

# Bowen News

August 2021 – Issue 83



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## Editor's Column

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Much like the clarity and scavenger shown in the frontpage photo – view across St Peter Port harbour, Guernsey – the last year has been one of uncertainty with potential danger about but, now, things are much clearer and “normality” is within touching distance. Just make sure you keep your food away from the beady-eyed seagull!

Quite a few of us have been seeing clients again and the relief of my clients at being able to get their issues resolved has been palpable, no pun intended. And, with the backlog of medical interventions being at an all time high, I believe that we will see the release of a pent-up demand, along with the best opportunity to date to forge closer ties with the medical world.

What's been noticeable since the restart of seeing clients is that the majority of mine have had frozen shoulder. I suspect this is a combination of a stressful year and poor ergonomics in the home “office”. It's certainly made me research a little more how best to assess and resolve frozen shoulder.

### Uncertain Times

The last couple of months has also been uncertain from the Association point of view. As you know, the AGM had to be postponed at short notice, to 2<sup>nd</sup> October, due to several of the committee needing to attend to personal matters. We send them our support.

On a “shock” note, Angela Cannon has decided to retire from official duties for the Association! Angela has always been a constant in my Bowen life since I first met her in 2004 when I took my first Bowen training and she was training to become a trainer. She never realized that ambition to be a trainer as it was overtaken by her decision to take on the Chair of the Association and then to run/staff the Office with Sheila in 2008.

However, I'm pretty sure that she will still be involved somehow, whether she wants to or not!

### Long Covid Study

The Bowen community has been running a Long Covid Study for a couple of months now. Some of you might have heard about it on Facebook and I hope some of you have taken part in it. I have, and have just finished with my first case study, which had some good results.

I would highly recommend joining the study. It's a great way to become familiar with the use of MYMOP and the running of professional studies. Well run studies help us to get closer to the medical community.

### Summer Prize

The prize is donated by Helen Perkins. Bexters Portable Bath and 200g Bexters Soda Crystals. RTP £8.95.



### By the way...

As this newsletter will be available only electronically, any time you see underlined words you'll find they are a link to other material. So just click the link to find it.

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## *Bowen Association Chair Report*

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At last, we appear to be seeing our way through the Covid-19 pandemic. Most restrictions will hopefully soon be lifted throughout the UK and, while life probably won't return to exactly how it was before the virus, we will be able to return to much of what we knew and enjoyed. I've certainly enjoyed really paying attention to people's eyes as we talk behind our masks and I trust everyone will appreciate and experience hugging more fully now too.

Lockdown 3 wasn't quite so hectic as the previous year, but we were still very busy keeping track of the rules across the 4 nations of the UK. England at least had more choice about working, though many members still didn't or had very few clients booking in. For our Welsh, Scottish and Irish members it was just as tough as 2020 and the BAUK Office gave a lot of support to individuals in these areas. We know our East European members faced tough restrictions too; it was difficult to work out the rules in these countries and we hope they will be returning to regular work soon.

Along with other therapy organisations, the Bowen Association was asked by the Scottish Government to complete a survey on the management of close contact services in Scotland. Those of us who responded were subsequently invited to participate in an online workshop hosted by the Scottish Government Health Department at the end of April, particularly regarding the PPE usage by therapists.

Most of the attendees were from the beauty industry, who left the civil servants in no doubt as to their views about the 'Draconian' measures. One contributor was adamant they stopped talking about the 'Danger Zone' and referred to it more accurately and understandably as the 'Breathing Zone'. I spoke on behalf of Bowen and referenced other complementary therapies as well, such as reflexology and said our interactions involved little time in the 'Breathing Zone' so the level of risk was

low. We all made it clear that our one-to-one interactions was deemed low-risk, are well managed by appointment-only procedures and all use the procedures and PPE required from previous lockdowns. Hopefully it had a positive impact on the decision makers, although the delays from the rise of the Delta variant makes that less clear.

The April renewals have progressed well, many appreciated the new process we have brought in. You no longer need to submit all your documents at the same time, as you now sign a declaration within the online renewal form and we will sample check members' documentation over the year.

The survey was well supported, many thanks to everyone who responded. We will feedback the results in the next few months.

We had to postpone the AGM from June to the Autumn. Some of the Executive Committee have significant challenges at the moment and it was necessary to take the pressure off us all. We look forward to seeing as many of you as possible later in the year. We are looking at the weekend of the 2nd-3rd October for the AGM, it will still be online.

### **Thoughts from The Chair....**

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I mentioned in the last edition that squirrels can indicate preparing for change. At the time this all seemed very positive. I spent Lockdown 3 finishing my own website, had my car sign-written with my logo and was all ready to be more focused on my own business. Unfortunately, there are two sides to the change coin and, since March, following a bolt from the blue Stage 4 terminal cancer diagnosis for my mother, I have been focused on my family.

I am fortunate to be from a very close family and we immediately pulled together into a very supportive bubble. From early June, my 3 sisters and I moved back in to the family home to give 24-hour care to our mother in shifts day and night. It was an incredibly intense, emotionally tough time. Despite the sadness, it has also been an interesting experience to be living together as adults in our childhood home and we have learned a lot about each other.

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## Committee Updates

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For years a family of foxes have lived at the bottom of my mother's garden. She often put scraps out for them. Paula had seen them before, but not Alison, Sarah and I. It was a real delight, therefore, when they frequently put in an appearance, sometimes just a couple of youngsters but once the whole family of five playing on the lawn. They exhibited similar patterns to us, great closeness followed by occasional, short-lived 'snaps' at each other. According to my animal book, the fox has a particularly relevant message for my family: "Adapt to the changes that are happening."

My mother passed away on 7th July and this month has been spent in a state of disbelief, while balancing the emotional needs of the four of us in the funeral arrangements and beyond. Some of the cards and letters of love and appreciation for her are tinged with sadness at people's regret they 'didn't meet up when we could'. Knowing what my mother and we all had planned to do this year and next, the overriding message I am getting from all this is 'Don't wait, don't delay'. We never know when it will be 'too late'. If there is something you want to do, do it. Meet those friends or relations you think you've still got years left with. Action your 'bucket list'... you might still need to be patient given the current situation, but you can still plan for it to happen. Above all else, go with what your heart tells you, because regret cannot live there, it is where your soul's fulfilment lives.

I wish you well.

*Fiona Webb*

*Chair of BA UK*



It has been an exceptional time for the Committee at an individual, personal level.

Rob Godfrey had planned to retire as Treasurer at the end of the year. Unfortunately, for health reasons he has had to retire earlier than planned, stepping down this summer. Therefore, we have a vacancy for the Treasurer role. The elements of the role are straightforward: managing the income we receive from membership with known, fixed outgoings and some variable costs, mostly around the AGM when this is face to face.

