

BOWEN ASSOCIATION UK



Bowen News

Spring 2017 – Issue 74



EVERY BODY IS BETTER WITH BOWEN

Editor's Column

We're well into 2017 now, and indeed into Spring but it seems the weather hasn't realised that yet!

Having just delivered my Speech of Embarrassment at my daughter's 21st party the other week, and with both children now having flown the coop, life is quiet at home. But work and Bowen are quite the opposite.

If the articles in this newsletter are anything to go by, there's a buzz about the Association and Bowen in general. We're starting to see movement into the NHS mainstream; more and more case studies are appearing; mentions on the radio and TV; and, we're seeing more use of the "complementary" part of our titles.

I'm also hearing stories of clients passing on recommendations about Bowen to their social network, and finding out that people in their network have indeed benefited from Bowen. All in all, great news!

But, are you ready?

A few weeks ago, I gave a webinar as part of John Wilks' series, and had a nice turnout that were kind enough to keep me talking for a good couple of hours. The subject? Setting up and marketing your own business. So, some people are getting ready, are you?

Did you know that your member part of the BAuk website has lots of good material to help you set up or improve your business?

Who's read the "How to avoid the 7 biggest business mistakes health practitioners make"? It's there in the members' area. Why not have a read and see if it can help you improve your business? And while you're there, have a look at the other good material just waiting for you to use it.

This Edition...

...I'm really excited to have two quite excellent articles from Gillian Rhodes and Paul Dunn. So excellent that I've foregone the usual dice throwing to find the newsletter winner and exercised my editorial right to declare them both winners!

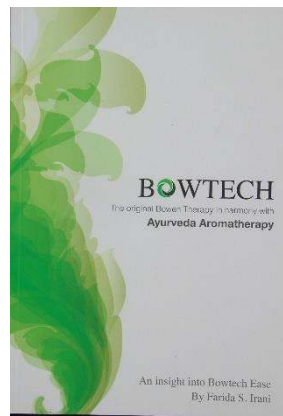
I've left it as an exercise for you to work out which nervous systems are being referenced by Gillian, and I urge you to follow Paul's example.

Have we mentioned that the AGM is in Glasgow this year? Voting forms and other material are included in this newsletter.

Newsletter Prize

The "contribution to the newsletter" prize for this edition is kindly donated by Helen Perkins of Bowen Supplies, www.bowensupplies.com, and comprises:

1. 'An Insight in to Bowtech Ease', Farida Irani
2. Bowtech Ease 10ml rollerball bottle



And finally...

Book your place at the AGM and hotel before it sells out. Last year was a stonking success and this year will be even better!

Dave Riches

Tel: 07748118071

Email: dave.riches@bowen-technique.co.uk



Bowen Association Chair Report

Dear Members,

As I write this report, it is a beautiful Spring day at the end of March, the birds are singing and the trees are bursting into new life. I would also say that this is how it feels in the UK in terms of Bowen.

Recently, we've had a practitioner, Paul Dunn, be successful in getting Bowen included as part of the palliative care of a major London teaching hospital. This paves the way for other local practitioners to become involved, and hopefully gives confidence to other UK practitioners to try and use Bowen in their local hospitals and hospices.

In May, we have a stand at the Back Pain Show in Birmingham - this will be shared jointly with the Bowen Training Team and also Helen Perkins, who will be displaying her Bowtech Ease and related products. We all see the Back Pain Show as a really positive way to explain Bowen to a captive audience, and that it will have benefits not only to practitioners in the Midlands, but also nationally, as people tend to travel from further afield for these types of events. It will, at any rate, be a profile-raising activity for the BAUK and Bowen work.

In June we have our AGM – this year to be held in Glasgow on 17th June – a location chosen because we are very aware of the strength of the Bowen community in Scotland. We are lucky to have three excellent speakers:

- Dr Neil Millken who is a GP and Bowen practitioner, and will talk about the challenges of Bowen and the NHS;
- Rosemary MacAllister will talk about her work with children who have bowel problems and how Bowen has helped with these children; and,
- Ann Winter will talk about Bowen in occupational health and the research that both she and Rosemary undertook involving Bowen in occupational health.

As you can see – a varied and exciting day is lined up, including 'round table' discussions at our AGM which proved to be popular at last year's AGM in Birmingham.

Our AGM is preceded by a one day 'Clinical Assessment Course' by Trevor Griffiths, and is already fully-booked. Our training team also seem very busy and have introduced some new courses. We also very much look forward to welcoming Ossie and Elaine to the UK in August where they will be running an SBP2 course.

Research continues to be a hot topic of debate in the Bowen world at large, and we are now busy setting up a research subgroup with an initial focus on formats to help our members to produce case studies that can be accessed by our members with a view to developing more academic models of case studies that could be picked up for larger projects or research trials – if only we had a grant!

