

Name \_\_\_\_\_

Date: 2009

# **IDENTIFYING LEVELS OF EMOTIONAL OVERLAYS**

**15 MINUTE CORRECTION PROTOCOL**

**Presented By**

**Dr. Mitchell Corwin**

**Mitchell Corwin, D.C.  
2914 Domingo Ave  
Berkeley CA 94705  
(510) 845-3246  
drcorwin@prado.com  
www.kinesiologydoc.com**

# TABLE OF CONTENTS

|           |  |
|-----------|--|
| Page 1    | Outline and Discussion   |
| Page 2    | Screening  |
| Page 3    | Emotional Overlays   |
| Page 4    | Evaluation   |
| Page 5    | Corrections Steps 1-3  |
| Page 6    | Corrections Steps 4-10   |
| Page 7    | Corrections Steps 11-12  |
| Page 8    | Corrections Steps 12-13  |
| Page 9    | Corrections Steps 13-14  |
| Index I   | Introduction to Neural Organization Technique  |
| Index II  | Introduction to the Survival Systems   |
| Index III | Introduction to Learning Disabilities  |
| Index IV  | Definitions and Terms  |
| Index V   | EnKA Journal Submission by Dr. Corwin, "Essential Tools for the Energy Kinesiology Practitioner" |

**Dr. Mitchell Corwin** is an Applied Kinesiologist trained as a Chiropractor. He has a clinical practice in Berkeley. Dr. Corwin also works at an integrative alternative health clinic in Walnut Creek California. Dr. Corwin was trained by Dr. Carl Ferreri in the early 1980's in Neural Organization technique, which he has expanded into what is now called Neural Organization Work (N.O.W.).

Permission granted to copy for personal/professional use.

# Neural Organization Technique

Neural Organization Technique is a holistic physical and energetic medicine modality, based in Applied Kinesiology, which deals with our basic survival systems of fight/flight, feeding/immune and reproduction. Our health depends on how well these systems are maintained and their ability to receive, process and respond to sensory information in a constantly changing environment of both internal and external stressors. Treatment utilizes a sensory receptor-based therapy involving primarily skin surface reflexes designed to normalize nervous system function.

In 1978 Dr. Carl Ferreri, a chiropractic physician from New York, further developed the basic concepts of Applied Kinesiology and combined them with energetic medicine into what he named Neural Organization Technique.

In 1999 Dr. Mitchell Corwin enhanced the work of Dr. Ferreri to include immuno-therapy techniques allowing the practitioner to address a wider variety of systemic illnesses and neurological conditions. The combination of these two techniques is called Neural Organization Work.

The Survival Systems of man (Fight/Flight, Feeding, Reproduction) are not unlike those of lower forms of animals and represent the primitive part of our central nervous system (CNS). Essentially the survival systems function on a subconscious level i.e. under the control of the autonomic nervous system. They allow us to survive in a hostile or potentially hostile environment by fleeing from or fighting our predators/enemies, by gathering and assimilating food and by procreation of the species.

Although humankind has for the most part evolved as a peaceful being, our CNS maintains most of its primitive autonomic components that when triggered, responds in a preprogrammed fashion. These responses need to complete their normal cycle of activation-response-reset or they will leave us in an aberrant neural compensatory state. This state is often the reason for many of our chronic neuro-musculo-skeletal complaints and the origin of future systemic and degenerative health issues.

The purpose of Neural Organization Work is to re-establish neural function by resetting neural pathways and undoing compensatory states. By returning neural function back to its original state, the concept of rehabilitation and or retraining is irrelevant. An optimally functioning nervous system raises our vitality and improves longevity.

Neural Organization Work incorporates both basic and advanced applied kinesiological and other eclectic kinesiological techniques. Following in the tradition of holistic/integrative medicine, the emphasis is on return to homeostasis by combining the knowledge of functional neurology and the innate wisdom of our nervous system and immune/tissue repair system.