If you would like to help support your colleagues by becoming Treasurer of the Bowen Association please contact Fiona. This is a defined role within any organisation and needs to be filled as soon as possible.

Sheila has faced major surgery early in July, we all wish her a speedy recovery. We had agreed to separate out the Legal, Arbitration and Complaints role that Sheila covered and therefore have a vacancy for this too. We rarely have any complaints and will suit someone who is confident following existing procedures and establishing facts.

Sian Rogers who joined the Committee to help with the website admin and Facebook has sadly had to step away from her Bowen work for a while, so if you would like to help with either the website or Facebook, please get in contact with Fiona, as for any of the other vacancies.

You will have seen the announcement by email of Angela's retirement from her Office role. She is actually covering Sheila's work at the moment, so we are hugely grateful she is starting her retirement by still helping us for a few weeks!!

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### **BA UK Member Survey – Draft Results**

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What a wonderful response to the survey! We have had returns from a large representative sample and we have found

this a useful resource with which to gradually develop the strategy thinking.

Of course, we will want to share more details when discussing the BAUK Roadmap (Strategy) at the coming AGM 2021, but we thought it would be useful to run through some of the responses now.

Prior to the AGM, we will do some investigative work based upon your responses and will be in a good position to discuss further and at a deeper level in some areas at the AGM.

We summarise below but note that these are currently indicative trends and interests.

**Q1: We currently offer training courses from third parties for First Aid and A&P. If we were to provide opportunities for you to access business training, which areas would you most appreciate?**

It was interesting to note that the three main areas were Business Promotion, Finance, and Health & Safety. Promotion and Finance were closely linked to those that have established a business but are needing more clients.

**Q2: Where are you in terms of achieving your business goals?**

Just under half were content with where they are in their business operations. The remainder wishing to see more clients. This latter population were interested in support with promotion and in getting the 'Bowen' message out to the general public.

**Q3: If you could choose one thing that would really help your Bowen business, what would it be?**

The overwhelming response was for a greater recognition for the benefits provided by the Bowen technique within the general public and in large health institutions such as the NHS and charities.

There was demand for on-going access to Bowen Technique videos and business skills support to support trained members.

**Q4: We are often asked to lobby more health insurance companies to include Bowen therapy in their cover. If you feel this is something that would be of benefit to our membership, please list the most popular ones that your clients use?**

Well, the response was positive and without surprise that the main health insurance and treatment services (e.g., BUPA, AXA) were listed. We shall be looking at what may be the best approach that may create a snowball effect among the majority.

**Q5: We are looking to work with various organisations to help promote Bowen to them. These may be national or local organisations, charities or societies supporting people with certain conditions. It may be that some members are already working with clients with a specific condition, which may help guide our focus or you may have a special interest in helping particular groups. On which three organisations or conditions would you like us to focus?**

There was a useful spread of ideas ranging from health support organisations, e.g. MacMillan, Stroke Association, IBS Network; Social organisations, e.g. Golf clubs, tennis clubs, Universities; and, specific chronic illness areas, e.g. Multiple Sclerosis, Parkinsons, ME, Long Covid.

We will consider these areas as targets for our promotional work and also to develop better marketing materials that our members can use for local action in these areas. We will see what information we can gather and provide some first draft materials for use at the AGM meeting.

It is interesting that Bowen was once listed as a one-liner in the Macmillan guide to complementary therapies but it doesn't seem to have carried through to recent publications. Enquiries shall be made.

**Q6: We are exploring additional income streams and opportunities to promote/partner with others where appropriate. Would you agree for BAUK to consider options for additional income by offering advertising on our website, in the magazine and via email mailshots of Bowen, health-related courses, equipment, products, printing etc?**

It must be said that it was a very positive approval for developing this area, some 85% were in support but we were repeatedly asked to check ethical credentials and there are other concerns that would require a

transparent vetting process for organisations to come through.

So, we will need to take this slowly and ensure that any work satisfies the full membership. One area that might be useful to start with – and may not be a big financial winner – is to support and allow notices from those organisations that we wish to align with; so as mentioned above Macmillan, MS society and the others members have raised. This may provide a mutual benefit with each organisation and go some way to helping the new stream of clients that was important in Q2.

**Q7: Our members come from a wide range of backgrounds, the skills and knowledge of which provide valuable resources within our Association. We would like to understand the skills you have and in which of the following would be willing to provide support to BAUK if asked?**

Thank you for sharing your backgrounds and to those that have offered BAUK access to their skills and experience. Many of our members have a background in teaching and training but we seem to have ticked the full spectrum. It is good to note that Bowen is already represented in many employment sectors and when we need to push into some of these areas to raise awareness of Bowen we shall have some useful inside knowledge of how to approach the sector.

There were other comments which are noted and will be shared at the AGM and some kind words of support for the BAUK organisation (noted: we need to be NI inclusive) but we hope that the summary is helpful to you for now and we will try to research and prepare for the AGM on the basis of the contained material.

## *Bowen Association Executive*

|                    |  |
|--------------------|--|
| Fiona Webb         | – Chair                                    |
| Shirley Strickland | – Vice Chair                               |
| Sheila Whyles      | – Secretary,<br>Arbitration,<br>Complaints |
| Rob Godfrey        | – Treasurer                                |
| Veena Lidbetter    | – Events Coordinator                       |
| Paul Dunn          | – Marketing                                |
| Raluca Lupu        | – Overseas Links                           |
| Vacant             | – 2 Vacant Posts                           |

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## *Case Study – Parkinson's*

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Adapting our approach with a long-term client is a fascinating but often challenging journey.

Angela first came to me after receiving a diagnosis of Parkinson's. At the time she was able to walk unaided at a reasonable pace around the beautiful Burrator reservoir, some three and a half miles. Something she had enjoyed for many, many years.

Angela, 64 years old at the time, was quietly spoken and always beautifully dressed. I used to admire her lovely clothes which she wore with great style. I discovered her sense of humour along with a steely determination and a strong sense of justice for things that really matter in the world.

After her initial treatments, she became a regular 'monthly' client and for the first twelve months she stayed pretty much on an even keel, her main issues being bladder and bowel. She felt the Bowen helped with both, particularly after reaching home and a quick dash to the bathroom after the coccyx procedure, having been constipated for several days! She was always able to see the humorous side.

Gradually, and at first almost indiscernibly, she began to experience further issues. Her movement became a little slower, her bladder issues became quite challenging, along with those relating to her bowel. Her speech slowed, deepened, and as the months progressed, became a little slurred.

