

# Soft tissue therapy – un

**B**owen Therapy, just like massage, is a hands-on therapy; but there the similarity ends. For where massage is often most beneficial when it is repeated at regular intervals, Bowen Therapy often only needs to be done once (sometimes twice) in the same place on the body to have an effect.

Like many complementary treatments Bowen Therapy is attuned to the holistic approach to health and well-being, where the body's natural balance is recognised as being fundamental to enjoying good health. Bowen Therapy is a very effective way of helping to restore this natural balance.

During a therapy session the therapist is not trying to make the body change but instead prompt the body to make its own changes. This means that the body does most of the work itself. This is achieved, we believe, because the therapy works on the fascia layer – a structure of connective tissue that surrounds muscles, groups of muscles, blood vessels and nerves, binding some structures together, while permitting others to slide smoothly over each other. And that by stimulating the fascia other bodily tissues are able to get what they need (e.g. nutrients, water and messages from the brain) to heal.

## Tom Bowen

The therapy was developed in Australia by Thomas Ambrose Bowen between the years 1959 to 1982, and from whom it takes its name. Tom Bowen was a gifted, self-taught healer who never received any formal medical training. But despite this he achieved extremely impressive results using what he called “soft tissue manipulation”.

Compassionate and hardworking, Tom Bowen offered his services to disabled children for free. And many parents reported that following Bowen Therapy their children had better posture, balance and co-ordination with enhanced motor control.



*In the second article in our short series looking at different types of massage and other bodywork therapies, Claire Harrison offers an insight into Bowen Therapy.*

In 1975, a public inquiry conducted by the state government of Victoria reported that Tom Bowen treated an estimated 13,000 patients a year, with an 80 percent success rate in symptoms that were associated with a wide range of conditions.

However, it was not until after his death in 1982 that the therapy became more widely known in other parts of the world, first in the UK and America, and then in Europe, Malaysia and Africa. Today it is estimated there are 40,000 practitioners worldwide.

I first became interested in Bowen

through horses. I was helping out at a competition yard where one of the horses was virtually impossible to ride and displaying some rather erratic behaviour, which was probably pain-related. After just two sessions of Bowen Therapy the horse appeared much healthier, happier and back competing again. Having observed this incredible transformation I knew that I had to learn how to do this great therapy.

I enrolled for training in human Bowen Therapy at the European College of Bowen Studies and followed that with training with horses at the European

# Understanding Bowen

College of Equine Bowen Studies. I've now been a therapist for nine years.

## Technique

Many therapies, from both conventional and complementary medicine, rely on "forcing" the body to change to facilitate healing, whereas Bowen "asks" the body to recognise and make the changes it requires.

A typical session of Bowen Therapy involves using the fingers and thumbs to create gentle rolling motions along the muscles, tendons, ligaments and soft tissue on precise points on the body. The therapist will apply only the amount

of pressure appropriate for the individual they are treating and no hard tissue manipulation or force is needed or used.

The techniques used by a therapist comprise of three components, which are known as the Bowen moves, and are applied at very precise points on the body. The move does not slide over the surface of the skin, but uses the slack in the overlying skin to move over the underlying tissue, so each move covers a small area, defined by how far an individual's skin can move over a targeted area, usually no more than 2-4 centimetres across.



## case study # one

### Low energy

E is an 18-year-old woman who has been diagnosed with Gitelman's Syndrome. This is an extremely rare genetic kidney disorder which means that the body has difficulty storing magnesium and potassium. She is regularly monitored by consultants at the Great Ormond Street Children's Hospital and at Alder Hey Hospital.

When she was a toddler she used to suffer from fits. When she had a cold or other childhood illnesses she suffered much more than other children and took longer to overcome the illness. The condition seems to affect her more as she grows older. She often feels completely exhausted and fed-up with her life.

E went down with a heavy cold after Christmas 2007, just before she was due to sit school exams in January, which added to her stress. Then in February 2008 she had tonsillitis. All of this left her feeling very weak and she would often be in tears. She became breathless walking up stairs and was even unable to take a shower. She hardly ever went out with her

friends. Her mother often had to take time off work to be with her as she was too weak to attend school. And even when she did make it into school, quite often her mother had to go and get her as she couldn't cope.

She also told me that she'd had glandular fever when she was 15 after which her feelings of exhaustion were much more pronounced (some medical experts believe there is a link between glandular fever and ME). Two years ago she suffered a gastric bug and was hospitalised, and since then has been worse.

At the first appointment E looked very pale and wan. Her voice was very small and weak. Her spirits were very low. She looked sad, as if she was resigned to her fate. I only did two Bowen moves on her with a 15 minute break in between. At the end of the appointment she said she felt as if the top and bottom of her back were re-connecting, also her arms.

I did two more mini-treatments over the next month and when I saw her at the fourth appointment she had been out the night before with friends and had started working at a local pub. She was still tired from day to day, but felt more positive. She said she felt tired in the mornings and at around 4 to 5pm, but feels better by

about 8pm and has picked up by then.

By the fifth appointment she said she felt the sadness had gone and was in much better spirits. She was eager to get to grips with her school work and start revising. She was experiencing more good days than bad regarding her emotional state now. The previous week she had walked two miles with her mother and had taken part in a tug-of-war only the night before; she was also going out running. The latest hospital tests show that her magnesium and potassium levels are almost normal.

E is now enjoying a normal life. She has been on holiday abroad with her friends and has started university, coming home at weekends to her parents. She is enjoying university life, both socially and academically. Occasionally she says she has to give herself a night off from socialising, but apart from that she is coping well with all aspects of being a full-time student. She has also recently passed her driving test.

