

BOWEN ASSOCIATION UK

Bowen News

Winter 2012 – Issue 58



EVERY BODY IS BETTER WITH BOWEN

Editor's Column

Well, although the front cover says Winter 2012, I write this early in January 2013. I hope you all had a restive festive season and have not succumbed to the Norovirus or 'flu that are currently doing the rounds.

Me? Yes, I had a great time skiing over the Christmas period. Our only injury was a chalet guest who broke his finger playing Irish Snap...what a dangerous occupation these winter activities are!

Apart from that, I've no emergency Bowen anecdotes to relate or any related to the other aspects of my holistic model – nutrition, mental wellbeing, or environment. Perhaps the Universe has taken note?

Or maybe my job is done and it's time to find another Editor?

What's in this Edition?

A mixed bag for this edition:

- Advanced notice of the AGM, which is on a Sunday this year.
- A picture caption contest.
- Some tips on how to handle that first conversation with a client.
- A response to Claire Hampson's RSD case study.
- Plus the usual features
- ...

Free Press Release Service

Did you know that the UK Office provides a free service that writes a press release for you? Well, it does, and quite successful it is too.

All you have to do is provide the bare bones of your experience or idea and the service will turn it into a story for you to enter into your local rag. Camelia Pop has used this service and says:

"Thank you for all the support with the press release (the article that Sheila did for me). I've got the article in a local newspaper called Tameside Reporter."

So far, Camelia has one new client as a result.

Send your request to office@bowen-technique.co.uk and you too will benefit. And when you do, please let us know so that we can judge just how successful this service is.

As usual, there's a prize for one lucky contributor – 650g jar Lectric Soda Crystals, worth £9.95.



Picture Caption Competition

We thought that a little fun was in order to cheer us through the winter months. John Wilks has provided the photograph that you see on the front cover of the newsletter, and the reader who sends in the best caption to me will get one of John's books.

Although I'm not allowed to win this prize, I thought I'd kick this off with a couple:

"Didn't I tell you to drink more water after our last session?"

And one from my children after listening to me expound on the merits of Bowen too many times,

"Dead? Don't worry, Bowen can help."

And finally...

Thanks to Julie Dexter who has retired from the Executive Committee. Many thanks for all your work.

Dave
Riches



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Chair Report

2012 was a great year and the Mayan Calendar has ended...and we're still here, aren't we? The financial situation plus the excessive rainfall around the UK gave many people unexpected challenges. Now we are looking forward to a new year and a new beginning so we wonder what is in store for us all.

Luckily, we are Bowen practitioners just at a time when everyone needs to benefit from the improved wellbeing a Bowen treatment provides. As always, the Bowen Association will continue to strive to do the best for its members. We address your concerns and as with any family, we hope for a prosperous future. I take this opportunity to thank the Bowen Association committee members for all their hard work during the past year, and look forward to a successful 2013.

Throughout the year, members and the public ring the office to ask questions. We keep a note of them and here are a few questions for your interest, plus the answers we gave. Practitioners ask:

Q: I want to pay my membership renewal but I am finding it harder to find the money to spend on the courses needed to keep up the registration. What do you do with all the money from the courses and what can the Bowen Association do to help me?

A: We will do all we can to help you to spread the CPD requirement over the year, and remember we have our 50%/50% CPD courses for you to include with your CPD allowance.

The Bowen Association doesn't receive any money from the Bowtech courses. Our Association funds come from your membership fees alone. Always speak to the office for assistance at renewal time as we can often help. Despite the slowing down of the economy, your Bowen Association has been able to keep the membership fee static by reducing spending elsewhere. For example, significant postage increases have seen us send membership reminders by email where we can. Please watch out for

yours and keep us informed when you change your email address.

Q: What do you spend my membership money on?

A: We spend the money on administration, magazines, show stands, and promotion for all our members.

Our presence at the Back Pain show at Olympia in February showed the public that BAuk practitioners are professional and approachable. We followed this with a web optimisation campaign during the summer and autumn, which increased visits to the BAUK website.

A magazine feature this year showed the value of clients' stories, let's have yours.

Our website is continually being updated and recently we have produced a brand new leaflet. We are using www.bowenassociation.co.uk more and more in our advertising so that the public is directed straight to our members' contact details.

Q: Should I join the CNHC, what will the benefit be to me?

A: The choice is yours as the CNHC is a Voluntary Regulator.

The purpose of the register is to protect the public. It is very different from a Professional Association, and registered therapists will be advised to also have a membership of a Professional Association to develop their practice. A visit to the CNHC website, www.cnhc.org.uk, will give you more information.

The Public ask such questions as:

- I am looking for a skilled advanced practitioner. Can you give me the name of one in my area?
- Why isn't there anyone near to me?
- Do your practitioners do home visits?
- How much does it cost?
- Does the Master qualification mean the practitioner has a University Masters degree?
- And so on.