Her diagnosis was still of Parkinson's, but that it was advancing quite rapidly. Along with her Bowen treatment, I broached the subject of chemical usage in her home and with her personal items. Air fresheners were used quite extensively along with cupboardfuls of various cleaning chemicals. She was reasonably interested but asked what she could replace all these items with. I always have a list at the ready of alternative things to use and gave this to her, along with a loan of John Coleman's book, *Stop Parkin' and start Livin'*.

By now, subtle changes were also occurring in our client/Practitioner relationship. I must qualify this by saying that I honestly and definitely always stayed firmly within professional boundaries at all times. But over the course of a couple of years, Angela had told me of various family events – engagements, reunions, milestone birthdays and anniversaries etc. and with this, came a sense of friendship. Not the sort of friendship where you socialize together, but a subtle kind of deeper caring that comes from sharing life's trials and tribulations, where human beings connect with one another in quite a profound way, such as knowing when to be quiet, or when it is appropriate to create a little laughter in order to alleviate a stressful moment. Or a look that suffices and no words are spoken.

Shortly after this, Angela asked to see my new kitchen. I was somewhat taken aback but led the way. When we got there, she said “can I look under your sink?” I asked her if she was taking up plumbing and she simply said “No”. So, I opened the cupboard door whilst sending up a silent prayer it was clean enough for inspection (!!)

Angela peered inside and said, “I’m glad to see you live by what you preach regarding chemical usage”. The sole contents were Ecover washing up Liquid and one spray bottle containing water and lemon scented tea tree oil that I use for absolutely everything along with reusable/washable cotton cloths, all residing next to my under-sink water filter. “Phew” - passed that one, and have never been asked again by any other clients – thank goodness I hasten to add.

Another twelve months on and I so wished I had the proverbial ‘magic wand’ as Angela deteriorated, and I became aware that I must be careful with these thoughts. Time to seek supervision which helped enormously in putting things back into perspective and to make sure I myself, as a practitioner, stayed on track on many levels.

As Angela deteriorated, a lot of her time was taken up by various medical appointments, and the diagnoses was changed to Multiple Systems Atrophy, a rare condition which is also very life limiting.

By now I was treating her at her home, sometimes on an ordinary chair, later, on

her special reclining ‘throne’ to which I referred to her mechanical ‘whiz bang’ chair. I don’t think at this stage there was much in the way of help physically from the Bowen, but her face drawn with pain and fatigue when I arrived, always looked relaxed after treatment, and she maintained the Bowen helped a great deal.

Again, a slight shift in the relationship as she confided one day “I’m not ever going to get better”, and with a look of utter despair, the floodgates opened as she vented long held back tears. All I could do was hold her hand whilst she sobbed and sobbed. She was so distraught I stood up to put a comforting arm around her shoulders, whilst holding back my own unshed tears for all she was going through. At this point, her husband had left what he was doing and came to see what she was so upset about. A look passed between us, but no words were spoken, although a wealth of understanding passed between us. He quietly left the room.

Angela has since passed away. She bore her condition with dignity and grace with never a hint of ‘Why me?’ She had made arrangements for her brain to be used after her death for medical research into this dreadful condition.

For me, it would have been impossible to have treated Angela without a shift in our relationship, but I was always able to maintain professionalism whilst extending the hand of friendship in a supporting role of Bowen. I feel great humility and a sense of thankfulness at having shared in the journey with Angela and her Husband Adrian.



*Kim Sheppard, Devon*

# Sotai Technique & Bowen Survey

Sotai Exercises used by Bowen Therapy Practitioners - Survey results from 140 case studies shared by practitioners from 3 EU countries & UK.

Sotai was originally created by the Japanese neurologist and surgeon Keizo Hashimoto during World War II to support the patient's need for corrective exercise. The specialization in Sotai technique (a course endorsed by BTAA), I made years ago, and I am offering it if needed together with the regular Bowen Therapies.

Sotai is a combination of isometric exercises and breathing techniques. Each exercise focuses on specific muscle/joint movement and requires the practitioner to evaluate: "a diagnosis of the structural misalignments and an assessment of the pain degree and restrictions." The evaluation can be done in person or online - the practitioner guides the client online to perform specific movements.

I experienced my clients' faster recovery speed when I used complementary Sotai exercises, as these exercises can help with reduced pain by correcting structural imbalances, enhance dynamic stability/flexibility/range of motion and mobility, increase muscle strength etc.

During the period of Covid-19 quarantines, many of my Bowen clients were in pain and it was necessary to find a way to help them. I started to use Bowen Distance therapy more frequently, plus the Sotai exercises in online sessions; finding great results. The specialization in Sotai technique I made years ago, was supposed to be complementary to the regular Bowen Therapies offered.

Sotai therapies were extra exercises, specific to each client's health issues. Clients are able to do these therapies on their own and I found great results, with clients feeling more responsible for their health and becoming more active, and less in pain.

Many of my colleagues during quarantine also started to use Sotai in online sessions. Thus, I initiated and proposed an online Sotai exercises Survey to the Senior Bowtech Instructor Alexandra Antoniu - also Sotai instructor - endorsed by Bowen Technique Academy of Australia (BTAA), followed by the launch of an online Sotai course of 16 CPD hours. A special offer was given to the BAUK practitioners and if you're interested, please send an email to me: [raluca.lupu@bowen-technique.co.uk](mailto:raluca.lupu@bowen-technique.co.uk)

## Assumptions Considered

The Survey was addressed to practitioners specialised in the Sotai technique, from 3 EU countries & UK, to collect and analyze the results of the Sotai Exercises used in their practice; the majority of them being Bowen Therapy Practitioners.

The Survey, made on an online user-friendly platform, was created for practitioners and their clients, with transparency results and comments visible by all participants. In order to remove bias, each practitioner who participated in the survey was required to share their results for their last 10 clients, this way avoiding sharing just the successful results.

The Sotai exercises results were based on the practitioners' clinical notes of the therapies done. These therapies were in majority (53%) online sessions due to quarantine, the rest being in person in clinics.

## 2020 Sotai Survey results

Results from 14 practitioners representing 140 case studies.