Case studies are a useful way to build data and could be useful for our members to share, data and confidentiality permitting, and maybe also for journalists and others to support Bowen work and to develop our understanding of the incredible work that Tom created.

We are also completing the revamp of our website as it is now 10 years old and since technology moves on so must we! The website is our 'shop window' – so it is important that it looks as good as possible. We are looking to develop things like web-interviews, which could be discussions about case studies or practitioners talking about Bowen as way of helping people to further engage with Bowen work.

Our membership numbers look good and there are new practitioners joining us all the time, and some returners – which is very positive. We have some really excellent work coming through our members, and a very impressive energy.

Times are changing in the UK – Article 50 has just been triggered for Brexit – the name given to Britain leaving the Europe Union (EU). I personally felt a lot of turbulence last year after the initial shockwaves of the Brexit outcome, but we are leaving the EU,

and we must look at making the best of it as Britain stands alone.

I am not sure how that leaves us in the Bowen community – but I would like to send lots of medial moves to bind our special Bowen community, with a few lateral ones too just to show that our energy is strong and purposeful! Britain is still a great place to be, and we will all watch with interest and hope that Bowen continues to grow and flourish in the UK.

Just as I was completing this report, I had heard that Bowen has just had yet another mention on the Nation's favourite Radio Station, BBC Radio 2, when popular broadcaster Janie Lee Grace reiterated her love of the technique!”

Isabel Knight
Chair of BA UK



Committee Report

CPDs and Webinars

Recently, we were asked this question by someone who was looking at the <https://ehealthlearning.tv/> website featured in the last edition of this newsletter.

Q: “What CPDs do we get for attending these webinars or subscribing to eHealthLearning, and how do we prove we have attended for our subscription renewal?”

A: Our CPD Policy is on the front page of the website under Professional Development and details the rules for webinar CPDs. We will create an additional line specifically about eHealthLearning, but it will be no different to the existing webinar policy.

The webinar must be Bowen- or Practice-related, and Members should contact the office if in doubt. However, Members won't get CPD simply by signing up. The Member must notify the office and provide proof that the CPD has been undertaken and providing proof, is the responsibility of the member.

We suggest that Members send in the relevant receipts when renewing their annual membership.

Bowen AGM Sat 17th June 2017

If you haven't yet booked your place at the Annual General Meeting and Seminars this coming June (17th), now is the time to do so! And it would really help us with our planning too.

We are taking the AGM to Glasgow for the first time ever. Our loyal Scottish Bowen community show strong support when we are south of the border, so I very much hope that many of you will come and join us there to return the compliment in this wonderful vibrant city.

At only £50, including lunch and seminars, the event is a great way to gain 8 CPDs and catch up with all your Bowen colleagues. We have chosen a hotel which is near the airport (The Pond Hotel), close to major rail stations and has a free car park. Why not

come the night before and join us all for dinner too?

The morning programme will be the formal part of the day – although that said, it is always great fun - and it's also your chance to have your say in how the Association is managed. We are running the popular 'Talking Forum' again, having introduced it last year, in the lead up to lunch. The afternoon seminars will introduce you to 'Bowen for Children with Bowel Problems', 'Bowen in Occupational Health Services' and helping people return to work, as well as related research on these topics.

In addition, because we are often asked how to make approaches to doctors' surgeries, we are delighted to be able to offer you a rare opportunity to learn firsthand. Dr Neil Milliken who is also a Bowen Practitioner and member of The Bowen Association UK, has agreed to talk to us at the AGM about the best way to approach General Practitioners and how/when he uses Bowen himself. Neil trained initially in dentistry then started oral surgery/ENT, then latterly becoming a GP, nat. nutritionist, kinesiologist and manual therapist.

Simply email office@bowen-technique.co.uk to reserve your place and we will send you the booking forms.

Looking forward to hearing from you!

Voting by proxy

Voting by proxy is a convenient way of getting someone else to vote for you at the AGM if you are unable to get there in person. To vote by proxy, you'll need to fill in an application form which is available from the office. Simply email us at: office@bowen-technique.co.uk to obtain one.

You'll need to complete it, then sign it, and send it back to The Bowen Association UK.

Can I apply for a proxy vote?

You can apply for a proxy vote if you are a FULL member of the Bowen Association UK. When you apply for a proxy vote you must provide a reason why you cannot attend in person. You can apply for a proxy vote if:

- You are unable to go to the AGM to vote in person, for example, if you are away on holiday
- You have a physical condition that means you cannot get to the AGM
- Your employment means that you cannot go to the AGM
- Your attendance on an educational course means that you cannot go to the AGM
- You are a living overseas

Deadline to vote by proxy?

The deadline for applying to vote by proxy is normally 7 working days before an AGM.

Who can vote on my behalf?

Anyone can be your proxy if they are eligible to vote at the AGM, i.e. they are a FULL member of BAUK and they are willing to vote on your behalf in person.

The Back Pain Show 19th & 20th May 2017.