**Enys Evans**  
Bowen therapist

## case study # two

# A case of frozen shoulder

The client was a 34-year-old male who worked as a leisure centre manager. He had played squash regularly until a couple of months prior to seeing me. He explained how the problem occurred.

“I was in a storeroom to locate some equipment, when I cried out in pain as I reached upwards,” he said.

He told me the pain was from a shoulder injury sustained during a squash game, and that the physiotherapy treatment he was receiving was not working. I advised him to continue and give it a chance, but to contact me in a few weeks should he still be suffering. Two weeks later he called to make an appointment.

On examining him I suspected he was suffering from a possible frozen shoulder or some form of rotator cuff injury, for he certainly had a limited range of movement with his left arm from the shoulder. After having noted the full case history and background to the injury, I recommended three Bowen treatments, together with the exercises necessary to rehabilitate. I explained in detail the type of treatment he was to receive, to which he responded with extreme scepticism.

Nevertheless, he was even more sceptical of the conventional medical interventions and drug treatments available (particularly corticosteroid injections), so he agreed to give it a go but insisted it must not take longer than three weeks, as he wanted to go skiing in four weeks' time.

After the first treatment he said he felt some difference, although wasn't quite sure what. He definitely wasn't keen on the arm exercises, but agreed to give them a try. Two days later he rang me to say the pain was worse than ever. “What have you done to me?” he asked. I advised him to keep calm and take pain killers if he felt they would help, but to stick with the therapy and give it a chance.

At his second session he appeared to show some improvement in his arm movement. He reported a feeling of looseness all over his body, but also said he was fed up with all the trips to the loo he had to make due to the water I had advised him to drink.



He rang me again three days after this session to say that he didn't think the treatment was working. “I'm still in discomfort and I don't think I'll come again,” he said.

I responded by saying that I thought he should continue the treatment but “the decision is yours”. He did attend the last session and there again appeared to be a little more movement in the arm. At the end of the session I told him to continue with the exercises and that I'd like to see him in about three to four weeks, as I wanted to see how he had progressed.

I received not a word or phone call. Then about four weeks later, he greeted me in the street with a big expansive wave of his previously injured left arm. He shook my hand vigorously and said that he'd had a wonderful skiing holiday with no pain and no trouble since.

“How does it work?” he asked.

All I could say is what I always say: “It just does!”

**Tony Crimes**  
Bowen therapist

A distinctive feature to the therapy is the minimal nature of the physical intervention and the pauses incorporated in the treatment. It is these pauses that allow the body to reset itself and make the changes it requires to initiate the healing process. An important rule of the technique is “Less is more”, as performing too many moves could actually be counterproductive. The more acute the condition or the sicker the patient, the less is done during the session and the less pressure is used to do the moves, which will result in a more profound effect on the body.

Each Bowen session can last from 30 to 60 minutes and is generally pleasant to receive, depending on the age of the client and the nature of their symptoms. And it is not unusual for clients to feel so relaxed they fall asleep during the treatment.

### Conditions treated

Bowen is suitable for all ages, from a baby with colic to an elderly person with arthritis, and there are very few contraindications (a condition which makes a particular treatment or procedure potentially inadvisable). Clients are, however, advised not to have other hands-on therapies while receiving Bowen, as this can confuse the body's response and inhibit healing.

Practitioners treat a wide range of medical conditions and among the more common ailments that have shown improvement with Bowen Therapy are: back pain, eczema, frozen shoulder, low energy, psoriasis, joint pain, post-natal depression, infant coughs and colds, migraine, arthritis, fibromyalgia, neuralgia, chronic fatigue syndrome, sciatica and digestive ailments.

Clients suffering short-term (acute) injury usually see the problem resolved in one to three sessions, whereas long-standing (chronic) symptoms may require longer. It is important that clients allow five to ten days to elapse between Bowen sessions to enable the body time to process the subtle information it has been given.

### Treating animals

As I mentioned earlier, my introduction to Bowen was through horses and the therapy is becoming more widely used in the equine world and in the treatment of family pets. However, before any treatment involving a horse or any other animal takes place it is necessary to obtain permission from a vet. Not only is this a legal requirement, it is useful



to consult a vet to obtain a diagnosis if required and to learn of any other treatment that the animal is receiving.

Among the conditions that I've successfully treated horses for are osteochondritis dissecans (OCD), a common condition that affects the joints; equine lymphangitis which is an inflammation or swelling associated with impairment of the lymphatic system, particularly in a limb; the loss of use in a foreleg that appeared to have been caused by an accident; cold back syndrome which describes hypersensitivity over the back with a transient stiffness and dipping of the spine as the rider mounts; and filled

legs where the horse's lower legs become swollen and hot.

More and people are enjoying better health thanks to the wonderful legacy left by Tom Bowen. For when used appropriately and performed by a qualified practitioner, Bowen Therapy can offer genuine symptom relief for many medical conditions suffered by humans and animals.

**Claire Harrison**  
Chair of the BTPA

*Bowen Therapy is not intended as a substitute for medical advice or treatment.*



## About Claire Harrison

Claire qualified as a Bowen therapist in 2005 and two years later she completed her training in equine Bowen Therapy. She qualified as an Emmett 4 Animals Horse Practitioner in 2013. Claire is Chair of the Bowen Therapy Professional Association (BTPA), an autonomous non profit-making organisation representing accredited Bowen therapists, and she's on the register of the European School of Equine Bowen Therapy.

For more information about Bowen therapy visit [www.bowentherapy.org.uk](http://www.bowentherapy.org.uk)