

## The Bowen Technique & Fibromyalgia

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We all have at least one client who we consider an amazing recovery. Just a couple of sessions or even just one, and we are nearly as astonished as they are. The amazing results of Bowen cannot be repeated enough. Then there are the slower to completely recover, or the purely chronic cases which do not entirely fit into the mold. I am talking about Fibromyalgia and what it is.

Fibromyalgia is simply connective tissue pain. Severe pain in some, mild in others- in the early stages. Again to be clear Fibromyalgia is only issues in the CONNECTIVE TISSUES of the body. More accurately, there are 16 specific areas in which most diagnoses is made, and generally six points (zones) are usually enough for an M.D. to make a diagnosis of fibro. There are several sensitivities that are common in most cases and usually are warnings to the fibro sufferer that a “flare” or “spell” is imminent. These are common in most clients and vary from case to case, from noticeable to very strong, with light sensitivity being the first and most evident. This seems due to the amount of fluorescent lighting exposure, which causes headaches and often migraines. The second is usually a heightened sense of smell - to the point of hyper-sensitive reactions to even the mildest odors. Following is sound sensitivity which seems to be less frequent.

Physically, several areas are usually sensitive to touch. Those are: vastis lateralis and vastis medialis, adductor longus (slightly superior to the knee), most of the inferior border of the rib cage (move 3 and 4 respiratory and similarly moves 1 and 2 gallbladder) along the rectus abdominus, which will be sensitive to touch and swollen or puffy, and often times pressure sensitive. Again the pain is in the connective tissue and not in the joints.

### Fibromyalgia and Chronic Fatigue

A common misconception of chronic fatigue and fibro, is they are one and the same. They do not go hand in hand. Chronic fatigue syndrome is not a symptom of fibro. Lack of energy is an issue, and I will address that in a moment. Often someone with fibromyalgia will also have chronic fatigue syndrome and several issues are quite similar, but they are not the same ailment. Most of the “fatigue” of fibro is the client trying to rest after pushing themselves through the pain for an event or a task. Quite often a sufferer will volunteer for a project or event, giving up more time and energy than they have. Meaning they work themselves to the point of exhaustion and keep going. Stopping due to pain or fatigue is something this

### Why I did the study

The reason for the study came after asking several instructors and other practitioners about how to treat a person with fibromyalgia and what to expect. I quickly became aware of the wide range of attitudes towards the fibro sufferer, and how to treat them. The responses ranged from “three treatments and tell them to talk nicer to themselves”, to “Bowen works but it takes a lot of sessions and a long time.” I couldn’t give the client or someone asking, a definitive answer. There was one common attitude: cause a fibro sufferer any more discomfort, and they won’t come back. This I have found to be an obstacle that can be overcome. **Lots and lots of communication!** Also, I wanted to know what happened between sessions, because several times, I was told there would be emotional periods, and there are!

## **The study and interviews**

The study was organized into fairly simple groups, and the interviews were basically the same. Most of the questions were regarding pain and energy flares and warning signs of a flare. How long have they been diagnosed? Can they remember the “trigger”? Which sensitivities did they notice the most? Almost always, there is an event, most often physical, but may be stress related, which will be their marker. A car wreck, a bump on the head, a child birth etc. The point is, the event isn't the cause, just the last straw, so to speak.

The cases were divided into three groups. Group one (1) minimum 10 year's fibromyalgia diagnoses by MD and having had Chronic Fatigue Syndrome.(interestingly the most severe cases were the earliest to enroll in the study).

Group 2 minimum 5 years fibro and Chronic Fatigue or have had in medical history. Group 3 having had been diagnosed with Fibro and no other rheumatoid, lymphatic or endocrine issues. The few remaining questions covered daily routine, sleep and physical activity. All but 2 or 3 clients were on a prescription for some type of medication for pain and/or muscle relaxant. The remaining took Tylenol or Motrin etc. on a regular basis.

## **What was required of them?**

In order to get enough test cases and to avoid financial distractions or disruption in treatment schedule, the treatments were offered at no charge. The only “payment” requirement was they bring a joke to each session. To participate in the study each person was asked for a commitment of a minimum of 10 treatments and to keep a daily diary of their activities, emotional states and pain or energy level. Halfway through the study we became aware of several dietary supplements which were suggested they try.

## **Brain fog and other benefits of Fibromyalgia treatment**

One common remark among the case studies following pain issues was “*brain fog*”. The descriptions were slightly different, but they all wanted relief from the brain fog. Height and weight proportions varied widely across the scale, and I can't say if one body type was more common. In my study ages ranged from 28 to 64. Several were on disability, but some were still able to work.

