

Bowen News

December 2020 – Issue 82



Editor's Column

Well, it's been an eventful time for me since the last newsletter, and I'm going to give you a little bit of detail because I think it's something that's not really discussed and when it has been I think we complementary therapists need to be careful with our opinions and not promulgate what might be considered to be a type of "fake news".

I was first diagnosed with an enlarged prostate some 6 years or so ago, or to give it its full name, Benign Prostatic Hyperplasia (BPH). At the time, a couple of drugs were suggested and I declined those because of the side effects, and I would still.

Over the years, my urine output declined but I still considered it a good output because of course I was just used to it. In fact, it was not good at all!

I had conversations with various female therapists who warned me about side effects related to the main operation related to BPH, TURP. And my research seemed to back up some of those warnings.

I don't remember any conversations with another male therapist or male who had had an operation related to BPH. And, while I saw the doctor once in a while for follow up examination, there is no medical follow up protocol for this condition as there is for other conditions like diabetes, asthma, colon cancer, breast cancer etc.

This is despite BPH being one of the most common diseases in men and the most common cause of lower urinary tract symptoms. On average, 50% of men over 50 have this problem, increasing to 60% at 60, 70% at 70 and 80% at 80, and so on!

So, there I was, a little concerned over the years but nothing too much to be worried about I thought. And was gradually getting round to doing something about it. That was until August late Bank Holiday weekend. All seemed well and in fact had got better I thought and then, all of a sudden my urine was all cloudy, and the flow reduced considerably.

My local Doctors surgery does appointments by phone now and, when I got through, the diagnosis was an infection so I was on antibiotics for a week. This made no difference. I rang again, and the answer was another course. But then, a few hours later, another doctor, one of the Partners rang up. He asked some good questions and then referred me for an emergency ultrasound scan for my bladder and took some advice from a specialist urologist consultant.

Turns out that the scanning centre's idea of an emergency is 2 weeks! So I spoke to my surgery and the doctor asked for his team to expedite my appointment. The next day, I was quite uncomfortable and spoke to the surgery again and the Partner was soon back in touch and had me in for a physical exam on the following day. This confirmed what we expected, that my bladder was in retention. He spoke with the consultant again and I was told that they would expect me at Stoke Mandeville (SM) "immediately". This was now a week after the Partner first spoke with me.

Arrived at SM and was seen quite quickly – bloods, blood pressure etc. all taken within 30 mins plus an ultrasound scan that said I had over a litre of urine in my bladder! By the end of the day I had an emergency catheterization. The same consultant with whom my Partner had spoken said, "that's not coming out until you've had an operation to sort out your prostate, and it's so bad the only operation is TURP".

Immediately, she went on to explain that it was the "gold standard" and that contrary to what I might have heard, any data showing side effects to be erectile dysfunction, incontinence, and other not nice things was mainly for mid-late-70s and over. And then the data is questionable because men that age tend to have those problems onsetting anyway but prefer to blame it on the operation. Someone as fit, healthy, and young as me she said (I quite liked her 😊) shouldn't have any problem. In case you're wondering, I'm approaching 60 years of age.

BUT there was a problem with my kidneys, the bloods were showing poor values. So I had to return in 2 days for more bloods and if there was improvement then it was the TURP for me, and if not then kidney failure

had to be investigated. This was all caused by pressure building up in the kidneys because of the fullness of the bladder. With nowhere to go, the urine was backing up through the system.

Thursday arrived and it turns out my kidneys were recovering. So, I said to her, I have private health insurance so whichever route is quickest, private or NHS, I don't mind, let's just book the operation. A colleague of hers did private work and she promised to ask him. She reckoned my wait time would be at least 1-2 months perhaps more but I would be on the priority list because I had a permanent catheter and was young, fit, and healthy (I liked her even more 😊)

As I sat in the car afterwards trying to get comfortable, my phone rang. It was the scanning centre offering me any earlier date for my emergency scan!