The results of the Sotai Exercises were: 57.1% Excellent, 42.9% Good, and none with no change or worse results (Fig.1)

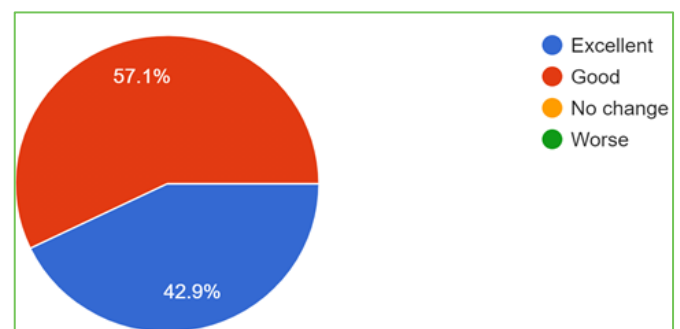
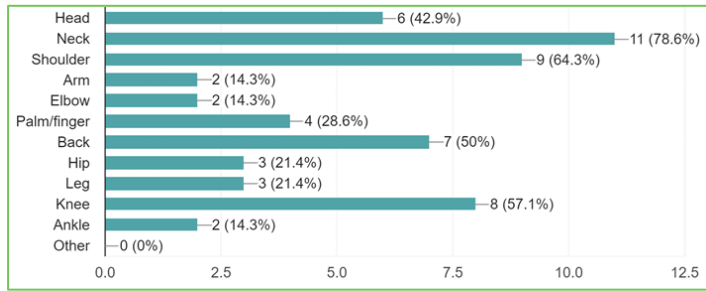


Figure 1: Effectiveness of Sotai Technique

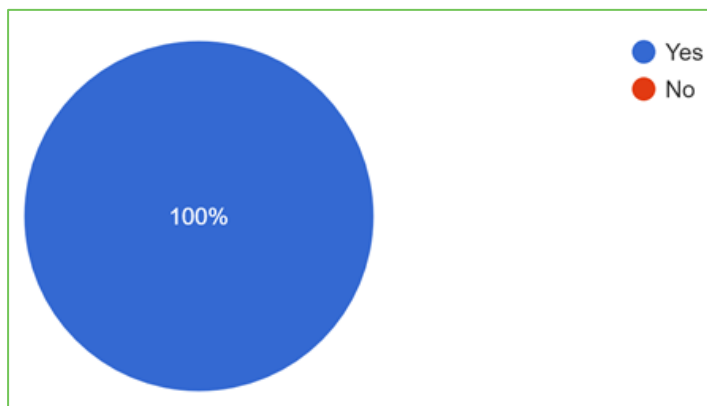


Fig 2 shows which areas of pain or movement restrictions were worked on for each client:



**Figure 2: Area of pain/movement restrictions**

Another result of our Survey was how much the practitioners found Sotai exercises helpful as an addition to their current alternative therapy used (Fig.3). 100% answered yes.



**Figure 3: Sotai usefulness**

Below are additional comments from the practitioners who participated in the Survey regarding their view of the Sotai Therapy in practice:

“Was very useful to use the Sotai technique even online for new or existing Bowen clients. Once explained to the clients the concept and moves, they continued the exercises alone at home. Have been very helpful also the video records (received with the Sotai course/shared with clients) for specific pain/movement restriction based on client assessment.”

“Clients are surprised when they immediately feel a significant improvement. They easily learn Sotai exercises. Most often, until the next Bowen treatment, they used Sotai exercise just for a couple of days or not at all, because they felt much better in terms of significantly reducing pain when performing certain moves and increasing the ROM.”

“It's a technique that completes the bowtech treatments I'm doing”

“I am enjoying this technique”

“I did SOTAI combined with Bowen on a 9-year girl with cerebral palsy and received immediate results in straightening her arm and leg affected by the disease”

In conclusion, myself and other Bowen Practitioners from Europe, found this technique very useful even during the pandemic time, and hope more and more will start to use it in their online or in person practice, together with the Bowen Therapy.



*Raluca Mihaela Lupu, London*

## Lucky Prize Winner...

...is Kim Sheppard, who will receive her prize very soon. Contribute an article to the next edition and you'll be in with the chance of winning.

## Studies and Personal Data

Paul Dunn, our Marketing Officer, commented to me that at a treatment centre where he works, some diabetics are looking to experiment with alternative and complementary therapies. Whilst there is little history of Bowen in this area (especially Type 1) the first few people are happy to try Bowen and a few other treatments to see if it helps at any level. However, in an NHS and some other medical settings it is difficult to gather any data which may indicate a change through therapy, for example blood sugars, saliva and blood oxygen.

But some of the diabetics he is due to see have an electronic device on their arm and a small handheld that can give instant readings and they are happy to run a before and after test (and as many as he wishes!) and share the reading, plus they are happy to use an Oximeter as well.

This means that it may be possible to collect some useful and proven results using the

personal devices and with the appropriate personal authority.

*Ed.* As he mentioned it, I thought of the number of my clients who have a Fitbit and I've often considered asking them if they'd like to share their before and after data but never got round to asking. I think I will now.

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## *A word from Angela*

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Dear Bowen friends and colleagues,

As you know from the recent email, I have stepped down from my admin duties in the Bowen Association office, it seemed it was the right time after so many years working in a variety of roles in Bowen Association UK. I would like to take this opportunity to thank everyone who sent me notes expressing their warm wishes and kind words for my 'retirement', so much appreciated.

Of course, I am still a Bowen practitioner! Bowen gets 'under your skin'. I can't see me ever retiring and not treating clients, so I look forward to catching up with some of you again at an AGM and on the Bowtech courses.

So, until then, thank you all for your friendship and every good wish to you all for a healthy and prosperous Bowen future.

*Angela Cannon*

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## *Multiple Sclerosis Study*

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### **Abstract**

Permission was sought from a regular user of Bowen Technique therapy for a trial of consecutive daily treatments. The client has advanced Multiple Sclerosis (MS) and agreed to participate in both 'distance' Bowen and his traditional 'hands-on'. Both approaches helped to reduce spasticity and gave the client a feeling of greater energy.

### **Background**

The client is a regular receiver of Bowen Technique (BT) therapy with it being provided through the complementary service at his local hospital and at a local support centre for MS in London, England.

The treatments have always provided a benefit following 30-45mins of treatment time, with the client reporting a reduction of spasticity and a relaxed less anxious emotional state.

Notably this benefit reduces after a period of 4 hours and after 24 hours the spasticity will return. This has been a common pattern for the last two years of treatment and the client has asked if he may receive a treatment more frequently. The therapists have been reluctant as it is commonly held that a treatment should be spaced 5 days apart; however, there are exceptions to this such as for pregnancy pains, which may be daily or as required, and there have been articles of treatments given on a daily basis for other chronic syndromes.

With the client's agreement and to respond to his request for daily support it was decided that a trial would be made of daily treatments using six consecutive days of remote 'distance' Bowen and six days of consecutive contact 'hands-on' treatments with a rest period between the two treatment methods.