The premise of Neural Organization Work is to evaluate how the input of sensory information is gathered then interpreted and monitor it's output. Re-establishing neurology at the sensory input level is fundamental to *NOW* and this re-establishment is what makes the work unique in the healing arts. Its ease of application allows any practitioner with an understanding of basic neurology and competency in the art of muscle testing to become a successful and respected health care provider.

# THE SURVIVAL SYSTEMS

The Survival Systems of man (Fight/Flight, Feeding, Reproduction) are not unlike those of lower forms of animals and represent the primitive part of our central nervous system (CNS). Essentially the survival systems function on a subconscious level i.e. under the control of the autonomic nervous system. They allow us to survive in a hostile or potentially hostile environment by fleeing from or fighting our predators/enemies, by gathering and assimilating food and by procreation of the species.

Although mankind has for the most part evolved as a peaceful being, our CNS maintains most of its primitive autonomic components that when triggered, responds in a preprogrammed fashion. These responses need to complete their normal cycle of activation-response-reset or they will leave us in an aberrant neural compensatory state. This state is often the reason for many of our chronic neuro-musculo-skeletal complaints and the origin of future systemic and degenerative health issues.

The purpose of Neural Organization Work is to re-establish neural function by resetting neural pathways and undoing compensatory states. By returning neural function back to its original state, the concept of rehabilitation and or retraining is irrelevant. An optimally functioning nervous system raises our vitality and improves longevity.

Neural Organization Work incorporates both basic and advanced applied kinesiological and other eclectic kinesiological techniques. Following in the tradition of holistic/integrative medicine, the emphasis is on return to homeostasis by combining the knowledge of functional neurology and the innate wisdom of our nervous system and immune/tissue repair system.

The first section involves the fight/flight system and represents the most complex of the survival systems. Even with the complexity of this system, the work should need to be done only once. The second section looks at the immune and digestive systems and the third section involves our hormonal/reproductive system.

The premise of Neural Organization Work is to evaluate how the input of sensory information is gathered then interpreted and monitor it's output. Re-establishing neurology at the sensory input level is fundamental to *NOW* and this re-establishment is what makes the work unique in the healing arts. Its ease of application allows any practitioner with an understanding of basic neurology and competency in the art of muscle testing to become a successful and respected health care provider.

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# KINESIOLOGICAL APPROACH TO LEARNING DISABILITIES

Recent breakthroughs in kinesiological-based medicine coupled with a greater understanding of brain function have made available new approaches to learning disabilities and related disorders. The primary focus of this work is to identify and remove the underlying neurological deficits in the central nervous system that impede normal language skill development.

A kinesiological-based approach utilizes muscle testing as functional neurological assessment tool to understanding normal and abnormal physiology. This assessment tool offers immediate feedback to the practitioner to assist in diagnosis and formulating the most effective therapy. In this approach, there are three primary areas of concern that are common to everyone with a learning disability, whether it be mild, moderate, or severe. The first involves unique cranial bone faults that require resetting and reestablishing its normal respiratory movement. Correction of the primary fault, the sphenoid bone, neutralizes the physical component affecting the eye muscles related to eye tracking and teaming and the normalization of brain pathways that follow the electromagnetic patterns within the cranial bones. The second component involves the vestibulo-ocular reflex system. This reflex system involves the inner ear, our balance mechanism. An imbalance in the vestibular mechanism (the eight cranial nerve) has a direct influence on balance, walking-running gait, and the potential of scoliosis developing during puberty. The third factor involves the primary deficits of auditory processing and reading.

A typical first visit will involve a neurological assessment utilizing muscle testing to determine the extent of the vestibular balance fault, level of emotional involvement, and whether or not ADD factors are present. The therapy involves a sequential re-patterning of the gait reflexes, digestive, endocrine and immune systems. These reflexes make up our basic survival systems of fight/flight, feeding and reproduction. By the completion of the first visit, upper brain function, language processing is addressed. If emotional overlays are present, as they often are, additional visits may be required to diffuse the emotional anchor and its impact in sabotaging specific academic skills. Nutritional factors should also not be overlooked as many children suffer from methylation (detoxification) deficits, which often can play a significant role.