The next day, Friday, I got an email from the PA of the private consultant, offering me a date for an operation in 10 days' time, could I make it? The next slot was a further 3 weeks away.

The answer, of course, was yes! I didn't mind whether my private health covered it or not, I was more than happy to pay to get better and get rid of the catheter. Even more so because another lockdown was imminent.

Of course, once a few people heard about my predicament, I found out about several males who'd had the op and had had no side effects. Most of them were 10 years or more older than me! Where were they when I needed to hear from them years before?!

Having the catheter in caused the most painful cramps for a few days. The bladder tries to get rid of the foreign object, a balloon that holds the catheter in place, and tries to expel it. Fortunately, it gives up after a few days and gets used to it.

Three days before the op at the Princess Grace Hospital, London. I had a pre-op down in London to check bloods, again, and have a Covid test. Turns out that, in the short time I'd had the catheter in, I'd picked up an E. coli infection – I thought I'd been most careful with the hygiene.

I found this out when I arrived on the Thursday for the op but my consultant said we'd go ahead with the op since I was there and I was young, fit and healthy (liked him too!) I opted for the epidural rather than general, especially since my consultant said he'd rather have the epidural – confirming my concerns about general anaesthetics.

The whole procedure took about 45 minutes, and I fell asleep halfway through it! The consultant spoke to me afterwards and said that my bladder had become heavily trabeculated – I had to look that up! When the bladder has an obstruction in the urethra, it has to force the urine through. In order to do this, the body turns the bladder muscles from nice elastic, balloon-like muscles into thick strands of muscle. This also helps stabilize a bladder full of urine all the time. The outcome of this is that the bladder might not return completely to its elastic state, and in my case he felt that that would be quite likely – reading between the lines.

To be discharged from hospital the next day, once the catheter was removed, I had to pass urine 3 times and each time have less than 200ml left in the bladder. This I failed to do but I had no intention of going back to a permanent catheter and, having looked up what self-catheterisation entailed, I told them I would be happy to do that. They agreed; a nurse showed me what to do; and, it was all quite straight forward. So, they packed me off with a box of catheters; a bag of medication to cope with the effects of the operation and the side-effects of the medication, of which I took only the antibiotics.

Over the next weeks, I recorded the residual after each catheterization – 3 times a day. By the end of 5 weeks, my residual was consistently at 100ml or lower, and on the 16th November, I was discharged by the consultant – 7 weeks after my first visit to the hospital.

Although I had been warned that the scabs would peel away about 2 weeks after the operation and that I would have blood in my urine, I was quite unprepared for the amount and size of the scabs, the amount of blood, and the duration of bleeding which was about 7 days. I half-joked that this

bleeding, along with the bladder cramps was me having a period and being in touch with my feminine side! I'm glad I haven't had to endure it regularly for 40 years or more.

During my recovery, I had both reflexology and Emmett from local practitioners. It was quite noticeable that my urine output was significantly better the next day and continued to be so. Also, spookily, my reflexologist works for the NHS in the same department as my consultant and knows him well. Turns out that he's one of the top consultants in the country, had just got married and had talked to me on his honeymoon, and his wife was ranked higher than him in the consultancy rankings – number 1 to his number 2 out of 200 levels!!

Now, I'm able to exercise as I wish, my appetite has returned, I've returned to a good weight, my skin is better, and I look healthy. In truth, I should have had this operation 2 years ago or perhaps more.

Summary

There are several observations that I feel moved to make:

- TURP is very straightforward. A consultant has to complete several hundred practices before becoming qualified.
 - Despite the advent of new types of treatment, TURP remains the gold standard established over decades of use.
 - A consultant gets paid only 595 GBP for the operation. I thought it was missing a zero when I was first told. But it's an indication of how routine the operation is.
- I had no pain whatsoever as a result of the operation.
- The concerns of therapist colleagues unqualified in this area, and media stories about the extremes of the side effects caused me to concentrate on the "natural" path to wellness, and delay consideration for the physical intervention.
- The lack of balanced information, and the lack of any medical followup, contributed to the lack of taking this seriously – if I'd been on a plane when I went into full retention, I would have had

a stroke and unlikely be around to write this piece.