### **Method**

The therapist is known by the client and is the regular provider of BT therapy for the relief of MS symptoms. All personal controls and insurance protocols were established.

All other therapies, other than distant Reiki sessions, had been suspended for the client in this period and, for this trial, Reiki was also stopped for the duration of the Bowen trial.

Remote therapy was considered the best initial approach as it was believed that this would be the least invasive and allow the sessions to be better managed between the clients carer visits because the visitation times do not match the contractual booking times due to carer delays and so it is not easy to find appropriate time slots.

A remote session is initiated by the therapist calling the client and having a short discussion to ensure that all is fine and that the client is able to relax for the session period. Once this is established the call is terminated. Initially it was intended that the client would start in a side or prone position and a call from the therapist would indicate that they should move to a supine position; however, the spasticity had become so severe that the client was anxious about this and asked if he could remain in one favoured position through-out, which was acknowledged and agreed.

At the end of the session the therapist recalled the client to check on him and to determine whether there had been any noticeable response and to consider what changes if any need to be considered.

There was a gap of around 7 days prior to the second spell of consecutive treatments, using traditional contact. Standard protocols were used during these sessions.

In both the remote and contact sessions the primary moves applied were BRM1,2 & 3.

### **Outcome**

The remote 'distance' Bowen for the first 2 days provided a positive outcome but, as had been the experience, within 4 hours the benefit was reducing. On the third day the client reports that prior to this session he was feeling very tight and was considering not continuing with the treatment. It was discussed with the therapist when they called and the client decided to continue one more and then to review on day four. There was a reported change following the third-day session and the spasticity seemed to stay reduced and indeed there was a feeling

for the client that he had more energy. The client reported that on the 6th day he had been taken to his sister's house for the day and normally needed assistance up the steps to the front door. This Saturday he walked up the steps into the house without assistance. The client was very pleased with this change in mobility and energy.

There was then a period of zero treatment to see how long the benefit might last and to allow the comparison with 'hands on' contact treatment to be a fair comparison. The benefits of remote reportedly lasted for a 4-5-day period and then the client was very conscious of familiar pains in his right arm and leg, specifically the knee, and general spasticity returning. A few more days were given before contact treatments began.

The first session of the contact Bowen provided relief to the tightness on the right side and the body seemed to respond quickly to the contact treatment and restored again much of the mobility and the energy - the client reported that people he was speaking with on the telephone said he sounded very alert etc. The progress continued for the remainder of the sessions.

The client reported that some 3 days after the conclusion of the contact sessions the spasticity returns though he is still in good spirits and the energy remains. However, the effort of moving around his flat becomes greater as the spasticity returns and so the feeling of energy is expected to decline.

### **Discussion**

There has been a change to the client which is beyond expectations and given the two delivery approaches used we might assume that the changes came through more than just a benefit from a therapist visit because it was only short phone calls that existed for the remote sessions.

Professor George Jelinek MD writes in his book, *Overcoming Multiple Sclerosis*, that MS is "...an interplay between genetic predisposition to the disease and environmental factors", "A challenge to the immune system ...then occurs, and it is likely that this challenge involves some kind of disruption to the blood-brain barrier". It is believed that penetration of this barrier then causes the issues experienced.

We know that people who have Bowen Technique (BT) therapy will become relaxed and some of the techniques follow from this relaxation. What we have observed in this specific case is, and there have been other weekly treatment responses of reduced spasticity, that a consecutive daily treatment seems to improve the body's memory and retention of the benefits and so it appears to have provided a cumulative effect for the client; certainly, it is noteworthy that at the start of the third day of remote work the client was feeling extra tight and was considering discontinuing the treatment. What happened during the third session and more importantly how and why?

There may also be a 'mindfulness' effect caused by the client awaiting and anticipating some form of body sensation; if that is so then isn't the source of this sensation, the BT treatment, still as valid?

It is possible that people with acute stress or chronic conditions that affect their neural processes require the higher frequency of treatment to overcome any form of blockage that may be affecting how the Bowen technique message is used by the client's body. Our initial trial of daily sessions would certainly suggest that there is a relationship between the higher frequency of input messages and the response; however, we shall need to run further tests to see whether the relationship can be presented in scientific terms.

### **Conclusion**

It is frustrating that without medical support during such a trial it is not possible to collect measures from the body such as blood content, e.g. oxygenation; saliva measures, e.g. alkaline levels; carbon dioxide expiration, vitamin and mineral processing and heart performance from say 24 hour monitoring. The assumption of something acting as a barrier to the weekly messages, perhaps a blockage or poor receptor response, needs to be explored in relation to the body's functional systems.

Something clearly happened for the client and he is keen to understand what this was and how he can retain the benefits for longer, if not indefinitely.

If the client is willing, we may try applying different Bowen Technique protocols and over different time windows but it will be important to seek medical support so that more thorough measures can be put in place in the hope that we can find the specific physical and emotional reaction which caused these benefits.

Consulting Therapist: Didi Raynova (BAUK)

Author/Organiser: Paul Dunn (BAUK)

Reference: Jelenek, Prof George; Overcoming Multiple Sclerosis; ISBN: 9781760293192

*Paul Dunn, London*

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## *Our Family Crohn's Journey*

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First part of a two-part story. First Part by member Sarah Harcombe who tells of her experiences with her teenage son. Part Two will be by Sheila Whyles telling the story of her adult son and how he copes with his Crohn's and a growing family.

### **Part 1: Sarah's Story**

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Our story begins in the October that my son was 14. It started with what we thought was a tummy bug - he wasn't particularly unwell, but had diarrhoea and some crampiness, and we assumed it would pass after a few days. After this had persisted for a week or so, we visited the GP who checked him over and asked us to wait another week to see what happened. Into the second week Alex started to pass some blood, so we returned to the GP and they took some samples for testing and we waited for the results. Nothing was found. The symptoms continued, his appetite disappeared, and he began to lose weight and had become very tired. Another visit to the GP and an urgent referral was made, followed by a week's wait for the letter. Finally, the appointment came through - for the following January! So, another trip to the GP to request a sooner appointment.

By now it was mid-November; Alex had not been in school for weeks due to his

symptoms and general fatigue. His appetite was virtually non-existent with him often eating just one digestive biscuit a day. He had lost over a stone in weight and was mostly passing just blood, up to 10 visits to the toilet every morning. I was beginning to feel desperate and the constant waiting for test results or appointments added an extra layer of stress for me. With help from the GP, we were finally admitted to the paediatric department of the county hospital for a day visit for more tests. At the end of the day the doctor's still couldn't confirm what was wrong, but promised a referral to the gastro dept at Bristol children's hospital and sent us home to await the phonecall as to when we could go in.

