

BOWEN ASSOCIATION UK

# *Bowen News*

Summer 2012 – Issue 56



EVERY BODY IS BETTER WITH BOWEN

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## Editor's Column

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Well, what can I say, this is the summer edition and despite it being held back a month to accommodate the AGM, I'm still loathe to call it summer! Where will all my Vitamin D come from? Perhaps a trip to Italy in September for the International Bowen Conference could make up for it? Have a look at <http://www.bowen-conference-italy-2012.org/> and see if it will!

At this time of year, I usually get several clients wanting to sort their hay fever. But, as of now, I've had none! Another indication of a lack of sunshine perhaps.

Instead, I now have runners with calf problems...what changes have you noticed with your clients?

This last quarter nearly qualified as "exciting". I had one client who had a hypoglycaemic moment on my couch. She'd neglected to mention that she was newly diagnosed as diabetic and was in denial. And no, she didn't mention it in the history taking!

After finally remembering to go through my First Aid check list – "Drs ABC", and running down the list of causes for symptoms of pale, clammy, palpitations, drowsy, etc. I did ask and she did admit it. Suffice to say that a sugary drink and a stern talking to about the need to go on the Diabetes Management course meant that she's coping well now.

I'm not sure the same could be said of me though. I'm certain you're all up to date on your First Aid skills... aren't you?

But enough of the musing.

### What's in this Edition?

I'm quite excited about this edition (and I'm not one to get very excited). I attended one of Robyn Wood's stroke courses in May and, without any physical coercion, she agreed to let me interview her. Sure, she then quickly departed to Romania but I don't think that was because of me! Robyn is one of the few who knew Tom Bowen well and she has some forthright views on the state of Bowen at the moment.

Also in this edition, I have some feedback from the AGM held in Nottingham and several contributions from the members. As usual, there's a prize for one lucky contributor of a 200g sachet Lectric Soda Crystals and a new mini Bowen Pack.



The front cover photograph shows some of the AGM attendees posing alongside the Nottingham Forest football pitch with the Brian Clough stand in the background.

For the more social media minded of you, there is now a new Facebook group called, "Bowen Association

UK". The difference between this group and the official Facebook page is that practitioners can start conversations. Use it to ask questions and trade stories.

In the international Bowen Hands journal, three of our UK practitioners, Carolyn Hornblow, Nickatie Tucker, and Barbara-Anne Chapman each have an article; and trainer Jacqui Hoitingh responds to a survey.

### Next Edition

I'd like to introduce a section for Student practitioners in the next edition. So, any students or newly qualified students out there, please feel free to contribute.

And finally, I would like to congratulate Kim Pearson on a superbly organized and well-run AGM. You can read a little about it later in the newsletter.

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Riches



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## Chair Report

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For this edition, and for those who could not make the 2012 AGM in Nottingham, here's Angela's Chair Report.

The celebrations over the Jubilee weekend reminded me that as members of the Bowen Association UK, we have an opportunity to celebrate in style too, but we don't have to wait 60 years! We just celebrate each year at our AGM and Seminar.

### Committee Achievements 2012

It's been a tough year out there, but BAUK has had a good one. Following our promotion at the Back Pain Show in February (see Spring Newsletter for more details), April and May saw the highest website hits we have yet recorded; pointing towards a successful promotion of our practitioners and training.

The Website remains popular with the public with people checking our site for their nearest registered practitioner. They like the fact that they can pick with confidence because of our assurance that all members listed are fully trained, do 16 hours CPD training every year, and have A & P and first aid. Thanks to all our practitioners for their dedication to training.

During the next 12 months we'll be upgrading the site even further, and streamlining the email systems.

### Advertising

A member of the public recently drew our attention to the fact that two practitioners who had left the Association some years ago, were continuing to advertise that they were still members! I have asked them to remove this information. If they don't, I can ask the ASA to investigate as it is against the law. If you come across something similar - please let us know, and we will deal with it.

### Professional Conduct

We all work closely with the public in our practices and know that inappropriate touching, careless talk, and flippant

throwaway remarks can be misunderstood by clients. Please be careful.

I would also like to remind everyone that as professionals we need to behave in a courteous and respectful manner to all other professionals too, including Bowen practitioners who don't belong to our Association. This applies outside our clinics as well as in them...wherever we are...all the time. We all need to remain mindful of our Code of Conduct - it's a really useful document, so why not check it out on the members' area of our website?

### Newsletter

The Newsletter has found a new editor in Dave Riches who has relieved Sandie who did a great job for over 4 years. I would like to formally record my thanks to Sandie as she takes a break. I'm sure you will agree Dave is already doing a brilliant job. Thanks Dave for taking it on and for all your enthusiasm, effort and new ideas. Thanks too, to all our members who have contributed. Keep the news coming in.