- I'm grateful for the Partner reviewing the decisions of his doctors and having the experience to realise how critical it was for me to be seen – and bypassing normal process to get me into the hospital.
- Self-catheterisation is a doddle – once you're past the mental squeamishness. The probability of infection is negligible if you follow proper hygiene practices; and allows a return to a good quality of life, e.g. no more looking for toilets instead of enjoying the scenery; no more being uncomfortable with general movement; better quality of sleep; no risk of incontinence...
- The earlier and younger you address the problem, the better your rate of recovery.
- Men are experiencing these symptoms younger in life. A 43-year-old male had my room the week before for his prostate operation.

I have decided that this condition isn't talked about enough – men being men – and needs more awareness.

I am also happy to talk with anyone who wants to find out more or have their mind set at ease. And feel free to mention it to people you know and offer them a chat with me.

Christmas Prize

The prize is donated by Helen Perkins. **Bath Relief**: 200g Bexters Bath Crystals, 10ml Bowtech Ease, exfoliating glove in gift bag. RTP £8.25.



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.

Dave Riches

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Bowen Association Chair Report

Well, here we are approaching the end of a year most will be glad to see the back of!

I trust you have coped well with Lockdown 2? At least it was only for a defined period this time. It started with another bombardment of the Government Business Department to allow therapists to be viewed as healthcare professionals. While they didn't go as far as formally recognizing this (yet...), we were, as practitioners, able to decide if we wanted to work. Local Tier categories were definitely a factor in practitioners' decisions, as well as whether our clients themselves wanted to keep appointments. Most of mine chose to wait till December, which suited me; I accepted a cash-poor, time-rich month to have time to myself for once.

Our online AGM in October was a great success, with more people attending than in previous years. Being online meant travel distance was not an issue, of course, and many recommended we do it again next year. There was a very interactive discussion after the formal part. Being online meant everyone was focused on the same discussion and chatting all together before proceedings started. This gave a sense of more cohesion and togetherness than we expected. It was very enjoyable!

As everyone's attention moves to Christmas there is still activity but we welcome a quieter period for a short while.

I know this has been a tough year for many of you but never has it been so valuable to be a member of BA UK; we have worked hard to give you information, advice and above all, individual support. I thank all the Committee for their continuing work within the Association and particularly Sheila and Angela who are responsible for most of the running of the BA UK on your behalf.

I hope you are able to be with as many loved ones as possible for Christmas and wish you a pleasant and peaceful one. Here's to a much happier, huggier 2021.

Thoughts from The Chair....

I've been seeing lots of squirrels recently. Nothing unusual there, of course, the ponies are surrounded by trees and the little greys are busy stashing acorns for the winter. What is unusual, though, is the closeness of them. Rather than scampering away up a tree they often jump onto a nearby log or low branch and stay there, tail fluffed up over their back. When I see animals or birds behaving a little differently from normal, I consult my Animal Oracle book, as it can imply they have a message for us. Squirrels signify preparation for change!

This is very apt. I've been sensing and actively seeking changes, within myself, my work, my home. Unlike the squirrels, I spent Lockdown 2 clearing out, getting rid of what no longer serves or is useful, progressing longstanding jobs or projects, pruning what was becoming too dominant, both physically and metaphysically. Each day I prioritized what was important to me first, before doing for others. As a result, I feel much more balanced and energised and this is carrying through to my time with family, friends and clients. When we look after ourselves first, we are better able to look after others.

In every challenge is the opportunity for gratitude, growth and new beginnings.

Sometimes we need to be held a while, to stop and pay attention to see what we had missed. An analogy I often use is that of water building up behind an obstacle in a river, until it has gathered enough energy to easily flow through or over it.

If it feels useful for you, use whatever quiet time comes your way through the winter to allow ideas and opportunities to come to mind. Let these take root and feed them with your attention, so they can grow to their full potential for you.

