

Bowen Therapy in Practice: Sciatica

© By Victoria Bowmann, Ph.D., USA

In Volume 18 Number 1, 2009 of *Explore! for the Professional*, the homeopathic concept of Bowen Therapy was discussed as well as the “move”. It is the technique of carrying skin away from the muscle, putting a gentle challenge into the muscle, and then flattening the fingers (or thumb) thereby causing a pluck or “plop” to the muscle. This sends a physical and energetic frequency through the muscle and related areas. The brain registers this information and begins directing the body in its healing.

There are systematic patterns that constitute a ‘complete’ treatment, however, it is acceptable to do single body areas when there are restrictions: such as time limitations. This is called “Bowen in the field.”

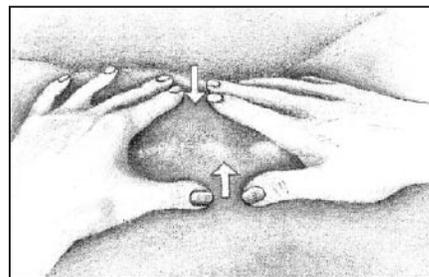
In one such case, a client had scheduled a colonic with refluorastation. As she stood up to leave, she winced in pain. I enquired as to the problem and she just said, “sciatic pain.” It had been going on for almost seven weeks and nothing she had done was helping. As she leaned against the edge of my desk, I did the technique for this article. A few minutes later she asked, “Could I be feeling better already?” I smiled and nodded yes. We looked at my schedule and she came in for a full session the following morning. Three treatments later, the sciatic pain was resolved.

One needn’t undress for a Bowen session although many do. Wearing gym shorts and a T-shirt makes it easy to pluck the muscles. Soft work out suits can also be worn for a session. Blue jeans hinder the practitioner ability to feel the moves. I request they be removed.

When one is looking at a diagram of Bowen instruction, we use arrows to indicate the direction of the move. Therefore, the “slack” of skin is away from the arrow; next a challenge to the muscle is in the direction of the arrow and then the move. It is always in the direction of our arrow. Please note: moves are bilateral. One usually does the left side first, followed by the right side. Sometimes a pattern of several moves is completed before addressing the opposite side.

For our purposes we will call this move: “a pluck.”

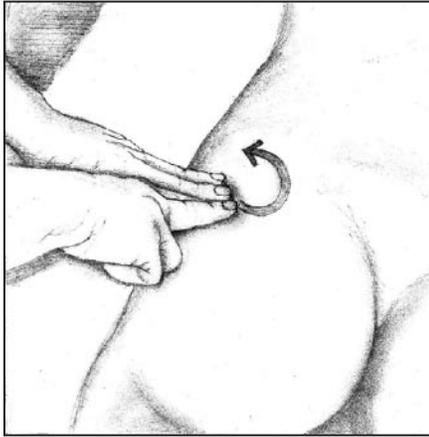
It is important to set the body up to be able to use the information presented. To address the low back for sciatic pain, one needs to put in “dividers.” These moves separate the sections of the back. The ones at the waistline separate the low back from the mid back. The ones at the mid-thoracic line separate the mid back from the upper back. The ones at the neck separate the upper back from the upper cervical vertebrae. When working on the low back for sciatic pain or any other lower back problem including the extremities, one only needs to put in the lower divider.



To begin, the patient is lying prone on a therapy table with the feet slightly off the end of the table or propped on a pillow. The practitioner stands on the patient’s left side when they are prone and the right side when they are supine, which is called “home base.” Place the hands over the spine at the waistline with the thumbs on the left side (spinalis erectus)

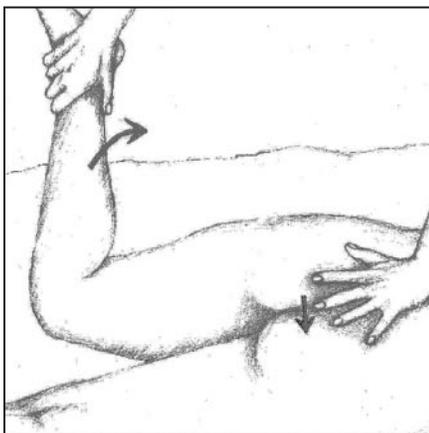
and the fingertips on the right side (spinalis erectus). Execute a pluck, left side first, then right side. Remove your hands when you are done. These are the lower dividers.

PELVIS



Our second move is a circular one encompassing the gluteus maximus and gluteus medius muscles, along the lower edge of the iliac crest. Because it is circular, there is no slack or challenge to this technique. The direction is in, up and out, or medial, superior, and lateral. There is also a gentle rhythm to Bowen work, so don't rush. Let the move flow. Left side first. One doesn't need to move around the table, simple reach across and execute the circular move on the right side.

COCCYX



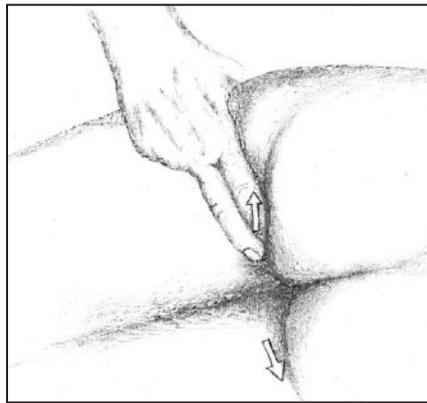
With gentle pressure, place the left hand on the sacrum. The spread fingers are pointing downward. The second finger rests on top of the coccyx. With practice and developed sensitivity, one can feel the position of the coccyx as well as a "pulse" of energy within the Dura mater, especially during the move.