The good news is that the public is beginning to recognise that the Bowen Association is the place to go for a registered practitioner.

Do keep your questions coming into us. We are always happy to help where we can and it does give us an opportunity to work with your ideas to the benefit of everyone.

We will all benefit from more members on our register so if you have friends who are considering joining an Association, do put them in touch with us. The more members we have, the more we can spend to benefit you and satisfy the public need for a registered practitioner in their area.

So, the coming year promises to be full of joyful events for every Bowen Association practitioner and our AGM special guests are Ossie and Elaine Rentsch. Do come along whether you are a Full, Associate or Student member. This year we are hoping to see lots of you there to welcome them.

I take this opportunity to thank the Bowen Association committee members, Bowtech Trainers, Newsletter Editor, Web master and everyone who has contributed in any way to the success of the Bowen Association in 2012 and I look forward to working with you all in 2013. This is truly a members' Association run by its members!

We wish you a very Happy and Prosperous 2013 from the Bowen Association Chair, Committee and Administration.

Best wishes everyone
Angela.

Angela Cannon

Chair of BAUK



Case Study – Your Responses to Sjorgens Syndrome (RSD)

In the last edition, we had an excellent case study from Claire Hampson, Newbury, who also asked for some comment and feedback. The case study was obviously so good that several of you felt compelled to respond. Here are your comments.



Camelia Pop writes:

Hi Claire,

I read your case study about RSD. It's a difficult case and congratulations for all the work and results you have had till now.

I understand that the patient has had this affection for more than 5 years. That means that her system is very affected. So follow the instructors' advice "more the problems a patient has the less the work (Bowen) on them" and "less is best". We have to treat differently an autoimmune disease (or someone with a lot of chronic affections) then an athletic/sportive person whose system is a lot healthier.

Sportive people can take a lot of Bowen procedures in a session and their system can integrate all the Bowen messages. But when it comes to autoimmune diseases like Reflex Sympathetic Dystrophy we have to give to the body just the right amount of procedures and give more time to the body to assimilate it.

So I would work with breaks of 5-10 minutes and if she has reactions for more than 10 minutes I would wait until it stops and then do the next movement. I would not combine several procedures in a session until she has had the procedures separately in other sessions.

In the first session I explain to the patients that sometimes the therapy continues to work on them more than 7 days and we have to leave a break of 2 weeks between sessions. So I recommend you ask her to call you on the 6th day to ask her the questions that makes you understand if the therapy still works on her (reactions in the body, the sleep, etc.). But I'm sure that she will need at least 2 weeks between sessions.

What happens if someone still has reactions and comes for the treatment? Well, another Bowen session could stop the healing process and start again from the beginning instead of continuing from where they arrived. If you explain this to the patient she/he will not worry that it has been 13 days since a Bowen treatment. But the results will be amazing.

For us practitioner, it is difficult to work less on a seriously affected person. We want to help more and therefore we work more. I have done just this a few times and the improvements have been about 20%. But when I leave a break of 2-3 weeks with just a few movements the improvements were 60-100%. So trust the technique and work less. And because it is an autoimmune disease use more of the lymphatic procedures.

I saw that you want to help her as much as you can - even with the diet. It is not easy to recommend one because we are not specialists and I would suggest that you look for a Nutritionist that has experience with Vegan diets. However, I have found the following to be useful and would recommend that she follows the 80% Alkali-20% Acid diet as much as possible.

Acidic food is an inflammatory food so doesn't help with the pains. But the alkaline food is an anti-inflammatory food so...it could help. The seaweeds, spirulina algae are rich in proteins. Broccoli sprouts are 30% protein. Nuts are rich in protein as well. But the nuts (especially the walnuts, almonds, hazelnuts) should be soaked overnight for easier digestion and to activate the enzymes (vitamins). And the bonus is a delicious taste.

Good luck with your patient and hope you come with great news about this case. I can provide you with an information sheet that categorises 80%-20% foods.

Regards,

Camelia Pop

Contact number: 0753 028 4930

Web: www.bowen-backonyourfeet.co.uk

Angela Cannon writes:

My strategy for working with people who have auto-immune-type problems is to do very little on the first treatment, i.e. bottom stoppers only if they are very weak and with multiple aches and pains, and then see them about 10 days later to assess the results.

Going from there, I have found that Bowen, because it stimulates the immune system, doesn't suit some people with these kinds of conditions. I can think of two clients who prefer not to have Bowen at all, even minimum work, as it overwhelms their systems and they feel much worse.

In most cases it's a question of taking it very slowly, building up the client's self-confidence, helping them to develop strategies for remaining positive and working towards improved general wellbeing.