I wish you well.

Fiona Webb

Chair of BA UK



Committee Updates

Office – Opening Hours

The Office will be closed from 4pm Thursday 24th Dec, reopening 2nd Jan. In case of any urgent queries, emails will be checked once a day in the evening 27th- 31st Dec.

Zoom Open Forum

These will resume in January, on a monthly basis. They will be on the FIRST MONDAY of each month at 5pm, starting on 4th January.

Committee Vacancies

We have room for 2 more of you on the Committee! If you would like to contribute your ideas and skills to the running of the Association we would love to hear from you.

Website Administrator

Due to Shirley's commitments elsewhere since July, I have been covering the administration of the website (updates, renewals etc.) and we are now looking for a volunteer to take over/share this role.

You do not have to formally join the Committee, if you don't want to. The role primarily liaises directly with the members and with the office regarding membership updates.

You do not need particular technical skills. The backend of the website is straightforward as we have defined areas we can update and have procedures to follow.

If you would like to help in either capacity, please contact me by email to fiona.webb@bowen-technique.co.uk or call on 07783 421181.

Long Covid Bowen Study

In January 2021, a research study will begin to assess the potential benefits of Bowen treatments for those suffering with symptoms of Long Covid.

This study is being coordinated by Dianne Bradshaw, a Bowen practitioner in Gloucestershire.

It is open to all Bowen practitioners in UK and we encourage you to take part. This is a valuable opportunity to help those in need and gather useful data to help promote Bowen further.

If you are interested in contributing to this research study, please contact Dianne for further information at:

diannebradshaw8@gmail.com

And you can find out more by visiting this Facebook page: [Covid Bowen Study](#).

A Special Occasion

Wishing Ellen Cobb, Senior Bowtech Instructor and Chair of Bowen Training UK, a very special birthday from all of us here at the Bowen Association UK.

Bowen Association Executive

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

Bedtime Bowen

Lockdown for many has been a chance to slow down and just 'be'. In my book that is a blessing. As a result, a much overdue desire to write an article for the Bowen newsletter has come to fruition as I have had the time and headspace to do it - so here it is!

I wanted to share with you how grateful I am to be able to use Bowen in my everyday life even when I am sadly not practising due to obvious reasons. It is my two young, lovely children who have benefitted and who without doubt absolutely love Bowen. They are 7 and 9 years old and have bowled me over with how well they have adapted to the first lockdown and are once again coping well with this second one.

However, it is often at night-time when the questions and worries start (as well as the normal school and friendship issues) and I feel so lucky to have Bowen, literally at my fingertips, to calm and soothe them. My daughter also has eczema which flares up from time to time and bedtime Bowen is the only thing which calms her and her system down and stops the dreadful desire to itch.

As a practitioner, I know of course that it is not customary to practice Bowen at bedtime, however I am just simply looking for the immediate and wonderful sense of wellbeing and calm that we all know Bowen gives and I watch in wonder as my children's bodies drink it up! I tend to do the same moves which I can see having an effect or which they love the most - I start with the relaxation moves, BRM 1 and/or 2 (they love their 'beetles' being squashed - thanks Nicola Hok!), followed sometimes by the ankle procedure, hitting the lats and the icing on the cake for them is always the head procedure!

I focus on the lightness of my touch and respect the pauses in between moves but not as much as a daytime treatment. It's amazing how in the semi-darkness I can also focus the intention of my moves so much better. I watch with joy as I see their eyes closing and their breathing slow down and, when I finish, they roll over and I slip

away knowing they will drift into sleep almost immediately.

I have not had to give them any medicine or feel hopeless about them not being able to get to sleep, I just let Bowen work its magic. I feel so lucky as a mother to have the ability to help my children in this way with such a wonderful technique. So if you can hear me, thank you Tom Bowen for helping to make the sleep of my children so much better and, in these unsettling times, my life a little easier.



