

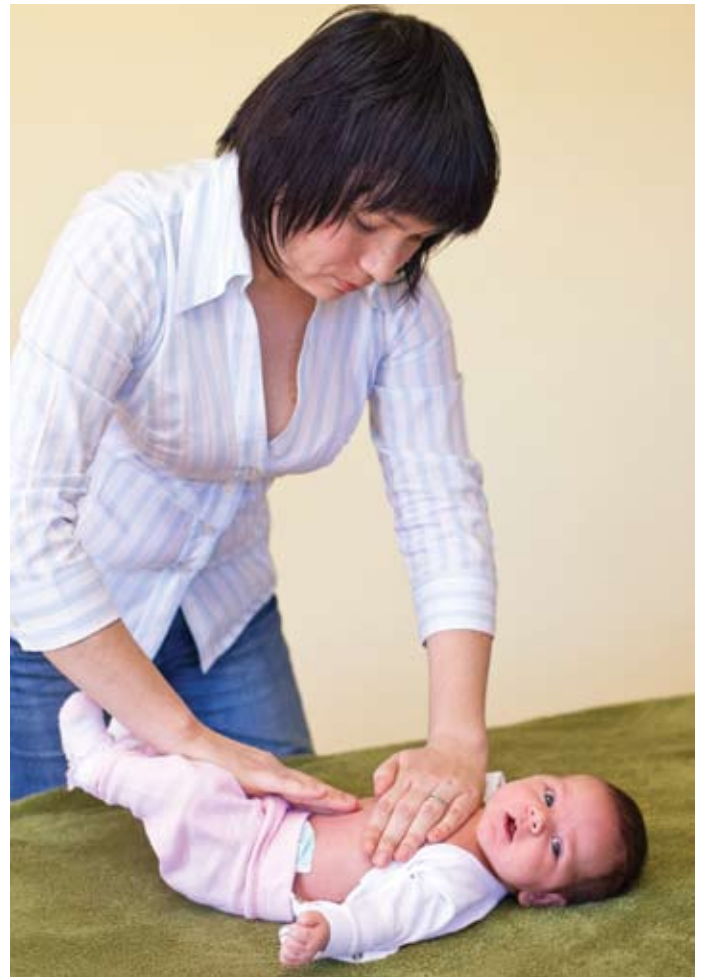
BIRTH & BABIES

John Wilks writes

For a Bowen therapist, treating babies is immensely rewarding. Just as a seedling can be nurtured with the smallest amount of physical guidance, babies, by the gentlest of moves, can be helped to release the stresses and trauma of the birth process.

The compressive forces experienced during birth can cause imbalances in a baby's system, even in natural births. Many babies experience difficulties through the use of suction, forceps or Caesarean deliveries and studies show this may develop into problems later in life such as depression, migraine, sinusitis, spinal problems and postural imbalances.

For more information see www.cyma.org.uk or contact John Wilks cyma@btinternet.com



Excellent moves by Practitioner Marcela Campian from Clui-Napoca (Romania) doing Baby Bowen on 15 day old Delia. Marcela's great article on page 5 and 6 reports on 67 babies treated with Baby Bowen for Colic. Photos by Camelia Burduja.

ABOUT THE COVER - Bowtech/Bowenwork instructor Jane Murphy, midwife of 29 years, is pictured with Mia. Jane has sent us some amazing excerpts from her Baby Bowen Log Book in the delivery suite. Some of these miracles are astounding! A great testimony to this wonderful technique! See pages 3 and 4.

BABIES ARE BETTER WITH BOWEN

What greater joy can you have than knowing you have helped a baby feel comfortable free of pain, how rewarding to see that look of appreciation that words cannot express.

Many years ago when we released our Bowtech Brochure in England we wrote “The Original Bowen Technique is extremely gentle and is considered SAFE for anyone from pregnant women to newborn babies, the frail and the elderly”

The UK authorities demanded we remove the word safe as the Bowen Technique has never been proven safe to use on babies. **My response was that it has never been proved to be unsafe.** We then substituted the word **appropriate** which was acceptable.