I increase the amount of Bowen if they can tolerate it, however, I certainly wouldn't continue if they reported increased pain and reactions after very few moves and treatments.

I have also had some very good results with people with various kinds of inflammatory conditions and would recommend all clients try Bowen, assessing the outcome carefully and if in doubt only treat monthly.

Case Study

Paul's Journey



*Andrew Pattison,
Leicester*

A patient of Andrew's, Paul, recounts the perils of using improper lifting

techniques and how Bowen helped him to recover.

Wednesday, 5 January, 2012

A surprisingly pleasant day for early January as I set off for my shift at Oxfam rather earlier than usual. There had been a delivery of books – about 30 boxes – late the previous afternoon so I was not surprised when our volunteer assistant manager asked me if I would move them upstairs to be sorted. Not a problem, I thought to myself. As one of the few male volunteers working in the bookshop, and certainly one of the youngest and, I believed, the fittest, I frequently was asked to do the lifting and carrying.

The books were in cardboard boxes stacked at the bottom of the stairs so had to be carried first into the back room and put into the service lift. Putting them in was not a problem as the lift was at waist height. Taking them out in the upstairs room, however, was less easy as the lift was now at floor level so necessitated bending, lifting and twisting – the worst possible combination of moves – as I was about to discover.

I managed the first twenty or so boxes relatively easy, but then the damage occurred. At first it just felt like a twinge, similar to those I had experienced in the past as I weakened my back in the 6th Form – 43 years ago – when doing unsupervised weight-training, but that's another story!

From the semi-squatting position I was in, I had to drop the box and try to straighten up my spine. It was painful but no more so than on previous occasions, or so I thought.

I managed to stand up and just massaged the small of my back where the pain seemed to be coming from. I twisted one way and then the other to try to relieve the niggling pain but to no avail.

I rarely take painkillers but on this occasion I asked for a couple of paracetamol and continued with my shift behind the counter, serving customers but not lifting more books. In hindsight I should have gone home then – it was about 9.30 am, but instead I remained at work and pretended all was OK, after all I was a fit, young 61 year old working alongside ladies in their 70s and 80s (plus one lady aged 91 years).

When my shift ended at 1.00 pm I struggled a bit to walk the half mile or so back home, but as my son David was calling to see us later in the day I tried to put the pain out of my mind. I made light of the problem to my son and even managed to walk to the pub and back with him for a drink before our evening meal. Almost certainly another mistake.

By early evening my back was stiffening up and I was in no condition to drive.

Thursday, 6 January

Sleep was difficult by morning the pain was more severe, and I made an appointment to see the doctor the following day before going back to bed. Somehow I did manage to sleep, probably through exhaustion.

Friday, 7 January

Pain was so severe through the night that by 8.00 am Pam rang the doctor. I was literally screaming in pain by now and the doctors' receptionist could hear me on the telephone and ordered an ambulance immediately. The pain was excruciating and I thought my back was actually broken. The gas and air I was given did nothing to reduce the pain and merely made me vomit.

Lying on the trolley in the corridor I was in agony. A young junior house doctor did an initial examination. I was given morphine which dulled the pain but did not stop it. By about 10 pm a bed had been found for me on one of the wards and after further morphine I managed to get to sleep.

Saturday 8 January

The pain had subsided a little by morning but I still needed more morphine. With great difficulty I managed to get to the bathroom in a wheelchair.

Sunday 9 January

No morphine today, just more painkillers and a cocktail of other drugs. I could only get to the toilet in a wheelchair.

Monday 10 January

I actually felt a bit better this morning and after a sit-down shower I was given two walking sticks and managed to walk the short distance back to the ward. The hospital was obviously short of beds and later that day the ward sister said I could return home. I was supplied with a vast quantity of anti-inflammatory, anti-spasmodic and various painkillers and taken home in the hospital taxi. Pam said later that when I arrived home I looked about a hundred and she had never seen me look so ill.

Tuesday 11 to Thursday 20 January

The next nine days were something of a blur. I was determined not to go back into hospital despite the continued excruciating pain. I was unable to walk after the morning of Tuesday 11th for several days. For most of that time I lay on a mattress on the floor in the front room. I couldn't even feed myself. I should probably have been in hospital but since there seemed little that they could do for me, except give me medication, I decided I was better off in my own home.

For quite a few days I was virtually comatose. A combination of amitriptyline, diazepam, diclofenac and tramadol plus copious quantities of paracetamol and codeine dulled the pain, but clearly were not actually dealing with the underlying cause.

At one point I was told by an on-call doctor that there was nothing more they could do for the pain short of rendering me unconscious.