Phily Gransbury, West Sussex

Ed. Curious to know what's behind your assertion that "I know of course that it is not customary to practice Bowen at bedtime." I've not come across this before and, personally, I think you can practice it any time you like 😊

Case Study:

Involuntary Movement and Restless Legs

I began seeing Kate, a 41-year-old full time Mum, in June 2019. She had had issues with her lower back for 20 years and in 2017 her right knee began to hurt and give way. She complained of stiffness in her neck and shoulders and pain in her toes. She found it difficult to exercise, struggled to climb the stairs and could not tolerate long car journeys.

In 1987, Kate fell out of a tree, landing on her coccyx, breaking her right wrist, and chipping her elbow. She has 4 children, all delivered by c-section due to her labour failing to progress. She was told this was because her pelvis is "very firm". She had 2 miscarriages, one of which had to be surgically removed. She has never had regular periods and she has pain in her

right side due to binding of the tissue where her bowel is attached to her ovary.

Kate began seeing a chiropractor in 2017 but felt it was not helping. Her expectations from Bowen were to see some improvement in her mobility and for her back and knee to be “less irritable”. An MRI and an x-ray have shown some osteoarthritis in her right knee and that her coccyx curves outwards at 45 degrees.

My assessment showed tightness in the cervical spine and very poor shoulder ROM so I began with the shoulder protocol. On the first session I did BRMs 1, 2 and 3 plus shoulder. Kate has been very responsive on the couch from day one. It is more unusual for her not to experience any sensations during the 2-minute breaks. These can start during the BRMs or when I start any additional moves and although they can be anywhere, they are most frequently in her lower back and legs, especially on the right side.

By 22nd July 2019 Kate was able to run upstairs and go on long walks and bike rides during the school holidays. Unfortunately, as she tends to approach life with so much enthusiasm, she tended to “re-injure.” However, some clouds do have a silver lining, and she noticed an improvement during lockdown because all her exercise classes were cancelled.

Kate has suffered periodically with restless legs since she was a teenager and after a quiet period they began again, so I added Hamstring and Knee in February and March.

I began seeing her again for monthly sessions in August. Her back and shoulders had improved but in October she told me that she had hurt her back at the weekend, her shoulder had locked up and her right knee was very sore. At this session I used all BRMs; Kidney, Knee and Ankle/Hammer Toe/Bunion together for the first time. After Knee m1-3 extreme involuntary twitching began in both legs with tingling in the left toes. The twitching occurred in each of the breaks and lasted no more than 1½ minutes each time. I repeated this sequence on the next session but this time the jerking was not as pronounced. When Kate came to see me for her most recent session, she told me

that only her right leg was restless at night now and that it was very painful so this time I used the BRMs, Kidney, Hamstring and Knee. By the end of the session her legs continued moving involuntarily for approximately 4 minutes ([see video](#)). I spoke to Kate 3 days later and she told me that for 2 days she had pain in her hips that radiated around her waist but that the pain has now gone. She also had a funny taste in her mouth, like a “toxic overload”. She has not had restless legs since the session.

Kate is a joy to work with because the feedback is always so interesting. Although progress is slow, she is delighted that, if she does reinjure, she recovers quickly on her own without having to see me and she enjoys coming to see me every month. She is such a positive, upbeat lady and has now even started bringing her children to see me.



Anna Hitherley, Notts

Distance Bowen Article

Ed. Since this edition of the Newsletter will be available only in electronic format, it gives me scope to try something new.

Stephen Ludbrook submitted an article to me about how he practices Distance Bowen. He describes his protocol in detail and includes a couple of testimonials. However, it is 8 pages long and I decided it would take me longer to edit it down to 2 pages than it did to actually write it. Instead, I include one of the testimonials as a taster of what to expect and you can read his full article by following [this link](#).

We do recommend Jacqui Hoitingh’s short, online course on Distance Healing, which is designed to give confidence to those considering to offer this as part of their practice.

