

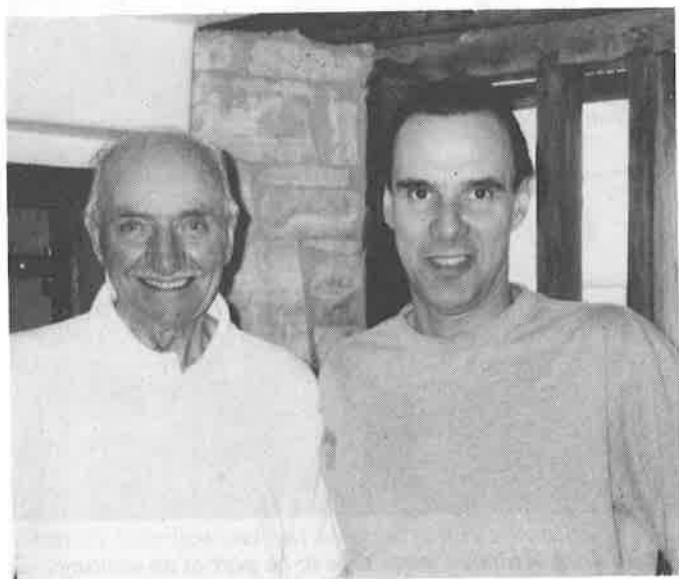
## Irenes Health Goal

Degenerative muscle disease, only 20 known cases in Australia.

Symptoms: having trouble standing from chairs, could not walk far (approximately 10 metres) without becoming breathless, could not talk if lying on her back because of the weakness of her tongue muscle, doctors had told her she would eventually die as the heart muscle would degenerate with the rest of her muscles. She was on very high doses of cortisone and other major stabilising drugs. At the time of first coming to me she was finding it difficult to go to the pool for her exercise due to lack of energy.

Irene first went to her doctor at the end of 1989, at that stage they told her she had RSI and was treated as such. When she found it hard to get out of a chair she insisted on seeing other doctors. In early 1991 they told her of her unusual disease.

Treatment: she came to me on 14th March 1995. In the beginning I did pages 1, 2 and 3, knowing I had to trust what I had learnt in February at the original seminar. Ossie had told us with serious disease to only do pages 1, 2 and 3 until the body could take more. At that stage the muscle tone was so depleted that it was difficult to know whether I was on the correct points. The first signs of change came for me after a few treatments when I could feel the body of the muscle and felt it move over the fascia. Irene could not come on a regular basis owing to family commitments and the distance of travel, and yet still felt more energy and wellbeing.



Jim Bird who is a young 80 years from Inverness and John Payne (Pengary) at Glastonbury Refresher, November, 1995

In June, she started coming in groups of 4 weeks, during this time I had done shoulder TMJ and Coccyx. On the last of these weeks I did the chest pain move, on the second group of 4 weeks I did the kidney, asthma, knees and continued with TMJ and shoulder. On the last week of the group I did pelvis and hamstrings, when she returned 2 weeks later she was elated, and proudly showed me that she could now move the extensor longus digitorum muscle for the first time in 2 years, and had taken her first tram trip in and out of the city in over 2 years. Until this time she had not had strength enough to get herself onto a tram and was unable to lift her leg to step up this high. At this time Irene is still progressing and the doctors have allowed her to lower her cortisone dose by one third, and are pleased with her "temporary" progress. Irene believes that with the help of Bowen Therapy, she will master this disease and recover fully.

Having attended the October refresher, I am now eagerly looking forward to helping her body achieve this health goal.

Rosemarye Kirkwood  
Sandringham Vic.



It was nice seeing you in Durango. That was a very nice, informative class. I was afraid I wasn't going to get a class this year since the one in Denver had been cancelled.

Bowen really is something. Helen is a very nice active lady in her 60's. She comes in every few months for her Bowen whenever she hurts herself.

She called to tell me she fell playing tennis and broke her wrist, so she was ready for her Bowen. She came in with a cast. So I thought I've never used a surrogate before so this was a prime time to do it.

Upon completing 1, 2 and 3, I went down the hall and "borrowed" my insurance man. I did her opposite shoulder, arm and carpal tunnel. Then I had Jim put his right hand on her left arm and started all the moves on his left arm. As I held his elbow I asked him to tell me when he felt numbness or tingling in his hand. At exactly the same time, they both said, "I feel it".

She came in for another session. When her cast was removed, sooner than expected, she had full range of motion and needed no physical therapy.

Carol Wayman, CO., USA