### Boston Office.

We have reduced the range of merchandise we stock and are concentrating on supplying key items only - leaflets, banners, badges, and media adverts.

We have been especially busy this past week as there has been an excellent piece in 'Yours' Magazine, Issue 144. The phone hasn't stopped ringing with enquiries for practitioners nationwide.

### Membership

Membership has remained static this year despite a drop in student numbers as we have welcomed new members from other Associations, which has redressed the balance.

### 50/50 CPDs

The Bowen Association now has the Witness Professional Boundaries Course, ETS Online Health and safety Course on the 50/50 Books. We are also prepared to consider, on application, any Open University Human

Biology Sciences Module that members may undertake as part of the 50/50 CPD.

And as discussed last year at the AGM, should anyone wish to top up their A&P to meet the national standard there is an approved online course with ETS. You will hear more from the Trainers shortly about their new courses too.

### Advertising Standards Agency.

We continue to be on good terms with the ASA and believe it is important to continue an open dialogue with them.

I have had many conversations with the investigator assigned to Bowen and he is satisfied with the content of our Association website and our leaflet. We could take out the list of conditions to be absolutely safe, but, as we are not selling directly to the public, the ASA consider it to be an editorial matter. However, this concession does not apply to individual practitioners. These are deemed to be 'advertising' when they publish the list – they should not.

Reflexologists were targeted first by the ASA and some of their practitioners are now blacklisted on the ASA website. We don't want to be next! Just ask yourself... "Can I prove what I am saying on my website?" If the answer is 'No', then it shouldn't go in.

Remember, if you are contacted by the ASA please contact the Boston office for advice immediately. Do not ignore communications from ASA – they won't go away, and you may wind up being listed on their website for non-compliance.

### CNHC

Numbers of those registering with the CNHC continues to climb – but very slowly. There are new elections to the CNHC Board shortly - followed by election of PSB members from the registrants. I'll keep you posted. There is now a new Registrar, Margaret Coates, who has taken Maggy Dunn's position, and there are just 2 members of staff in the CNHC office.

### Committee Member Changes

There have been a few changes on the committee over the last few months. Firstly, I'd like to say thank you to Christopher Peri for his time and contributions to the executive committee, we wish him well in his future.

Secondly, I'd like to welcome onto the committee Gerry Ryan from Glasgow, and Marco Ferro from Buckinghamshire. I'm sure their contributions to the Association will be most useful.

And as a side note, you can see from their locations why the committee always meets by phone!

### And finally...

Looking forward to the coming year, there is plenty for Bowen Association members to enjoy:

- Ossie and Elaine's visit to Edinburgh in August
- International conference in Italy in September
- The course in Turkey in October. Sunshine and Bowen, what a great combination.

Best wishes everyone  
Angela.

*Angela Cannon*

*Chair of BAUK*



p.s. If anyone is attending the Turkey course in October, Ros Elliott-Özlek has negotiated some favourable rates at the Sentinus Hotelin Kusadasi, [www.sentinushotels.com](http://www.sentinushotels.com), where the course is taking place.

- Single Rooms at 38 euros per person.
- Double rooms at 25 euros per person.
- Triple rooms at 23 euros per person.

You can get more details by contacting her on [roselliot@yahoo.com](mailto:roselliot@yahoo.com).

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## Robyn Wood Interview

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I had the privilege to interview Robyn one lunchtime during her Stroke course...read on for some interesting comments.

Ed.: Starting gently...how long have you been a Practitioner and how did you come to be one?

RW: I formally trained as a Practitioner in 1989; became an Instructor in 1994 and a Senior Instructor in 1997. Since 2002, I've delivered workshops worldwide.

However, my first Bowen move was performed when I was 10 years old! Uncle Tom (as I knew him), showed me how to perform the coccyx oblique move on my father's prize bull! Not the most pleasant introduction! The bull? That's a story you can ask whenever you meet me :-)

Ed.: How has Bowen changed since you first started?

RW: Most definitely in the way it is taught. The introduction of the modular format was an excellent change. Originally all procedures were taught in 4 days with only a 2-day follow up one year later!

Ed.: What are the major challenges that lie ahead in the future of Bowen?

RW: Fragmentation of the original work within countries. Re-invention is not necessary. Fine tuning is desirable as is the creation of different protocols (sets of procedures) for specific problems. The moves and sequence within a procedure are all fine and must not be altered.

Ed.: What are the main differences that you see between Bowen in Australia and the rest of the world?