UK instructor John Wilks Birth and Babies comment on the adjacent page compliments the chapters in his book on Fertility and Birth.

John’s book “the Bowen Technique The Inside Story” is a must for all Bowtech/Bowenwork practitioners.

We cannot emphasise enough the incredible value Bowen is for babies, probably the most important baby Bowen moves are baby colic, respiratory, temporo mandibular joint and colon procedures.

We are pleased to feature in this issue excerpts from Jane Murphy’s Baby Bowen Log Book, and exciting research reports on Baby Bowen for Colic submitted by Marcela Campian from Cluj-Napoca **Romania** and also a new approach to baby colic treatment using the Bowen Technique by physiotherapist, Georgi Ilchev, **Bulgaria**. From Pune **India** we have inspiring articles by Kavita Doshi read them on page 5.



MY BABY BOWEN LOG BOOK

Jane Murphy says “Using Bowen after delivery may provide a simple solution to the problem of not sucking. It seems to settle the head trauma and hopefully will allow the infant a great start in life free of locked-in-patterns of survival and reactive muscle patterns that may contribute to ongoing imbalance and ill health in future years.”

There are amazingly simple “body button’ or ‘procedures’ that I use on the body to help heal or reset the normal functioning of the body, starting with being able to and willing to suck after birth.

4.4.11 Mother in labour, but had not dilated from 3-4cms overnight for (7-8hrs). When I started my shift at 0700, I gave her BRM1 and pelvic procedures and she went into good labour. A little later I gave her the sacral move and she was fully dilated within a few hours and the baby was born with a few pushes. When baby was born I gave it Baby Bowen and BRM 3 and the purple shignon on the back of its head disappeared very quickly and he proceeded to then suck well at the breast!

17.1.12 Baby born stunned apgars 6 and 10, and required Oxygen and bagging. I quickly gave Baby Bowen and it picked up quickly. The mother had started to haemorrhage profusely. The doctor immediately wanted me to get 4 Cytotec tablets from the drug cupboard and draw up 40 Unit Syntocinon IV drip to commence immediately. I quickly gave mum the BRM1 stoppers (the Emergency Moves), ran out of the room to get the medication, when I came back into the room the bleeding had settled down considerably.

18.12.11. 0730hr My patient was 2cm dilated, ruptured membranes, clear liquor (amniotic fluid), not yet contracting or in good labour. The plan was to induce labour if she didn't get going herself. I gave her the lower back and pelvic, and sacral procedures throughout the morning. She started to labour well

using only nitrous oxide gas for pain relief. By 1100 hr she was fully dilated!

That is a very fast for a first time mother!

21.1.12 My patient had a very fast delivery and gave birth in only 4 pushes. Baby had a very bruised purple stunned little face, and was very gurgly and mucousy as it hadn't had the normal vaginal squeeze when pushing up, as she had such a rapid delivery.



Being very blue and rattly, I gave baby Baby Bowen and BRM3 and TMJ cross. Her little face pinked up instantly! Later I still needed to suction her to remove the mucous and she then fed well.

6.2.12 I was doing my afternoon rounds checking my mothers and babies, when after entering this patients room, I noticed her baby was a very grey colour and making a weird whistling, kind of

grunting sound. The mother said the paediatrician had seen her baby that morning and said she had a “floppy larynx”. The parents were understandably worried as she had delivered the previous evening and baby was still noisy. So I explained that I was a Bowen therapist and what Bowen therapy was, and gently gave Baby Bowen and BRM3.

She pinked up immediately, and the noise seemed to quieten down. I also looked after her the next day, mother said that the noise had completely stopped overnight and that her baby had slept well, remained beautifully pink and was feeding well too!

14.2.12 Today I was looking after 6 ladies in postnatal ward. 3 were Day 1 caesareans for failure to progress in labour after failed inductions and a new delivery using forceps that morning!

In handover report it was said that 4 of the babies had feeding problems. That can take hours of your time and be the cause of much upset for the mothers. I gave each baby Baby Bowen and BRM3 taking about 30 seconds to do, all were feeding well immediately afterwards.

