

The Bowen Technique & asthma: breaking the trigger

The staff of the local supermarket called for anyone with a First Aid Certificate to come straightaway to the Information Desk. There, a lady sat, pale, shaking, very worried looking – and desperately trying to get a breath. I knelt in front of her and asked, “Asthma attack?” She nodded.

There is a simple, effective emergency procedure to deal with an asthma attack, even a severe one, but it is not in the canon of regular First Aid training. It is the final move in the standard Bowen Technique treatment for asthma. I quickly explained that I am a practitioner of a therapy called The Bowen Technique – there is a specific Bowen emergency asthma move – it would only involve making a small move over her stomach area just below the breast bone – was that all right with her? She nodded. Over her clothing, I placed my thumb about 1½ inches below the xiphoid process and gently pushed the “skin slack” upwards as far as it would go, then applied a reasonable, but not heavy, amount of pressure and moved my thumb downwards over the diaphragm to the extent that the skin slack would allow (usually, this is no more than about 2 inches). It takes about 5 seconds.

Within 15 - 20 seconds, she was taking deep and regular breaths of air and within 30 seconds, she had a few good coughs and thereafter began to relax and breath normally. Her attack had been brought on by panic when she realised she had nipped out to the store without her inhaler.

An asthma attack is usually caused by the muscles controlling the lungs and breathing going into increasing spasm. The triggers for such an attack can be various, such as a cold or illness; an allergy such as those causing hay fever; or other lung related diseases. The muscles involved, such as the diaphragm and the smooth muscle around the bronchioles, appear to be slightly in spasm as though ready to cause the respiratory system to go into spasm at the slightest hint of a problem. As soon as a trigger is detected, the spasm increases. Hence, one of the first signs of the increasing problem can be wheezing, sometimes there all the time. In an acute asthma attack, the patient can breath in but is unable to breath out as the diaphragm is in full spasm.

The Bowen Technique is best known for its great effect on muscular-skeletal complaints but the Bowen Emergency Asthma move can be a lifesaver. The National Asthma Campaign estimates that 3.4 million people in the UK have asthma and 1,500 people die from it each year, over a third being people under the age of 65.

But it is not only the severe asthma attack that benefits from Bowen. Practitioners have long noted in their clinics that Bowen treatment seems to be able to break the connection between the body's asthma reaction (slight or major) and the triggers that regularly have brought it on. In order to properly establish the efficacy of The Bowen Technique in addressing the asthma condition in persons of 16 and over, the Bowen Therapists European Register (B.T.E.R.) is presently halfway through a year-long research programme. Volunteers from around the country are participating, receiving treatment from their local qualified Bowen therapists. The parameters for admission onto the research program are that the volunteer be over the age of 16 years; must never have been hospitalised for the asthma condition; must have been formally diagnosed as having the asthma condition by a GP or hospital specialist; must not have had previous experience of The Bowen Technique; and that the Asthma condition must be the main (but not necessarily only) health complaint. During the course of the research period, the Bowen therapist is keeping in touch with the volunteers at least once every three weeks, once they are past the period of weekly Bowen treatments, to monitor how they are getting on. The volunteers contact the therapists immediately in the event of any asthma attack. The volunteers also keep, throughout the year, a Weekly Diary which records, among other things, their medication, peak flow readings, exposure to known asthma triggers and allergens, respiratory infections or other illness. In addition, volunteers fill in a detailed Asthma Diary for every attack they have. The Bowen practitioner does not change any medication prescribed by the doctor or countermand any advice given by her/him. Midway through the research programme, the results are very encouraging, with volunteers showing signs that Bowen treatment is making a very significant improvement to their asthma condition. Once the year's study is completed and assessed and the hope

is that the results will provide Bowen practitioners with some solid evidence of the efficacy of Bowen treatment for adult asthma.

Because of legal reasons, a similar study would be very complicated to do for those under 15 years of age. However, practitioners regularly see quick and excellent results when treating childhood asthma. One practitioner and teacher of The Bowen Technique for the European College of Bowen Studies, Alastair Rattray, has a website devoted to this: www.relieve-childhood-asthma.com.

8 year old Felicity is a typical case study. She regularly suffered with asthma and chest infections. She was small for her age and had a poor appetite. She had 3 inhalers: 5 puffs of one twice a day, 3 of another twice a day and the last one every 4 hours.

Distressed with the amount of medication Felicity was taking, her mother was looking for an alternative and discovered Bowen. After one treatment, Felicity became full of life, energetic, hungry and didn't need the last 4 hourly inhaler. At the end of treatment 3, she was off all inhalers, had grown, and was still full of life and hungry.

At a routine check up with the GP, just after Bowen treatment 3, he immediately picked up the difference. The bright, alert look in her eyes, weight and height gain, clear, good, strong breathing. He was so pleased he wanted Bowen information to give to other patients.

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- with thanks to Alastair Rattray*

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