RW: Government recognition and regulation (requirements and standards). In Australia we are highly regulated and consequently are recognized by insurance companies. The requirements to be (any type of) practitioner is quite stringent and not just in the Bowen training. For example a basic A&P

qualification requires 180 hours of study. The Diploma qualification requires yet another 60 hours of A&P plus an in-depth research project.

The regulation and requirements also change over time, and we need to keep pace.

But if we want to be a professionally recognised body, that's what we must do - abide by the rules whether we like them or not.

These days, the general public is very aware of the power of the certificate. Each country has its own fair share of maverick practitioners who feel stifled by regulation but, without the certificates, they will die out over time.

Ed.: How did your interest in Sports, Strokes, etc., come about?

RW: They all came about through my own fascination with the subject and with the "Universe" putting me in touch with Olympic athletes, stroke patients, diabetic people etc.

Interestingly, Tom was diabetic and this disease is increasing rapidly worldwide so it is important to know how to deal with it.

Ed.: Tell me how you come to define a protocol for a particular problem?

RW: Over the course of years of practice, I noticed that certain procedures were more beneficial than others for a particular symptom/root cause. Having recognized this, it was then another few years before I could formalise a "protocol".

It's important to recognize that defining a protocol requires very wide and long experience before trying to work out what procedures in which order are best.

Also, it is at this protocol level that "experimentation" in Bowen can take place, not within the procedure itself. A procedure is a basic building block and should not be experimented with or changed just because you feel like it.

Ed.: You've travelled the world many time with your workshops, what do you notice about the Practitioners' ability?

RW: Overall, I'm pleased to see so many people wanting to learn the Bowen Technique correctly. However, I do note that problems are common with some moves:

- BRM 1 moves 3 & 4 – in the wrong place
- Moves 5a/7a - not enough oomph in the move
- BRM 3 m3&4 - wrong place. Follow the Traps to the insertion point
- Pelvic move 2 - needs to be on the tendon not the muscle
- Shoulder - assisted/seated - the arm needs to be parallel to the floor for move 1 so that the head of the triceps is accessed as well as the posterior deltoid.

In addition and perhaps more importantly:

- Moves are too heavy, too fast, and in the wrong spot - slow down, make lighter, and be precise.
- Asking for too many deep breaths – client's end up hyperventilating! I've seen practitioners ask clients to take breaths between every move on BRM 2 m9-16! Follow the client's breathing.

Ed.: Any more advice for Practitioners?

RW: Yes, when you feel that your results have declined, go back to basics.

Concentrate on slow, light moves in the precise position. Perform the procedures as originally taught not as you remember.

Re-take the basic training regularly and focus on the quality of the practitioner training procedures rather than hurry on to the advanced courses.

Taking the “advanced” courses is a waste of your time and money if your basic technique still needs to be perfected or re-perfected.

Ed.: And for the Instructors?

RW: Instructors need to be inspirational. Inspire practitioners to strive for excellence in the move, and not to accept and be satisfied with "that's good enough".

Ed.: Any last word?

RW: Yes, it was just super for me to catch up with students from other trips (such as yourself), and it was a joy and a pleasure to be in the U.K. again.

Ed.: Well, I think that's taken up enough of your lunch time. Many thanks for your forthright answers and I'm sure my readers will say the same.

And Readers, you'll find some more from Robyn in the hints and tips, and Q&A

sections. You might also be interested to note that Robyn is currently writing her Bowen memoirs and expects to publish early next year...ish! You'll find more stories, hints and tips, and perhaps even the bull (the animal that is).

I'm sure it's going to be a "must read" book for all those interested in the history of Bowen, especially when it's written by someone who knew Tom personally. So, keep an eye out for that one,

Also, the Diploma research projects that Robyn mentioned will soon become available on the Australian Bowen website.



A photo of one of Robyn's London courses.

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## *Hints & Tips*

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*Robyn Wood* says:

- On Lower Respiratory, raise knees to the position used for the hamstring "bear" moves in order to relax the abdomen and allow access under the ribs to the diaphragm.
- When you leave a gap of several weeks between treatments, always schedule 2 sessions in a row at the end of each gap. The 1<sup>st</sup> session addresses the problem and the 2<sup>nd</sup> session “locks it in”.

*Rosemary MacAllister* says: When women present with lower back pain, ask if they've had an epidural. If so, Coccyx Oblique is indicated.

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## Marketing tips

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People often ask about marketing and what works. Personally, I feel that you have to try several methods before finding the one or two that work best for you in your particular area. And what works for you won't necessarily work for others. And sometimes, it might take a long time for any one method to bear fruit.

For instance, along with 2 colleagues at my health centre, I put together a leaflet for sports people offering them a way to improve their training. Between us, we covered Physical, Mental, and Nutritional wellbeing. We received our first client for this programme last week...18 months after we distributed the leaflets!