Key contributors to this kinesiology-based therapy 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 (chiropractors, naturopaths, osteopaths, and kinesiology trained body workers) 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. His foundation contribution called "Muscle Testing" provided an immediate biofeedback response to the practitioner that 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 core emotions). This insight has led to a greater understanding of attention deficits and right-left brain integration.

Combining these strategies in my clinical practice, I have been able to obtain successful results in treating children and adults with learning disabilities and related disorders. Often I see a dramatic improvement in concentration, reading speed and improved ability to initiate tasks with follow through to completion. It has been gratifying to assist many patients in the learning challenged community often in as few as 4-6 one-hour therapy sessions.

Dr. Mitchell Corwin is an integrative healthcare practitioner since 1982, practicing under the license of Chiropractic. He maintains a private practice in Berkeley and participates in a collaborative health center in Lafayette California. He can be reached at 510-845-3246 or by email if you have additional questions at [dracorwin@prado.com](mailto:dracorwin@prado.com) and [www.lastchancegarage.org](http://www.lastchancegarage.org).

# DEFINITIONS AND TERMS

- N.O.T.** Neural Organization Technique: Developed in the late 1970's  
Dr. Carl Ferreri, D.C. Ph.C. in New York  
Neural Organization Technique is a systematic protocol based primarily in applied kinesiology that organizes the nervous system through the primal survival reflex systems of fight/flight feeding and reproduction.
- N.O.W.** Neural Organization Work: Is a compilation of Dr. Ferreri's original work augmented by Dr. Mitchell Corwin.  
Neural Organization Work incorporates all the basic concepts of N.O.T. with emphasis in immuno-therapy, systemic illness, and vitality.
- A.K.** Applied Kinesiology: A.K. is a functional neurological assessment and therapeutic technique developed by Dr. George Goodheart in the early 1960's and later evolved into the International college of Applied Kinesiology (I.C.A.K.).
- Muscle Testing** Is a methodology within A.K. utilizing an isolated muscle challenge to access neurological memory. It functions as a neurological assessment tool allowing a practitioner access to all biological processes.
- NL** Neurolymphatic reflexes are skin surface reflexes that facilitate lymphatic drainage of both muscle and corresponding organ(s).
- NV** Neurovascular reflexes are skin surface reflexes that facilitate vascular drainage of both muscle and corresponding organ(s).
- TL** Therapy Localization is unique phenomena to A.K., which allows a practitioner scan reflexes for energetic imbalances.
- IM** Indicator muscle is often used to facilitate a specific procedure or scan.
- Gait** The walking or running posture and its associated muscular activity.
- TNRR** Tonic Neck righting reflexes.
- Cloacals** Cloacal reflexes are the centering reflexes of the pelvis.
- Ocular** Ocular reflexes are the head righting reflexes responsible for orientating to the horizon.
- Labyrinthine** Labyrinthine reflexes are the head righting reflexes responsible for orientating to gravity.
- TS Line** Temporal-Sphenoidal Line are skin surface scanning reflexes on the cranium.
- Chiropractic** An alternative health care profession that has as its core philosophy the facilitation of the bodies own resources to restore health. It incorporates an eclectic methodology.

# Outline and Discussion

**Outline:** Hands-on one day workshop utilizing standard muscle testing to categorize 5 levels of emotional stress and their correction. Learn how to quickly recognize and interpret these five emotional levels and how to swiftly neutralize it. This following technique can be complimented with other emotional clearing methodologies.

**Discussion:** The techniques described in this abridged workshop manual have been extrapolated from the work of Neural Organization Technique (N.O.T. ) as originally developed by Dr. Carl Ferreri in 1980 and enhancements by Dr. Mitchell Corwin.

Emotional overlays, when present, can and will sabotage the practitioners' ability to deliver a successful therapeutic session. Kinesiology based practitioners have learned and understand the concept of switching and locked muscles. One of the purposes of this workshop is to explore the causative factors behind these phenomena.