St. Andrews Stadium, Birmingham.

The Bowen Association UK, Bowen Training UK and Bowen Supplies by Helen Perkins are sharing a

stand at the show, and with just over five weeks to go to the show we are busy making final preparations.

The show is a one-stop shop for anyone with back problems and the health professionals who look after them, and is organised on behalf of the charity Backcare.

The show is aimed very clearly at those suffering with back pain and is definitely in our Bowen Technique target market. Just click on the following link to see details of great speakers and a variety of stands: www.thebackpainshow.co.uk

Entry to the show is FREE so please come along and see our Bowen Stand at the event and access the great line up of speakers including our own Nickatie Dimarco who will be speaking about the Bowen Technique.



We will have the Bowen Association UK Practitioner listings on a laptop throughout the two days so even if you are not a therapist in the immediate area, visitors from various parts of the country will be given your details on request.

The aim of the Stand is to promote the awareness of the Bowen Technique to the public and healthcare professionals. If you are planning to visit the show and want to volunteer to staff the stand whilst Helen or myself take a short break please do let us know as soon as you can, and definitely before the show please to help us with our planning.

Don't miss this exciting event!

Bowen Association Executive

Isobel Knight	- Chair
Fiona Webb	- Vice Chair & Mentors
Rob Godfrey	- Treasurer
Lorraine Ireland	- Secretary
Camelia Pop	- Projects
Sheila Whyles	- Committee
Veena Lidbetter	- Committee & Events
Marco Ferro	- Committee

Lucky Prize Winners...

...are Gillian Rhodes and Paul Dunn, who will receive their prizes very soon. Contribute an article to the next edition and you'll be in with the chance of winning.

Letters to the Editor

Help Musicians UK

I recently treated a client who obtained funding for my sessions from an established charity in Britain called: Help Musicians UK. They are a leading UK charity for professional musicians past, present or retired.

From my experience, the person in question, the client, has to approach the charity because they have to meet the funding officer and prove that they were or are in the music industry. Then they discuss the client's needs.

In my case, the client phoned me to introduce himself and to tell me about the charity. He then gave me the phone number of his funding officer and I phoned this lovely man, Matthew Dewhirst. He told me the background of the organisation and that they had allocated £400 to £600 for my client's Bowen treatment. He was very helpful and very caring.

However, it was up to the client as to how he wanted to spend the money and so if he wanted to use half the money for another therapy he could do that. I was pleasantly surprised that I did not have to deal with paperwork and Matthew told me that all I had to do was send them an invoice online and my bank details and they would pay into my bank directly and that is exactly what has happened. Simple and easy!

My client has been out of work for a long time due to serious health and mental health issues and so I was thrilled to find that, after just a few Bowen sessions, he responded incredibly well and eventually was able to turn his life around. The healthier he became, the more life started working for him.

If it was not for Help Musicians UK, then he would not have found the road to recovery. I have told him that when the sessions with the allocated money is finished, that I am happy to see him on a no-fee basis every month or two while he still needs it.

I have spoken with Matthew at the organisation and told him that I would spread the word and he is very happy about that. You can google “help musicians” to find out more and you can contact them yourself if need be about any of your clients. Matthew’s email is:

Matthew.dewhirst@helpmusicians.org.uk

Joanne Figov, Dorset

Learning to Trust

I haven’t always had the confidence to ‘trust’ but, thanks to Isobel Knight and her regular posts on Facebook, I have gained the courage to take the ‘lesser’ approach... sometimes. Admittedly, it was also born out of almost sheer desperation on the occasions when there didn’t appear to be a response to the issue in hand, although I never admitted this to my clients of course!

And thanks must also go to John Wilks with the somewhat tongue in cheek advice of ‘when in doubt, pray’ and the story of the bear. Well, I certainly did, and still do, a lot of that too! Not always though, and definitely not aloud when I am with a client, but often when out walking on Dartmoor!

I also ‘prepare’ my room and ground myself before the start of my Bowen day, and am convinced there is a Bowen guiding hand out there somewhere that provides insight and intuition...providing I am still enough to listen. The old saying ‘can’t see the woods for the trees’ is often true and I found myself beginning to step back and ‘trust’.

I realized I was in danger of replacing too many moves by too much explanation to the client, as if I HAD to justify my new approach. Luckily, having realized this, I was able to quietly and confidently explain to them why ‘less is often best’. And, guess what...we have both been rewarded!

This experience has enabled me to hopefully start to become a better practitioner and, although I have always known ‘one size doesn’t fit all’, in the early days of becoming a Bowen Practitioner, it is sometimes difficult to step away from a ‘formula’ and find the courage to move forward to treating through intuition within the guidelines of Bowtech.

A huge thank you to those knowledgeable and experienced Bowen colleagues and tutors that so readily share their wealth of information and help us all to achieve better results. We are truly inspired by, and indebted to you all.



