

Published in "What Doctors Don't Tell You" magazine

Do go gentle

› Magazine › September 2016 (Vol. 1 Issue 7) › Do go gentle

September 2016 (Vol. 1 Issue 7) in *Acupuncture, Arthritis, Blood, Blood pressure, Bowen Technique, Chiropractic, Fibromyalgia, Frozen shoulder, Headaches, Healing, Homeopathy, Injuries*



The tiny moves used in the Bowen technique can cause big changes in all types of illness, says Cate Montana

It's known as a technique, a method, a therapy and a 'body of work.' It goes by the popular names of Bowen Technology, Bowtech, The Bowen Technique, Bowenwork®, Fascial Therapy, Smart Bowen, Fascial Bowen and Fascial Kinetics. It has produced arguably non-Bowen-ish splinter techniques with catchy titles like Neurostructural Integration Technique (NHT) and Vibromuscular Harmonization Technique™ (VHT).

But no matter the name, Bowen therapists and thousands of clients in over 40 countries worldwide agree: non-intrusive, gentle, hands-on Bowen treatments provide improved function after illness and injuries, relief from pain, and substantial mitigation of a wide variety of symptoms—from frozen shoulder and headaches to arthritis, respiratory problems and more. Some patients even regard it as a ‘miracle’.

Lydia Julian, 40, of Greenwich, first stumbled across Bowen work when she was 20 years old and suffering from severe sciatic pain that regular medical attention couldn’t relieve. After a ‘one-off’ Bowen treatment, she says the sciatic pain went away in two weeks.

Fast-forward 20 years. After Lydia suffered a fall over some boxes at work in 2012, the sciatic pain was back, along with severe back pain. She went to her local general practitioner, who prescribed pain medication, anti-inflammatories and topical creams. After six months, she could barely walk, stand, lie down or sleep.

“I was in acute chronic pain,” she says. “I was hunched over at a 45-degree angle and could barely walk. I suffered from low moods and I was also really tired.”

She remembered how Bowen had helped before, and even though she describes herself at that point as “deeply skeptical,” she found London-based Bowen practitioner Isobel Knight. After eight sessions she was pain-free and able to stand upright again. Her energy levels also returned and her mood improved. “To be able to walk freely again was like a miracle,” she says. She remains symptom-free to this day.

Developed in the 1950s and 1960s by the late Australian sports massage therapist Tom Bowen, Bowen therapy attempts to address the underlying relationship between musculoskeletal and neurological conditions that, for centuries, has remained something of a mystery. After years of research into various healing techniques and exploring treatment options within his own practice, Bowen identified the soft tissue, or fascia, that covers all the body’s muscles, ligaments, tendons, nerves and organs as the integrating factor (see box, page 66).

Working with upward of 60 clients a day, Bowen developed a unique series of extremely gentle, rolling moves specifically aimed at inducing what is now popularly referred to as ‘myofascial release.’ Using only the thumbs and fingers, these moves were applied to different points on the body—points that had only a vague relationship with some known acupuncture points and meridians. He also incorporated breaks between each set of moves to let the client’s body respond to and incorporate the information the light movements were supplying to the nervous system.

To both patients and observers alike, it didn’t seem like much was happening. (To this day, most Bowen patients’ first response to the therapy is “*What? That’s supposed to do something for me?*”)

But pain relief and physiological improvements in Bowen’s clients were surprisingly swift—sometimes immediate. Most people experienced significant relief from their presenting problems and conditions within three or four treatments.

Gentleness and unobtrusive moves were—and still are—the mainstay characteristic and hallmark of Bowen’s work. Unlike chiropractic, osteopathy and manipulative techniques such as Rolfing, there is no force used in the movements Bowen employed and taught, no deep-tissue manipulation, no hard tissues moved and no ‘cracking’ of any kind.

