

THE BOWEN TECHNIQUE

– significant help for cerebral palsy

Janie Godfrey with Howard Plummer and Helen Watson of the Cardiff Bowen Clinic

Introduction

The Bowen Technique is a gentle, hands-on complementary therapy that has only been taught in the UK since 1993 and it's origins in Australia with the work of Tom Bowen, the man who pioneered it, only take it back to the 1950's. But despite being such a new therapy, The Bowen Technique is proving itself to be a valuable and effective therapeutic tool in a wide variety of conditions and this fact is increasingly backed up by solid research outcomes.

Some striking and well-documented evidence of Bowen's effect on cerebral palsy and autistic disabilities is coming from some dedicated Bowen Technique therapists in a clinic in Cardiff where they have been recording their results since 1999. Howard Plummer and Helen Watson have now treated hundreds of children and adults with Bowen and have built up an impressive file of case histories as well as an increasing knowledge of what Bowen can do to help the many problems that these conditions inflict.

Background

It would seem that the Bowen treatment is stimulating and accelerating an ability that the brain has to rewire itself to compensate for damaged areas. While no studies have been undertaken specifically on the effects of Bowen Technique treatment on the damaged brain, there are two papers that point to why Bowen seems to be so helpful in these cases. The first, by Nelson and Ellenberg (1982) noted: *"A diagnosis of cerebral palsy was made for 229 one-year-old children enrolled in a large longitudinal study. Of these children, 118 were free of motor handicap at the age of 7 years. Mild early cerebral palsy, and the monoparetic, ataxic/dyskinetic, and diplegic forms of the disorder, resolved with high frequency."*

Another study (Eyre 2004) which reported on a two-year research programme asked, "Can the brain be 're-wired' to help children overcome disability?" Funded by the charity Action Medical Research, its findings show, remarkably, that where brain damage has occurred either before birth or at birth, the infant brain has a natural capacity to transfer vital functions away from the damaged area. The researchers were convinced that it is critical to act as early as possible, before the brain's plasticity diminishes. However, they concluded that the need now is to discover how this 're-wiring' process can be actively encouraged in order to give brain damaged or cerebral palsy children the chance to recover lost movement control as soon

as possible." Based on the experience of the Cardiff clinic, The Bowen Technique would appear to be a prime candidate for this further investigation.

Researchers believe the development that occurs from in utero to early childhood is a most critical development period in humans and this is when the brain can reorganise itself to overcome damage and compensate for injured parts. Some early signs of cerebral palsy can include indications such as:

1 – 3 months:

child does not kick (stiff / floppy)
asymmetrically active (poor feeding / sucking)
does not smile

3 – 6 months:

unable to hold up head
head thrown back
legs cross like scissors
curls into foetal position
no rolling over

It may be that a baby at six months is looking fairly normal but isn't sitting up or grasping things, for instance. If these babies can be identified with developmental and motor control delays, it is important to take early action – including Bowen treatment – not only to improve individuals physically but also for their social development. In this regard, it is especially important that nurses, midwives and visiting nurses are alert to this and are primed to get the babies to a local Bowen therapist.

Types of cerebral palsy

There are four main types of cerebral palsy depending on what part of the brain has been damaged:

- spastic CP, which involves damage in the cortex and results in limb stiffness
- athetoid CP, which involves damage in the basal ganglia and results in floppiness
- ataxic CP, which involves damage in the cerebellum, resulting in problems with coordination of movement
- mixed CP which doesn't fit exactly with any of the above but the child may show problems in more than one area. Other common problems include developing speech, perception in seeing and hearing, mild or severe seizures, developmental difficulties in understanding or thinking, or learning disorders such as dyslexia or dyscalculia.

Anatomical basis for understanding Bowen's effect

The skin is innately structured to sense the environment and is built to take the information in deeply, to where it needs to be so that the individual can respond appropriately. When connections at one or more points in the system have been damaged The Bowen Technique moves specifically developed by Howard Plummer and Helen Watson to help CP children focus on very light, superficial fingertip moves along the dermatomes. These are areas of skin supplied by nerve fibres from a single posterior spinal root. Spinal nerves play a big role in the differentiation and motor innervation of the limb musculature, which is progressively sleeved by fascia down to fine muscle fibre size. These nerves also provide sensory innervation for the dermatomes. There is a segmentation effect here which perhaps thereby has an innate power to concentrate bioenergies raised by bodywork via superficial fascia in dermatomes. The sensory and response (motor) functions appear to be structurally closely linked, both being linked to the individual's power to make the best of their environment. The myotome (musculature) of any dermatome segment (somite) develops from the dermatome of that segment at an early stage in body development. Each dermatome thus provides specific muscles, though at later stages they may merge with muscles developed in other dermatomic segments.