Kim Sheppard, Devon

Fibromyalgia

Fibromyalgia (FM) is a syndrome, or collection of symptoms with no clinical diagnosis. It is a complex and chronic condition that worsens over time and, because FM is poorly understood, treatment aims to manage the symptoms. Recent research by Wolfe et al. (2010) for diagnosing FM considers widespread pain and frequently occurring symptoms such as waking unrefreshed, fatigue and cognitive deficits. Symptoms must be present for a minimum of 3 months and other conditions which present with these symptoms have been medically ruled out.

Tips for Bowen Therapists

Therapeutic Relationship: When treating people with fibromyalgia, it is important to remember that many have spent years trying to get a diagnosis. Hayes et al. (2010) demonstrates that many people have had negative experiences with medical professionals. This was prevalent amongst participants in my unpublished research and in the focus group interviews. It became apparent that people had positive responses when talking to a practitioner who had a good understanding of the condition and its effects. So, if you are seeing clients with FM it is important to have a good understanding of the condition as this will aid the therapeutic relationship.

Applying Bowen: Research demonstrates that people with FM are in a highly sensitised state. To ensure safe practice when treating people with FM, it is imperative to consider the amount of Bowen

work you apply. We must learn when 'enough is enough'!

After liaising with other practitioners, and with my own research and experience of working with this client group, I recommend starting with no more than the bottom stoppers (20min break) and top stoppers (10-15 min break), or until reactions have ceased. This will give you a baseline to work from.

From this point forward it is wise to increase the amount of Bowen moves slowly over a series of weeks and take a targeted approach based on assessment and how the client presents. It is essential to really listen to what your client's priorities are as they are likely to have multiple complaints which cannot be addressed in one go.

To enhance the therapeutic relationship, it is useful to explain your clinical reasoning as the work we apply is not always 'obviously' related to what the client wants to achieve. For people who have particularly strong reactions to Bowen I generally recommend 1 treatment every 2 weeks to give the client's body more time to integrate the Bowen work and prevent overload.

You might also want to consider the Kidney Procedure (Bowtech) and/or Adrenal Procedure (Art of Bowen – A McLoughlin). When the body is in a highly stressed state these procedures might be beneficial for calming the body at a systemic level. Theoretically, this will help normalise adrenal output, which is excessive when the SNS is in a heightened state because the body is under stress.

Vagus Nerve Stimulation (VNS): A review of VNS by Chakravarthy et al. (2015) concludes that VNS can be beneficial for people with chronic pain conditions including FM, and discusses previous research demonstrating improved cognitive function and mood. However, my pilot study was inconclusive in terms of Bowtech's Vagus Nerve Procedure. I suspect this was due to the time constraints of the project which meant I was not afforded the time to build a client's tolerance to the treatment according to their individual needs. With this in mind, I would certainly build up a tolerance to Bowen work with your clients

before trying the Vagus Nerve Procedure as the responses can be quite strong.

Co-occurring Conditions

Bennett (2014) demonstrates Co-occurring Conditions such as digestive difficulties, hypermobility, and temporomandibular (TMJ) dysfunction, to name a few, as common amongst people with FM, adding to the complexity of treating this client group. I would also consider whether you are treating the side effects of medications. I believe these 2 factors are important and further justify an "enough is enough" approach, i.e. enough Bowen moves to initiate a healing response, when planning and monitoring treatments with FM clients.

Managing Expectations

You should not give your clients unrealistic expectations of the treatment. Whilst we can help people manage their condition the Bowen Technique will not remedy FM. That being said, we can significantly help people have a better quality of life. In my research and life experience of working with FM, feedback from clients include the following: reductions in pain; improved mobility; better quality sleep; decreases in 'Fibrofog' (better cognition in terms of memory, concentration and word finding for anyone who is unfamiliar with the term 'Fibrofog') and improved wellbeing or ability to cope in day to day life.

People will still need to learn to manage their condition to avoid or minimise the frequency of flare ups and helping them consider their lifestyle may assist them with this endeavour.

Other Considerations

- Seeing an Occupational Therapist – can help people better understand how to manage FM on a day to day basis through pacing activities, fatigue management and understanding how various stresses in life might lead to a flare up.
- Diet & Nutrition - Inner health is essential to promote optimum functioning in the body. In my experience people with FM sometimes have digestive difficulties. So consider 1) have they developed food sensitivities and 2) might they have nutritional deficiencies? If a client presents with symptoms of a nutritional

deficiency refer them to a medical practitioner for assessment. This is important as excess of nutrients can also have negative implications on the body.