Gentleness combined with occasional breaks in the treatments themselves is almost shocking in the face of our modern ‘no pain, no gain’ way of thinking, where popularization of relatively brutal techniques like Rolfing and the continued advance of deep-tissue work predominate.

Indeed, so entrenched is the belief in the effectiveness of a more heavy-handed approach to ‘break up adhesions’ and get things moving, so loose were the criteria for becoming a Bowen therapist and so open to interpretation was the technique itself after Bowen’s death in 1982 that some of his followers developed procedures that relied on ever-deeper work, trigger points and even overt manipulation.

“It’s a big issue,” admits Julian Baker, the practitioner who popularized Bowen’s method in the UK in 1992. “Many Bowen therapists are doing too much. There’s a real temptation to do more to justify the fees that are charged.”

Founder of the European College of Bowen Studies (ECBS), Baker freely admits that, besides the tendency to err on the side of doing too much, the major problem currently surrounding Bowen’s work is the lack of independent research into the movements themselves and the huge, therapy-wide question of exactly how the technique works.

Most people believe Bowen’s work prompts the body to reset, repair and balance itself—that the movements somehow trigger the body’s natural healing processes.

As Cheryl Kasdorf, doctor of naturopathy, wrote in *Naturopathic Doctor News & Review* in July 2013: “Bowenwork is an example of the best naturopathic medicine. It acknowledges the *vis medicatrix naturae*, the Healing Power of Nature, using gentle rolling moves over muscles, tendons and fascia to facilitate and augment this inherent self-healing process.”

But according to Baker, calling Bowen work “the homeopathy of bodywork,” while catchy, won’t enable the technique to gain the widespread clinical recognition and acceptance it deserves. He says there has to be a greater technical understanding of the system—which has more to it than the ‘inspired guesswork’ that has gone on so far.

“We get away with what we do because it works,” Baker says. “A lot of people try to explain the method in terms of energy and meridians. And alternative medicine is fond of using the word ‘holistic’ without knowing what that really means. We need to move away from this kind of thinking and come to a more functional understanding of what exactly is happening.”

To that end, Baker has spent the last decade doing tissue and anatomical dissections, developing and teaching what he calls “alternative anatomy”, which explains the connection between the fascia, the brain and the autonomic nervous system, and how it all ties in to natural healing—an alternative view of anatomy that also provides a plausible explanation for how and why Bowen work works.

Touch is not just touch

Human beings are wired to give and receive touch. But, as we all know, not all touch is created equal. How strong is the touch? Is it supportive, or sexual, or even hurtful and possibly threatening?

Depending on the brain’s instant interpretation and ‘answer’ to these questions, one of two things happens when someone touches us. Either the body’s sympathetic nervous system is triggered and the fight-or-flight response is initiated, resulting in stress, or the parasympathetic nervous system that triggers a relax-and-digest response kicks in instead. If the touch is interpreted as safe and pleasant—and Bowen movements are universally regarded as very safe and pleasant—the body relaxes.

According to Baker’s research, at this point, receptors in what’s called the insular cortex of the brain respond, releasing transforming growth factor (TGF)-1 and other chemicals and hormones that can potentially aid cellular growth, tissue repair and other healing responses.

“It’s my latest best guess,” Baker admits. “Who knows really? My point is, as Bowen workers, we really need to put ourselves through the hoops, audit the process and make finding out relevant.”

Instead of formalizing his work by writing books or leaving a written record of his work, Bowen taught classes in which participants could become proficient in the movements in as little as four days. In 1975 the government-instituted Webb Committee of Inquiry into Chiropractic, Osteopathy and Naturopathy in Australia investigated Bowen’s practice and found he was seeing an estimated 13,000 people a year, achieving an 80 percent success rate in improving their conditions.

Word-of-mouth referrals increased rapidly. In response to an ever-growing client load and general interest in his technique, Bowen, who was too busy in his practice to formally record his work, began teaching his bodywork movements in Australia in the late 1980s.

