state to allow you to practice. It was sheer harassment on the part of the state and I am sure that most, if not all, of the judges were aware of this fact.

Eventually a chiropractor from Brighten Beach, Brooklyn, was arrested and the local chiropractic association decided to challenge the issue in court. It was a criminal case in those days, as a chiropractor would be arrested as an abortion physician and thus practicing medicine without a license. Since it was a state offense it required two New York state troopers to make the arrest. Just so happened this case was assigned to my father's court. During the trial my father questioned the two officers as to the circumstances of the arrest:

- Did the chiropractor have a sign out front? Yes he did.
- Did this sign state he was a chiropractor? Yes it did.
- Did you find any medical equipment implying he was doing abortions outside of a blood pressure instrument in his office? No we did not.

My father dismissed the case making a court decision that there was insufficient evidence.

A short time later another chiropractor also from Brighten Beach was arrested on the same charge. Aware of the recently dismissed case, the chiropractor tried to reason with the NY State troopers. They arrested him on charges of practicing medicine without a license and resisting arrest. The arresting officers trashed his office looking for evidence and excessively physically restrained the chiropractor.

When the case finally came to court it was again in my father's courtroom. The chiropractor that had been arrested had polio, walked with a significant limp and was a large overweight man. When my father saw the abused condition of the chiropractor, he questioned the troopers as to the circumstances of the arrest. They testified that he resisted arrest. The troopers further testified that as they were searching the office for evidence by emptying every drawer on the floor, the chiropractor attempted to inhibit their search for evidence and had to be disciplined. My father became annoyed knowing that the chiropractor, being unable to move with any great speed or strength, could not overtly prevent two New York State troopers from gathering evidence and making an arrest. He charged the two officers with abuse of power and ordered the State of New York to restore the damage to the chiropractor's office. Because of the prior court decision, my father

declared by prima facie that there was no cause for arrest. That was the end of chiropractors being arrested for practicing medicine without a license in the state of New York. I am happy that my family was involved in this very important part of the history of chiropractic in the state of New York. A salute to the Honorable Vincent J. Ferreri, my dad.

During the final months of my chiropractic education and beginning of my internship, I started to work in a private clinic run by a local doc in Brighten Beach, Brooklyn. The first patient assigned to me was a man of 60 years old with persistent headaches. I found a very dramatic atlas subluxation that was causing him to hold his head at a slight tilt. I did what I was taught to do in school and adjusted his atlas. I was surprised that there was a rather loud pop, almost like a gun shot when the atlas let go of its aberrant position. He said he felt a surge of energy shoot through his head and body.

Two days later the patient came gleefully running up the steps to the clinic, grabbed my hand and started to shake it vigorously stating, with much excitement, that he could see out of his left eye and his headaches were gone. He later explained that he suffered a severe head injury from a car accident at age 21 that took away his eyesight. It was a miracle cure with my very first patient. I was glad that I made this choice to be a chiropractor instead of a lawyer.

After graduation I was asked to join the faculty of the Atlantic States Chiropractic Institute to teach Chiropractic Technique and Nutrition. I remained on faculty for seven years in both the under graduate and postgraduate divisions while I started my own practice. I opened on the Saturday before Christmas and had two new patients that first day. Being a teacher of technique, my adjustments were very precise and some times, if the situation required, I was inventive and somewhat intuitive. I was also fortunate even in the beginning of my career to attract patients with a wide variety of conditions that most other chiropractors did not usually see. This gave me insight into the many different illnesses of the human condition and prepared me for my future.

Although I was successful with most of the patients, I was always looking for more. To pursue my thirst for knowledge, I set out to learn as much as I could from my colleagues, whether they were chiropractors or other health care professionals. My first discovery was two Chiropractic techniques not taught in Chiropractic Colleges known as Sacro Occipital Technique and Cranial Technique.

However, realizing that even with this growth of knowledge my education was incomplete. I needed to keep searching. My father had taught me the quest for knowledge and proficiency in one's profession should never stop. I formed a study group with about twenty local chiropractors from

Brooklyn. We met every Wednesday evening after hours in my office to discuss practice techniques and problem cases. We became known as the *Wednesday Night Boys*. If one of the members would attend a seminar he would bring the information back to the group to share and to implement into our practices.

Fortunately one of the chiropractors in our group had developed a persistent sciatic nerve irritation that resisted everything any of us knew to resolve it that time. Desperate for relief he sought help in other disciplines and finally tried Acupuncture, which at the time was essentially illegal in New York and could only be practiced under the direct supervision of a medical doctor. He got his first relief at the third acupuncture treatment and after a few more his condition resolved. We were all astounded and realized there was still much more to learn.