- Vitamin D – People with FM often become much more insular which may result in decreased exposure to daylight which is how the body gets vitamin D. Vitamin D deficiencies in adults can result in bone pain and tenderness.
- Magnesium – helps to regulate the uptake of calcium into bones; plays a role in the proper function of nerves and muscles; and, aids digestive function. Whilst supplements are typically prescribed, some clients have reported that magnesium sprays have been useful for targeting specific areas of muscle tension.
- Relaxation – such as breathing techniques and meditation, is a good way to naturally promote a more balanced function in the ANS. Both physical and emotional stress stimulate the SNS. Prolonged over activity in the SNS can lead to adrenal fatigue, digestive difficulties, poor sleep quality and much more! To promote better balance in the ANS, clients can engage in relaxation techniques to simulate the PNS. It might be useful to signpost your clients towards related self-help materials or local groups to learn about such techniques.

References

Bennett, R. M. (2014). Guidelines for the successful management of fibromyalgia patients. *Indian Journal of Rheumatology*, 9, S13-S21.

Chakravarthy, K., Chaudhry, H., Williams, K., & Christo, P. J. (2015). Review of the uses of vagal nerve stimulation in chronic pain management. *Current pain and headache reports*, 19(12), 54.

Hayes, S. M., Myhal, G. C., Thornton, J. F., Camerlain, M., Jamison, C., Cytryn, K. N., & Murray, S. (2010). Fibromyalgia and the therapeutic relationship: Where uncertainty meets attitude. *Pain Research & Management: The Journal of the Canadian Pain Society*, 15(6), 385.

Wolfe, F., Clauw, D. J., Fitzcharles, M. A., Goldenberg, D. L., Katz, R. S., Mease, P., Russell, A. S., Winfield, J. B. and Yunus, M. B. (2010). The American College of Rheumatology preliminary diagnostic criteria for fibromyalgia and measurement of symptom severity. *Arthritis care & research*, 62(5), 600-610.



Gillian Rhodes (PgDip, BSc (hons), BTAA), Lancs

Working within the NHS

This article introduces the establishment of Bowen Technique at the Complementary Therapy Service (CTS) within Whipps Cross Hospital, London.

The CTS primarily supports cancer and palliative care patients and carers. Neil Browne heads up this unit with an enthusiasm that is rare to find these days and oversees a body of volunteers who give one day a week to make the service tick. The volunteers provide skills in various modalities including Reflexology, Myofascial Release, Shiatsu and massage. You are probably saying “why volunteers and why volunteer for such a service”. Well let’s start with that question first.

Many of us therapists, Bowen and other modalities, will see clients with a familiar set of problems. We train hard to be on top of our game, continuing with CPD activities. In fact, when I sit down and think about the past 8 years of bodywork training, whether formal courses or video and book research, I estimate it probably adds up to around 1000 hours each year, a fairly large amount of time and financial investment! You wonder if all your skills can do more than solve that familiar set of problems?

At the CTS you are learning from Day 1 and working in a different environment from that which we might otherwise face. At the CTS Neil instructs you on the protocols of a hospital environment, the key issues

patients will be dealing with, how medical treatments will work in tandem with your therapies, the medications and so much more. Working with other CTS therapists is also a wonderful opportunity. But this article is about Bowen and so let me explain a little on what the CTS do and how it matters for Bowen.

CTS is based within a wholly NHS environment, providing a much sought after service for patients - some 800 referrals a year. Neil will assign each new case to an appropriate therapist to ensure the best outcomes. After each treatment, and prior to the next, the therapists discuss the day and how the patients are responding. Initially each therapist completes a more detailed review with the patient, records a status of the problems presenting, then monitors and measures changes over the course of about 6 treatments and three months. All data is confidential but the results of the therapeutic work are captured using an established clinical scoring protocol, such as MYCaW (Measure Yourself Concerns and Wellbeing) or the Likert Scale using a 6-point scale on questions of pressing issues, pain and general well-being.

To bring the Bowen Technique into a wholly NHS cancer and palliative care environment required evidence of efficacy and safety to be presented to approval boards attended by medical professionals. Data-based approval will be a key requirement in the future and, whilst there is much known and recorded about the benefits of Bowen internationally, there is too little validated statistical data from a clinical environment.

In working to develop the Bowen justification and a supporting 'Bowen operational policy' I spoke with many leading figures in the Bowen community and clearly quality data collection remains an onerous challenge. After 7 months working in the CTS applying approved therapies it was pleasing when the Governance Committee gave approval for Bowen on the evidence and generous contributions that had been provided.

Bowen now has a service operating in a clinical environment where outcome data is formally captured. It will take time to grow this data set as I am presently the only

Bowen therapist in CTS and seeing just five patients a week. But the anonymised statistical data will provide a much-needed source of evidence. Importantly, Bowen in the UK and internationally might be better welcomed into similar institutions and permitted to create more clinical data studies.