ENTER ANDY

During one of my more lucid moments, I remembered having seen a notice in the Pride Gym about the Bowen Technique. By

this stage both Pam and I were desperate and it was in desperation that I phoned Andy at the gym, explained the situation and asked if he could do anything to help. Without hesitation he replied that he would come round within the hour and see what he could do. My dependency on medication was about to shift to a dependency on the Bowen Technique and Andy's frequent and regular visits.

For anyone who doesn't know Andy, let me say he is known as 'the big fella'; his cup at the gym has those very apt words printed on it. A former body-builder, let us just say he is not someone whose face you would kick sand into on the beach. Despite his strength and size, he is however incredibly gentle both in manner and voice. From the moment he entered the room where I was lying prostrate on the floor, I immediately felt calmer. I had been through ten days of agony and I needed to believe someone could help me. He could; he would and he did.

At the time of Andy's first visit on 12th January, I didn't realise how shocked he was by my condition. He was to tell me later that he had almost suggested to Pam that they send for an ambulance there and then. He decided though to see what pain relief he could bring about and gently began the treatment. I was too far removed mentally from my actual physical state to know what he was doing, but I do recall there were short sessions of treatment followed by periods of calm and quiet. Whatever it was that he did even on this first visit, it did indeed have an effect and before he left I was already asleep. He returned a few hours later and I was still asleep.

He continued to call on almost a daily basis and progress was made. Unfortunately, one evening when in a deep sleep I had a particularly unpleasant nightmare which caused me to jerk violently and the excruciating pain returned.

Another ambulance trip to the hospital followed as did increased doses of diazepam, tramadol, and morphine. The offer of a bed was made and then withdrawn and in the end I returned home with large doses of painkillers and antidepressants to relax the

muscles but I was no better and pain almost unbearable. I had only Andy now to rely on.

Saturday 22 January

Andy called in the evening on his way back from Carlisle and carried out a further treatment. I was trying to cut down on medication and Andy's relaxation methods were starting to take effect.

For the rest of January, Andy provided me with more treatments and more relief. By the end of January I was able to walk to the short way into town, and on 2nd February I was able to have my first proper shower for a long time! Whatever the Bowen Technique is it is certainly working.

Thursday 3 February

For the first time this year I went back to Pride Gym (though this time for treatment). As I was able to get on the bench, Andy was able to give me a much more intensive session and when he had finished I walked out of the treatment room without my crutches.

Friday 11 February

Have decided I no longer need the use of the walking stick. Andy is now concentrating on my knee as that is where the main problem is, though he has explained that the source of the problem is still my back.

Postscript:

From the middle of February, some 6 weeks after the problem first began; there has been sustained and significant progress as a result of Andy's treatment. It is certainly no exaggeration to say that without having experienced the benefits of the Bowen Technique I would not be in the position I am now in and once again back on form (almost) with my running and exercise programmes.

Thank you Andy and BowTech.

Paul

Obstacles to Cure

Ed. In previous editions of the newsletter, I've highlighted my framework approach to helping clients get better. In it there are 4 aspects that need to be addressed to help the client move to a state of wellbeing:

- Physical
- Mental
- Nutritional
- Environment

All aspects are important and equal. But still, there are cases when the patient doesn't get better. They're eating well, they've changed their working and living environment, they want to get better (as opposed to those who don't want to get better because they don't want to lose the benefits they get from being ill, and I don't mean state benefits), and the Bowen has helped them physically but not as much as expected...now what?

*Sarena Baxter-
Armstrong, London*



has been looking at some research by the medical fraternity that might explain why this is the case and believes that it is applicable to the complementary side of medicine as well.

Sarena says, certain parts of the medical world believe in the existence of "obstacles to cure" and not just in the sense that the patient does not want to get better, either consciously or unconsciously. In cases where the patient does not get better and yet nothing can be shown to be wrong with them, they state that modern medicine is not doing enough to recognise the existence of these obstacles let alone devise treatment models to overcome these obstacles.

Given the unique genetic code structure in each person, surely it is a fallacy to expect a universal response to external stimuli every time? As a therapist, as well as a patient living with a chronic long term condition due to trauma, I too have experienced

complementary therapies with mixed results. Therapies that worked on occasions, would be ineffective another time. I have had to accept only the minimum of Bowen due to the sensitivity of my nervous system. I found it also not very helpful hearing the comment, "it's all in the head" when therapies were ineffective.

This "obstacles to cure" theory is not a modern concept. Back in the 19th century, Dr Samuel Hahnemann laid the foundations of homeopathy in his book "The Organon of the Medical Arts". In it he justifies the division of diseases into acute and chronic, and outlines the method of case-taking in order to develop a programme of recovery suited to that individual.