14.4.12 Mother was having a LSCS (caesaren) as baby was a transverse lie. (not in head down or breech). During the operation Dr tried to turn baby to get it out from head to

MORE OF JANE'S BABY BOWEN SUCCESSES

breech with no success. Baby was born very shocked, white and flat. Apgars (score out of 10 determining the infants condition at birth) were 5 at one minute and 9 at 5 minutes. I immediately gave the Baby Bowen and it picked up, pinked up and became more lively. In recovery, baby sucked like a dream. Mother said her 2 previous babies had not successfully breastfed in hospital at all.



30.4.12 Mother had a caesaren for failure to progress (not dilate), CPD (cephalopelvic disproportion) and foetal distress. Baby had good apgars but had an extremely elongated (ET like) head and a jaw that was way out of alignment. After giving the baby Baby Bowen and BRM 3, in recovery baby wanted to suck at the breast but was having difficulty and squealed with the pain. With the TMJ procedure its head/jaw came nearly back into alignment and successfully breastfed. The baby also had a deep forcep indentation on the right temple from the lift out, so I did a Bowen move on it and although the redness stayed, the deep indentation filled out straight away.

April 2013, I was on an afternoon shift and the morning midwife looking after this mother of 31 weeks and 4 days gestation in premature labour, said she was starting to have tightenings that were increasing in frequency. So straight after report I went to put the CTG cardiotocograph machine on her to monitor the contractions. Mother now said that the premature contractions were getting stronger

and more frequent. Now 1-2 minutely. I rang her doctor and asked could she have her regular medication to stop the contractions early. I gave it as ordered, but without any improvement. Mother was now very uncomfortable and in tears and said that the pain felt like a huge rubber band across her tummy, like an "horrendous cramp".

When I heard the word cramp I thought of Cramp Move!! I gave it to her after a brief explanation and you could see the premature contractions virtually were stopped in their tracks. The monitor was still on recording this, and you can see where and at what point the Bowen was given. It was really amazing! In a few minutes it had totally stopped. Within half an hour I again checked on her and she was fast asleep!

5.3.11 This mother had a very long and exhausting labour of 24 hours. At the time I was taking over her care, she had stopped contracting despite a Syntocinon IV infusion. She was fully dilated but not contracting and so the baby's head was not descending. To get her back into labour at 0800 I did the Coccyx move on her, and the contractions started up again at 2 minutely. She delivered stunned 3.8kg baby boy at 0912, by a kiwi cup vacuum delivery. The doctor wanted him to have some Oxygen so I took him over to the baby resuscitator and gave him Baby Bowen and BRM3. He immediately brought up a big plug of mucous which I gently suctioned and gave him some O2. He turned a beautiful pink and I placed him back on mum's chest for a cuddle. By the time the doctor had stitched mum up his head had changed shape, the bruising had settled and he sucked well at the breast.

March 2011, At the beginning of my shift, I'd only just received from handover report that this mother was 4cm dilated. She was standing up rocking against her husband and in considerable pain. After introducing myself, I suggested/ offered to give her the Sacral move to assist with the pain relief. Within 10 minutes she felt she wanted to push. I examined her and she was fully dilated to 10cms. I found that giving the Sacral move was a fantastic procedure for pain relief in labour and also if well timed helped to dilate the cervix quickly.

March 2012, I came on shift in delivery suite and a mother who had just delivered an hour or so previously was having extreme pain just under her sternum. Her doctor thought maybe she had herniated her stomach through the diaphragm. On taking over her care, he asked me to give her 100mg of Pethidine as an intramuscular injection. After explaining to her and her husband, that I was a Bowen therapist and what it was, she agreed to try some Bowen therapy, as I explained there was a procedure that helped with hernias in this area, and if it didn't help of course I would give her the injection her doctor ordered.

I gave her the Upper Back stoppers and then the Respiratory Procedure. Amazingly the pain immediately subsided, and she said that she didn't require the Pethidine any longer. The doctor came back and enquired as to whether I had given her the injection, she told him that the midwife had given her Bowen and she was now pain free!