So what was the question I started with, oh es, "Why volunteer?" Well I hope it is now clear from the above that people with challenging symptoms will in time get the best that Bowen can offer and the Bowen community will have a developing source of evidence and so improve acceptance across the health services. Personally, I am asking for another year to learn even more and to see the positive results of Bowen making a proven difference. I will write more next time on the process of approval and the outcomes that we are seeing. What we now need is to see is some new Bowen Therapists working alongside me so that we can deliver more sooner. If you are interested, please let Neil know by contacting him, as follows:

Neil Browne

Clinical Lead Therapist, Barts Health NHS Trust

Margaret Centre, Whipps Cross University Hospital

Leytonstone, London E11 1NR

Telephone: 020 8539 5522 ext. 5840

Email: neil.browne@bartshealth.nhs.uk

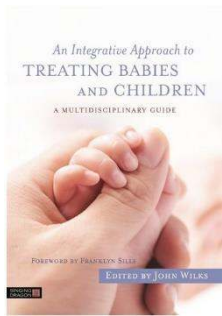
Paul Dunn

[Ed. You can see an example of how the importance and use of MYCaW can be used to "market" the usefulness of a therapy as demonstrated here in the application of Shiatsu in an NHS setting:

<http://bit.ly/2oTgOsM>]

Book Reviews

An Integrative Approach to Treating Babies and Children



John Wilks, Senior Bowtech Instructor in the UK, has recently had two books published both of which feature the use of Bowen to treat mothers and babies. Choices in Pregnancy and Childbirth was published in 2015 and gives a wealth of

information for practitioners about the ramifications of interventions and how to support mothers to achieve an optimum birth. His most recent book was published in April and has contributors from all over the world. Both were published by Jessica Kingsley in the UK and the USA and are available worldwide. See www.cyma.org.uk for more details.

John runs courses on working with mums and babies with his colleague Lina Clerke. Contact him at cyma@btinternet.com for more details.

Obituary – Clare Walters

My Mum, Clare Walters, trained as a Bowen practitioner in Edinburgh in her 60s. She went on to practice from her home in Arisaig which is a small village on the west coast of the Scottish Highlands. It is a relatively remote and rural area so complementary therapies are often regarded with a certain amount of scepticism but she helped many people to be open to it with her practical 'why not give it a go' approach.

Mum died from cancer last year and when in hospital began writing a wee piece for the magazine to share her story with other practitioners. It was never quite finished so I take up the story in the latter half:

"I came to Bowen late in life, aged 62. I had a new left hip and my daughter, having just returned from New Zealand said 'Mum you must have a Bowen treatment'; so, doing as

I was told, I booked one in Edinburgh but I hardly paid any attention to it - though relaxing I found the frequent disappearance slightly odd!

When it was completed I was asked when I would like another appointment, I was a bit surprised as I had never thought further than having one, and, having a somewhat restricted purse, I looked rather blank and wriggled out of it. But it had sowed a seed; having always been a believer and interested in alternative therapies - especially homeopathy and herbalism, both of which I used with success on my croft on a small island - it struck me as being a more hands on way to help and an excellent addition to the therapies I already used."

Unfortunately, this snippet was all the notes I found so, either Mum didn't manage to write anymore, or I have lost them - for which she will be shaking her fist at me! However, I know she wanted to share with other practitioners how important she felt Bowen could be in people's management of their own conditions. A simple, basic, self-help move was something she could give to anyone who couldn't, or wouldn't, have regular appointments. In her own case, she struggled with various health challenges for a long time and the Bowen moves to help sleep and later on for pain management were invaluable.

Over time, Mum came to really appreciate the importance of the frequent disappearances of the practitioner from the patient's side that had previously seemed so odd. She wasn't doing the healing, they were, and this was when they really relaxed and let go. The deep relaxation Bowen could facilitate in patients was, she said, the most needed and healing part for some people.

Having left formal education quite young; never done anything academic; and being undiagnosed as dyslexic, as well as pretty short on self-confidence, the learning and memorising aspect of the Bowen course was a big challenge but one she took on with strength and determination. And, like I am sure many other practitioners, she enjoyed new friends and colleagues made while training. I don't know how she would like to sign off but I suspect it would be to say keep up the good work, and that something that

may seem quite insignificant to you might be very significant in the life of your patient.

Many Thanks,

Ishy Walters

Red Flags – To Treat or Not to Treat?

I have had a few interesting dilemmas in clinic lately, and below are two examples. I made the best decisions I could with the facts and information to hand – also using both my intuition and professional judgement. What would you have done?

First Example:

A female client, age 27, had seen me a few weeks ago. Last week she started on some more Bowen sessions primarily for upper back pain. She attended for a 2nd session telling me that she'd had a seizure five days ago. She didn't have a history of epilepsy, and had been experiencing severe stress/anxiety owing to her very stressful job. She arrived in a terrible state.

I had treated her a while ago and she was much improved after a few sessions. She seemed to have deteriorated in the interim weeks, and this seizure was the last thing she needed. It transpired her flatmate had seen her fitting but she hadn't bitten her tongue. An ambulance had been called and cancelled when the flatmate and my client considered she was recovered enough. My client said she was very sick after the incident and tired.