For a year, he invited six men to separately observe his work one morning each week. Ossie Rentsch, an Australian osteopath, was the foremost of these observers. After Bowen’s death in 1982, Rentsch and his wife Elaine went on to found the Bowen Therapy Academy of Australia (BTAA), and in 1987, they began teaching The Bowen Technique. After partnering with Julian Baker, The Bowen Technique began to flourish in the UK. At that point the technique could be taught by anyone who, after taking a single course, decided to hang out their shingle and become a practitioner.

By 1998, Baker was pushing hard to heighten the standards, reorganize training of the technique, and continue formal research into anatomy and the role of fascia to finally understand how the Bowen movements worked. But the Rentsches disagreed, preferring to stick to the known regime. Eventually they withdrew from the partnership, changing the name of their Australia-based program first to ‘the Original Bowen Technique’ and eventually to ‘Bowtech’; they also started Bowen Training UK.

Baker went on to establish what is now known as the Bowen Therapy Professional Association (BTPA) and the ECBS, where a teacher-training program consists of several hundred hours of training and supervised teaching. The difference between the two systems is essentially strict constructionist vs loose constructionist. As the strict constructionists, the Australian Bowtech website claims that only Bowtech Accredited Instructors can teach the basic, specialized and masters’ procedures, “all of which we received directly from Mr. Bowen, who asked us exclusively to document and chart his amazing techniques.”

However, Baker maintains Bowen’s work is not a series of procedures, but rather a system of bodywork, the pieces of which were never given exclusively to anyone.

“Tom Bowen told the six men he taught that this was only 10 percent of what was possible,” says Baker. “The rest was up to them to find. The guy has been dead for 30 years. Let’s move on. We have to make it relevant.”

In fact, cross-training between the BTAA and Bowtech and ECBS and The Bowen Technique is not unheard of.

Independent studies

Fortunately, there is a growing base of independent research being done on Bowen’s techniques. In May 2011, the *Journal of Alternative and Complementary Medicine* published the findings of a systematic review of 309 articles on Bowen Technique, Bowen Therapy, Bowtech and Bowenwork®.

Fifteen articles met the reviewers’ criteria, and the results were that over half these studies (53 percent) claimed Bowen’s work was effective for pain reduction, with 33 percent reporting improved mobility.

Several studies stated that people living with chronic illnesses (multiple sclerosis, for example) found significant relief from symptoms.

The review concluded that the different forms of Bowen's work "may provide a noninvasive and affordable complementary approach to improvements in health," and that pain from conditions such as frozen shoulder and migraines could be reduced.¹

The Journal of Bodywork and Movement Therapies recently published the findings of a prospective randomized controlled study of 120 healthy men and women who were tested for hamstring flexibility before and after a single Bowen treatment, using an active knee extension test and an electrogoniometer (which measures joint angles).

The results showed that those who had the Bowen treatment experienced "significant increases" in hamstring flexibility compared with the untreated control group, and that the improved flexibility was maintained and even increased over the study week without further treatment. The study also concluded that the Bowen technique "provides implications for plasticity" following its application "along the thoracolumbar and lumbopelvic myofascial slings."² These slings are the bundles of muscles and ligaments that stabilize the spine at the mid-waist and lower back, respectively.

In 2001, a pilot study involving 20 participants assessed the effectiveness of Bowen technology in managing frozen shoulder, and reported a significant reduction in pain as well as greater mobility and shoulder joint use during everyday activities. Also significant was the fact that improvements were experienced even by those who had a long history of frozen shoulder that hadn't responded to other treatments.³

Bowen therapy has also proved effective for reducing pain and stress while increasing mobility, energy, wellbeing and sleep in hospital and community health service staff, reducing work-related injuries and work-related insurance claims.⁴

Exciting healing responses

While independent corroboration seems to be increasing and the 'how it works' question is getting some interesting answers, the most exciting thing about Bowen therapy is that, according to therapists, "most of the time it works".