Jane Murphy is an accredited Bowtech instructor from Sydney, NSW



I DARED TO TRY BABY BOWEN FOR COLIC!

I am Marcela Campian from Cluj-Napoca (Romania) - Bowen practitioner since June 2011. I decided to open up a practice right after graduation. The dramatic switch I had to make, from an executive manager within a national company, working 12 hours per day / 7 days per week, to a hands on therapist, seemed like the most natural choice, as I was right away and genuinely attracted by the Bowen Technique.

Starting a practice on Bowen Therapy was a challenge for me though. I was encouraged by the excellent results I had, but the number of patients was below my expectations. I realized I needed some promotion work. The internet did not help too much at first, although I was listed on the official Romanian website, had my own Facebook page and subscribed to different therapists directories.

Everything changed when I subscribed to a Facebook group of mothers, discussing babies and small children life and challenges.

When I saw how many medicines they were recommending to each other, I started talking about Bowen Therapy. No one from this group seemed to know what that was.

Being a mom myself (I have a daughter of 6 years old), using the appropriate language and being able to talk from a personal perspective, helped me having the first client from this group.

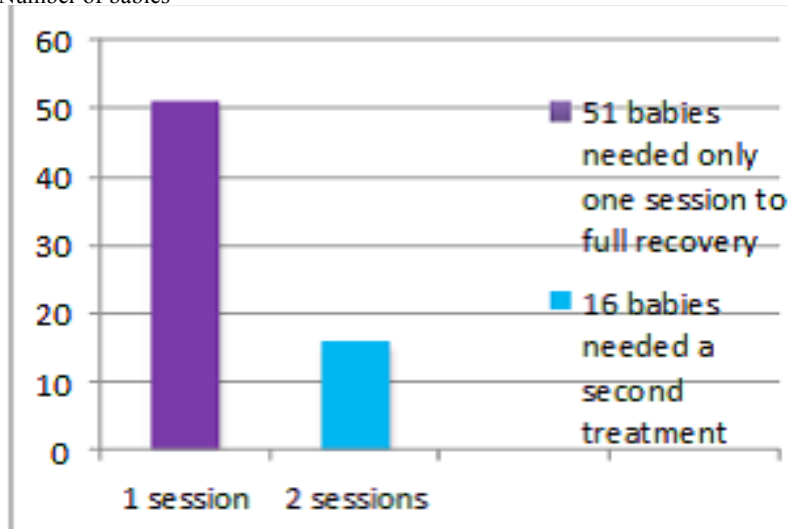
That was all it took! 65% of the clients I'm having now are a result of that first child I treated and the permanent contact I kept with this group. After treating dozens of children (from 1 to 5 years old) and gaining the mothers trust, when I saw how much trouble the baby's colic brings for the entire family, I proposed free treatments to "test" the Baby Bowen procedure, as I never had the chance to apply it, only knowing it from the book and from my teacher.



When Andrew Zoppos introduced this procedure to us, I believed him, as I did for any other procedure ("if applied correctly, it will work for 95% of the clients..."), but I haven't been too much in a hurry to start using it. It's not easy to bring many newborns in the practice, nor it is to convince the parents letting you touch their newborns.

This group was the perfect opportunity for me to test this procedure, by my own and I was having the right contacts (6300 mums from all over the country, many with babies under 1 year old).

Number of babies



So it "happened" that it is now over **7 months** since I keep giving the Baby Bowen procedure to **67 babies**, aged between 5 hours and 5 months.