The Yahoo Newsgroup "thebowentechnique" had a similar conversation recently. I've captured a few of the methods that practitioners found worked. Of course, that's not to say it will work for you but you won't know until you try, will you?

- "Offer all clients a discount off their next treatment if they refer a friend (after the friend has a treatment, of course).
- I send an email newsletter every month with some news about [anyone's] Bowen successes and invariably I get a phone call about a treatment after it's sent out.
- Post/email a newsletter to your client list along with £5 off vouchers.
- Welcome other Bowen Therapists to your area. A drop in business does not occur because of over-saturation. Rather, everyone becomes busy because the public is more aware of the technique and sings its praises.
- I offer an intro session at no fee. Most patients follow up with my prepaid 3-session plan. I offer lots of natural health information for their awareness and education. This keeps them interested and they come back for more.
- I have a 6-month recall programme for my Bowen patients.
- I tell my patients that I need them to refer me to their contacts because when they are all better I need patients to take their place."

*Anna Walkenhorst* says:

"Last year I contacted a group called 'LivingSocial', which sends out daily deals for therapies, courses, and various products to more than 25,000 people on their mailing list.



I sold 100 deals to people, most of whom had never heard of Bowen before, and over a third of these came back for follow up sessions or recommended me to friends or family. It has been a great boost to my practice and I will do it again when needed."

When people search online, they only pay attention to the first page of suggestions presented to them. The more visits a website receives, the higher up the search results it will appear, and the more likely it is that it appears on that first page.

We'd like to get the Bowen Association UK website at the top of the first page and you could help. Did you know that when you open your browser, you can ask it to open several websites automatically?

In Internet Explorer, select the Tools menu and Internet Options. In the window that opens, you'll see a Home Page section. Type <http://www.bowen-technique.co.uk> into that box on a separate line under your current home page address, and click "ok". The next time you open your browser it will automatically open our home page as well as your home page and you will have increased our ranking on the internet!

Marketing doesn't need to be fancy; it's just a fancy way of saying to keep talking about Bowen. People naturally forget information that is not relevant to them at that time. Often, the need to do something about one's health and choosing what that something will be is quite coincidental.

A basic marketing rule is that someone has to hear/see/talk about a product at least 10 times before it becomes effective. And even then exposure has to occur on a regular basis. So if you don't communicate on a regular basis about what you have to offer, then how will people know you're there?

*Dave Riches, Bucks*

## Q&A

For this edition, I'm delighted to get the answers to your questions from Nicola Hok. Nicola trained in the early '90s and has been a trainer for so long that I believe she's now trained some children of her former trainees! Does that make her a grand trainer?



And, of course, I had to ask Robyn some questions as well ☺

**Q:** If you have a client who always feels a reaction to a move within the first 30 seconds and then nothing after that, can you reduce the waiting time? Or is it always at least 2 minutes?

**Nicola:** No, the waiting times are really important and need to be a minimum of two minutes.

Remember that not everyone feels anything going on in their body, yet they still respond as the body is still assimilating the information. Others will not feel anything initially, but may feel sensations towards the end of the 2 minutes and you find you then need to leave them longer.

I believe that just because the sensations that are being felt stop after the first 30 seconds doesn't mean that things are no longer happening - they will still be happening on a different or deeper level.

This is why it is good to get into the habit of letting the 'body' call you back into the room and not to use a clock or 'time' the breaks - trust your intuition.

**Q:** If your client falls asleep would you continue or just stop there?

**Nicola:** It depends on the situation. If they are extremely tired or have been on a night shift then it maybe that they are just asleep, and it is not a reaction.

If I think it is a reaction to the treatment then it slightly depends on how long they drop off for. If when I go back into the room

after about 2-4 minutes and they wake up, I will continue but monitor them carefully.

If they don't wake up until after 5 - 7 minutes I would probably finish the procedure I'm doing.

If they sleep for 10 minutes without waking I would stop. "Less is more" is SO important, and so many practitioners do a bit too much. Remember that just the 'stoppers' will be enough for some people.

**Q:** The use of Apple Cider Vinegar (ACV) seems rather random, how did its use come about?

**Nicola:** Vinegar has been used medicinally for centuries. Hippocrates treated patients with it in 400 B.C. and many medical texts mention its use through the centuries - for all sorts of ailments. The important thing to remember about ACV is should be natural, organic and NOT distilled or it loses many of its properties. You also need to watch the acidity - some people with sensitive skin will need the ACV to be slightly diluted or it can cause a skin burn. When you have a spare(!) afternoon try putting it in to Google - you'll be amazed at what you find!