We all have our favorite “quick” fixes to diffuse emotional stress, locked muscles and switching. Now let's learn how to identify and correct the cause behind these emotional stress related conditions as well as minimize the recidivism rate.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Screening

**Initial Quick Screening:** There should exist one or more of the following findings that can be monitored via muscle checking (using the standard touch for health muscle testing methods).

- Emotional Stress Reflex (ESR) reflexes active.
- Cross K-27 switching phenomena
- Locked muscle, i.e. anterior deltoid ...failure to unlock with spindle cell →← activity.

\* Note: always rule out dehydration first and or overwhelming liver toxicity.

**Discussion:** Depressive emotional stress, when seen in its chronic state, will demonstrate a unique, readily identifiable cranial fault pattern (right sphenoid tilt). Many of its cohorts ranging from anxiety, dramatic mood swings to mania fall into this category. Transient emotional stress can be distinguished, as it does not show the unique cranial fault pattern (right sphenoid tilt) described below.

Common additional findings include: right "emotional" jaw, active ESR (stomach neuro-vascular) point and ESR points that 2-point (neutralize the ESR finding) to internal organs ...most commonly the heart and stomach.

**Note:** Appropriate antidepressant medication such as will effectively neutralize the above-described cranial sphenoid tilt finding.

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Emotional Overlays

**Initial Observations:** There should exist one or more of the following findings that can be monitored via muscle checking (using the standard touch for health muscle testing methods).

1. **ESR Points Active:** Therapy localize (*TL*) in the standard fashion. Generally a non-reoccurring minor emotional stress.
2. **Right Masseter (jaw) Muscle:** Therapy Localize (*TL*) right Masseter. Note opposite left gluteus medius will be defacilitated in the clear. Generally, represents a temporary moderate emotional stress overload *state*.

**Compensated depression state will include Levels 1-4**  
**Dysfunctional depression state will include Levels 1-5**

1. **ESR Points Active:** Therapy localize (*TL*) in the standard fashion.
2. **Right Masseter (jaw) Muscle:** Therapy Localize (*TL*) right Masseter. Note opposite left gluteus medius will be defacilitated in the clear.
3. **ESR Points Reactive to:** Positive therapy localization of **ESR** neutralized by therapy localization (two-point) to either;... most commonly **Heart or Stomach**. Stomach involvement generally is representative of an low grade anxiety state.
4. Identify the presence of a **Right Sphenoid Bone Tilt**. Generally representative of a reoccurring/chronic emotional stress overload state with a duration greater than 3 weeks.
5. Identify the presence of a **Collapsed Crown Chakra**. Generally relates to over/under state of a GV and CV meridian imbalance highly suggestive of an uncompensated emotional stress overwhelm /**depressive state!**

Comments:

# Evaluation

Updated 4-2009

**Evaluation:** The unique cranial fault pattern recognizable in depressive states is the right sphenoid tilt. This is the mirror image distortion as seen in learning disabilities. Right jaw activation must be seen as well as the (*ESR*) Stomach *Neuro-Vascular* points.

Using your standard straight-arm muscle testing, identify:

**\* May need to Rub K-27** (*generic switching*)  
to temporarily organize the body enough to proceed with your evaluation.

- **ESR Points Active:** Therapy localize in the standard fashion.
- **Right Masseter (emotional-jaw) Muscle:** Positive Therapy Localize (*TL*) directly to the masseter. Note that the reactive muscle to the masseter is the opposite left gluteus medius that will test weak in the clear.  
Note: If left gluteus is not testing weak in the clear, check right gluteus. If right gluteus is weak then person is switched and one should rub K-27 to minimize confusion in your evaluation process.
- **ESR Points ...weakness neutralized by therapy localization** (two-point) to an internal organ ... most commonly **Heart or Stomach**. Other organ patterns will occasional show up and often one can correlate digestive complaints to this finding.
- **Right Sphenoid Bone Tilt:** Identify the presence of a cranial fault pattern called a Right Sphenoid Bone Tilt. This finding is the gold standard relative to a depressive emotional state. It is what robs the body and mind of vitality and the most Identify common cause of generalized fatigue.
- **Collapsed Crown Chakra** The finding of a Collapsed Crown Chakra is not well understood and open to further interpretation. When found the individual will commonly acknowledge feeling "*depressed or out of it.*" Without this finding, most will have no idea they are in a depressed state as this is their usual and customary state of being (compensated emotionally stressed ~65% of the population!).

