

THE BOWEN TECHNIQUE

– *gentle and effective antidote to pain*

by Janie Godfrey

In an article about The Bowen Technique which appeared recently in Therapy Weekly, Bowen practitioner Paula Esson noted: "More and more physiotherapists and doctors are incorporating the technique into their working lives as an excellent additional or primary tool for addressing dysfunction. The collaboration between Bowen and conventional, orthodox medicine is indicative of a subtle shift away from a drug-dependent medical culture to one that recognises the benefits of treating the whole person."¹ Paula has a very busy Bowen practice at Claypath Medical Centre in Durham, which acknowledges Bowen's important role in a busy practice. The Durham clinic will see between 40 and 50 people a week, mostly by word of mouth and referral. Individuals who have visited it specifically for Bowen have provided case studies such as this one from 32 year old David Jacobs who was experiencing significant pain from an Achilles tendon inflammation.

*"I recently changed my running shoes and began to notice an uncomfortable strain down my left Achilles. On finishing each run the area would burn and be painful for some hours later. This developed until running became impossible without pain. Direct work with massage and other hands-on approaches to the area created little relief. On seeing a Bowen practitioner a suggestion was made that the problem could be coming from the sacroiliac joint in the lower back. Three sessions working in this area gave permanent relief. I now see the practitioner only if I am preparing for a big race."*²

Lymphoedema nurse and Bowen practitioner, Eilish Lund has used

Bowen with great effectiveness in her practice and wrote, in an article for the British Lymphology Society Newsletter:

*"I have treated two patients with bilateral groin dissection and radical vulvectomy who were referred within 3 months of surgery who achieved wonderful volume reduction in both legs, even though they presented with class 2 hosiery which did not seem to be addressing the problem. For me the most amazing results are not the reduction in limb volume but the effect this treatment has on pain."*³

Eilish tells of a 58 year old lady who developed Lymphoedema following a varicose vein operation and was referred from another Lymphoedema clinic, in class 3 rigid hosiery with severe pain which was present most of the day and was at 7 - 9 on the pain scale. She was not compliant with the garment as she found it too difficult to wear. Eilish treated her only with Bowen, and the lady was pain free after two sessions and does not wear any hosiery now.

Another case history of Eilish and Bowen is of a 35 year old female who was referred by her GP at the request of her Macmillan Nurse. This lady had been referred to the Macmillan Service for pain control as she was having uncontrolled pain and was very reluctant to resort to opiates. She had developed swelling of her right side after her pregnancy and when she stood you could see that the skin colour on one side of her trunk was different to the other. She had severe pain in her leg and arm and had been informed that her lymph system on the right side was

barely functioning. Eilish fitted her with a class 3 garment and commenced Bowen Technique treatment. Within two days, the pain level reduced and after 3 Bowen treatments, she was pain free. She stopped wearing the stocking long ago and her leg has reduced from being 25% greater to 18%. She is now maintained with one ½ hour Bowen treatment a month.

The side effects, cost, discomfort and invasiveness of some of the pain remedies on offer lead many people to search for relief with complementary therapies. Margaret, a woman in her 40s, is a typical case. She had been limping for 4 months due to a painful foot. Her doctor diagnosed her problem as Interdigital Neuritis (Morton's Foot Pain) and made an appointment for her to see an orthopaedic specialist, saying that surgery might be the answer. After only one treatment with The Bowen Technique the pain disappeared and Margaret happily cancelled her hospital appointment.

17-year-old Samantha, from Jersey, was experiencing extreme pain in her shoulder and arm and her GP diagnosed a suspected trapped nerve. She went Bowen practitioner Peter LeBreuille and he noted that an area around her right scapula was raised, appearing to be in spasm. After the first treatment, Samantha experienced extreme pain. However, within 2 days that had subsided. After the second treatment she reported no apparent pain or problem but just a slight stiffness. After the third treatment the stiffness had gone and pain free state was holding.

U.S. medical doctor and Bowen Technique practitioner JoAnne Whitaker headed a 1997 study into the effect of The Bowen Technique on fibromyalgia as assessed by clinical observation and also by the measurement of Heart Rate Variability (HRV) which is a relatively new, non-invasive methodology that can evaluate both cardiac and Autonomic Nervous System (ANS) function. In her paper she wrote:

"In our clinical practice, we have had the opportunity to observe numerous positive effects following both the basic and more advanced Bowen protocols. Examples of presenting symptoms that have responded to Bowen work are: acute and chronic lower back pain, frozen shoulder, TMJ discomfort and dysfunction, and Tic Douloureux. Sports- and work-related symptoms, which have improved following Bowen work, include: runner's knee, tennis elbow, hamstring and rotator cuff injuries. There are specific sets of moves that were developed by Mr Bowen which address the muscles and connective tissue in each of these areas. Other incidental symptoms that have shown improvement with Bowen work include gastrointestinal reflux, sinus congestion and associated headache pain and bronchoconstriction secondary to allergic response or reactive asthma."⁴

In their study, subjects with moderate Primary Fibromyalgia were diagnosed by a rheumatologist

and were characterised by the presence of widespread chronic pain and tender joints as per criteria for diagnosis by the American College of Rheumatology.

It has been hypothesised that fibromyalgia is an energy deficient state in the muscle tissues due to reduced circulation. It is known that fibromyalgia subjects convert muscle protein to glucose at an unusually high rate and this has been interpreted as one of the main reasons for pain, aching and fatigue. At present there is no ideal conventional medical treatment for fibromyalgia. The use of an antidepressant (such as amitriptyline) or an anti-inflammatory (such as ibuprofen) has yielded poor to moderate results.⁵

Amongst the fibromyalgia subjects in Whitaker's study, two things were clearly evident. First, all experienced some immediate relief post-Bowen treatment. Second, this decrease in symptomology persisted over widely varying time periods ranging from a few days to several weeks. One subject reported that her fibromyalgia symptoms continued to be relieved over a six-week period.

Dr Whitaker and her team concluded their study by stating that they feel there is also a need to document the value of the Bowen Technique in emergency medicine. "There are specific moves reserved

for acute and emergent conditions such as asthma attacks, severe migraine headaches and angina pain which would lend themselves to easy documentation with short-term HRV studies of the ANS balance."⁶

District Nurse Ann Offord, from Essex, says: "What nurses are crying out for is a treatment they can use in the context of their typical hectic workloads which is portable, safe, and effective. There is no other therapy I know which fits these needs like Bowen does."⁷ Anne is trained in several other complementary therapies, but chooses Bowen every time. It does not require equipment, it is time-effective and there are no side effects. Bowen is so adaptable that, even with just a few moments of time available, Anne can offer patients something that really helps.

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¹ Esson, Paula - The Gentle Touch -Therapy Weekly, Vol.27 No.29, 1 February 2001

² Ibid.

³ Lund, Eilish - Bowen and Lymphatic Drainage - British Lymphology Society Newsletter, Issue 24, Spring 1999

⁴ Jo Anne Whitaker, M.D., Patricia P Gilliam, M.S.N., and Douglas B Seba, Ph.D - The Bowen Technique-A Gentle Hands-On Healing Method That Affects The Autonomic Nervous System As Measured By Heart Rate Variability And Clinical Assessment, 1997

⁵ Ibid.

⁶ Ibid.

⁷ Godfrey, Janie - Gentle Help at Hand: The Bowen Technique - Nursing Scotland, September/October 2000