**Q:** Should I use the face hole or not?

**Robyn:** Never! The erector spinae are more relaxed when the head is turned. Use pillows under the chest for comfort. Even a little turn of the head is better than no turn.

**Q:** Cabbage leaf...does it really work?

**Robyn:** Cabbage leaf really does work.

### New Question

**Ann Winter** asks: A client asked me about the merits of memory foam mattresses and pillows, and whether Bowen therapists have had any feedback about them. I didn't feel comfortable about providing an opinion on something in which I had no experience. What would happen if it made their condition worse and blamed me? What's the view of the committee?

**Angela:** The role of the committee does not include the provision of advice or recommendations on non-Bowen products or services. So we asked our Holistic Insurance Services company for its opinion:



“Both you and Ann are correct in saying that advice should not be given in respect of the purchase of products where no training has been undertaken.

From an insurance point of view we would expect to see evidence of training before giving cover. Using this as an example, if no specific training certificate was provided then we would look to the other qualifications held to see if training was included and if it was not then no cover would be given under the policy in the event of a claim.”

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## Client Testimonial

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**Ed.** Diana Menzies-Smith has sent in this lovely testimonial from one of her clients. Do you have any that you'd like to share?

“Dear Diana,

Of course you may use my testimonial where ever you feel it is most appropriate.

I sincerely hope that others will see how they can benefit from such a wonderful therapy.

I shall forever hold you in high esteem and as you know I come from a very conventional medical background [Ed. Ann is a Community Nurse] and I was truly amazed at the results.

Many Thanks

Love Ann x”

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“Fate acts in mysterious ways. Back in March of this year my daughter organised a charity day for Marie Curie. The venue was the hall in Weybridge high street. I offered to help Lisa serve tea and support the various stands etc. I had in mind that I would treat myself to some of the mini luxury treatments a pedicure a hand massage. I never thought for a second that I would stumble across the Bowen Technique.

My plan that day was a far cry from healing my neck, which had plagued me for the last twelve months. I simply want to say thank you. Thank you for taking the pain away.

Thank you for listening and supporting me. Thank you for giving me back a pain free life without having to resort to analgesia which I was heavily reliant on.

Here I am three months post treatment completely recovered. I knew from my very first session with you Diana that you were going to make me better. When I left your house after the first consultation and drove to the "T" junction at the top of your road and I was able to look right for oncoming traffic with ease. I was in shock because even driving had become stressful due to my reduced range of skull/neck mobility.

I can't tell you what a difference the treatment has made to my everyday activities of daily living. I think of you often and from the bottom of my heart I want to say thank Diana for making such a huge difference to my life.”

Ann Parks

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This made my day! It is so very rare to receive a testimonial in writing, but I thought it might encourage other therapists to attend any forthcoming Neck Pain Course with Robyn Wood!



*Diana Menzies-Smith,  
Surrey*

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## Lucky Winner of the Lectric Soda Crystals...

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...is **Melanie Henson**, who wins a 200g sachet of Lectric Soda Crystals and the new Mini Bowen Pack (to be launched on the Bowen Supplies website later in July). **Melanie** will receive her prize within a week.

Contribute an article to the next edition and you'll be in with the chance of winning.

## Letters to the Editor

### Equine Biomechanics Workshop

A 1-day Equine Biomechanics workshop, run by Russell Guire of Centaur Biomechanics, was well attended by EMRT™ practitioners on Tuesday 17th April 2012. While the atmosphere was relaxed the presentation was very professional with lots of questions and answers.

I'm sure this day will enhance all EMRT™ practitioners' knowledge and understanding which in turn will further their business opportunities.



The attendees in the photo are Russell Guire and Jonathon Boswell of Centaur Biomechanics and the following EMRT™ practitioners: Lesley Bayley, Catherine Bass, Jacky Clark, Sue Connolly, Nickatie Di Marco, Catherine Howarth, Ruth Lomax, Hannah McLaughlin, Jo Stevens, Clare Townsend, Fiona Webb.



*Sue Connolly,  
Warwickshire*

### Back to Basics

My name is Melanie Henson and I am a relatively newly qualified Bowen practitioner having completed Module 7 in February 2011.

The Bowen Technique has always continued to amaze me with the astonishing results it seems to achieve. However in recent months I began to feel as though things weren't going as well as they possibly could be in

terms of results for clients and I began to wonder if I was slipping into bad habits, becoming a bit lazy even or a bit in a rut. I am sure many of us out there have felt like this!

So when I heard of Nicola Hok's Back to Basics Part One course I knew this was just what I needed. The one day course focused on the basic Bowen moves as we learnt them in Modules 1-7. Nicola was flexible so that all of us attending were able to focus on the specific procedures we felt we needed to refresh.