# Correction

**Correction:** Positive therapy localization (TL) of the right emotional jaw must be present along with the reactive weakness of its reactive muscle, left (*opposite*) gluteus medius. If there is difficulty in ascertaining this finding, rub K-27 bilaterally for at least 15 seconds.

**1. Release Emotional Right Jaw ...*(repeat procedure twice):***

- Spindle down → ←the right masseter muscle
- Spindle down → ←the right temporalis muscle.
- Release the left lateral pterygoid muscle (can be released externally).
- Spindle down → ←the left masseter muscle.
- Spindle down → ←the left temporalis muscle.
- Release the right lateral pterygoid muscle (can be released externally).

**2. Release Depressed Right Sphenoid Wing:**

- **Lift right sphenoid tilt** (lift lesser wing/ lower edge of sphenoid cranial bone) by lifting the right lesser wing towards top of head (inside mouth) and with the operator's other hand over the left greater wing (upper edge), use a scissors type of movement. Include exaggerated breathing to assist in this cranial correction.
- **Lift frontal bone** on right side with exaggerated breathing.

3. **Spheno-basilar pump**, by placing one hand below occiput and other hand on forehead and gently pull towards top of head with ~20 respirations. Release lateral pterygoids internally or by single digit rubbing pressure in TM joint (Small Intestine-19) while jaw is slightly open.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Lift parietals** (lateral superior aspect of temporal bone) then follow with correction to the left anterior and posterior homolateral gait by:
  - **Rub** left ocular reflex located in notch of eyebrow and left pelvic cloacal reflex located on the left superior aspect of the pubic bone with **eyes open and closed for 6 seconds with exaggerated breathing**. Repeat the same on the posterior side i.e. left pelvic cloacal reflex located on the sit bone and the left labyrinthine reflex located near the mastoid between the occiput and temporal bone suture with eyes open and closed and exaggerated breathing.
  - **Rub K-27** for 6 seconds.
  - **Spread maxillary arch** in mouth internally or externally by compressing cheek bones with a quick release several times with respiration.
  - **Parietal lift**. With fingertips, left parietals (*minimize pulling hair*) with several respirations.
5. **Temporal bone fault**. Release temporal bones bilaterally by a light pull on the ears, down and out with 6-8 respirations
6. **Correct left labyrinthine- and both ocular** reflexes by rubbing with eyes open and closed with 6 respirations in each eye mode (open & closed).
7. **Tonic neck righting reflex (TNNR)** Rub posterior neck fascia/muscles over the first 3 cervical vertebrae with eyes open and closed with several respirations.
8. Right & left **sphenomaxillary-vestibular** reflexes. This reflex is commonly performed with an intra-oral contact, however one can improvise by having client touch the roof of the mouth off to one side then the other with their tongue while moving eyes right-left-up-down with a gentle pull of the ears with respiration. Both right & left sides of mouth and right & left ears are stimulated.
9. Stimulate **SP-21 and K-27** simultaneously by tapping both reflex points for 20 seconds while client looks up the left and then up to the right. (temporarily reset Immune system)
10. **Endocrine System** should be stabilized before proceeding. See: Basic Workshop Manual Section III page 2. Note ...Left PMS weakness is the indicator.