A few days later she had a panic attack at work and was sick again, and the back pain now seemed to have paled into insignificance. I listened whilst my client sobbed and sobbed and said she felt unable to go into work tomorrow. I agreed that this wouldn't be a good idea. I was also concerned that she had not yet sought medical advice following the seizure – as it is always very important to do – especially after a first seizure. My client generally looked unwell and was in a terrible state.

I decided that she should go to hospital to be checked out – my clinic is 10 minutes from a major London hospital and A&E. My client agreed. I said that it was not possible for me to treat her, to which she also agreed. I asked if she had a friend she could contact to meet her at hospital, and she contacted a friend who I spoke to, explained the situation and gave him the hospital address. I walked with my client to hospital, talking to her on the way – and it was good she was in the fresh air, although she was still obviously distressed.

When we arrived at hospital, the triage nurse asked my client what the matter was and my client said that she'd had a seizure 5 days ago. The nurse asked my client if she had drunk alcohol or done any drugs at the time, and my client said yes! My eyes widened as I looked first at the nurse and then to my client. It was not what I had expected. My client had told me back in clinic that she'd had no warning of her pending seizure and had no known triggers.

I confess, I was somewhat surprised at my client's confession to doing a 'few lines of coke' – it just hadn't occurred to me! She then apologised profusely for not telling me the whole truth and was then became upset all over again. By this point I had to leave for a pre-booked evening course and then my client's friend arrived to be with her. My client got seen and was subsequently referred to a 'First Seizure' clinic.

I think this raises a few questions. How many others might have tried to treat the client? I had literally just completed a First Aid refresher so knew that as it was a first seizure my client needed medical advice and attention. Secondly, it raises the question of the dangers of recreational drugs – she had her seizure 2 days after her last Bowen, so before I knew the truth of the matter, I had to wonder, even fleetingly, whether the body prioritised her fit. However, my intuition of not treating her and spending the hour taking her to hospital and getting her sorted out was the right thing to do and I just wanted to share this with you all.

Second Example

A female client mid-50s who you've been seeing for a while, treating for ear and TMJ

problems arrives to the session and says that they think they have appendicitis. Would you treat them?

I looked at my client's presenting symptoms and she didn't appear to have a fever, neither had she been sick or had diarrhoea. I asked her to explain where the pain was and she showed me. I had her lie on the couch. It also transpired that the pain radiated to the psoas insertion point and into the inguinal ligament generally from the right iliac fossa. At the back of my mind was also the consideration that my client had an extensive history of endometriosis, and therefore, could it be that or something to do with the right ovary?

Anyway, of course I/we as Bowen Therapists are not doctors and cannot make diagnosis. I looked at my client. She looked particularly tired. She had been responding well to Bowen for recurrent ear problems. I considered whether I could not simply just put the stoppers in or 'hit her lats', but my deeper intuition said no. I didn't treat her.

I explained that it was simply not sensible to do so when we didn't know if she had appendicitis. The client agreed, and was completely fine about my decision. My client said that she had a GP appointment booked for the morning, but I said to her that obviously if her pain became worse before the morning, or she started vomiting or becoming feverish to take advice sooner. Again, my client agreed. I also got the sense that she gave me more respect in my decision to not treat her that evening.

Some will ask whether I charged her – but she had already pre-paid for the session – and she was totally fine about all of this. If she had phoned me earlier in the day I would have happily given her another session for free – but I was faced with the situation I faced when the client arrived.

In the end, it transpired it was an endometriosis flare-up and my client had reduced her HRT. She is continuing to respond well to Bowen for recurrent ear pain and TMJ problems.

Sometimes, it is a really hard decision to not treat at all – perhaps thinking that just a few Bowen moves might help. It might be argued that I could have put in the stoppers

and hit the lats – but I would have had to face the consequences if she suddenly had a burst appendix, if that's what she believed – or indeed was the case. I documented everything I did after the event, and felt that I acted in the best interest of my client and my own sense of professionalism and my intuition. If something does not feel right for whatever reason, go with your gut feeling or intuition. Remember to write and document in the case of unusual circumstances.

Isobel Knight

Angela Cannon comments: It's lonely being a practitioner; we don't have colleagues 'in the next room' to ask for their opinion as NHS healthcare professionals do. It's about doing the best we can with the information we are given. The 'red flags' are really important and so is referring to the GP or hospital. Sometimes clients just want permission to 'bother' their doctor with whatever it is.

As you say, always make a note of the referral advice given in the case notes. I also get to know and hold a list of healthcare professionals in my location to whom I refer clients too if I have concerns that something is outside my remit.

On several occasions when I have decided Bowen treatment wasn't the best course of action I have sent a client directly to their own doctor's surgery, or down to the local hospital A&E rather than treat them myself.