Nicola's passion for and knowledge of Bowen clearly comes through as she guided us back to performing the procedures and moves as we were originally taught them. She focused very precisely on accuracy of positioning on the clients body, and that of the practitioner, the correct pressure of the moves and the correct direction of the moves across the muscle fibres and of course the emphasis on the Bowen practice of "less is more!"

We looked more closely at the anatomy side of things as well which is always fascinating and a good way to deepen one's understanding of what we are doing and why. I came away feeling more confident and back on the right track.

I would highly recommend this course and would love to be able to do Part 2 to complete the procedures that we weren't able to cover in the first part so if there is anyone else out there interested in fine tuning your technique please let's contact Nicola so she can arrange it.



*Melanie Henson,  
Northamptonshire*

### Bournemouth Interest Group

Bowen Members Theresa Fox and Jennifer Brooks have been busy. They've started an interest group in Bournemouth. The inaugural meeting took place on 29<sup>th</sup> March when four Bowen Therapists met to discuss

the setting up of a monthly meeting for practitioners. They discussed the following:

- 1) First half of the meeting to be practical in order to revisit and practice moves and treatments.
- 2) Second half to discuss issues, case studies, etc.
- 3) Meetings to be held monthly on alternate Wednesdays and Thursdays from 7-9pm.
- 4) Topics for the practical session and discussion to be decided for the following month at each meeting.

The meetings will be held at 40 Horsa Road Bournemouth BH6 3AN. If you would like to come along once a month then please contact either

- Terri: 01202433728, or
- Jennifer 07703119729

You will be made very welcome!

### Keep Calm...

Tamara Diaz Garcia has designed and framed this poster for her practice. She wonders whether anyone else might like a copy. If so, you can contact her on: [tamaradg76@hotmail.com](mailto:tamaradg76@hotmail.com)



## Favourite Move

*Ros Elliott-Özlek* says “Chest Procedure” and here’s why: “My friend is so extremely sensitive she goes woozy before I even start a Bowen move. The effects of just one move will often wipe her out for a few days. I have to wait until she is ready to have a mini session and proceed with great caution.

She recently asked for Bowen for her eye congestion and itchiness/conjunctivitis. This is an ongoing allergic reaction to unknown substances. She has tried many cures. I mentioned a few possible Bowen moves I could do so that she could select the one she felt would be right for that day(!) She opted for the chest procedure.

After completing the moves on the left side my friend asked me to wait before doing the right side - she'd gone woozy already with energetic waves passing down her body into her feet. I waited one minute and then did the right side. The effects were intense and the deepest ones lasted about 15 minutes.

I have never experienced this before when doing the chest procedure on anyone. The waves went everywhere, from her head down her spine and tailbone and into her calves, which became painful. Her left eye became painful too and then her right ear, right eye and throat, knees and back of thighs, ovaries and liver.

After about five minutes it started to lessen but remained around the left eye and face, with almost a numbness in her left cheek and bubbling sensations in her knees and ovaries. The discomfort then spread to her shoulder blades and spine.

I was expecting her to be wiped out the next day, but funnily enough she told me she'd been feeling the effects all evening and not slept so well but got up next day feeling fine, even though the effects were still gently continuing.

I knew that the chest procedure was a good one for lymphatic congestion, but it now goes to the top of my list when considering options!”

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## Case Story

### Multiple Sclerosis

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I work in a specialist palliative care hospice part time and am lucky enough to be able to offer Bowen to patients, relatives and carers. I have learnt so much since working at the hospice, my practice has improved exponentially with the experience and confidence I have through my work here.

I want to share some good results I have had with an MS patient that comes to the day hospice here. It is important that people understand what “palliative” means – all of the patients we deal with have a terminal diagnosis and are usually within the last year of their life (this is particularly so with our neurological patients).

This particular patient came to our day hospice for some help with her symptoms as well as some respite for her family, particularly her husband, a retired GP. She was showing signs of short term memory failure, increased rigidity and spasticity within her muscles, becoming stooped over from the waist and pain in her shoulders (from capsulitis) and in her left leg up into her vaginal area. The patient was pretty much wheelchair bound and was not able to stand, sit or transfer on her own. Initially she was hoisted in and out of her chair by staff.

She was seen by the physio at the hospice as well as by me. We worked together looking at what muscle groups in particular were causing a problem. Initially I worked on the shoulders to try to enable her to keep her shoulders back more and not collapse so much through the upper thoracic and chest area. Following an improvement in this, which the physio was really excited about, I watched the patient walking and saw that she was very collapsed through the knees and hips – she couldn't straighten as her core muscle groups were weak so this impacted on all aspects of standing, walking and sitting upright. I discussed my thoughts

with the physio suggesting that I did some work on her psoas area to try to encourage these muscle groups to work better. The physio at the hospice is a really into her muscles like myself so it was great to work with another professional with the same views and thoughts on mechanically how we could make the patient function better.