Sharon Price of London experienced severe complications after a long-term illness and infection with the parasite *Giardia lamblia*. One of her legs withered, shortened by two inches and "simply dangled." Her whole body was twisted out of alignment, she could only stand or walk with tremendous difficulty and she was in constant pain. "I walked like a crab," she says.

For 10 years, her symptoms—which could not be helped by her regular doctors—got worse until a friend suggested Bowen therapy because it had worked for her.

"After the first treatment I found an easing of the pain," Price says. Now, six years later and using no other therapeutic approach, her leg has lengthened, her spine has straightened, and she can stand and walk "without wobbling" with only the assistance of a stick.

Sharon's treatments were concentrated in short blocks, then longer blocks of time with no treatments in between—which is typical of Bowen therapy and designed to give the body sufficient time to 'heal itself.' Her therapist, London-based Isobel Knight, also included specific exercises in her healing regime. One of the things Price says impressed her was the fact that Knight and the two other Bowen therapists she's seen over the years all insisted on a minimal course of treatments, so the client doesn't become dependent on the therapy.

Many of the most enthusiastic Bowen therapists started out as patients themselves. Isobel Knight says she decided to train in the method after experiencing profound healing with her very first session. “I literally crawled into the room with severe lower back pain, and came out phoning people and asking them if they wanted to go out to the pub because I felt so wonderful afterward,” she says. Helen Mawson, a Bowen therapist in Herefordshire for seven years and an executive member of the Bowen Association of the United Kingdom (BAUK), similarly got hooked after experiencing “a fabulous response” for treatments she herself received for conditions that were not responding to other therapies.

“The way Bowen works can be completely unexpected and very often blows any of my preconceived ideas clean out of the water,” she says. “There is growing science evolving concerning therapies such as Bowen and those that work directly with fascia, overlooked by scientists and doctors who have focused on the denser anatomy, such as muscles, bones, et cetera.”

In Mawson’s experience, Bowen not only treats very specific issues, but can also affect the entire body. For example, she has a 47-year-old male client (who declined being named in this article) with psoriatic arthritis who experienced considerable pain relief during the very first session. And after that first treatment, he also reported that his digestion improved, and stiffness in his fingers, hip and knee were also better.

“I’m just stunned by how alert I’ve felt,” he told *WDDTY*. “Normally, without treatment, I would feel really lethargic, exhausted, in a lot of pain, not able to think straight, and reaching for my Tramadol. Right now I still have almost no pain and no desire to take any painkillers some six hours later, and incredibly, I feel energized.”

Margaret Ludlow came to Mawson suffering from pain and limited movement because of osteoarthritis in her hips. “Bowen treatments helped relieve the pain and stiffness I was frequently suffering,” she says. “After a treatment I was able to move much more freely, which was a great relief.”

Another patient, Isla M., says, “I really find the Bowen technique has helped me with back problems and menstrual pain. What I most like about this technique is that it’s gentle yet effective. It’s really made me reconsider how our bodies work and how best to look after them.”

Currently, Knight works with clients suffering from longstanding chronic conditions the medical profession finds particularly difficult to treat, such as fibromyalgia, chronic fatigue, chronic persistent pain and connective tissue disorders like Ehlers–Danlos syndrome (inherited disorders of the skin, bones, blood vessels, organs, gums, eyes and other areas). She says one of the biggest lessons she has learned is that ‘less is definitely more’ when it comes to both Bowen work and these particular kinds of patients.

“I believe the reason those with conditions such as fibromyalgia (and related syndromes) respond so well is because the work is so gentle, and these clients are highly sensitized—often in a heightened state of autonomic nervous system disturbance.” In her experience, Bowen seems to rebalance this part of the nervous system, reducing pain and stress levels, and appears to really help with sleep and energy levels, so often depleted in this patient group.

