Bowen for Ehlers-Danlos Syndrome
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The Bowen Technique is a gentle form of holistic therapy that was founded in Australia by the late Tom Bowen in the 1960s. Tom, who was a manual labourer and keen sports player, was particularly interested in treating sports injuries, but also asthma; because his wife Jessie was severely asthmatic. Tom was an incredibly giving person and used to treat pregnant women for free and also held weekly clinics for disabled people. It was estimated at one point he was treating an incredible 13,000 people a year (Wilks, 2004). Tom had assistants to help him in his clinic and developed his work by working with osteopaths and other manual therapists, although his work is completely unique. It was Tom's dying wish that the Bowen technique be taught to a wider audience and Oswald Rentsch, the director of the Bowen Academy of Australia was one of a few of Tom's followers who had the immense task of teaching this profound technique. The Bowen Academy of Australia has an international following and reputation and a UK branch – Bowen Association UK. This was the school I trained under because I wanted the "Original" Bowen work.

My own story into Bowen was because of the benefits and relief I was experiencing from insidious lower back pain, which would have been because of my EDSIII, unbeknown to me at that time. I had tried many other therapies, but Bowen really made a huge difference. About two years after I had first tried this very mysterious therapy I decided to train as a therapist. I thought that because the Bowen moves were so subtle and seemingly simple, that they would be easy to learn. I was very wrong, for these small 'rolling-type' moves take a great deal of time and accuracy to fully master and now, ten years later I am still learning how to make each Bowen move even more effective.

Figure 1 – Bowen moves on the upper back

Bowen moves are conducted in a very precise series and location. The moves are performed across muscle fibres and much of Bowen work happens at fascial level (Wilks, 2004; Wilks, 2007). Fascia is a form of connective tissue that looks like strands of cling film that you might see on a piece of meat. Fascia is found throughout the body and can end up being stuck together or twisted in response to injury or bodily trauma (Wilks, 2007). The Bowen moves address this tissue and therefore it can affect and address postural changes and generate an integrated healing response. Bowen moves are very gentle and are punctuated with breaks between every 2-4 Bowen moves. The breaks are absolutely crucial to the work. They provide the muscles with a chance to respond to the work, as it takes some

time for the muscle stretch receptors to respond. They also allow the body a chance to rest and respond in general to the work. During these minimum of two minute rest periods, the therapist will leave the room so the patient can rest and in order to avoid interrupting the therapeutic healing dialogue. It seems a strange concept at first, but most people get used to it quite quickly and often fall asleep.

During a Bowen treatment we want people to relax as much as possible. We spend our days full of interruption and sympathetic nervous system (think fight or flight) hyperarousal. People demand things from us all the time. During a Bowen session we want the lighting in the room to be low and absolute quiet (no music) and the patient kept warm so that the sympathetic nervous system calms down (Wilks, 2004). During a treatment dialogue is also kept to a bare minimum so that the patient can rest so that the body can respond to the Bowen work. I believe this is crucial for EDS patients anecdotally seem more startled than other patients – perhaps because they are enduring more injury at the helm of their connective tissue disorder. EDS patients are more anxious, something we know is genetically linked (Bulbena et al 2004; 2011) and need more reassurance and calming than other patient groups I treat.

Figure 2 – Bowen neck moves from a 'Group Bowen' Session (mostly Bowen is done one to one)

I would say that Bowen is very appropriate for EDS patients because it is so subtle and gentle, doesn't involve any manipulation and is therefore not painful. Bowen might be very good for relaxation and perhaps provide some pain relief, or help with sleep and energy levels. With Bowen, the body will prioritise its most urgent healing response which means we do not always know exactly how the body will respond. Some patients I have worked with have also had profound emotional releases because that was what was important at that time. For others they find improvements to some of their most painful joints or it might help address bowel and gynaecological problems.

Although to date there has been little research into Bowen Technique, there has been research into both frozen shoulder (Carter, Minnery & Clark, 2002) and asthma (Rattray & Godfrey, 2002) and I would certainly agree that I have had some very good results with EDS patients with shoulder problems or restrictions where tissues have protectively "spasmed" in order to protect hypermobile shoulders. There has also been some small study cohort research into fibromyalgia, (a condition with symptom overlap with EDS) and Bowen, showing that Bowen provided beneficial

results for pain and sleep (Whitaker & Marlowe, 1998).The most recent Bowen research has involved hamstring flexibility (Marr et al, 2011), and Bowen after Knee surgery (Hipmair et al, 2012) and upon completion of my next book on EDS, I plan on carrying out some case study research on Bowen for EDS patients!