At a general level, there is not a one-off cure that can be identified but rather set of cures. The choice of which cure to use at a particular moment is dependent on what has gone before and the patient's reactions to the cures. In effect, the programme is a path that must be charted from where the patient is in a state of disease to where the patient will be in a state of well-being. Rather like a street map, there are many ways to get from the start to the finish. Each street is a new remedy that must be chosen to advance the patient along the path. Some might take the patient the right way, others might not.

In our current thinking, a remedy would be one of many therapies, medicines, or interventions that is considered appropriate at that time to advance the patient along their own path to wellbeing.

In more recent times Dr Bodo Kuklinski has stated that "It is high time to understand the health of people as the interaction of complex processes that work holistically, rather than to diagnose strictly according to disciplines and treat rigidly." Dr Kuklinski is a specialist in internal medicine, environmental and nutritional medicine.

In his publications, Dr Kuklinski cites the example of a patient who suffered whiplash in an accident. Several months after the accident, the patient began to feel unwell. Her doctor followed the standard medical diagnosis path and could find nothing wrong. Months turned into years and the patient contracted more problems but again

nothing showed up on the tests. "It's all in your mind", said the doctor. Complaints of lower back pain led to surgery on the lower spine and that made matters much worse – she ended up in a wheelchair.

Eventually, she arrived at Dr Kuklinski's clinic. He took a very detailed history and used a multi-disciplinary framework approach similar to Dave's above but extended to include traditional diagnostic and surgical techniques. His diagnosis was: "Mitochondropathie and cervico-encephales syndrome due to traumatic cervical spine injury with multisystem disease after intra-operative cervical hyperextension in 1996 that added to the already present HWS Instability in 1988".

Basically, she had developed instability in her cervical region as a result of her Karate and her work in dusty conditions that caused her to sneeze violently. The whiplash exacerbated this condition causing extension of the ligaments. This imbalance led to the onset of all her other conditions and the surgery made sure her body was completely mis-aligned. His diagnosis led to surgery to stabilise her neck and to a multi-disciplined programme of recovery. After nearly 12 years of problems, resolution occurred within a year.

Dr Kudlinski concluded that: "If the unstable cervical spine is not detected at an early stage as the fundamental cause and maintaining reason for disturbances; and therapy is not applied, functional disturbances affecting several organs could develop and reach dimensions which are mainly multiple system illnesses known as comorbidities."

What can we conclude from these examples?

1. Like Medicine, complementary therapists must accept that their technique will not be suitable for every illness.
2. Extensive taking of history is vital if the practitioner is to choose the appropriate path for recovery for each patient.
3. When treatments fail, investigate in more detail.
4. If all else fails, consider a multi-modal approach, i.e. mix techniques. [Ed. Of course Bowen is taught as a standalone modality that should not be mixed.]

Students' Corner

To kick-off this corner, we've decided to select a topic, write a little piece, and ask all our experienced practitioners to chip in their penny's worth. The topic is:

Responding to a Prospective Client

Picture this, a prospective client gets in touch with you regarding an advert you've placed. First impressions are important; if they decide they don't like you they'll go elsewhere for a treatment. What do you do?

Here are some suggestions:

- It's good practice to practice what you're going to say and how you're going to say it, so that you come over as confident and knowledgeable. Remember the game "Just a minute."?
- There is a saying, "for other to think you're interesting, you have to be interested in them".
- Always be 'gracious' to them. What does that mean? Listen to their request carefully. Suggest that you might be able to help and ask them if they would like to come along and discuss their problem further. Ask them "When would you be available for an appointment?"
- Don't give the impression that they are interrupting your day. If you haven't time to speak, let the call go to the answer phone and ring them straight back with an apology as soon as you have enough time to listen to them. Listening is what people are often looking for as a first response.

Marketing tips

Kevin Minney, California uses the following technique with his patients – Bowen Currency!

I use vouchers to stand for double duty. Firstly, I ask clients to make a commitment to their health and to prepay for the number of sessions we think will be helpful.

Secondly, I offer bonus packages, rather than discounts, and savings for those who would be coming in regularly.

The larger the amount purchased, the bigger the savings. For instance:

- 5 sessions for the price of 4 - Common number.
- 9 sessions for the price of 7 for Acute/Chronic issues.
- 16 sessions for the price of 12 monthly sessions.

I give the client the equivalent number of vouchers and they pay me in vouchers with each visit, which cuts down on paperwork.

Any and all vouchers are transferable to other people. And last for a lifetime.

The vouchers can be personalized for gifts, but I use them most often as Bowen currency.

Writing



Isabel Knight, London, has been very busy recently! As well as co-authoring a book with John Wilks, she's just about to publish another one herself.

It is called, "A Multi-Disciplinary Approach to Managing Ehlers-Danlos (Type III) Hypermobility Syndrome - working with the complex patient." And is due out in Mid-March 2013. The full details can be found on the Publisher's website:

<http://www.jkp.com/catalogue/book/9781848190801/contents/>

The book is primarily aimed at medical professionals (though she expects many patients will read it also) and priced at £25.