Fascia surrounding a muscle group separates that group from adjacent muscle groups. Between the fascia sheet there is a lubricating fluid which allows freedom of movement of adjacent muscle groups. The fascia septa form superficial outer septa down to the heart of the muscle. Bodywork may enhance this lubrication.

Each segment (somite) is formed by the end of the 5th week of embryo development and forms its own sclerotome which becomes bone and cartilage surrounding the neural development. From the sclerotome, the dermatome forms, which is filmed on the outside by the epidermis. From the dermatome, the myotome or musculature forms, particular to that dermatome only; perhaps a further reason why concentration of bioenergies in dermatomic areas is innate and can be enhanced by superficial bodywork. Note that though the original dermatomic pattern changes with full body development especially in the limb extremities, it can still be recognised in the adult.

A consequence of dermatomic development from somite (early segmentation of the body) is its power of limiting / concentrating process. This is the way shingles (herpes zoster), which lodges in a spinal or cranial root, manifests when reactivated as blisters in a specific belt on the body or head. A number of Bowen Technique practitioners have reported good results in diminishing or completely resolving an attack of shingles with Bowen treatment.

Mesenchyme tissue from the mesoderm 3rd germinal layer is very versatile and forms may collageneous

and elastic fibres typical of the connective tissue system. The dermis (also from the mesoderm and the mesenchyme) is the deeper layer of skin under the epidermis. The epidermis forms from the ectodermal 1st germinal layer which also forms the neurological system. The superficial layer of this dermis forms irregular structures, papillae, which project upwards into the epidermis. They contain a small capillary or a sensory nerve. This demonstrates the huge support given by the connective tissue to the sensory input mechanism of the individual. It probably explains why movement of the epidermis (fascia bodywork moves) may be so potent in making the individual aware at his deepest physical and psychic (mind, emotional) levels. Also why, in response to fascia moves, colouration and movement of many kinds are seen on the skin. These are informative to the therapist.

Case histories

Over the past 4 – 5 years scores of children have been treated at the Cardiff Bowen Technique Clinic and the list of benefits noted by the therapists and parents consistently includes responses such as:

- Improved balance and coordination in clumsy children
- Spine straightening, often dramatic
- Improved motor control, e.g. holding up head more; starting to roll over; grasping things
- Constipation resolving and nutritional body development
- Vocalisation and verbalisation
- Limb aches and pains reduced
- Concentration/attention improves at school and at home
- Greater comprehension
- Behavioural improvements – timidity and aversions to school/shops, etc., lessened
- Can make friends more easily
- Less frustrated, calmer, quieter - a happier child
- Sleep patterns improved
- Chewing/sucking stronger
- Aversity to lying on back or front quickly reversed

It is essential to point out that cerebral palsy covers such a varied range and therefore there will be different results for different types of cerebral palsy. In certain types of CP, developmental delay holds everything up. The case histories, below, show this because they had similar developmental delays and they have been helped by Bowen treatment.

Case History: Baby B.

B. is 15 months old at the time of writing this. He suffered oxygen deprivation at birth and was diagnosed at 9 months with cerebral palsy. He has had 10 sessions of Bowen so far. The first couple of treatments were weekly, then he progressed to the fortnightly clinic in Cardiff.

B.'s body was very stiff. He locked his legs whenever he tried to do anything with his head, arms or torso. His body was almost always tensed up and his hands were clenched into fists most of the time. He would

strongly object whenever his parents tried to turn him onto his front or encourage him to try any unfamiliar movements.

His parents took B. for his first Bowen session when he was just under a year old. He relaxed almost immediately and tolerated being on his front for much longer than he had before. He even managed to last for almost a whole hour on his front during only his third session – before Bowen he would last a maximum of 30 seconds before crying. On the way home in the car after the first session, he opened his arms wide and grasped the handle of his maxi-cosy with each hand. This was the first time he had ever done this.