EDS is a challenging condition to treat and manage. I often find with my EDS patients that we “go round in circles” with some of the same pain areas – but on balance they do experience some relief in some symptoms and that is what we are looking for – an improvement in a symptom or pain (area). If the Bowen work is helping (even slightly) to provide relief in a symptom (e.g. migraines) or an area of pain, then this would be considered to be a positive response. Bowen as a treatment is not usually given in weeks and weeks of treatment, so it is possible to gauge a response after just one or two sessions.

Tom Bowen advocated that Bowen should be done alone as a physical therapy and therefore not combined with massage or any other physical hands-on therapies such as physiotherapy, osteopathy and chiropractic during the same week as a Bowen session (Wilks, 2004). Because I know how important physiotherapy sessions are for EDS patients, I suggest that they inform their physiotherapist (or indeed any other therapist) they are having Bowen so that ideally the physiotherapist does exercises or avoids manual hands-on work which might therapeutically interrupt the Bowen work. It can take up to five days for the body to make a response to Bowen post-treatment. For most people the not combining therapies approach doesn’t cause too many problems and is an ideal way to see what is working (or not). It also helps to avoid confusing the body with too many conflicting pieces of therapeutic information. Drugs and medication will not interfere with Bowen; neither will herbal medicine or homeopathic remedies. However, as soon as you have finished your Bowen sessions you are of course free to return to another form of physical therapy, should you choose to do so. Bowen sessions are usually held at weekly intervals, between 5-10 days, 7 being optimum. Drinking plenty of water prior to and after a Bowen session is very important as it helps to hydrate the tissues and fascia (Wilks, 2007). Tom Bowen also recommended that patients walk for about 10-15 minutes each day as this helps with postural integration allow the tissues to adapt to changes that might have been made (Wilks, 2007).

Research evidence for Bowen is growing. It can often have profound effects and is still in its infancy in both growth and awareness in the UK. Most people have heard of Bowen by word of mouth, rather than by an advertisement. Most Bowen Therapists obtain their new patients this way. Bowen is also an extremely difficult therapy to explain and is best experienced. Although I know I am biased, I would certainly recommend EDS patients to try it because even if it helps with one of your symptoms, that in itself is advantageous. Bowen is very gentle and calming and it would be worthwhile experiencing it for general relaxation and well-being, as well as potentially helping with fatigue and energy levels. One of my EDS patients has the following comment to make:

My name is Louisa. I am 27 and at first I was hugely sceptical about trying Bowen therapy. I have been suffering with back pain for most of my life, and within the last year I have been diagnosed with osteoarthritis and disc degeneration. Several months ago in desperation from the worsening pain, I decided I would try alternative therapies as nothing conventional gave

me any relief. My Mother suggested Bowen therapy as she had come across it and found it to be very helpful. I thought it was worth a try although I wasn't expecting much! I have to say that after the first treatment I instantly knew something was going on. As soon as I got home after treatment the exhaustion was immense. The next day I woke up feeling more awake than I had in about a year. This pattern continued with the treatment, but each time the energy I felt in the days after treatment seemed to last longer and longer. In addition, my IBS symptoms calmed down and I felt more relaxed and less anxious. Unfortunately, my back pain did not improve; but I think that the Bowen really helped me to manage and live with my pain. Everything is easier when you have the energy and the will to stay awake! Most importantly of all, my Bowen therapist recognised my hypermobility; and rather than dismissing it as all the medical professionals had, she actually suggested it could be the cause of all my back problems. It was her advice that led me to a diagnosis of EDS hypermobility type, and after 17 years I finally have a reason why a 27 year old can suffer from back problems that normally occur in much later life." Louisa, aged 27 (from Knight, 2011).

Isobel Knight has been a Bowen Therapist for ten years and practices in South London. She is also a writer and researcher into EDSIII and has written the book, "A Guide to Living with Hypermobility Syndrome"

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