11. Neutralize **Emotion Survival Network (ESN)** compromised of 4-6 mid brain areas and their corresponding organs.
  - Place client's left hand on left **SP-21**.
  1. Place client's right hand under head (occiput) to therapy localize the **Reticular Activation System (RAS)** area of the brain stem. The RAS is a network of neurons that is responsible for maintaining an awake and awareness state. Next activate right & Left brain circuit by:
    - elevating one leg then tap the coronal suture on the top of the head, then elevate the other leg. Next have the person move their eyes up to the left & right (hold this gaze for 6-seconds each time or assist by gently stretching eye muscles in the directions of up to the left & right for 1-2 seconds).
  2. **Amigdyla:** Correction same as described above. Part of brain that represents our core emotions. Maintain same contact (Therapy Localize the occiput).
  3. **Cingulate Gyrus:** (Periventricular Gray Area) Correction same as described above. Part of brain that represents our core reptilian brain functions within the mid-brain nuclei. Same contact area
  4. **Prefrontal Cortex** (may or may not be present but very common [Sm.I.]). Prefrontal cortex is our social appropriate behavior brain Therapy Localize by placing of clients hand over the entire forehead. Proceed with same correction.
  5. **Corpus Callosum** (may or may not be present but very common). Corpus Callosum integrates right & left hemispheres. Therapy Localize by placing of clients hand fingertips on midline of cranium. Proceed with same correction. (commonly relates to Large Intestine)
  6. **Hippocampus:** Correction same as described above. Part of brain that represents our present time consciousness. (commonly relates to Stomach)

**Note:** Above listed steps 1-6 represents a shortened version

12. **Neutralize Emotional Organ anchor:** This section involves the organ relationship to the brain areas treated above. common scenarios are:
  - stomach-pancreas-gallbladder-small intestine-large\_intestine-kidney.
  - stomach-pancreas- gallbladder -small intestine-large\_intestine.
  - stomach-pancreas-small intestine-large intestine

## 12. Continued:

Follow up sessions will follow a different pattern; (one must therapy localize to find the correct pattern).

Remember there is a one to one relationship of brain area to organ. Common scenarios are:

- **heart-gallbladder ...-stomach** (cardiac back!)
- **gallbladder-liver ....-stomach**

Once the correct set of organs is identified, correction is the similar as in step 11 above i.e.

- Place client's left hand on left SP-21 (then therapy localize each organ in the appropriate order). Neutralize each organ reactivity right & left leg raise with eye reset as performed above.

**13. Release Emotional Anchor:** Being derived from neuro-linguistic patterning (*NLP*), an eye-vectoring methodology is utilized. To implement this step, overlay the face of a clock on the client's face such that the forehead is 12:00 and the chin is 6:00. Thus the client's left cheekbone represents 3:00 and right cheekbone 9:00. The correction will be exaggerating the client's gaze in these directions at each vector of the clock. Use light pressure with your thumb or forefinger stretching the eye muscles for 1-2 seconds. If you wish not to manually assist the eyes thru each vector, then the gaze must be held for 3 seconds at each vector.

### Reset Emotion Anchor using 3 levels:

- **Conscious:** Eyes open during this sequence and reset the eye muscles starting from 9:00 and ending at the vector of 10:30 (just past noon).
- **Subconscious:** Eyes closed during this sequence and reset the eye muscles starting from 9:00 and ending at the vector of 10:30 (just past noon).
- **Learned Response:** Eyes open during this sequence and reset the eye muscles starting from 3:00 (opposite direction) and ending at the vector 1:30 (just past noon).

**Note: Subsequent sessions commonly will start at a different vector (6:00...chronic or 3:00...acute or 12:00...present time).**

**Note: One may implement a short version correction or a long version correction.**

- **Short version** is as described above going around the face of the clock only once on the Conscious level then the subconscious and ending with the learned response.
- **Long version** involves the same procedure however with each sequence of eye muscle reset around the face, one will then restart one vector less. Thus the sequence will be from 9:00 then begin again at 7:30 then 6:00 then 4:30 then 3:00 then 1:30 then 12:00 and ending one vector past noon.

**14. Reset:** The last step is a final reset to close the protocol. With the client holding left SP-21, contact hypothalamus reflex with other hand (directly above the bridge of the nose). Next elevate one leg, then tap the coronal suture on the top of the head, then elevate the other leg. Next, have the person move their eyes up to the right, then to the left, and back to the right.