## **What they have dealt with in the past**

One important point, I noticed, after the first few interview sessions, is these people have heard a lot of different diagnoses, causes, and cures. They have been called whiners and told it is all in their head, and one was told to go home and “treat your husband better and he won't ignore you so much”! After talking with some people in the medical community, I have found the attitude to be that fibros are whiners or wimps. Not true- just the opposite, as a matter of fact. A problem in diagnosing fibro is there really aren't any noticeable signs to the untrained eye. Someone with fibromyalgia looks “ok”.

Typically a client with fibromyalgia is isolated because of a couple reasons. They cannot commit because they don't know when the next flare is coming so it's hard to be social or reliable. A client is usually isolated for various reasons mostly because they are in bed a lot. Due to their limitations, relationships are strained or non-existent. During the interview process I found this bothered them a great deal. These clients said they just want to be "normal"

### **Some common characteristics of the fibro personality**

Everyone I interviewed for my study had the typical type A personality. They always overextend and overcommitted themselves. They push themselves through pain for others (martyr complex). They don't listen to their body telling them to stop and rest. They have trouble sleeping. Sometimes this is because of the pain; often the reason is just not being able to fall asleep. They do odd things when everyone else is sleeping at night; cleaning the house, doing laundry, watering the lawn. To them this behavior is normal. They are hypercritical of others and tend to be negative and confrontational and they often alienate those in their limited inner circle, including their Bowen practitioner. Now, in fairness we might ask the question "what came first the chicken or the egg"? Are they this way because of their pain and frustration of not healing, or did this personality type create this condition? Common sense says it goes hand in hand.

One consistent feature that you will notice about their appearance is a facial expression of "...*there is a cloud over my head*" look. The client has the look of bewilderment. Simply put they look beat up.

### **The Treatments**

#### **Group 1**

This group received the 3 BRMS ONLY, on the first visit. After that, they got the 3 B.R.M.s and procedures to address specific pain. This group had very loose and liberal requirements, such as no Jacuzzi or hot showers for the first day, drink lots of water, etc. *They were given a minimum of guidance for their daily activities.* This 1<sup>st</sup> group contained extreme fibro cases. Some of these people were incapable of moving freely (wheelchair bound) at times. .

### **RESULTS:**

None of the case studies noticed SUBSTANTIAL improvement after the first treatment. All in group 1 were on heavy medications and/or pain patches. Somewhere between the 3<sup>rd</sup> and 4<sup>th</sup> treatment, their facial expressions clearly changed. The focus was no longer on the pain and lack of energy. Their outlook had improved, but emotional and stress issues were rising to the surface. Shortly after that time frame, we'd start energy work (kidney and/or knee procedure). In most cases the next time we saw them they said they felt like they had turned a corner. Most reported a desire to change their medications and all made appointments with their doctors to modify their med intake. Somewhere between the 4<sup>th</sup> treatment and the 6<sup>th</sup> treatment all clients were experiencing less pain and had more energy. Everyone, everyone then went out and over did it: yard work, shopping, vacations, visited relatives – had a ball – and, once again over extended themselves which caused a flare or crash. We basically had to start all over again, but recovery was much quicker.

## **GROUP 2 & 3**

### **Group 2 and 3**

By this time we'd learned a few things – they need to take responsibility for themselves and not overdue anything and they needed to focus 2 hours a week on meditation or some form of rest/quiet time. They were also encouraged to do a 5 to 15 minute MILD exercise routine daily. They were told to take it easy to avoid a crash. We monitored their sleep times (time to bed, etc) These cases received only the 3 B.R.M.s for the first 3 weeks regardless of structural pain presentation (Sacral procedure was done for sciatic pain in a few instances). Keep in mind, they're extremely pressure sensitive at the rectus abdominus (moves 3 & 4 respiratory procedure & moves 1 & 2 gallbladder procedure and the entire abdominal area when supine is super sensitive during the first few treatments) On the 4<sup>th</sup> and 5<sup>th</sup> treatment they got 3 BRMs, kidney-respiratory-gall bladder. Ossie and Elaine: close your eyes here: On treatment 4 and 5, the kidney procedure went as follows: 1: address least affected or left side first for kidney procedure. 2 minute wait. Do kidney procedure again starting opposite side. 2 minute wait. Do respiratory. 2 minute wait. Turn client. Do respiratory and gall bladder. Please don't burn me at the stake!!! This seemed to me to be the best way to jump start the adrenals.

## **RESULTS**

With this treatment sequence, the results were significant.

