

The Bowen Technique: An integral part of the system

There are many forms of complementary therapy that have been around for hundreds or even thousands of years, but a new form of therapy is making a big impression on the established members of the complementary and orthodox health care industry and it has only been available in the UK since 1993. It's quick, effective, easy to apply and appropriate for use in most situations. From the aspect of conventional treatment these factors also make it comparatively very inexpensive.

The therapy concerned is called The Bowen Technique. It originates from Australia, a country where it is estimated that the public spend twice as much on alternative medicine as they do on orthodox pharmaceuticals. The technique is essentially a remedial therapy and can therefore be used for the same range of conditions that might be treated by a physiotherapist, chiropractor or osteopath. What makes it different from these therapies however is the lack of any form of hard tissue manipulation, massage or use of equipment.

The Bowen Technique is a soft tissue technique that is applied on the muscles, tendons and ligaments of the body very gently and with minimal pressure. The treatment can be performed through light clothing. The gentleness of the treatment makes it especially useful for the elderly or very young, or when treatment would otherwise be difficult perhaps due to an injury being very recent.

Paula Esson, a Sport Scientist, has been an established Bowen Technique practitioner for three and a half years and a teacher of The Bowen Technique for the European College of Bowen Studies for one year. Her Bowen clinic is in the Claypath Medical Centre in Durham and this has added an extra dimension to Primary Care services in Durham. Not only for registered patients at Claypath but for the surrounding community as a whole. There has been a desire to offer a therapy addressing many muscular-skeletal dysfunctions such as spondylosis, lumbar pain, sciatica, shoulder restriction, sports injuries, muscular fatigue, cervical restriction and skeletal pain in general which does not involve ballistic manipulation or long term therapy to achieve a lasting resolution to the presentation.

Consequently, the Bowen Technique has a serious role to play within GP practice. Claypath Medical Centre supports this relatively new therapy and has discovered patients enjoy their experience and the 80% success rate achieved in pain relief results in a measurable reduction in medication and long-term physiotherapy.

Dr Helen Marsden, of the Claypath Centre says: "I am happy to refer patients to Bowen Technique treatment, particularly those who haven't responded to conventional treatment. Patients always feel de-stressed after Bowen." Dr Marsden notes that it is now fairly common to refer people to chiropractic and acupuncture and she is sure that they will increasingly refer to Bowen Technique as well.

The doctors at Claypath Medical Centre have established a working practice that offers 'options' to the patient which are within the same building, giving a local reputation for forward thinking, planning and real delivery of services. The Bowen Technique is not a sideline clinic but an integral part of the system and a regularly used tool for direct clinical referral.

Paula works as part of a team responding to the demands of the community.

At present the Bowen Technique Clinic is a private enterprise but there are moves to gain funding for the primary care sector to offer this unique therapy on the NHS, a similar process to acupuncture. This would remove the last barrier to patients who have a financial block to access private services but who would tremendously benefit from the technique.

Ten local GP practices refer to Claypath Medical Centre and several have expressed an interest in co-ordinating a Bowen Technique Clinic on their own premises. The future for remedial muscular-skeletal therapy such as Bowen within the primary care sector is a serious option for addressing the needs of thick-file patients, those with chronic on-going pain, health issues and muscular skeletal presentations that have not responded to conventional medical treatments. In fact 10% of cases are referred to the Bowen Technique as a primary therapy option. Bowen is very popular with patients. There is lots of positive feedback and patients do feel better and are pleased with it.

Dr Stephen Whitfield, of the Claypath practice says: "The Bowen Technique clinic is a very useful service in addition to the other services that the practice offers and a lot of patients benefit from Bowen. It is very convenient that it is based in our medical practice."

Paula's Bowen clinic consults 50-60 patients a week and works with three locums who have met the high educational standards of the European College Of Bowen Studies (ECBS).

Another convert to the benefits of The Bowen Technique is Dr Barrie Harte of the Selegate Surgery in Hexham, Northumberland. Not only does Dr Harte think that Bowen is an effective therapy, he has trained as a Bowen therapist himself. He uses it for lower back and neck problems primarily and also finds it useful for shoulders & lumbar spine problems. He finds that, even in the context of the short consultations of his normal practice, he can get some results from giving a patient a few Bowen moves. He also sets aside some time to give half-hour appointments so that he can give the more complete Bowen treatment. Otherwise, he refers patients directly to local Bowen practitioners. He has had favourable feedback from these referrals.

Dr Harte became aware of The Bowen Technique when a relative was treated successfully with Bowen for a severe cervical disc problem. Following the acute episode she underwent osteopathy and physiotherapy during her rehabilitation with no effect. However, after about 5 Bowen sessions, arm movement was restored, the scapula that was winging had corrected itself and she was able to fully abduct her shoulder, which she hadn't been able to do before.

Dr Harte says of Bowen:

"I would recommend that it has a place, as well as other therapies, in the treatment options for patients. It is very useful in certain situations like anxiety and stress (and this might well reduce the prescribing costs on hypnotics and anti-depressants); for cervical spine and lumbar spine problems, both acute and chronic, and also with frozen shoulders. There is evidence to show that

it works for frozen shoulder as a result of the E.C.B.S./Helen Kinnear Frozen Shoulder study. Like all medical treatments and therapies, it is 'horses for courses' - it will work for some but not necessarily for everyone, but it is certainly worth trying. I think that Bowen will be taken up more when there is more evidence-based research on it."

Ella Jameson is a physiotherapist in private practice for 3 years now in Ardnamurchan in the highlands after a career of 30 years as an NHS physio. She has nearly completed her training in The Bowen Technique. Ella has been experimenting for some years with the effect of lengthening the standard patient appointment time from 20 minutes (the usual physio appointment slot) to 45 minutes. She has found that, when you spend longer with the patient, it will actually reduce the number of times a patient will have to come - and because you are getting them discharged, you have room for more appointments and thereby getting the throughput faster. Fewer appointments also have practical benefits for the patients, too, such as less absence from work and fewer journeys for those at a distance or without convenient transport facilities. The comparatively long (30 - 50 minutes) treatment sessions of The Bowen Technique seem tailor-made to confirm Ella's observations that this shortens the average number of sessions in a course of treatments. "And in thinking about the money side of healthcare delivery," Ella says, "the patients' problems will be resolved more quickly and this will save money."

From a therapists' point of view, Bowen is much lighter work and this is a significant consideration after a decade or two of physically demanding therapy. This also means that, for the patient, Bowen treatment is not traumatic, but very gentle. Ella has been very impressed with the results she is getting so far, particularly on knees. She feels it is very useful to have as another tool - "a very important string to my bow".

Paula Esson and Janie Godfrey

Article provided by:

THE BOWEN TECHNIQUE
JANIE GODFREY CertECBS VTCT MBTER
01373 451 558

For further information, see

www.janiegodfrey.co.uk

www.thebowentechnique.com

www.bowentherapists.com