Two days passed and no phonecall by which time I was frantic and desperately worried. I had begun to imagine worst case scenarios with Alex's diagnosis. I rang a close friend of mine whose brother was a gastroenterologist at another hospital and he advised me to pack our bags for an overnight stay and to travel to Bristol A & E dept and wait there until we were admitted. Just as I was about to leave, Bristol paed's rang – they had never received the referral! An appointment was made for a few days later.

Once admitted at Bristol, Alex had a colonoscopy and endoscopy under general anaesthetic, and the diagnosis was confirmed – it was Crohn's. The consultant handed me a pack of leaflets and told me to go home and read it - I left in a state of shock, trying to get my head round what had happened. Alex began steroid treatment straight away along with Azathioprine to suppress his immune response. Within a few weeks his appetite had returned, the diarrhoea and cramps settled and he began to look well again.

The following 6 months saw Alex swing from a few weeks of no symptoms, reducing steroids, returning to a flare up, back onto steroids again, the flare up coming back under control, coming off steroids and then a few weeks later flaring up again. It felt like a vicious circle. His mental health started to suffer with increasing anxiety. At the end of Year 9, after his 15th birthday, he had a full breakdown at school and we were referred into CAMHS. Around the same time his medication was changed from the

Azathioprine to weekly injections of Adalimumab This is a type of Biologic medicine - treatments which are produced by biological rather than chemical processes. Living organisms, such as living cells, produce the active substance which is made of proteins. They work by blocking part of the immune response. Over the summer holidays, both his physical and mental health improved and we began to relax again as a family. His new medication seemed to be working well.

However, when he returned to school in the September, his mental health plummeted again. By Christmas we were seriously worried about him and noticed how much school was affecting his wellbeing. He was already missing about 30% of his timetabled classes because he simply didn't have the energy to complete a whole day at school. He was struggling so much with being in the classroom that he took many of his classes on his own in the wellbeing centre at school, where he did his best to complete the work that was set for him. He seemed to improve over Christmas holidays but then sharply declined again on his return to school in January. We made the decision that we would home educate Alex as school seemed to be causing him so much stress. The day after we de-registered him, he was like a changed child – happy and chatty as opposed to the withdrawn unhappy child he had become - I had my son back again.

The next few months were difficult as I tried to work out how we were going to complete his GCSEs at home and he tried to adjust to not having the routine of school that he was used to. In the summer after he was 16, a psychologist from CAMHS identified that Alex had Asperger's. Whilst we were completely shocked at this diagnosis, as it was not something we had ever considered, suddenly everything fell into place – the stress that school caused him, his level of anxiety, and even the link between Autistic Spectrum Conditions and gut disorders.

We managed to secure Alex a place at a local, small Pupil Referral Unit so that he could access some education outside of the home. This was a positive change for Alex – it gave him some structure and routine which he enjoyed, whilst having lessons in very small groups, with none of the stress

that being at a large school in class of 30 plus children had created. He finished Year 11 with 4 GCSEs. He then applied to do a Level 2 in animal studies and has gone on to complete his Level 3, achieving a distinction. He is hoping to go to Bristol this September to study zoo management – something which we thought would be impossible 4 years ago. We are so proud of how he has turned his life around and overcome all the challenges he has faced.

Thinking back, I reflect on how Bowen might have helped us in the early days of the Crohns developing - I completed my training when Alex was 17. You might be perhaps wondering why I haven't been treating him all along but until recently Alex was quite resistant to the idea of Bowen! He has a very scientific mind and struggles to believe in things if there is not clear evidence behind why something works, and also perhaps as a teenage boy didn't want his mother treating him! Recently I have managed to persuade him onto my couch - he has now experienced the effects of Bowen himself and will regularly ask me to treat him if he has a pulled muscle or similar.

Sleep is important for Alex – as we know, this is when the body repairs itself, and Bowen could have helped in this way as sleep has sometimes been difficult for Alex. It may also have helped his anxiety, in particular the effects of the working on the Vagus nerve. This would also have helped address the inflammation that was happening in his gut by generally helping his nervous system move from the sympathetic to parasympathetic system.

For myself, being able to have a treatment that would have given me some downtime from the stress and anxiety that I was experiencing as the mother of a sick child, would have been invaluable. Alex used to find it very difficult when I struggled to contain my emotions when he was really ill, and I think if I had had a release for that emotion myself it would have been helpful.



*Sarah Harcombe, Somerset*

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## *Pause for Thought*

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In the words of Martin Luther King, “I have a dream”, which is that in my lifetime I may get to see a united Bowen profession, recognised for its significant contribution to the health of many nations around the world. Something I am sure Tom Bowen himself never actually thought about – researching the facts and history he was a modest man who worked entirely with the intention of helping others, selflessly aiming to make a difference with no greed and no wild claims about curing everyone.

When I first trained in Bowen and earned the right to ‘drive without L plates’, I knew I was not really that great as a practitioner, despite already being very proficient at reflexology, gaining great and reliable results, and having a science degree and good anatomy/physiology.

Not only was I not a great practitioner but emerging as I did, in mid-2012 I discovered that nobody really knew anything about Bowen therapy and therefore it was like putting some odd, gnarled ornament on display in my shop window – no-one knew what it was so even though I could offer it to them they were not going to ask for it. I asked myself how this could be when it had been going for 25 years. If this approach to bodywork is so magical and so incredibly capable of solving all things why did so many practitioners fall by the wayside and not get their clinics off the ground?

I went on to do specialist maternity/fertility reflexology training many miles from my home because that is where a very experienced midwife of some 40 years or more would be training – we went around the table saying who we were and what therapies we offered. A very frustrated therapist who had been practicing reflexology for 20 years said she was very surprised to hear that I practiced Bowen alongside Reflexology as she had trained 8 years ago but, whilst her Reflexology practice had taken off, her Bowen practice had not. She was very angry at the monies she had invested and that she had still been unable to develop that side of her work.

I realised that, whilst there is no doubt that Tom Bowen had great ability (he saw after all, before the birth of social media, 13,000 people a year which has been calculated as spending around 6 minutes with each person running 3 beds simultaneously nipping out every so often for a cigarette or a nip from his hip flask), those practicing the various interpretations of his work were not growing busy clinics and similarly run off their feet.

There was really only one explanation if 40,000+ have been trained but very few are in fact in practice within a few years? No-one was working like Tom Bowen did and producing the incredible results that Tom Bowen achieved.