“Dear Stephen,

I'd like to share with you my experience with Distance Bowen Therapy:

After having experienced physical Bowen Therapy previously I thought I'd give distance Bowen Therapy a try when I found I was having trouble with my hip and glute muscles down one side of my body. My aches and pains had been hanging around for about 3 weeks previous and I had been stretching and using a roller ball to try to relieve the tension in my muscles.

During the session I focused on your instructions -to imagine lots of arrow heads falling out of my muscles.... I think I fell asleep for the 30-40 mins and then awoke just a moment before your call came through to say we had finished.

Afterwards I was aware that the muscles seem looser, but I was skeptical I could just be "willing" it to be that way. I made a mental note to keep evaluating the feeling that evening and the next day.

The next day, in the beginning, I actually forgot to even think about checking how my leg felt because it was not giving me any aches at all. When I did remember – I couldn't believe the difference. I would describe the change as 98% better compared to before the session.

How it is possible to fall asleep for 30 mins and wake up "cured" is beyond me – but this could turn into my most preferred way to be treated!

I'd like to recommend your Distance Bowen service to anyone willing to keep an open mind and give it a try. I have been telling all my friends and they are amazed. Thankyou for the time you gave to me and I will be back for more I'm certain 😊. I wish you every success with it.

C.W."

Lucky Prize Winner...

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

Frank's Journey Back to Health

Obituary by Carole Justice Gray

Rusty joins the family; already he is teaching the teacher!

Ed. For the last 3 editions, we've been following the story of Frank's journey back to health and in the last episode we welcomed Rusty into his story.

Carole writes: Sadly, after the previous article, Frank passed away on 12th August 2020. Hundreds of messages have poured in, sharing the love and memories of Frank from all over (quite literally) the Bowen world. It's too hard to choose specific messages to write here. Everyone's shared memories and appreciation for the magic that was 'Frank', his life of Canine Bowen Technique and love from within our community has been overwhelming!

Personally, I will always remember Frank as funny, wise, clear, expressive, fluent in all languages, effortless in his understanding of Bowen and so, so, loving. He leaves a huge gap in my heart, my family and within the animal Bowen world.



Thank you for making his life so special, he truly loved his Bowen people (so much so, you know I couldn't stop him visiting, even long after his retirement).

If you would like to talk to Carole, have any questions, or would like more information on (EGCBT) Canine Bowen Technique training with Carole, please email Carole on carolejusticegray@me.com.

www.caninebowentechnique.com or (CBTA) Canine Bowen Technique Association website www.cbta.org.uk

Carole Justice Gray

Public Health – a personal view

“Public Health is Everybody’s Business” is a line that’s stayed with me from when I was studying for my PH qualification some years back. And it’s true. If this pandemic has taught us anything, it’s that we all have a part to play in keeping the nation healthy. And that problems are better addressed upstream – prevention and protection, than trying to deal with the torrent later on, downstream – clinical medicine, other interventions etc., sticking plaster on the wound. And with the exception of some nitwits out there, by and large, the nation has played its part re C19 - irrespective of where people sit on the social gradient of health.

What I find troubling is that such a groundswell of goodwill and participation regarding public health protection doesn’t extend across the board to other areas of prevention. Those of us who have been fortunate enough to work as Bowen Practitioners know, only too well, that the majority of those who come to see us for help to feel better, or to maintain good mobility, are those who can afford to do so. Inequalities in society have a far reaching and devastating effect.

There is a significant gap in terms of life expectancy, ill health, and disability/long-term sickness between the high earners at the top of the gradient and the poor at the bottom – up to 20 years in fact.

Clearly, influencing the social determinants of health are outside the remit of Bowen Practitioners (and it would appear, successive governments too!) and in our clinics we are, generally, seeing the people who consult us ‘downstream’ when the problem is all too apparent. It always bothers me that some may regard our profession, or rather the availability of it, as ‘elitist’ and only accessible, in the main, to those who can afford it. Those who cannot, may be deterred from making an initial approach, so we don’t even know about

those who may be in need of help and aren’t receiving it, from any quarter.