**Comments :** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# ESSENTIAL EVALUATION TOOLS FOR THE KINESIOLOGY PRACTITIONER

Mitchell Corwin, D.C.

**Abstract:** Kinesiology muscle checking protocols will be demonstrated and work shopped on how to identify “overwhelming” physiological stress and to differentiate between central nervous system and physical body involvement. Additional evaluation tools will be demonstrated to differentiate 5 levels of emotional involvement, new ways to quickly identify digestive problems and test for heavy metal (mercury toxicity). Two 5-minute videos will be played showing how mercury vapours from leaking amalgam fillings cause brain neuron degeneration.

To be an effective and successful professional energy kinesiology practitioner, one must be able to combine both innovative and traditional methods. The healing arts community is maturing and growing at exponential rates in a desperate attempt to keep pace with the ever-growing list of maladies that besiege mankind.

As a professional kinesiology practitioner, one is often called upon to not only provide these health care services but to succeed where others have failed. To meet this challenge one must have in their “kinesiologist toolbox” a repertoire of methodologies that is both effective and cost efficient. To accomplish this I propose some additions to our “toolbox”.

## **How to quickly screen the body.**

One of the most useful and efficient screening methods is evaluating the neurological integrity of the right and left jaw. From the work of Dr. Carl Ferreri’s Neural Organization Technique (N.O.T.), one can demonstrate that a simple therapy localization of the masseter muscle of the jaw will elicit a weakness in any indicator muscle if there is “overwhelming” emotional or physiological stress.

## **Method:**

1. Therapy localize the left jaw (placing practitioner or clients hand over the masseter muscle). If an immediate weakness is elicited with any strong indicator muscle, it is highly suggestive of overwhelming physiological “organ” stress or overwhelming physical pain.
2. Therapy localize the right jaw (placing hand over the masseter muscle). If an immediate weakness is elicited with any strong indicator muscle, it is highly suggestive of overwhelming “emotional” stress.
3. Therapy localize the parietal/temporal suture utilizing a two-handed imbrication test. If an immediate weakness is elicited with any strong indicator muscle, it is highly suggestive of overwhelming stress in the central nervous system.

## **Heavy Metal Toxicity Screening:**

Heavy metal toxicity (HMT) or primarily mercury (Hg) toxicity from leaking amalgam filling(s) is in this author’s opinion, the most common and debilitating condition prevalent in middle-aged adults. If present, it will always play a factor in one’s health and often the number one reason why a client fails to respond to other therapies.

**Method:**

1. Utilizing one or both hands test the thumb and 5<sup>th</sup> digit (pinkey) in an opponens type test for strength. Repeat this test in both prone and supine positions. If there is no weakness, proceed (any marked weakness suggests a wrist/elbow problem and voids the test). Next open and close the hand moving all fingers especially the thumb for at least 15 seconds. Next re-do the opponens test. If one has HMT there will be a marked weakness in the opponens test that 100% disappears after resting the hands without any movement for 15 seconds.

A classic example is a re-occurring left and slightly less frequently right non-responsive shoulder problem. Although a client may have received the usual and customary chiropractic, physical therapy or orthopaedic care, a chronic painful shoulder condition persists for months and often years. What's wrong? The traditional therapy is not working. An innovative *kinesiology* approach is necessary.

**Rule #1 if a musculo-skeletal problem fails to heal up in the usual time (8-weeks for fractures and 6-weeks for soft tissue injuries) think systemic.**

**Rule #2 if an organ is severely stressed (utilizing a scale of mild-moderate-severe) then its corresponding muscle(s) will test weak in the clear.**

**Rule #3 if the heart or central nervous system is stressed at a moderate or severe stress level, there will be a reactionary response from the gall bladder. Remember the meandering pathway of the GB meridian?**

With heavy metal toxicity what organs are stressed? How will the body respond via

muscle testing?