With my background being in research, and realising that time was running out to tap into the rich resource of those who had watched Tom Bowen work or at least those who had learnt from those known as 'Tom's boys', I immediately set about trying to address the serious short-comings not by dipping my bucket in the same pool but by wandering over a few mountains to find new streams with fresh water and picking different berries off different bushes to widen my nutrition and hence better feed my growth and development as a good parent would aim for with their own child.

The results were immediate! The growth in my practice similarly dramatic as results generated more word of mouth and in turn they led to yet more word of mouth. This is the answer to give me personally a living, beaver away in my tiny spot on the planet, but it is not the answer for the profession of Bowen. Green shoots from those who manage to achieve this, whilst so many others fall by the wayside angry and feeling let down that they were ripped off and sold a pig in a poke does not help us build a Bowen profession which in turn would also benefit all the schools as suddenly people would want to train in Bowen therapy in ever growing numbers.

Having so many practitioners seeing very small numbers per week/month and operating out of a bedroom or converted garage – how many chiropractics, osteopaths (remember Tom Bowen called himself one of these!), dentists and doctors

do that? – is not getting Bowen on to the high street to be seen, sought after and to help so many.

Me seeing new clients every week who say 'well I am here because I am hearing that Bowen has a lot to offer but I have been seriously underwhelmed by 3 practitioners so far, will you be different?' shows me that there is serious work to be done and it needs team work with a team spirit, not personal ego and dreams of great personal wealth by seeking to grab the trade mark and sole use of something which ethically no-one except Tom Bowen himself actually practiced. Who can honestly say that they have seen 13,000 people a year or even a tiny fraction of that?

So many very successful practitioners I know have stopped describing themselves as a Bowen practitioner to avoid being associated with those claiming to 'work the way Tom Bowen used to work' and that 'there is nothing Bowen cannot cure!' because it is so obvious that these statements are entirely untrue in the face of all the evidence to the contrary – evidence from videoed interviews conducted by Ron Phelan with Tom Bowen's sister Agnes, his greatest support Rene Horwood and many of Tom's clients, evidence gathered by Shirley Strachan a highly qualified historical researcher in her book 'Healing Hands, Unsung Voices Anthology: Thomas Ambrose Bowen, Osteopath' which contains interviews with many of Tom Bowen's clients and several of Tom Bowen's boys.

So, having started with Martin Luther, I end with Aesop's Fable of the father and his sons.

A dying father asks his constantly quarrelling sons to each go out and find a stick. The father then ties all the sticks together and asks each son in turn to break the bundle of sticks. All try, none succeed. He then unties the sticks and says to each to take a stick and break it and each easily manages this.

The lesson here is that there is strength in unity! I have trained with a wide range of absolutely fabulous trainers who trace back to various of Tom Bowen's boys, indeed many have had interaction with several of his boys, and most of those individuals are

speaking together in constructive manner to be the wind beneath each other's' wings.

My question is, can we become more united for the benefit of all? Bowen therapy is too good, has such great potential to be used alongside other therapies and, whilst we all pedal our wares in our different streets and are in many cases gaining the notice of medics, professional sports and more, there will be no prize for someone who grabs the name of Bowen and claims theirs is the ultimate the one and only and no others may stand on the same ground! It does not happen with fizzy drinks, with soap powder, with banking or with any other product or service.

So... how about it? Can we pull together instead of factions making wild and very obviously spurious claims which bring the name of Bowen into disrepute and could result in it being side-lined as quackery forever whilst people practice it under other names which are not associated with clique and even cult type banners?



*Kathryn Phillips, Warwickshire*

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## *Autistic/Anxious Children Study.*

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As a result of my experience working with special needs children at an alternative learning centre in Dorset in 2018 – 2020, I decided to run some case studies to see how the Bowen Technique may benefit such children.

### **Stressed Nervous Systems**

Autistic, ADHD and highly anxious children can be hypersensitive due to their sympathetic nervous system (SNS) being over-activated or frequently triggered. The SNS puts us into our fight/flight mode. The parasympathetic nervous system (PNS) usually kicks in once we realise that whatever startled/stressed us has passed or is not a threat and the stress hormones, such as adrenaline, are switched off again.

For some children, and adults, the PNS is either inhibited from doing this or is repeatedly overwhelmed by the re-triggering of the SNS such that the latter becomes the default controller. This leaves the body in a state of feeling unsafe and on perpetual alert. The physical/emotional signalling causes continuing stress and overwhelm; an inability to cope with everyday tasks or requests; and, becomes a neurophysiological pattern that cannot be 'talked' into changing.

The Bowen Technique stimulates the PNS to return the body to a calmer, more relaxed state. For some children and adults, the more they remember what this feels like, the more easily they can feel and become aware of their shift between PNS and SNS. This is the start of self-regulation and resilience.

### **The Study**

The study aims to have 10-15 participants, each receiving at least 6 Bowen sessions. It was recognized that it would take some time, perhaps 1-2 years, to complete this study, which started in the second half of 2019.



Logistically, it proved difficult to bring the Dorset children into this study, which was a real shame as I feel 3 or 4 of them would really have benefited. However, the Universe played its hand, stuck me in a rural traffic jam behind two lorries stuck when trying to pass each other and I started chatting with the lady in the car behind. Her daughter was autistic; both mother and daughter were concerned about how she would handle the transition to secondary school and she leapt at the opportunity for her daughter to be the first participant in my study. Through her network I found myself with three children to take part.

Bowen treatments started from August to December 2019. The study was then paused due to a family bereavement and then subsequently put on hold in March 2020 due to the Covid 19 pandemic, although child 3 continued with distance Bowen for a while. It is planned to resume in the second half of 2021.

The MYMOP form was used to identify 1 or 2 symptoms that the child, or their parent if too young/unable to do so, wished to see improvement in, plus an activity they wanted to improve, as well as a wellbeing assessment. These are all measured using a 7-point scale of 0 (as good as it could be) to 6, (as bad as it could be). An improvement of 2 is deemed significant.

### Study Summary so far (paused Spring 2020)

This study currently shows results for 3 children and 4 sets of data. Summary findings include:

1. From 13 MYMOP data sets, 11 showed an improvement of 2 or more. The MYMOP process deems this significant or very significant.
2. 5 of the 11 had a possible influence through medication, so cannot be fully attributable to Bowen. The other 6 can be fully attributed to the Bowen sessions.
3. 1 data set improved by 1 (Client 2, activity). The last data set (Client 2, Wellbeing) was assessed at 0 (as good as it can be) and remained there.

### Client 1 - E

11-year-old girl, diagnosed as autistic, ADHD. Received 7 Bowen sessions.