Inequalities in health are stubbornly resilient. That’s nothing new. And in a post-Covid world, which is currently still an aspiration for us all, I suspect these will increase along with waiting lists. I find that deeply uncomfortable.

How, I wonder, can we, as a membership association, strive to make a difference to those who are at the bottom of the scale? Those who we, as practitioners, almost never get to help?

I may draw a parallel to the Blue Cross who provide free treatment for the pets of people who are too poor to pay for their animal’s veterinary care. I don’t pretend to have an answer here and I know it isn’t something we could commit to funding as an Association, it’s simply too huge, but perhaps members may like to say to their local GPs that they would go into the surgery and give say 3 hours free a week on site at the surgery to give 3 repeat treatments to those recommended by the surgery as ‘in need’. If such a relationship was welcomed, then there could be no end of cross-benefits for all concerned.

Maybe now, in the time of Covid, GPs and the NHS bosses may be pressed at grass-roots level to be more favourably disposed to referring, and paying for, patients who are suffering unnecessarily long waiting times to have their pain and mobility difficulties addressed. I’m off to write to my local GP Practice Manager and MP. If we all do that and present a groundswell of opportunity to the medical professionals, who knows where we could be.

Anyone who has any doubts about the issues here need only to read the Marmot Report of 2010 and the current Review. I do appreciate that general public health has both social and political perspectives, and that the short-termism of politics is against us, but if it is possible to focus on ‘what we can do’ rather than ‘what others should be doing’ then we might just be able to make a difference to some.

Sheila Whyles

Covid Nutrition

Our immune system is our ultimate weapon. It encompasses far more than any artificial stop gap from other quarters and it is paramount for optimum health. However, the last 50 years or so have seen the mineral/vitamin content of foods plummet.

Environmental toxicity such as Electro-magnetic Frequency radiation, evidenced to make fungi and viruses more virulent along with similar examples, are often dismissed, but may contribute to immune resilience or lack of it.

Those who succumbed to C19 may be experiencing an over-active immune system – one that's firing out pro-inflammatory chemicals, a cytokine storm, as an over-reaction to the viral load it had to deal with. And not helped by underlying pro-inflammatory conditions, acidic diets, sleep loss, stress, inflammatory diets, and possibly an unaddressed toxic lifestyle.

Yet we **do** have control over our food intake - not yet properly addressed by successive governments. I will summarise the dietary essentials, and cross reference some texts to give as complete a picture as I can from my personal perspective as a nutritionist and a doctor who specialises in CFS/ME issues.

In all supplements below, be guided by a nutritionist. Dosage is maximum adult and should be ramped up to that maximum.

- Avoid high starchy and processed carbohydrate/sugar intakes because this may restrict white cell defence functions
- Eat when relaxed - in parasympathetic 'rest and digest' phase, for maximal absorption and optimal stomach enzyme production (for digestion) factors
- Vitamin D needs healthy-only fats/cholesterol in diet, e.g. avocados, soaked nuts/seeds, olive oils etc. because [lung alveoli need saturated fat](#) to keep themselves open, so a low-fat diet is not helpful.
- Vegetables need to be varied and of different colours and, as with all foods, chewed very, very well! Avoid foods to

which you might be allergic (or be sensitive to, which is different).

- Vit C essential: taken orally no contra indications unless kidney failure or sensitivities, & consensus is 2-3 grams a day in divided doses, but away from sugar/carbohydrate meals for absorption, also ensuring adequate water/fluid intakes during the day; if ill with covid however, it's suggested up to 10g daily, again always divide doses up to bowel tolerance (loose stools). Not ascorbic acid if you have sensitive stomach, but magnesium ascorbate.
- Foods containing vit A, magnesium (low in 80% of UK women) and selenium are essential. Selenium is one mineral I would consider myself as a supplement (200 ug daily), maximum daily dose.
- Zinc is essential: it modulates the immune system. The Covid loss of taste/smell, is ALSO a sign of Zinc deficiency. Take supplements/zinc-containing foods (e.g. soaked pumpkin seeds etc). Don't take cereal dishes when taking Zinc as they contain phytates, which hinder uptake. Do not overdo the standard daily dosage - 25mg max.