Wanting to pursue Acupuncture, we asked the acupuncturist who helped his sciatica to teach us at our Wednesday night study group. This doctor happened to be the Secretary of the International Acupuncture Society. As part of the agreement to teach us, the International Acupuncture Organization insisted that we must learn at least some of the philosophy of Acupuncture and some of the Classical Acupuncture Techniques. Fortunately the philosophy of Chiropractic and the philosophy of Acupuncture are identical, that is, the Energy (Innate or Chi) from the Universal Energy flows down through the body to the earth

and then returns to the Universe. Any interference with this flow of energy will cause some sort of interference with some bodily function. Because of this understanding the doctor of Acupuncture was given permission to teach us because we had a similar philosophy even though we were not formally training to become acupuncturists.

About the same time, I got involved with a company called the Diapulse Company. They developed a pulse diathermy machine invented by a local medical doctor who had a practice on Ocean Avenue in Brooklyn. This was a very remarkable piece of equipment that I found very useful. The first patient I used the machine on in my office had chronic congestion in his lungs. The diapulse cleared the congestion in a few minutes. He asked if it could improve blood flow. I told him that was one of the things it was invented for. He told me his father-in-law had gangrene of both legs and needed surgical amputation. He said the family would be very grateful if I could help him to avoid surgery. I went to his home and indeed he had gangrene developing in both feet and legs to just below the knees. I suggested they rent a diapulse machine and apply it everyday as I instructed. Additionally I recommended 800 IU of vitamin E and high doses of vitamin C.

Seven months later with daily treatments he walked out of his house on two pink legs. He had only lost a few toenails and the tip of one toe. He

was so happy he went to show his MD what he had been accomplished. The medical doctor first asked if he was ready for surgery. He said, "I walked here on my two feet." The medical doctor said that was impossible and even refused to examine his legs. As he left the office he rolled up his pant legs. The nurse assistant turned her chair to the wall and also refused to acknowledge his improved health.

Next in my education were the applications of Applied Kinesiology. When our study group was first introduced to this new technique of Applied Kinesiology in the late 1960's, I knew this chiropractic development by Dr. George Goodheart would be the final link in my continuing quest for knowledge. I knew then as I know now that the many faces of kinesiology were going to be a critical tool for many important advancements within the healing professions.

The International College of Applied Kinesiology (I.C.A.K.) was an incredible source of new information and ideas and for over a decade I attended well over 2500 hours of instructional seminars around the world. I also submitted a number of original research papers to I.C.A.K. that were included in "The Collected Papers" publication over the years.

Combining my prior knowledge of Chiropractic, Sacral Occipital Cranial Technique and now Applied Kinesiology diagnostic and treatment

methodologies, I knew I had begun to lay the ground work for the future development of the work I would soon manifest. The final break through was one of several articles published by Hugh Hefner in Playboy Magazine more than twenty years ago discussing Human Sexuality. Although these articles focused on sexuality as a primal survival system, the author also clearly described the other survival systems of feeding, fight/flight and reproduction.

This was the missing link that I needed to understand how to develop a well-directed and successful approach to health care. One concept that really rang true for me--which I incorporated as a fundamental principle--is that everything that happens to us or anything we do must be expressed through one or more of these survival systems. The nervous system response must manifest in and through one or more of these primary and secondary survival systems. We have no other choice. Finally, one must understand that the response of these systems is always geared to optimize our survivability.

Over the next couple of years I looked deeper into the primitive survival reflexes present in-utero and early infant development. I understood that these reflexes lay the groundwork as they transition and mature into the human survival reflex system of fight/flight, feeding and reproduction. I knew that each of these survival reflex systems of fight/flight, feeding and reproduction must also have a very specific control mechanism to

maintain it. Additionally a fourth survival system called the Immune system would also need to maintain homeostasis.

This internal survival system in relationship to the external systems of feeding, fight/flight and reproduction would be critical as a support system and make the other three systems viable. My job was to find the specific control mechanism and incorporate it into a viable treatment methodology.

It also became obvious to me that the root of any health problem must also relate to a specific compensation or disintegration of function within one or more of these survival systems. The disorganization results in a loss of the harmonious function; the resulting imbalance causes a temporary compensation to allow the most appropriate response to an external or internal threat. Once a threat passes and the system fails to reset by not completing the appropriate reaction to the action, this compensation now becomes an imbalance that can potentially inhibit a return of homeostasis and/or perpetuate an illness.