Isobel also offers lectures and workshops on the topic as can be seen on her website:

<http://www.bowenworks.org/lectures-workshops.html>

Q&A



This time we have John Wilks answering your questions. John became a trainer back in 1999 and since then has taught and lectured all over the world. You might not know that in

June 2007 he was featured in Tatler's guide to Britain's 250 best private doctors!

Q: Where do you think the Bowen Technique will be in 10 years time?

JW: It all depends on how much we put into promoting the work over the coming years. Bowen is a really fantastic tool and it should already be much more accepted and used in mainstream medicine than it is, even though it is a young therapy.

The fact that it isn't more widely accepted is really down to us as much as anything like resistance from the medical profession. It's not just a question of more research, which is of course essential, but we need to explain the work better to people so they can accept the principles. If we can't explain it well it's not surprising that people are reluctant to give it a try.

Q: Why do you think there is resistance within the medical profession to referring patients?

JW: Doctors lead an incredibly stressful professional life and have very little time to indulge in reading papers about new therapies that are difficult to understand. In my experience most doctors are much more open-minded than we think and would jump at the chance to refer patients if they were allowed to, and especially if they understood what we are doing. The reason Isobel Knight and I are writing a new book is exactly to try and explain the kind of conditions that Bowen will help and why. I am very excited by this development.

Q: There seems to be a backlash against complementary therapies in general from

certain quarters of the scientific community. Why do you think this is?

JW: Most of the scientists that are outspoken against complementary therapies tend to be science writers who need to be saying something controversial to stay in the public eye. So there is an agenda there, which I don't think we should spend too much time trying to counteract, as it's pretty fruitless.

In a way we are to blame a well because as I said, many therapists don't explain themselves well and we haven't spent the time doing research to counteract some of their arguments. I think it's better for us to concentrate on our strengths, which are expanding our client base and ensuring client satisfaction through professionalism and excellent results.

Q: What kind of research do you think would be most helpful to promote?

JW: I think it's important to consider why we want to do research. For me the most useful research is the kind that improves our understanding of our practice so that we can refine it.

Research that panders to someone else's needs is of little value to us as therapists, I think. What we need to do is really understand the mechanism of how Bowen works and then we are onto a winner, as we can then show how and why it would work in a particular situation or with a particular condition.

Without this kind of understanding, Bowen will never be taken seriously, however much anecdotal evidence there is. Having said that, there will probably be aspects of the work that we never understand fully and that is wonderful as it keeps us exploring!

Letters to the Editor

Webinar series

The Association is pleased to announce a new venture for 2013 – a series of 5 2-hour interactive webinars to be held on **Tuesday evenings from 7.00 – 9.00pm**. Each webinar will be on a different topic and participants will be able to ask questions and interact as though in a real classroom.

The webinars work on pretty much any platform (PC, Windows, Mac, iPhone, Android etc.) and there will be a chance to test your ability to connect and participate before signing up. A brief tutorial will also be offered to allow participants to become familiar with the interface. Each webinar can be signed up to individually.

The Webinars are being organised by John Wilks and the plan is to expand this later in the year if the first ones go well and there is demand. The association is giving 2 hours CPD per webinar up to a maximum of 8 hours in any one year. Dates for the first 4 webinars are:

12th February

5th March

26th March

16th April

14th May

Details, topics and presenters for each webinar can be found at www.cyma.org.uk and will include such topics as, “Women’s Health, Understanding Fascia, Back Pain, Pregnancy etc.”

New Bowen Book

A new book on Bowen has been commissioned by an international publishing house based in London and will be co-authored by John Wilks and Isobel Knight. A series of case studies will be used in this book and the authors are specifically looking for successful case studies on people with the following conditions:

- Chronic Fatigue/M.E.
- Frozen Shoulder

- Carpal Tunnel
- Tennis Elbow
- Inner ear and TMJ problems
- Diabetes (Types 1 & 2)
- IBS
- Clients in Palliative Care or Hospices
- Menstrual disorders
- Anxiety/depression
- Fibromyalgia

If you are interested in taking part in this exciting project, please contact John at cyma@btinternet.com for more details. There are very specific requirements for these case studies that need to be explained.

Fascia Workshop

Karel Aerssens (BowNed) is coming over from Holland to teach a two day class on fascia on 19 & 20 October in London. Full CPD points given.

This workshop is being presented for the first time in the UK and explores an overview of the current insights into the structure and architecture of fascia. Understanding how the fascia acts as an architectural structure helps the Bowen therapist to find the right moves to be used in treatment.