Within the 1<sup>st</sup> or 2<sup>nd</sup> week of treatment they were edgy. By week 4 or 5 their facial expressions had changed and they looked "brighter". Once feeling better, they went back into the world which set off their stress levels, which set them back a bit. Seemingly after kidney & respiratory, everyone took a turn for the better. By treatment 6 or 7, there was almost no pain along the inferior border of the ribcage. Between weeks 4 and 7, their comments were: "I'm feeling better. "I've turned a corner." Soon they began asking questions about when they could start a maintenance program and get off Bowen" and they started taking a more responsible role in the healing process and protecting themselves from a flare.

What was learned at this point is important to the practitioner to help the client recover long term. The client has to learn to listen to their body and when they are in elevated pain levels (more than an ache) they are heading for a flare or spell. While Bowenwork will relieve pain and help them recover, if they don't modify their lifestyle, no amount of anything will help them get well. Compliance from fibromyalgia clients is crucial!

### **What we found**

What we found was this: 8-12 consecutive treatments, supplements if needed, including Ph balance. Those in our sturdy said when they reduced the sugar and white flour from their diet, they felt better. Lifestyle change is a must. Either counseling or life coaching is suggested to help them stay on track. . They need to come to the realization they are in fact an addict. They are addicted to their A+ type personality behavior. If they do not make this change on their part they won't succeed.

Fibromyalgia clients will often say "they're fine", but upon reading their journal we found that not to be true. When working with fibro clients stay keenly aware of this detail. Just because they leave the office feeling better and out of pain they aren't, "Out of the woods. We cannot emphasize

strongly enough how critical it is that they change their habits and not overdo it, compliance is essential! The lifestyle change is a permanent one otherwise they will go back to doing too much and living with pain.

In the interview process it was noted, only a few cases went to sleep before midnight. Several didn't sleep till 3:00 o'clock in the morning and were up at sunrise, and then tried to nap or rest during the day. This routine doesn't work. They need to start getting to bed at an earlier time and sleep when the rest of the world is sleeping. At night is when the body does most of its healing and resting. Baby steps in most cases, an hour earlier to bed each week is a goal they can attain.

### **Sending them home with hugs and kisses**

Ok so somewhere between treatment 7 and 12 its time to say goodbye. This is the tough part and this is the rewarding part. Knowing they have a plan and can succeed it is time to cut them loose. They may not be 100% pain free and that's ok. They will heal in time. Their recovery is a process, and as long as they follow their new lifestyle they will be Ok. The point is they will continue to recover. Make no mistake this takes courage and determination on their part.

### **Why they put erasers on pencils**

Here's a few more missteps made along the way, luckily nothing fell off. Ok here's what happened. In group 1 we knew sleep or more accurately, falling asleep was an issue. Taking direction from another practitioner I performed Upper respiratory and ankle/hammer toe procedures around treatment 4 or 5 hoping to help with sleep. This was just too much and a healing crisis followed. So, back to more "structural" work for a couple weeks. Then once things settled down we tried it again and things went well.

Now for the really big Oops and we need a big jar of white-out for this one. Again, with group 1. As soon as soon they started feeling better (around treatments 3-5) everyone got excited about getting out into the world and participating in life again. We shared their enthusiasm and desire. Wrong, way wrong. Anecdotes and examples: one case mentioned in her interview that she had averaged 12-14 hrs in bed a day for the last 12 years. In her 6th week of treatment she went on a 12 mile bike ride. This is moving too fast too soon and we were encouraged at first with her seemingly apparent recovery. She experienced a flare and was briefly setback. Another one volunteered to watch her grandchildren which would be ok, just not for 4 days straight! She also suffered a flare. These are just two examples of doing too much too soon. I realize they want their life back but its baby steps at first.

### **As if all that wasn't enough to remember**

What I would like to impress upon the reader is simply how effective The Bowen technique is. None of the cases studies received any specialized procedures. Basically during the study I followed Modules 1 thru 6 of the US Bowtech manuals, and in looking back somewhat in order of how I learned the Bowen Technique. To the new student I will say what our instructor always told us... "Just do what you know and trust the work" At some point it will be necessary and effective to perform coccyx, just not right away. My reason is simple, their body might handle it but they won't emotionally in the beginning, because of the turmoil fibros experience after the treatments begin.

Don't let yourself be fooled; people with fibromyalgia will present themselves as "just fine" they make every effort to appear normal.

### **Time to do the math**

The study involved 17 clients. 15 were women 2 men. I performed 112 treatments over an 8 month period. Of the 17, three received less than three treatments and left the study for other forms of treatment. Most cases reported relief of some form, sleep, pain relief, more energy etc. One reported no improvement whatsoever; during the exit interview; however she also mentioned she had tried several types of energy work and had been told she might be "reverse polarity". The majority of cases are enjoying substantial improvement.

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