The sentence I've marked to delete seems to contradict the ideas mentioned earlier in this same paragraph and the next sentence as well.

I believe that an intact, well-organized and integrated central nervous system is essential to health and well being. The body is a self-healing, self-regulating, self-perpetuating organism, continually replacing itself and its own tissues. Everything we need for survival-- with the exception of

food, air and water-- must be found within the body itself. The body and its functions are organized into a computer-like holographic program in a complex network of primary and secondary survival systems. Although each system may appear to work independently of the other systems, they are intricately aware of and coordinate their activities with each of the other systems. Each system works in a precise rheostat manner. As one system is turned up or down another is turned down or up to the same degree. There can be no void in body function. Each system effects and is effected by each of the other systems. Disorganization in any one part of this network can and will effect some other part of the network. This is the core principle.

These survival systems originate as extensions of and the matured manifestations of a series of primitive reflex systems. All of these primitive reflex systems initially develop in utero to insure the survival of the fetus. These systems ideally are short lived and are replaced by more sophisticated postural reflexes. They are necessary for survival and conditioning of the neonate and exist for various periods of time as needed after birth. These systems ultimately mature into more sophisticated reflex systems involved in general life functions.

Examples of these primitive reflex systems are:

1. The Moro Reflex is fully present at birth; however, it is usually inhibited between 2-4 months of age. This

reflex first manifests as a startle response at about 9 weeks of age. The Moro Reflex is the origin of the Fight/Flight Reflex System (adrenal activation). When retained it has a strong effect on the emotional profile of the child because he/she is caught in a vicious circle in which the reflex activity stimulates an overproduction of the stress hormones, adrenaline and cortisol. This presents a paradox - the child may be acutely sensitive, perceptive and imaginative, but also immature and over reactive.

2. The Palmer Reflex emerges at 11 weeks in utero, is fully present at birth and is inhibited until 2-3 months of age. It is responsible for the grasp that helps the neonate cling to its mother, particularly during the feeding process. It is replaced by the pincer grip at 36 weeks. It is involved in manual dexterity, handwriting, speech and articulation in the mature individual.
3. The Asymmetrical Tonic Neck Righting Reflex emerges at 18 weeks in utero and is fully present at birth. This reflex facilitates kicking movements, muscle tone and provides vestibular stimulation, which activates the balance mechanism and increases neural connections during uterine life. This reflex

assists and is reinforced by the birth process. If retained it will impede creeping and cross pattern crawling that is important for hand eye coordination and for integration of the vestibular information with the other senses. It is very important in the neonate to insure free passage of air in the prone position by allowing the head to be turned to one side. Then the arms and legs are positioned to stabilize the body and to assist this posture. The Asymmetrical Tonic Neck Righting Reflex matures into the Symmetrical Tonic Neck Righting Reflex at 9-11 months, which is necessary for proper postural position of the head in later life. This reflex works with the labyrinthine reflex (below) to form a head righting reflex system.

4. The Tonic Labyrinthine Reflex emerges in utero, is fully present at birth and is inhibited at 4 months. It is closely linked to the Moro, is related to the vestibular system and is activated by head movements. This reflex develops into the Vestibular Spinal Tract that is present at birth and is responsible for attempting head righting, as the baby is held erect. There are four distinct response patterns; face up, face down, right ear down, left ear down. Each activates specific

muscle patterns.

5. The Spinal Galant Reflex emerges at 20 weeks in utero and is actively present at birth. If retained this reflex will affect posture, gait and other forms of locomotion. It can be responsible for fidgeting, poor concentration and bed-wetting. It matures into the Tonic Lumbar Righting Reflex System to stabilize the lower body in weight bearing. This mature reflex system is reactive to the Tonic Neck Righting Reflex to position the head in total body erect posture.
6. The Landau Reflex elicits extensor tone throughout the body and generally strengthens muscle tone. The Landau Reflex, the Amphibian Reflex (early body movements similar to swimming) and the Segmental Rolling Reflexes (baby moves in body segments) develop into the Head on Body Righting Reflex and the Vestibulo Ocular Head Righting Reflex. These righting reflexes are responsible for gait activities, balance and motor skills.

This is the origin and basis of my work: to address these primitive reflexes that have not matured or were inappropriately retained, and to allow them to transition into their mature survival reflexes.

