Name	<b>Date</b>	

# Advanced I Workshop Manual Language Processing and Brain Integration

Developed by Dr. Carl A. Ferreri &
Additional Concepts by Dr. Charles Krebs

## Expanded by

Dr. Mitchell Corwin 2914 Domingo Ave Berkeley CA 94705 (510) 845–3246 drcorwin@prado.com November 2002

## TABLE OF CONTENTS

Page Page	i ii	Foreword Definitions and Terms	
Section IV		Learning Disability	
Page	1	Learning Disabilities (Theory)	
Page	2	Part One Cranials Steps 1-3	
Page	3	Part One Cranials Step 4	
Page	4	Part One Cranials Steps 5 - 7	
Page	5	Part One Cranials Step 8	
Page	6	Part Two V.O.R. System Step 9	
Page	7	Part Three Auditory Processing Deficits Step 10	
Page	8	Part Three Eye Tracking Processing Deficits Step 11	
Page	9	Part Three Secondary Processing Deficits Step 12	
Page	10	Attention Deficit Disorder (Enhanced Correction)	
Page	11	Attention Deficit Disorder (Extended Enhanced Correction	
Page	12-13	Emotional Overlays	
Section V		Deep Level Switching (Reticular Activation System)	
Page	1-3	Emotional Factors in Deep Level Switching	
Section VI		Deep Hidden Switching (Amygdala)	
Page	1-3	Clearing of Emotional Issues	
Section VII		Depression	
Page 1		Depression (simple version)	
Page 2		Depression (enhanced version)	

#### **Foreword**

As a protégé of Dr. Ferreri since 1983, Dr. Mitchell Corwin has added many new dimensions to neural organization technique that are outlined in this and future manuals. It is Dr. Corwin's belief that one can learn this work in a fashion that is exciting, well organized, and mentally challenging. It should not be taken as a cookbook protocol to healthcare but as an eclectic approach, that shares the wisdom and expertise of many practitioners.

This manual represents an abridged version of the original work of Dr. Carl Ferreri. It incorporates all the basic concepts of neural organization technique with emphasis on understanding the theory and application. Although there are some differences in description, application, and emphasis, the basic philosophy remains the same. For those that have taken prior instruction from Dr. Ferreri and / or other instructors, differences in opinion will exist. This work should not be construed as a separate entity from the original concepts of Neural Organization Technique but a natural outgrowth.

Advanced workbooks will include methodologies in immuno-therapy, deep level switching, and emotional clearing techniques. Deep level switching and deep hidden switching represents advancements and new concepts developed by Dr. Charles Krebs that have been incorporated into this work. The immuno-therapy advanced workbook II is the latest enhancement of this work and allows a methodology of tissue and cellular repair and activation of the immune system on many levels. It represents an organized approach for the practitioner to actively address health issues in a fashion that restores the original design and inborn wisdom of the nervous system.

The manuals are written in a format that assumes one is familiar with basic kinesiology concepts and knowledgeable of the location of many of the common neurolymphatic and neurovascular reflexes. While this manual can serve as a reference and study aid there is no substitution for a live lecture.

### Acknowledgements

I would like to express my gratitude to the many colleagues that shared their knowledge, asked the right questions, and patients for presenting with challenging health conditions.

As with all new developments, a learning curve requires the meticulous process of pattern recognition and correlation with the commonality of reflex patterns of aberrant physiology and illnesses. This manual represents a culmination of two decades of clinical work and study with Dr. Ferreri.

Dr. Mitchell Corwin 2914 Domingo Ave Berkeley CA 94705 (510) 845-3246 drcorwin@prado.com Dr. Carl Ferreri 3850 Flatlands Ave Brooklyn NY 11234 (718) 253-9702 notint1@aol.com Charles Krebs Ph.D. "A Revolutionary Way of Thinking" 1998 Australia Hill of Content Publishing ISBN 0 85572 282 7

#### KINESIOLOGICAL APPROACHES TO LEARNING DISABILITIES

Recent breakthroughs in "alternative" kinesiological-based medicine have made available new approaches to learning disabilities and its related disorders. The primary focus is about identifying and removing many of the underlying neurological deficits in the central nervous system that impede normal language skill development.