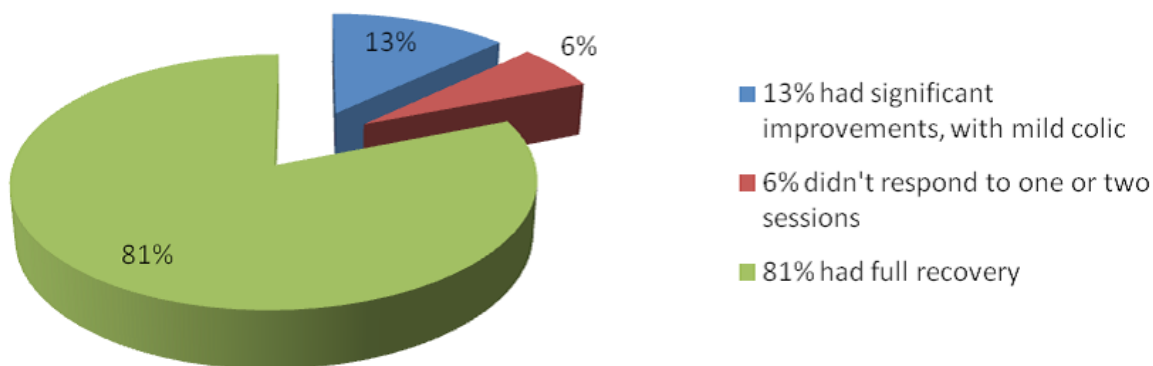
The results are absolutely amazing!

Out of the 67 babies, only 16 needed the procedure to be repeated the second time and that was the end of their problems.

Nine babies were colic free for more than 4 days after the treatment, but when the problem started again it was mild and their mothers didn't choose to bring them back

for another treatment. Four moms said that the technique did not help their babies (they only had 1 or maximum 2 treatments).

67 Babies treated with Baby Bowen procedure



Thank you Andrew Zoppos for making me the facilitator for this babies health and wellbeing! IT IS THE MOST AMAZING FEELING EVER! Now I continue treating about 4 or 5 babies / week for colic and since I learned Masters procedures, I started treating babies for tear duct blockage and it also works fantastic! Thank you Tom Bowen for such a wonderful technique, Ossie and Elaine for the hard work to make it known to the world and Andrew Zoppos for the passion he is passing on to all of us!

Marcela Campian
Cluj-Napoca (Romania)

A NEW APPROACH TO BABY COLICS TREATMENT

- THE BOWEN TECHNIQUE

Author: Georgi Ilchev; Physiotherapist - Bulgaria

Abstract:

The purpose of this article is to present a new method for a non-symptomatic treatment of baby colics. 44 babies have been included in the research during the period February 2011 – September 2012. Bowen sessions have been applied to all monitored babies. The procedures have been done once every 4-7 days. The average amount of sessions per baby is 2.8.

The following results have been achieved: 62% responded with complete recovery, 23% achieved significant improvement with mild, incidental colics and 15% responded with no improvement.

The conclusion is that the Bowen technique can provide salutary and relatively fast effect for baby colic treatment and can be used in addition to the standard medication or naturopathic treatments.

INTRODUCTION

The aim of this article is the effective application of the Bowen technique for baby colics. The infamous baby colics usually are the first serious challenge the baby and its parents meet. Nowadays, the treatment is mainly with medications. The article aims to inform the physiotherapy society and the Bowen practitioners of the positive application of the Bowen technique for baby colics and to recommend its usage as an addition to conventional medical practices.

REPORT

Baby colics are usually present during the first few weeks from birth to the third month. In rare cases they can persist up to the sixth month of childbirth. Usually, they go with sharp, severe abdominal pain and severe spasms of the smooth stomach and intestine muscles. It is difficult for the parents to understand the real reason for their child's cry as the babies cannot describe what is actually bothering them.

Most common symptoms:

- The baby is loudly crying for a long period of time despite the attempts for relief.
- Symptoms usually appear at a same time of the day, often after feeding and usually disappear as suddenly as they appear.
- Signs of abdominal bloating and gas.
- The baby is having a stiff stomach, knees are fully flexed towards the body, and palms are into fists.
- The baby is often suffering from insomnia, anxiety, irritability.