This workshop will cover the structure of the fascia and the consequences of the behaviour of this structure. Fascia research papers on pdf and PPT prints will be handed out. An extended booklist and sources will be provided as well.

More details at www.cyma.org.uk

Lucky Winner of the Lectric Soda Crystals...

...is **Camelia Pop**, who wins a 650g jar of Lectric Soda Crystals. **Camelia** will receive her prize within a week.

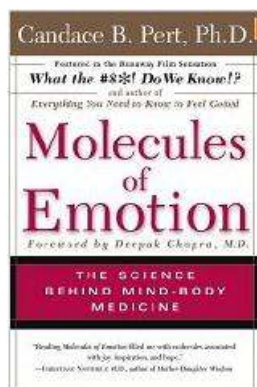
Contribute an article to the next edition and you'll be in with the chance of winning.

Reading

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.

Molecules of Emotion



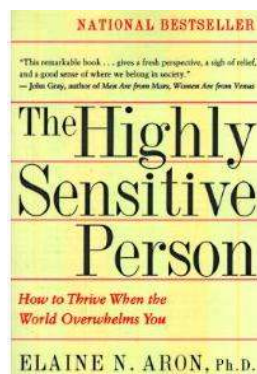
Recently, I read this book by Candace Pert, a neuroscientist, that has altered the whole way I regard the workings of the body. In her book, she teaches us about molecular cell receptors and ligands, and explains how it is that our bodies and minds function

together as parts of an interconnected system. It has given me a scientific explanation for how the Bowen Technique works in a holistic way and establishes a crucial link to understanding the power of our minds and how our feelings affect our health and well-being.

For those interested in furthering their own research, I would highly recommend this book.

Fiona Milnes, Lancs

The Highly Sensitive Person



I seem to attract a lot of Highly Sensitive People wanting Bowen or treatment or help. It was surprising to hear Robyn say she rarely gets HSPs coming to her for treatment, but as she said, it may be because she gets a lot of sports/extrovert people down under in Australia.

In any case, during her special course on Bowen for Diabetes she gave us a mini-FIRST-treatment protocol for the diabetic patient, which is suitable to be used as a first treatment on people we suspect or know are Diabetics in order not to overload them or initiate a 'hypo' while they are on your couch.

In line with noticing and dealing with other kinds of HSPs I would like to recommend a book by Elaine Aron, which helped me understand my own HS Personality and which includes advice for medical practitioners treating HSPs, as well as for teachers of HSPs and Employers of HSPs.

Ros Elliott-Özlek, Turkey

Deadly Harvest

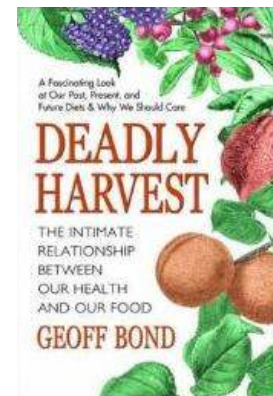
“DEADLY HARVEST - The Intimate Relationship between Our Health & Our Food”

Geoff Bond is a nutritional anthropologist, who for years has studied both foods of the past and prehistoric eating habits.

Based upon latest scientific research and studies of primitive tribal lifestyles, the book first describes the actual diet that our ancestors followed. – a diet that was and still is in harmony with the human species.

It then describes how most of these foods in today's diet disrupt our biochemistry and digestive system, leading to health disorders such as allergies, arthritis, cancer, diabetes, heart failure, osteoporosis, obesity and more. Most important, he explains the appropriate measures we can take to avoid these diseases – and even beat them back – through healthy eating.

Stephen Ludbrook,
Oxon



Bowen Association AGM – Sunday, 7th July 2013

We have a very exciting AGM this year at: **The Holiday Inn Farnborough GU14 6AZ**. Our special guests this year are Oswald and Elaine Rentsch. Do not miss this fantastic event; put it in your diary now and complete the booking form on the next page.

All booking forms must be received by **16th June 2013**.

This is a great chance to hear from some fascinating speakers, meet up with fellow practitioners, and earn 8 hrs CPD for the whole day! Your £45 includes: Lunch, Parking, Tea, Coffee, Refreshments, and 8 hours of CPD. Don't delay, book today.

Our Speaker lineup this year includes:

Isobel Knight: who will speak about “Bowen for Connective Tissue Disorders - Ehlers-Danlos (type111) and Hypermobility Syndrome (EDS111).”

Hypermobility is ‘symptomatic’ hypermobility and is associated with chronic pain and symptoms commonly related to/and overlapping with conditions such as fibromyalgia or chronic fatigue. Hypermobility Syndrome is a genetically inherited connective tissue disorder which is multi-systemic and often under-diagnosed. It cannot be cured but it can be managed.