For pregnant women it is safer to take vit A in foods, c.f. supplements, to avoid overdosing, or a good quality cod liver oil., and avoid any farmed fish, tuna or otherwise, even if 'organic' (organic just means it hasn't been dyed...incidentally, It was synthetic vit A that caused adverse effects in pregnancy).

40% of the plate should be fresh and, if possible, organic vegetables - better from farmers' markets, where it's not potentially stored for months in freezers - lightly cooked, and also some raw, but lightly cooked if person has compromised immune system/cancer, as more easily assimilated in those cases.

Lastly good hydration, reasonable exercise for your individual circumstance, no artificial sweeteners, avoid worry (stresses the immune system causing massive magnesium depletion).

More detailed info on this can be accessed on this site, [Alliance for Natural Health](#).

Dr. Neil Milliken, Edinburgh

CPD in the Time of Covid

As we support each other during this pause in our normal lives, here at The Bowen Association UK we are mindful that some of you may be worrying about your CPD.

Please don't. We sent out a notification to everyone during the very first lockdown, reassuring our members that we have created a temporary CPD policy for the duration of the pandemic. It's been a while since then, so we thought it would be useful to publish the information again, here in your magazine.

It's worth noting that under our existing CPD policy you would be fine anyway because it always has allowed you to achieve what you need in two ways: either you could do the usual 16 hours in a 1-year, or you could do 32 hours over a 2-year period. So you could miss a whole year and be okay by catching up in Year 2.

Nevertheless, we understand that 'catching up later' isn't something that appeals to everyone, it just makes the mountain harder to climb. And it's possible that some of you are at the 'needing to catch up' point now!

Because of this we have suspended the hands-on requirement of our CPD policy until 1st April 2021 when we will review it again. Instead, we will accept non-hands-on training, as well as the traditional 'hands-on', for this period. We hope this removes any anxiety you may have about having 'enough' CPD for your membership renewal.

And because we're aware there's a financial concern too, we've been doing some research. There's a lot to choose from:

Bowen Training UK is doing a great job pulling together new opportunities for you. And the great news is that they are also getting going again with some hands-on courses, which, of course, as Bowen Practitioners, we enjoy the most!

Contact info: <https://bowentraining.co.uk/>

Email: bowentrainingukoffice@ntlworld.com

Landline: 0800 433 2885

Mobile: 07885 990201

And elsewhere in CPD world:

Below are some links to explore – all detail low-cost, or in some cases, free, online courses. All we ask is that whatever you select, ensure it's relevant to your Bowen work. If in doubt, just email the office and we will help you, as well as tell you, how many CPD hours your selection will attract: office@bowen-technique.co.uk

Here are some Links:

- Embodied Health Learning:
 - <https://ehealthlearning.tv/upcoming-webinars/>
 - <https://embodiedhealthlearning.com/>

The programs are added to constantly and there's plenty on the site, so best to look at www.ehealthlearning.tv for updates and information.

- Open University Free Courses:
 - <https://www.open.edu/openlearn/free-courses/full-catalogue>
 - <https://www.open.edu/openlearn/about-openlearn/try>

There are some amazing opportunities over at the OU, several of our members have already done some of these and we've received excellent feedback.

- Massachusetts Institute of Technology, (M.I.T.) Free Courses:
 - <https://www.edx.org/school/mitx>
- Reinge Education:
 - <https://www.reinge-education.co.uk/bitesized-cpd>

This is just a flavour of what's available for you, and why you shouldn't worry if you are in a tricky spot.

If you've come across something you think fellow practitioners would benefit from, then let us know and we'll pass it on. And email us if you want to check if a specific course will be recognised.

We hope this information reassures you. And hopefully, you will find much of the learning that's out there an invaluable resource in any case.

Hang in there everybody,

We'll get there together.

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Send your articles to magazine@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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