- CNS stress will result in bilateral Supraspinatus weakness.
- Liver stress will result in PMS & Rhomboid weakness.
- Gall bladder stress (see rule #3) will result in bilateral anterior deltoid weakness.
- Heart stress will often be present (due to the high concentration of nerve tissue in the organ) resulting in vague but persistent shoulder arm pain and bilateral weakness of the subscapularis muscle.

Four major shoulder muscles in a weakened state, (two of which make up the rotator cuff muscles), plus hyperirritability of the peripheral and central nervous system, can any (original) shoulder injury heal in this environment?

**Rule #4 the quadriceps muscle is an excellent muscle to evaluate the integrity of the digestive system. The key is to test the muscle while chewing or with the eyes closed.**

The quadriceps and the tensor-fascia-lata muscles are excellent muscles to evaluate the digestive system. Not just because of the organ muscle involvement as discovered by Dr. George Goodheart, father of Applied Kinesiology (A.K.), but because their organ relationship is governed by the enteric nervous system (ENS). Dr. Ferreri in his early work realized this important relationship and routinely utilized eyes closed and or chewing in treating the digestive system.

Although rule #2 certainly applies, when an organ is stressed the corresponding muscle will mimic the stress pattern, but what is not well understood is the role of the enteric nervous system. When testing the quadriceps muscle by itself one is evaluating the integrity of the muscle and any joint it crosses. Closing the eyes (or chewing) i.e. activating the enteric nervous system tests

the organ relationship.

The quadriceps muscle check should be done in both eyes open and closed modes which in turn will offer the practitioner valuable information about the general status of the digestive system and be able to differentiate it from a simple quadriceps muscle sprain/ knee strain. One can certainly see the usefulness of this test to quickly screen for common digestive problems such as parasites, candida, colon toxicities etc. I believe this modified quadriceps muscle test is reliable it is my hope that it will become common knowledge and make its way in the Touch for Health teaching format.

#### **Screening for emotional overload.**

The following method of evaluating emotional stress is a simple and informative process that I commonly employ in my practice.

#### **Method:**

1. Using any indicator muscle (IM), commonly the anterior deltoid, check to see if the ESR reflex (stomach neuro-vascular points) is active. If a weak muscle response is elicited then proceed to next step.
2. Check the right jaw as previously described. If a weak muscle response is elicited then proceed to next step.
3. Check if the sphenoid is tilted inferiorly on the right due to the prolonged facilitation of the right masseter and its related reactive muscles. Therapy localize the lateral ridges bilaterally for this distortion. If a weak muscle response is elicited then proceed to next step.
4. Check the heart by therapy localizing directly over it. You can also verify this weakness by checking the gall bladder via the anterior deltoid muscle bilaterally as per rule # 3.
5. Check to determine if the crown chakra is distorted.

As with the chronicity of the emotional stress so will the weaknesses in steps 1-5 be apparent. Findings at level 3 are consistent with depression, mania and anxiety disorders. It should be noted that if one is taking the appropriate anti-depressant medication at an appropriate dosage, step #3 should be clear. You will be surprised at the frequency of this finding.

---

#### **References:**

Ferreri, Carl, *Breakthrough for dyslexia and Learning Disabilities and privately published teaching manual*, Brooklyn, NY, 1982-2002.

Walther, David, *Applied Kinesiology texts*, privately published, Pueblo, Colorado.

Thie, John & Matthew, *Touch for Health Manuals*, Malibu, CA

Corwin, Mitchell, *Neural Organization Work Teaching Manuals*, privately published, Berkeley CA

---

**Dr. Mitchell Corwin** is an Applied Kinesiologist and licensed chiropractor. He has maintained a clinical kinesiology practice in northern California since 1979. Dr. Corwin's practice focuses on chronic neurological and systemic disorders; utilizing an eclectic combination of traditional, as well energetic kinesiology methods that he calls Neural Organization Work. Dr. Corwin is a certified instructor of Neural Organization Technique.

**Dr. Mitchell Corwin**  
**2914 Domingo Ave**  
**Berkeley California 94705-2454**

**Phone: (510) 845-3246**

**Email: drcorwin@prado.com**  
**www.kinesiologydoc.com**

---