[Isobel has been a Bowen Therapist for 10 years. She has written two books about EDS111 and published several articles including one which appeared in Bowen Hands June 2010. She is now working on a book about Bowen with John Wilks.]

Dr Alison Adams BDS (Lond), MS (Michigan), Dip Class K, Dip I K, KFRP, Dip AT, MRAT, Dip (Past Life therapy), Dip (Life coaching), H I Dip (Complementary therapies): who will speak about “The Mouth-Body Connection.”

In this talk Dr Adams will introduce a holistic approach to oral health and facial and dental development which demonstrates the real causes of dental disease and the malformations of the face and jaws which are often treated with orthodontics. The basis of structural relationships between the mouth and the rest of the body will be discussed and the role of dental materials and procedures in disease causation briefly addressed.

[Dr Alison Adams is a UK trained dentist with a US Master’s degree in Restorative dentistry. She had 20 years clinical experience as a dentist before mercury poisoning forced her to retire. After her recovery she wrote the book “Chronic Fatigue, M.E. and Fibromyalgia: The Natural Recovery Plan” which addresses the topic of metal toxicity. She also hosts websites at www.mouthbodydoctor.com and www.thenaturalrecoveryplan.com which address the adverse effects of dentistry.]

Better Your Bowen Workshop – Monday 8th July 2013

This year, the AGM workshop will be delivered by Nicola Hok. Contact her directly to book your place: bowenworks.net@gmail.com or **07415 889963**.

This new workshop focuses primarily on how to get the best results possible from your Bowen work. We shall explore ways to make each move as effective as possible and thereby improve your work and enhance the results. We will look at the relationships of the skin, superficial fascia, deep fascial layers, and the importance of how we utilise the skin slack.

BOWEN ASSOCIATION UK 2013 AGM

Holiday Inn Farnborough, GU14 6AZ,

Sunday, 7th JULY 2013

Please return this form by return to book your place at the AGM

(****8 hours CPD awarded for full day****)

BOOKING FORM

Name.....

Address.....

Post Code Tel. no Email

I will attend the morning AGM 09.30 hrs YES/NO

I will attend the presentations at 14.00hrs YES/NO

Cost £45 (Including lunch and refreshments)

.....
Signed:Date..... Membership number.....

I enclose a cheque for £..... payable to Bowen Association UK

or: I have paid online(please tick)

To pay in your fee via internet banking or your local branch:

The Bowen Association UK, HSBC Bank, 11 Hinckley Road, Leicester LE3 0LG.

Sort Code 40-28-24 Account Number 81286447

Remember to add your membership number and name as the reference.

WHICHEVER METHOD OF PAYMENT YOU SELECT Please Return this form to:

The Bowen Association UK, PO Box 210, BOSTON, Lincolnshire, PE21 1DD.

Or Scan it and email it to us at: office@bowen-technique.co.uk

NB: Please contact Nicola Hok directly to book her course on Monday, 8th July, 2013

bowenworks.net@gmail.com or 07415 889963

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Lectric Soda Crystals

As recommended by Tom Bowen,
founder of The Bowen Technique

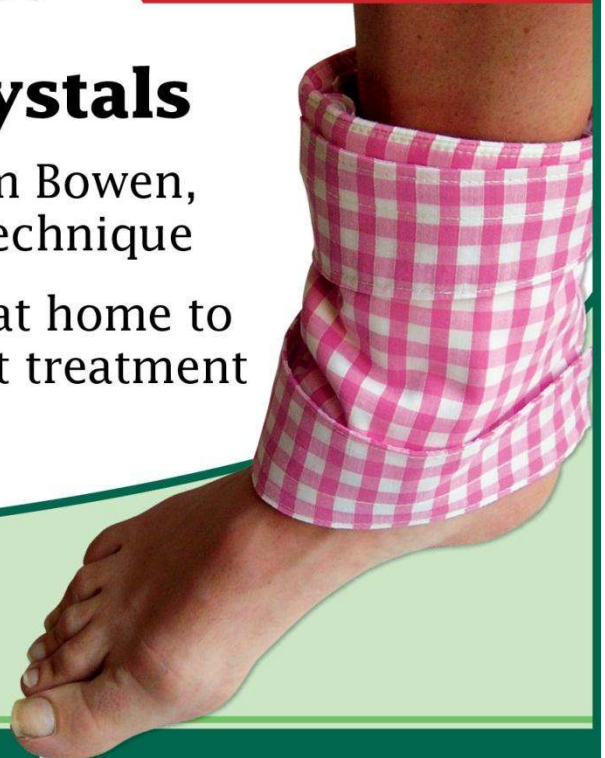
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Deadline for the next Edition - 7th April 2013

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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Email: office@bowen-technique.co.uk Website: www.bowen-technique.co.uk