As this work matured, it became evident to me that the body and its multitude of functions seemed to work precisely like a computer with very specific programs to deal with every eventuality. The basic primary survival systems were built-in (innate) while other programs were developed, learned or put together as the need arose depending on the various activities attempted. After much investigation I believe these additional learned programs were built on the primary survival systems using essential parts or combinations of the parts of these programs. I believe that the learned programs were, in essence, extensions of these primary programs.

There is a certain simplicity to the body responses and organization as there are only four primary survival systems and a limited number of body parts which can be used to fulfill any requirements of life activity. “The body is both simply complex and complexly simple” as Dr. George Goodheart states in his description of Applied Kinesiology. The trick is to determine the hierarchy of a symptom (compensation) and what survival system(s) needs to be reset.

How did I come up with the name of this work? In one of the early seminars I taught in San Francisco, I was interviewed by Carolee Trefts, a woman who was writing an article on alternative health practices. She wanted to know what I did. I tried to describe the early protocols. I said that they were designed to organize the central

nervous system. She then asked, “What do you call this program?” I told her that I did not have a name for it yet. She suggested Neural Organization Technique. I thought that was a fine name. Dr. Mitchell Corwin, who practiced in Berkeley and who had sponsored the San Francisco seminar, said that he did not think that was a good idea because the abbreviation (N.O.T.) implies a negative thought. I replied that, to the contrary, it could be very positive and powerful statement. IT IS N.O.T. IMPOSSIBLE!!!

I am grateful to Dr. Ferreri because he changed my life and my work. Although I was in practice for five years before we first met at an International College of Applied Kinesiology annual conference, the scope of my work was limited to musculoskeletal conditions. My clinical practice has continuously widened in scope over the past twenty-five years leading to continued expansion and enhancement in N.O.T. to meet the ever-challenging health care needs of my patients.

The work that he taught but did not finish writing was a unique kinesiological approach to learning disabilities and their varied descriptions. Here his work focused on upper brain function or language processing. He understood that there was a neurological deficit that was present in adults and children ranging from a mild learning problem to Autism and Down Syndrome. He attributed the Vestibulo-Ocular reflex deficit to the gait distortion of scoliosis as one of the primary factors involved in neurological disorganization of upper brain function. The four major components he outlined were:

1. Specific Cranial faults that are unique to a neurological learning disability (as well as many other genetic/specific neurological developmental neurological disorders)
2. The presence of a Vestibulo-Ocular reflex deficit pattern
3. Primary language processing deficits of auditory processing delay, eye tracking and teaming weaknesses
4. Secondary academic problems that are often accompanied by emotional overlays and self-esteem issues

Another significant contribution Dr. Ferreri made was the clearer understanding of memory recall and emotional overlays. He called it the “In Relation To” factor (I.R.T.). This became a useful tool to address past traumas whether they were physical, chemical or emotional in origin. He knew that past traumas must be stored somewhere in our memory banks and the key was to bring up the memory (the original circumstance) and reset the survival systems in relationship to it. By resetting the survival reflexes and addressing the emotional anchor via eye muscle memory-- resets similar to the eye memory coding in neuro linguistic programming (NLP) and eye movement desensitization and reprocessing (EMDR)- he was able to efficiently neutralize this persistent problem.

With over twenty-five years of a successful N.O.T. practice, I am able to continue to preserve Carl’s dream. And from the results of daily work with my patients, I am able to expand N.O.T. with a new focus on system health issues that I refer to as Neural Organization Work (N.O.W.). The

emphasis of N.O.W. focuses on restoring and optimizing our fourth survival (immune) system to its full potential. With a stronger and retrained core immune system, one can successfully address many common and challenging systemic issues including toxicity syndromes, herpetic and spirocyte infections, vaccinosis and aging issues.

Neural Organization Technique is specifically designed to reorganize the nervous system, so that it can function in the way it was designed. This kinesiology-based technique is demonstratable, predictable, reproducible and reversible. Dr. Ferreri believed “Neural Organization Technique is one of the most complete and powerful treatment protocols known.”

**About the Author:**

Dr. Mitchell Corwin is an integrative holistic health care practitioner of 30 years in private practice in Berkeley and an integrative holistic medical group in Walnut Creek. He is a practitioner of Neural Organization Technique. Dr. Corwin has served as board member of EnKA for 6 years and a 30 year member of the ICAK. He also serves as assistant medical director of The Health Medicine Forum, a non-profit public educational forum.