Like Baker, Knight, who co-authored the book *Using the Bowen Technique to Address Complex and Common Conditions* (Singing Dragon, 2014), believes the reason Bowen works so well is because of how it works with connective fascia, helping it become ‘unstuck’ after various traumas, thereby enabling patients to experience a rapid change in movement patterns and physical functioning.

So if fascia is so important, why has it taken so long for science to get around to studying it? As it turns out, the reason is the very way we’ve gained our anatomical knowledge over the centuries: through dissection.

To get at the ligaments and muscles, nerve fibers, veins, organs and bones that are all individually wrapped in slippery connective tissues—the fascia—that's exactly what doctors and anatomists have had to do: cut it up. As a result, the medical community has tended to discard the fascia as something you 'get through' to reach the good stuff underneath (see box, page 66).

Fortunately, with our increasing scientific understanding of the therapeutic effects of touch and of the role of fascia in health, that's rapidly changing. Now all we need are more studies into why such tiny moves as those used in Bowen make such an enormous difference.

What is fascia?

Fascia is the protein-based fibrous web-like 'fabric' between muscles, bones, ligaments and body organs that literally holds these body parts together. Along with muscle fibers, these fibrous sheets are responsible for the body's movement and stability, determining how well your body can do things like how far you can throw a ball, how long and fast you can run, and how high you can jump.

Research has also shown that fascia is designed to allow 'continuity' between our nerves and blood and lymph vessels, and its production of hyaluronan, also known as hyaluronic acid, is the natural, lubricating bodily fluid that allows nerves and vessels to 'slide' within our tissues.

Dr Thomas Findley, a clinician/scientist with the Veterans Affairs New Jersey Health Care System, says that trauma to the muscles can cause the overlying fascia to stop producing this slippery layer of hyaluronan fluid, and that restoration of this sliding mechanism is an important factor behind the effectiveness of manual therapies that reduce pain, stiffness and other movement difficulties.

In addition, fascia is made up primarily of cells called 'fibroblasts,' which synthesize, organize and remodel collagen. As it happens, the adequate production and organization of collagen in fascia is highly dependent on the level of tension between fibroblasts and the matrix that surrounds them, which means collagen production is also highly touch-sensitive.¹

In fact, the interconnectivity of cells within fascia goes even deeper than previously supposed; studies show that the minutest touch on the cells' surfaces causes each cell nucleus to immediately expand and begin DNA transcription to RNA, the first step of gene expression.² "Fascial connections reach to the very interior of the cell, all the way to the nucleus," Findley writes. "Specific pathology cannot be fully understood or treated without taking those tissues into account."

Studies looking at the connection between fascial inflammation and hypersensitivity and fibromyalgia are leading researchers to believe that including manual therapies in fibromyalgia treatment may prove effective.³

In their 2011 paper, researcher Dr Nigel Simmonds and his colleagues at the Anglo-European College of Chiropractic in Bournemouth proposed that therapeutic manipulation of fascia may well be "a biologically plausible mechanism" for the effectiveness of bodywork in general.⁴

Overall, interpersonal touch—which includes Bowen work—has been shown to decrease pain, lower systolic/diastolic blood pressure and respiratory rate, and improve sleep. Multiple studies show that touch signals the body to produce more dopamine and serotonin, and increases the activity of natural killer cells.⁵

Manipulation of muscle and fascia (myofascia) can also cause changes in levels of lactic acid, produced by strenuous physical exercise, and adenosine triphosphate and phosphocreatine, which together provide energy for muscle contraction, so affecting muscle oxygenation, necessary for muscle movement.

The theory is that stretching the fascia may translate into electrophysiologic activity that can reduce pain and other symptoms through what amounts to a myofascial communication system with neural pathways to the brain's limbic system, thought to lie at the core of chronic pain.⁶

--Courtesy of <https://www.wddty.com/magazine/2016/september/do-go-gentle.html> on 10/03/16 at 8:28am.