We started a programme of exercise (walking maybe 20 metres at most) and passive stretches followed by a Bowen treatment addressing the psoas using the psoas procedure. Treating this patient was very difficult as she could not lie down and manoeuvre herself on a bed or couch at all so all treatments were done either in the wheelchair or a reclining wheeling chair. Treating out of our ordinary ideal positions is something that we do all the time at the hospice because patients have a variety of disabilities and inabilities but it can be quite difficult to get used to at first.

At the same time as these treatments a contact booklet went backwards and forwards to the patient's husband (retired GP remember!) for him to know what had been happening and to input his findings and results of the interventions.

I then had a week off and when I returned two weeks later there was a note in this book from the patients husband saying please do that psoas work again, she can sit up and sit to stand much better, the core strength is improving and the pain in her leg to vaginal area was not bothering her as much. You can imagine my excitement at hearing this for the patient's sake anyway but a really big boost coming from a health professional like himself. The patient is still receiving treatment and although we know her condition is deteriorating overall we hope to keep her as mobile as possible and pain free for as long as possible.

I would love to see more people doing Bowen in hospices, we can all learn so much and gain such valuable experience I would urge people to volunteer and keep an eye out for complementary therapy vacancies.

*Nickatie Dimarco, Herefordshire*

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## Reading

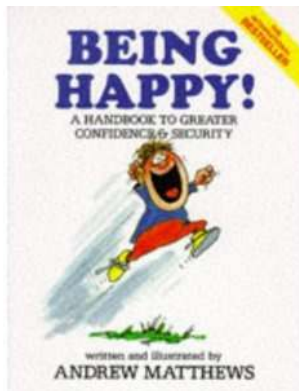
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The intention with this reading section is to point people towards material that will widen their understanding of the body. These are personal recommendations and not part of the official Bowen teaching syllabus. Let me know if you would like to recommend any.

*Ed.*

### Being Happy

Andrew Matthews, “Being Happy – A Handbook to Greater Confidence and Security”.

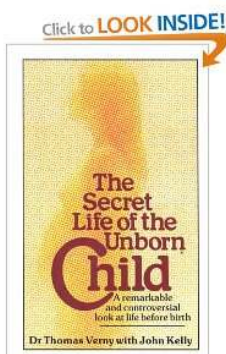


I love this book because it relates to many of the underlying causes of problems seen in children – most often the over-expectations that parents set on their children. The parents often gain more from this book than their children!

*Robyn Wood*

### The Unborn Child

John Kelly, Dr Thomas Verny; “The Secret Life of the Unborn Child”.



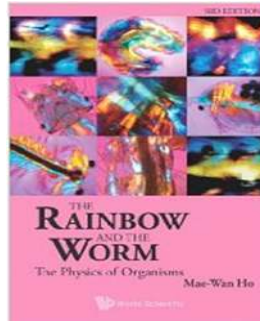
Explains many of the reactions encountered on the Mind and Body course.

*Margaret Spicer  
& Ann Schubert*

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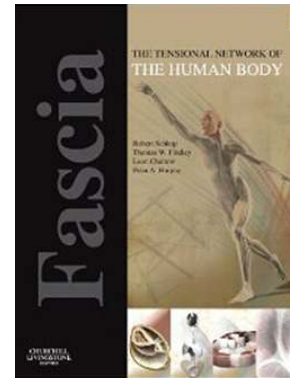
### Recommended by John Wilkes

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Dr Mae-Wan Ho, “The Rainbow and the Worm: The Physics of Organisms.”

Eds. Robert, Ph. D. Schleip, Thomas W. Findley, Leon Chaitow, Peter A. Huijing; Fascia: The Tensional Network of the Human Body: The Science and Clinical Applications in Manual and Movement Therapy.



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## Bowen in the News

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Here's an article about Bowen that has appeared in the media recently. I thought it would be useful for readers to be able to cite to potential clients and perhaps keep a “marketing book” of clippings for their receptions. Let me know if you come across any others.

- Yours Magazine, Issue 144, pp. 43-44.

The Yours Magazine has generated a lot of interest and the Office has been inundated with calls to locate practitioners. Why not encourage your clients to write in to their favourite magazine?