Next, the right hand lifts the left foot so that the foot is directly above the knee and lower leg is at a right angle to the thigh. (Note: the knee remains on table.) The lower leg is rotated laterally, until resistance is felt. A very slight pressure is placed on the leg while the second finger plucks over the coccyx in the opposite direction. For this pluck, there is no challenge, simply a movement across the coccyx, which is very gentle.

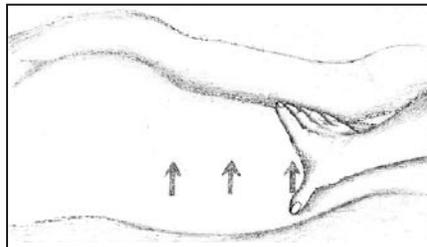
When the left leg is rotated to the left, the finger plucks to the right. Return the leg from its rotation outward so the foot is again above the knee. Gently place the foot back on the pillow.

Repeat this procedure with the right leg. Bring the foot up directly over the knee. Gently pull the leg laterally to the right while the second finger plucks the coccyx to the left. Retrace the leg's position and place on the table.

LOWER LEG

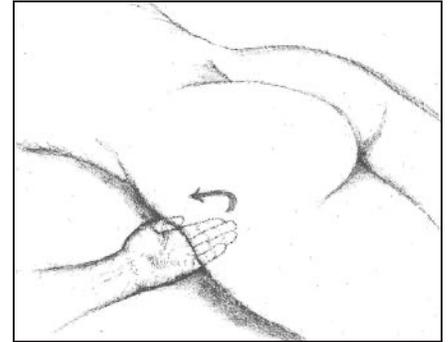


Place the first two fingers of the right hand just below the Ischia tuberosity, deep on the medial edge of the hamstrings. Firmly pluck in a lateral direction over both the semitendinosus muscle and the biceps femoris muscle. This pluck is only done once and addresses both muscles with one move. Using the right thumb, reach across the body and repeat the lateral move on the right side.



One now executes three flat moves on the ilio-tibial tract. This fibrous tissue cannot be put into a challenge because skin cannot be

carried away before the move. Our pluck is flat. When we place the thumb on the area, it is slightly bent at the joint. The thumb straightens for the pluck. Essentially, flattening the joint does the move. The first move is just above the knee, then mid thigh and finally below the greater trochanter. When working the left leg, one uses the thumb. When working the right leg, reach across the body and use the fingertips.



The final move of the sequence is on the Sartorius muscle. Since it is a tender area, there will be no challenge. Slide the hand beyond the Sartorius muscle, place pressure into it by lifting up slightly, and gently strum across it. Remove the hand. Our left hand strums the left side. Reach across and have the right hand slide under the body, lift the hand slightly and strum the right Sartorius muscle.

At this point it is time to give the patient a two-minute rest period. We cover the body with a light blanket or sheet and leave the room. Some patients will comment that they feel as if their body is "percolating" while others feel relaxed. Any response or no response is good.

When we return, repeat the circular movement on the gluteus maximus and medius muscles: left, then right. The patient then turns over so they are supine with a pillow placed under the knees.

THE LATS



The last move is the vastus lateralis tendon, which Tom Bowen considered the most important move. Bowen practitioners often refer to them as "Hitting the LATS." Our work is superior

and medial. Carry skin to the outside (inferior and lateral) edge. Place the challenge against the lateral edge and hold firm until the pluck is complete. Do not force it and do not be concerned if it isn't felt on the first attempt. It is important to let the body respond to the challenge and release in its own time. Do not rush the process.

Some individuals have very sloppy stretchy tendons; some are as tight as cable wires. In fleshy individuals with edema, the pluck may never be felt. However, the energy will register in the brain.

Pluck the LATS on the left knee first. Remove your hands, step away from the table and wait for fifteen seconds. Repeat the move. Often times, the LATS will present itself more openly and one will be able to feel the vibration of the pluck the second time.

Walk around the table to the patient's right side and "Hit the LATS" on the right leg, step

away, wait fifteen seconds and repeat the process. Allow the patient to rest on the table for several minutes before getting up if time allows.

It is important when one stands up after a session that the body weight is evenly distributed between both legs. This allows the pelvic girdle to support the weight of the upper body and remain balanced. The patient keeps their weight on the table with the feet touching the floor. Once they stand up, it is important to walk a few steps.

The low back procedure is complete. There should be no other work done on the body for three or four days. This includes acupuncture, spinal adjustments, dental drilling and other energy work. Since Bowen Therapy is physical homeopathy, one doesn't want other treatments to affect the frequencies of the pluck.

Even though this is a portion of a complete treatment, it has shown wonderful relief and resolution for sciatic pain. Of course my

suggestion is a full session. However, when it isn't possible, there is the potential for success.

As practitioners the knowledge of Bowen therapy can be attained in seminars and on DVDs. So often our time is limited and traveling to courses has benefits and drawbacks. The use of training DVDs is a great way to begin learning more about this valuable modality. ☺



Victoria Bowmann has been a health care professional since 1978. She is proficient in many modalities, each designed to detoxify the body and restore a greater degree of vitality to the individual. She earned her Ph.D. in Homeopathy and Natural Medicine from Westbrook University in 1999, her doctorate in Homeopathic Medicine from the British Institute of Homeopathy in 1995. Please visit her web site at myrealhealth.com. Her private practice is in Phoenix, Arizona.