This kinesiological-based approach identifies three primary physiological factors utilizing therapies comprising of sequential brain integration re-patterning using eye movement, skin surface reflexes (acupressure like techniques), and soft tissue manipulation of the head, neck, and jaw. These primary components are:

- 1) Unique cranial bone fault patterns that are generally agreed upon by most cranio-sacral practitioners.
- 2) Vestibulo-ocular deficit (inner ear malfunction) that has received some attention in researched based medical models.
- 3) Specific eye muscle faults commonly addressed by behavioral optometrists and psychologists.

These three factors plus diagnostic and therapeutic tools of Applied Kinesiology will often facilitate a swifter resolution and reduce many of the hindrances encountered in remediation-based therapies for learning disabilities.

Key contributors are Drs. Carl Ferreri, George Goodheart, and Charles Krebs. Dr. Ferreri outlined the kinesiological foundation of learning differences in the early 1980's with the introduction of his book called "Breakthrough for Learning Disabilities and Dyslexia." This contribution called Neural Organization Technique, made available a practical approach for kinesiological-based practitioners worldwide. All of these historical advances would not have been possible without the practical applications of applied kinesiology.

Dr. George Goodheart, the founder of Applied Kinesiology in 1965, developed an entire health care system to evaluation the structural, nutritional, and mental components of health and disease. A foundation contribution was an immediate biofeedback response tool called "muscle testing." Muscle testing remains today as a primary assessment tool in nearly all alternative based therapies.

Dr. Krebs' work in his recent book called, "A Revolutionary Way of Thinking" opened up new ways to view and understand the emotional overlays through the amygdala (part of the brain that stores our key emotions). This insight has lead to a greater understanding of attention deficits and right-left brain integration.

Combining these strategies in my clinical practice of 23 years, I have been able to obtain successful results in treating children and adults with learning disabilities and related disorders. It has been gratifying to assist many in the learning challenged community often in as few as 4-6 one-hour therapy sessions.

Dr. Mitchell Corwin is an LDA member and integrative healthcare practitioner of 23 years experience, practicing under the license of Chiropractic. He maintains a private practice at 2914 Domingo Avenue across the street from the Claremont Hotel in Berkeley and can be reached at 510-845-3246 or by email if you have additional questions at drcorwin@prado.com.

#### KINESIOLOGICAL APPROACH TO LEARNING DISABILITIES

# By Mitchell Corwin East Bay Learning Disability Association newsletter 2004

Recent breakthroughs in "alternative" kinesiological-based medicine have made available new approaches to learning disabilities and related disorders. The primary focus is about identifying and removing many of the underlying neurological deficits in the central nervous system that impede normal language skill development.

This kinesiological-based approach identifies three primary physiological factors utilizing therapies comprising of sequential brain integration re-patterning using eye movement, skin surface reflexes (acupressure like techniques), and soft tissue manipulation of the head, neck, and jaw.

These primary components are:

- 1) Unique cranial bone fault patterns that are generally agreed upon by most cranio-sacral practitioners.
- 2) Vestibulo-ocular deficit (inner ear malfunction) that has received some attention in researched based medical models.
- 3) Specific eye muscle faults commonly addressed by behavioral optometrists and psychologists.

These three factors plus diagnostic and therapeutic tools of Applied Kinesiology will often facilitate a swifter resolution and reduce many of the hindrances encountered in remediation-based therapies for learning disabilities.

Key contributors are Drs. Carl Ferreri, George Goodheart, and Charles Krebs. Dr. Ferreri outlined the kinesiological foundation of learning differences in the early 1980's with the introduction of his book called "Breakthrough for Learning Disabilities and Dyslexia." This contribution, called Neural Organization Technique, made available a practical approach for kinesiological-based practitioners worldwide. All of these historical advances would not have been possible without the practical applications of applied kinesiology.

Dr. George Goodheart, the founder of Applied Kinesiology in 1965, developed an entire health care system to evaluate the structural, nutritional, and mental components of health and disease. A foundation contribution was an immediate biofeedback response tool called "muscle testing." Today, muscle testing remains a primary assessment tool in nearly all-alternative based therapies.

Dr. Krebs' work in his recent book called, "A Revolutionary Way of Thinking" opened up new ways to view and understand the emotional overlays through the amygdala (part of the brain that stores our key emotions). This insight has led to a greater understanding of attention deficits and right-left brain integration.

Combining these strategies in my clinical practice of 23 years, I have been able to obtain successful results in treating children and adults with learning disabilities and related disorders. It has been gratifying to assist many patients in the learning challenged community often in as few as 4-6 one-hour therapy sessions.