On two occasions, I sent clients directly to an optician, and in turn they were sent directly to the eye department at the hospital, one had really bad headaches which was caused by a bleed behind the eye and life threatening, and the other one had high pressure in their eyes and required drops to save their sight. There was very little to see but it was just calling on experience, or intuition due to confusing symptom and as you say Isobel, realising that we are not miracle workers.

As we gradually gain respect from the Doctors and other professionals, they know it's important if we send people to them. And the more experienced we are, probably the more cautious we become, do you agree?

Bowen AGM Sat 17th June 2017

Pond Hotel - Glasgow

Time	Agenda – 8 CPD hours for the full day
09:30	Registration, Tea/Coffee, Conversation
10:00	The Chair welcomes members <ul style="list-style-type: none">• Apologies• Minutes of BAuk AGM 2016• Chair Report• Finance Report• Other Executive Reports as appropriate
11:00	Coffee & Election of Executive Committee posts 2016/2017
11:15	(a) Motion to amend Constitution to increase Executive Committee membership (b) CPD Review (c) Any Other Business and close of AGM
11:30	Members' Forum and Speaker
12:30	LUNCH included and served at the venue
13:45	Join us for special afternoon presentations
14:00	“Challenges with Bowen and the NHS”, Dr. Neil Milliken
	Coffee/Tea Break
15:45	“The Bowen Technique and Bowel Problems in Children, and Occupational Health turns to Bowen”, Rosemary MacAllister and Ann Winter
17:00	AGM Close

- Dr Neil Milliken: Challenges with Bowen and the NHS

Neil initially trained in dentistry, then oral surgery and ENT before working as a medical GP for 27 years. Followed up by training as a naturopathic nutritionist, cranio-sacral/Bowen/Emmett therapist, and kinesiologist. He is now retraining as a NHS GP but intends to use this as back-up to working full-time in alternative medicine therapy. He is interested in cancer and trained as a Gerson doctor. Neil's special interest is the study of energy medicine/herbalism and its implications for human health.

- Rosemary MacAllister: Bowen Therapy for Children with Bowel problems

Rosemary was a nurse for 45 years and an occupational health advisor for 25 years before learning the Bowen technique in her retirement. She'll be telling us about her experiences when along with 7 colleagues she helped set up a project within the occupational health service in Lanarkshire, using Bowen to help people back to work after sickness and about her experiences of using Bowen for bowel problems in children.

- Ann Winter: Occupational Health turns to Bowen - a Retrospective View of Bowen Research in Lanarkshire.

Ann worked with Rosemary in the Occupational Health Service in Lanarkshire and will talk more about the research process involved in support of Bowen Therapy. Ann, an NHS nurse for over 30 years, spent part of that time in a respiratory intensive care unit, before taking on a nursing officer post with the Scottish Heart Health Study. After obtaining a BSc in Occupational Health, and then working within the West of Scotland Bowen Therapy Team, she is now in private practice.



NOMINATION FORM

BOWEN ASSOCIATION (UK) and Bowen Association Ltd ANNUAL GENERAL MEETING 17th June, 2017

If you would like to nominate yourself or somebody else to join us on the Executive Committee for 2017/2018 then we look forward to hearing from you.

Please return nominations for the 2017/2018 Committee to: **Bowen Association UK, PO Box 210, BOSTON, LINGS., PE21 1DD** by 30th May, 2017. Alternatively you may scan the hard copy and email it to: office@bowen-technique.co.uk. In the event that there are more nominations than places available, a postal ballot will be held.

ONLY PRACTITIONERS WHO ARE FULL MEMBERS, AND HAVE BEEN SO FOR A PERIOD OF 1 YEAR OR MORE, ARE ELIGIBLE TO BE ON THE COMMITTEE, MAKE A NOMINATION AND VOTE.

If you would like an informal chat about what's involved, simply email us at office@bowen-technique.co.uk with your phone number and a convenient time to call you and we'll be in touch.

Please use the tear-off slip below to submit your nomination ensuring you obtain the nominee's consent before sending it to us.

.....

Your Name: **Membership No:**.....

I wish to nominate**(name) to serve on the Bowen Association UK Executive Committee for the year 2017/2018**

Nominee's membership number if known:.....

Nominee's email address:

Nominee's address:.....

I have discussed this nomination with the above named and they have consented for their name to be put forward.

Your signature.....**Date:**.....

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COMMITTEE MEMBERS

Chair – Isobel Knight, Vice-Chair – Fiona Webb, Secretary – Loraine Ireland,

Treasurer - Rob Godfrey

Committee Members – Sheila Whyles, Veena Lidbetter, Marco Ferro, Camelia Pop

Deadline for the next edition – 1st July 2017

Send your articles to dave.riches@bowen-technique.co.uk

We are always eager to hear from you, for example interesting case studies, ways you have found to run your business, charity work you may be involved in, unusual circumstances you have done Bowen in, work on animals or children, events or shows you have been to – also please send in your pictures or post information on our Facebook site.

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