**Symptom 1** – worry about teeth, fear of dentists, wouldn't eat hard food.

MYMOP initial assessment = 4. After 4 Bowen sessions MYMOP assessment = 2 and stayed at this. Had dentist booked for a couple of months' time, less references to teeth and is trying to put hard food items in her mouth.

**Symptom 2** – anxiety about starting secondary school in 2 weeks' time.

MYMOP initial assessment = 4. After 4 Bowen sessions MYMOP assessment = 0 and stayed at this.

E surprised her parents by how well she coped with the transition to a new school. The school commented that she did not exhibit as much of the common behaviours associated with her diagnosis as expected and were able to ask more of her in the second half of term.

**Activity** – getting up and ready for school and getting in taxi.

MYMOP initial assessment = 3, her mother expected this to rise to 6 at beginning of term. After 3 Bowen sessions MYMOP assessment = 0 and stayed at this. E had progressed to getting herself up, breakfasted and into the taxi by herself.

**Wellbeing** – initially assessed by mother and E together, after week 3, by E herself.

MYMOP initial assessment = 5. After 3 Bowen sessions MYMOP assessment = 0.

Mother's comments "I have a happy girl, though still prone to anxious moments. We have been able to enjoy some family days out. E has an increased ability to reason through problems, though she can still have meltdowns, especially when tired/hungry. Her transition to secondary school, including travelling by taxi, has been way better than expected and she is loving school. Her ability to get herself up and ready for school is literally amazing!"

## Client 2 - A

10-year-old girl, extreme anxiety about loud noises and darkness, particularly fireworks and thunder. Received 5 Bowen sessions.

**Symptom 1** – terror of fireworks, in autumn closes windows, curtains, wears ear defenders in anticipation of Bonfire Night, repeats again around New Year's Eve.

MYMOP initial assessment = 3 (late summer, anticipated to rise to 5/6 in Sept/Oct). After 3 Bowen sessions MYMOP assessment = 0 (mid Sept), rose to 1 early Oct. After 2nd Bowen, A said she thinks she can "sleep through fireworks, but not thunder".

**Symptom 2** – constipation

MYMOP initial assessment = 3. After 2 Bowen sessions MYMOP assessment = 0 and stayed at this.

**Activity** – participating in activities after dark (4-5pm onwards)

MYMOP initial assessment = 3, her mother expected this to rise to 6 at beginning of term. After 5 Bowen sessions MYMOP assessment = 3. Sessions finished prior to change of clocks end Oct, so no real opportunity to assess change on MYMOP scale. Feedback in December stated A had started one activity club at 4pm after half-term, was able to be with her mother at a vet appointment after 5pm and able to go out to look at Christmas lights when they started appearing. Assessed = 2 as still some anxiety.

**Wellbeing** - MYMOP initial assessment = 0 and remained at this level.

Mother's comments "A's return to school after the summer holidays was better than expected, beyond normal nerves. She still hadn't started wearing ear defenders before early October and others have noticed she is calmer and more chilled. She still wants to close windows and curtains when home and go to bed early, but is talking more about fireworks without being anxious. She is going into school much better and has coped with no longer having a 1-2-1 TA with her. She is much calmer and less hard work!"

## Client 3 - J

14-year-old boy, diagnosed with Aspergers and catatonia. He has not been in school for 2 years, though has a private tutor twice a week. Received 10 Bowen sessions initially, (a) then another 11, with new criteria, after a 6-week break (b). Half of this last set were distance-Bowen, due to Covid-19, because J wanted to continue his treatments and, as a Star Wars fan, seemed happy with an explanation that the 'energy force' would get through to him.

1 week after starting the first Bowen session J started on new medication so any changes cannot be fully attributable to either Bowen or the medication. However, it is noted that a planned increase in medication after 3 months was deemed not necessary.

**(a) Oct-Dec 2019**

**Symptom 1** – walk unassisted.

MYMOP initial assessment = 6. After 6 Bowen sessions MYMOP assessment = 2 and stayed at this. Stairs could still be a problem, but he was more fluid in his movement and walking further, often without using his wheelchair.

**Symptom 2** – severe anxiety, often communicated by signing, rather than speaking.

MYMOP initial assessment = 6. After 10 Bowen sessions MYMOP assessment = 2.

**Activity** – not selected

**Wellbeing** – parents felt unable to assess on J's behalf, and J unable to assess himself.

Feedback:

After first Bowen session J engaged at a family party for 90 minutes, his parents expected him to be able to manage only around 15 minutes.

After second session J was verbalizing more often and more fluently.

After third session there was a marked improvement in his walking and noticeably shorter periods of anxiety. J continued to improve "2 steps forward, 1 step back" and had "more good times than bad." He became less catatonic, more focused for longer and able to talk more easily, with less repetition.

## **(b) Mar-May 2020**

**Symptom 1** – independence, particularly with his morning/evening routines.

MYMOP initial assessment = 5. After 11 Bowen sessions MYMOP assessment = 2.

After 7 sessions J starting initiating doing something helpful around the house and volunteering information about what he had done that day. He was getting himself to bed more often.

**Symptom 2** – making choices for himself.

MYMOP initial assessment = 5. After 7 Bowen sessions MYMOP assessment = 2 and stayed at this level. J was deciding more quickly and decisively.

**Activity** – reading.

MYMOP initial assessment = 5. After 7 Bowen sessions MYMOP assessment = 1 and stayed at this level. J was reading fiction and non-fiction. He was able to paraphrase what he had read back to his mother. He was reading more and retaining, remembering more of what he had read.

**Wellbeing** – again his parents felt unable to assess on J's behalf, and J was unable to assess himself as not sure what 'wellbeing' meant/felt like. The difference this time was that he was able to explain why he couldn't assess it.

"J has definitely benefited from the Bowen sessions, particularly in being able to walk unaided. He is still anxious, overwhelmed but now distracts himself through play or reading. He is quicker in his decision making and choosing for himself what he eats for lunch. His teacher has noticed the pace and fluidity of J's work has increased and he has more focus in their sessions. He has a lot more flowing mobility and if he gets 'stuck' he is able to regulate himself within ten minutes or so. He has an awareness now of pacing himself, not doing too much or too fast."

### **Note on J.**

J is a very endearing boy with devoted parents and I chose to continue giving him Bowen treatments after his initial set ended in Dec 2019. He had a couple of sessions where his body gave quite extreme

responses, lots of body jerking and I was very relieved his mother took all this in her stride. She invited me to join a couple of J's care-plan meetings. It was very heartening to see the amount of resources involved in J's care, which included education, health and social services, as well as consideration for the family's wellbeing too. I was aware this level of support could be provided via feedback from the Dorset centre manager from her meetings, so it was good to see it in action.



*Fiona Webb, Hants*

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