

The Bowen Technique Bowen Knee & Ankle Study

by Janie Godfrey

Every year for the past 6 or so years, the professional membership body for accredited Bowen Technique therapists (the Bowen Therapists' European Register – BTER) has organised a study of the effect of Bowen on a number of different conditions. These studies are designed to provide tangible evidence of how Bowen can help with a variety of conditions. One of the first was adult asthma, followed by migraine, back pain, PMS, neck and shoulder problems. The neck and shoulder pain study of last year documented that 86% of the volunteers being treated in study showed a partial to full recovery after a series of only three treatments. 30% reported a full recover, while a further 56% said that their condition had improved to some extent. Fewer than 10% reported that there had been no change.

This year, the study focused on knee and ankle complaints. BTER asked for practitioners around the country to volunteer to recruit and treat people in their local areas for the study. The clients recruited had to commit to receiving three treatments, one week apart, and could not have had Bowen treatment previously. While the number of both practitioners and, therefore, client volunteers was down somewhat this year (the recession?), there were still plenty of documented cases to compile information about what Bowen can do. And the results are very good:

19% full recovery
69% partial recovery (with over half of the 'partially recovered' saying the recovery was 70% or more)
12% no change

In my own group of volunteers, the resolution of the complaints they brought to the study was between 60% - 98%.

Susan J. was probably the most surprising result. She is a 52 year old lady who had been diagnosed 7 years ago with arthritis in her knees and the cartilage was badly worn down on the inside (medial) edges of the knee joints, but still there on the outer edges. Hence, she was in constant pain with a dull ache in her knees and occasional sharp stabs. She took painkillers to try to dull it. Her work requires that she is constantly on her feet, so there was no way to avoid the wear and tear.

In the week after her first Bowen, her knees were fine for 24 hours and then she had aches in both knees, but the pain was intermittent with significant periods that were pain free, which amazed her. She also found she

was sleeping much better. After the second treatment, she was having longer periods with no pain in the knees and when pain did occur, it was stronger and more focused but in shorter bursts. The knee pain was no longer waking her and it was taking much less time to 'ease' her knees into the day upon arising. Two weeks after her third treatment she reported having much more energy generally, the knee pain was still much less severe, was not lasting as long when it did occur and it was not settling into the constant ache anymore—this was completely gone. At the end of the three sessions of the formal Knee & Ankle study, which took place in April 2009, Susan estimated a partial recovery in her knees of 65%. Not a complete resolution, but a really significant and welcome outcome. Susan continued to have some Bowen treatments after the period of the study, having her last one in August 2009. Her knees continued with little or no pain, never enough to take painkillers, until mid-November, when the pain began to trouble her more often again and she contacted her doctor to have another x-ray. This revealed that the cartilage is now completely gone on the inside edges of her knees and she will have an operation in the next few months to replace one knee and, depending on how that goes, will then think of having the other one done. Given the extent of the missing cartilage, Bowen bought Susan a considerable amount of time without pain.

Another volunteer's response shows how unpredictable arthritis can be in response to Bowen. Debbie C., a 60-year-old lady, had long-standing (20 years) arthritis in her right knee. It was very painful going up and down stairs and hills and it often seized up during the night and after sitting for a long time. It was slightly swollen and very sensitive to any knocks or jars. Like Susan J., Debbie did not want to have surgery if she could avoid it. In addition to her right knee arthritis, Debbie's right ankle and foot tended to roll in an uneven pattern when she walked, felt uncomfortable and clicked a lot. After her first Bowen, Debbie's right knee was pretty much the same but her right ankle was clicking less often. After the second treatment, her right ankle was much improved—she hadn't had any discomfort and hadn't had to wiggle it constantly, as she had before Bowen, when in bed to relieve the discomfort. This problem was almost certainly the effect of years of trying to avoid adding more pain to her right knee by, consciously and unconsciously, adopting a way of walking and using the muscles in her lower leg that had now developed its own set of problems. After the third Bowen, her right knee was still much the same with the pain from the arthritis, but the ankle remained much improved

and she also reported great relief from shoulder and neck problems! So she estimated an 85% improvement in the right ankle but no change in the knee—and outside the focus of the Knee & Ankle study, her shoulder had improved! Typical of Bowen treatments – people come for one thing and find other things getting better.

With many thanks to Susan and Debbie for permission to share their case histories

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