There are many theories for baby colics but there is no concrete, solid, scientifically based one over which experts unite. It is proven that the reasons for colics differ with different babies. Several major factors, usually revealing in combination may lead to discomfort or baby colics:

• Newborns have immature digestive system, which has never before processed food. It is, literally, just learning how to function. The smooth muscles of the digestive tract that has to assist digestion have not developed an appropriate functioning rhythm to be able to effectively advance food through the digestive tract. Furthermore, newborns have lack of beneficial bacteria intestine flora (probiotics), which forms with time and assist digestion. This can give an explanation why almost all babies overcome colics during the first couple of months.

• Some foods that breastfeeding mothers eat contain volatile chemicals and allergens which may lead to colics and abdominal discomfort to a small percentage of newborns. Through breastfeeding, signs of fruits, vegetables and other gas forming foods may pass over to the baby and lead to gas and/or bloating.

• Babies often swallow air while they eat or during a prolonged cry. This increases gas and bloating and contributes for a further discomfort.

- Baby’s nervous system is immature as well. It is possible that they get easily overloaded with unfamiliar sounds, lights or vibrations. Babies like that usually experience more pronounced colics, irritability, difficulties falling asleep at day or night, etc.

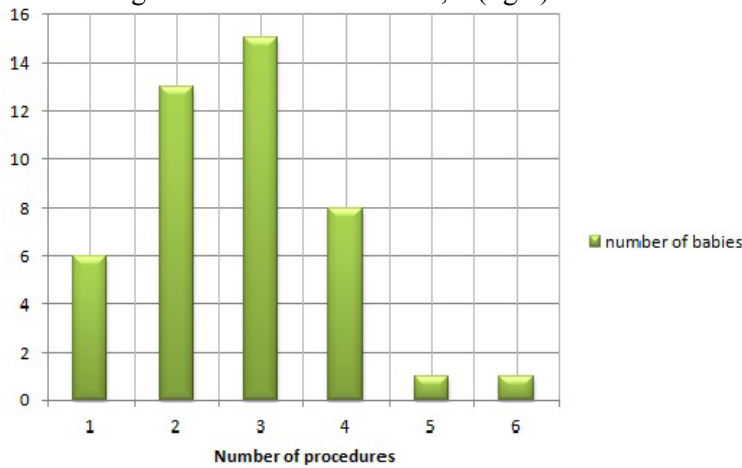
- The psycho-emotional status of the mother is also very important especially if she is breastfeeding. Tension, anxiety, petulance and other negative emotions of the mother and the family could easily transfer to the baby and cause baby colics.

Different ways for solving the baby colics are known. Most widely spread is the conventional treatment with medications prescribed by a pediatrician. The healing property of naturopathy is well known also.

Highly effective is the application of the Bowen technique.

44 babies were included in the current research at an age of 1-5 months, monitored between February 2011 and September 2012. Baby Bowen sessions were applied to all monitored babies with a minimum of two minutes break in between the set of moves. The procedures were done once on every 4-7 days.

The average number of sessions is 2,8. (fig.1)



Parents were asked to give a phone .all feedback five to seven days after each session. The stage of the colics was discussed, the quality of sleep whether is deep and long enough, the amount of milk intake as well as awareness and agility of the baby. If necessary a new appointment was scheduled.

As a result of the applied Bowen sessions a complete recovery was achieved to 63% of the babies, after only 2-3 sessions. 23% respond with a significant improvement but still experience mild, incidental colics and 14% show no improvement of state (fig.2)



It was interesting to observe that after two or three sessions some parents were satisfied by the improvement and did not continue with the treatments despite some remaining signs of the symptoms. As shown on fig. 1 only 8 babies had four Bowen sessions. This may give an explanation why there are 23% with incidental colics.

Another observation at the end of the research period shows that many of the non-responding babies are on natural breastfeeding. It is once again “a food for thought” that the psycho-emotional status of the mother and the food she eats plays an important role in resolving the baby colics symptoms. However, this is still a matter of future observations.

CONCLUSION

The Bowen technique can successfully be applied to the complex treatment of baby colics. There are no side effects or contraindications. A complete recovery or a significant improvement is observed almost to all babies, even after the first few sessions.

Let’s remember that babies are still getting used to this world and with growth their colics will disappear. The Bowen technique simply shortens this period.