## Bowen AGM, Saturday, 30<sup>th</sup> June, 2012

"I loved doing it. Martin and I really enjoyed our day. We feel like we've made a whole bunch of new friends! Thanks for the opportunity and thanks for all your hard work. It's only when a lot of preparation has gone in beforehand that it runs as smoothly as it did. Most people don't realise what goes on behind the scenes. Rest assured we're grateful to you :)

Thank you. *Jane Sheehan*"



"I just wanted to thank you all for arranging such a great AGM. I enjoyed every bit of it. All the speakers were so interesting and informative. The food was nice. It was good meeting up with people I've not seen in ages. A really good day. *Vron Huber*"

Just two of the comments received about our AGM. Yet again, the AGM was well attended by about 40 practitioners who spent a lot of time catching up with colleagues and meeting new ones. Our assembly room hosted several stalls each of which attracted a lot of interest: Homeopathy, Essential Training Solutions, Foot Reading, and Bowen Supplies.

Our speaker programme was excellent. I can only provide you with a flavor of what was said but when you bump into someone who was at the AGM make sure you find out more.

- ETS has been selected by the Bowen Association and Bowen Training to be the preferred course provider for Anatomy and Physiology. Chris Coleman described a range of online courses that are eligible for "50/50" CPD credits. Find out more in the next section.
- Dawn Mills, BAuk member, presented a short introduction to



Homeopathy. She described it as "A system of healing that provides remedies to stimulate the body's healing process" and believes it is quite complementary to Bowen – just substitute "gentle moves" for "remedies" and you'll see what she means. She described three remedies for sports injuries – Arnica for acute injuries; Bryonia for those injuries that hurt with movement; and Rhus Tox for long term chronic injuries that are stiff until warmed up.

- Jane Sheehan is a renowned Foot Reader and has done so for many celebrities. She was made Honorary Member of Association of Reflexologists in Sept 2010 in recognition of her significant contribution to the field of reflexology. So you can imagine that we expected to be entertained, and we were! Foot reading is a useful observational tool for Bowen and Jane made it easy to understand. You can find out more about this tool from any of the several books that she has published.
- John Wilkes provided a fascinating tour of the fascia and some insight into his latest theories. As usual, his talk was peppered with useful anecdotes and hints:
  - Here's an interesting question he posed: "If someone has botox on their face, does it interfere with their ability to be emotional?"
  - And did you know that wild salmon have anti-inflammatory properties whilst farmed salmon are highly inflammatory?
  - Do you know that the proprioceptors that Bowen targets include Golgi, Pacini, and Interstitial ones?



If you did know all this already, then John wants to talk to you! If you didn't then you missed out on an excellent way to add to your knowledge.



In addition, for the first time, we ran a free prize draw - many thanks to the generosity of the stall holders there were some great prizes to be won.

For future AGMs, we're creating a speaker list of those within our membership who would like to present a Bowen-relevant topic. If you'd like an opportunity to share your skills just as Dawn Mills did this year please send details to [kim@bowenhealing.com](mailto:kim@bowenhealing.com). We can't guarantee places to present of course but we

will do our best. Also, if you have any suggestions on venues for the next AGM, please let us know.

In summary, a great day out! But it all wouldn't be possible without the efforts of the Committee and in particular, Kim Pearson. And so, on behalf of the Membership, I'd like to thank you all for a tremendous effort on our behalf. As the tributes at the beginning of this report say, it only runs smoothly after lots and lots of preparation and hard work!

*Ed.*



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## *Essential Training Solutions (ETS)*

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The Bowen Association and Bowen Training are working in partnership with Essential Training Solutions (ETS) to offer online courses for Bowen therapists. ETS specialises in e-learning, is an approved VTCT Centre and also runs online courses for CPD/refresher purposes.

ETS has been selected by the Bowen Association and Bowen Training to be the preferred course provider for Anatomy and Physiology. Any Bowen therapist who does not hold an accredited qualification in Anatomy and Physiology is to be encouraged to take the VTCT Level 3 Certificate in Anatomy, Physiology and Pathology for Complementary Therapies.

ETS has produced a Bowen-only version of this new QCF qualification (QAN: 600/4845/1). This qualification not only meets the needs of Bowen Association membership but, as the VTCT is a Government-approved awarding organisation, successful candidates will hold a qualification that is nationally recognised and would therefore be accepted as approved prior learning for other complementary therapy disciplines.

In addition to this, ETS is providing refresher courses for Bowen therapists in Anatomy and Physiology, Health and Safety, and Pathology. Successful candidates will receive a Bow-Tech endorsed certificate. These courses are to be recommended to existing Bowen Association members to keep these core subjects up-to-date. Additionally, these Bowtech approved courses will function as "top-up" courses for potential Association members whose experience in these subjects, particularly Health and Safety, is insufficient to meet the Bowen Association's entry criteria.

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**Deadline for the next Edition - 14th September 2012**

Send your articles to [daver@learningpartners.co.uk](mailto:daver@learningpartners.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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