The improvements in B. that his parents have seen since he began attending the Cardiff Bowen clinic include:

- better control of his arms and legs
- the opening up of his hands and improved dexterity
- a reduction in his overall stiffness
- reduction in the 'locking' of his body
- improved tolerance of different positions and movements
- improvements in his chewing and eating
- better head control
- he no longer coughs during and after food or drink

His parents can attribute the above improvements to Bowen because each occurred after the relevant session, i.e., if an area was concentrated on during a session, then that area would noticeably improve either immediately or in the following days. Overall, Bowen has helped B.'s body to relax and his movements to become more fluid. He has better control over his body and his balance has improved significantly. On the rare occasions that B. becomes distressed, he no longer tenses up in the way that he used to. He really seems to relax and enjoy each Bowen session. His parents are delighted with the way B. has responded to Bowen and would strongly recommend Bowen to others. He will continue to attend the clinic for as long as it remains beneficial to him.

Case History: Baby J.

Following oxygen deprivation at birth in January 2003, baby J. was diagnosed with severe cerebral palsy. The prognosis was bleak. He would never walk, talk or feed himself. His visual systems had been damaged to the extent that he would have no useful sight.

After months of conventional physiotherapy, J.'s high tone had all but disappeared, but it had yielded few other results. It was at this point (in May 2004) that his parents heard about the Bowen clinic in Cardiff from another couple whose son also had cerebral palsy and they were delighted with his progress and passed on the contact details with glowing recommendations. Initially, J.'s parents dared not hope for any improvement in his abilities but nonetheless leapt at the chance of attending one clinic. After 2 sessions, the changes to J. were obvious. His digestion had improved and he had started drinking

cow's milk for the first time. He gained weight at a faster pace and he ate a wider variety of food. After 3 sessions his speech therapist commented on the rapid development of his chewing action and increased maturity in his tongue action.

Previously, J. would sometimes grip an object if placed in his hand. After 2 sessions he was holding a spoon for the duration of a meal, bringing his hand to mouth to feed himself if he was given a biscuit or a crisp. After 3 sessions he actively sought objects with his hands.

J.'s physiotherapist, who has been involved almost since birth, noted a dramatic change in his sitting posture, increased weight bearing on his feet and attempts at stepping. Both the physiotherapist and a home advisory worker commented on the increased activity in J.'s arms and hands and improvement in bringing his hand to midline and to his mouth.

Previously J. would not tolerate his pushchair or car seat for a period of 30 minutes and would not go to sleep without being cuddled until he was asleep. He slept fitfully and needed to be repositioned through the night.

After 2 sessions, J. tolerated his car seat and pushchair for a few hours or simply fell asleep whilst in them. J. could be placed in his cot and left to fall asleep by himself. He slept soundly and following the 3rd session, his parents have yet to be awakened even once to reposition him, as he is now able to do it for himself.

J. has been making clumsy efforts to crawl but his technique is noticeably improved since his sessions at the Bowen clinic and he is propelling himself short distances. While J. has always been quite active and a happy child, his activity levels have soared and he is always on the verge of laughter. His enjoyment of life is only too obvious. He is more responsive to people, his toys and environment and has developed a greater ability to vocalize and communicate his pleasure, displeasure and a wide range of emotions.

The biggest improvement however has, undoubtedly, been to his eyesight. Despite one prediction that J. would never have any useful vision, J.'s visual impairment worker has been able to use baby eye tests to demonstrate that J. already has useful sight which, although it is immature for his age, has been able to develop further.

Family life with J. is much easier and enjoyable, not only for him, but also for his parents. Howard Plummer and his assistants have helped him so much in just 3 sessions, and they have seen results not expected in J.'s lifetime. His mother says, "My only regret is that I was not aware of The Bowen Technique and the clinic earlier. The technique may not bring such rapid, obvious results for every child but every child should have the opportunity of attending such a clinic. I cannot articulate enough superlatives to describe the difference made to J. and us, his family."

Conclusion

In addition to treating children with cerebral palsy, the Cardiff Clinic has also had similar results with autistic children and those diagnosed with ADHD and Asperger's Syndrome. These children respond to Bowen with better concentration, loss of some

obsessive or repetitive behaviours, sleep patterns are greatly improved, rage episodes lessened, abusive behaviour on self or property is much reduced, they have more eye contact and in general are quieter, happier children.

It is important to emphasise that children with cerebral palsy or conditions in the autistic spectrum can be treated with great benefit with Bowen even if they are older, that is, upwards of 7 years old or more – even into teens or adulthood. However, the earlier the treatment can be given the better, as this takes advantage of the maximum plasticity of the brain and means that developmental delays are not holding everything up. In addition, of course, it reclaims as much as possible of those early years that might be spent in pain and frustration by the child and the family. **Z**

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