

Case Study: ADHD and The Bowen Technique

JH is a six-year-old boy who was referred for ADHD. He was described as having a Jekyll-and-Hyde personality, with marked mood swings, attention-seeking behaviour, poor concentration, constantly fidgeting and fingering objects, and requiring special needs input at school. He had set fire to his bedroom and had cut his hair with scissors. He suffered from constipation, catarrh, itchy bottom and allergic conjunctivitis. He was described as a 'nervous' child, not naturally affectionate and preferring the company of older children rather than his peers.

His mother was a passive smoker in pregnancy. JH was born 10 days late by rapid delivery but inhaled meconium and was taken to the special care baby unit, where he had two stomach washouts. He did not sleep all the way through the night until he was three and even now he gets up for a drink. He developed eczema at the age of one. His mother is a patient person. His father works away from home part of the week. He has two half sisters.

Examination was unremarkable apart from pale skin, a blocked nose and mouth breathing. He also had a birthmark at the base of his spine. He wandered round constantly fingering things during the consultation. He created the impression of having low self-esteem and of being a bit depressed. His mother suspected food intolerance. Extensive testing for food and environmental sensitivities was unrewarding. However, he appeared to need a number of Bach remedies including cerato, chestnut bud, chicory, heather, holly, hornbeam, impatiens, mustard, oak, pine, rescue, scleranthus, vine, walnut and water violet. This seemed quite a combination but we decided to try it.

A few weeks later, his mother reported that JH had been a lot better. He had been a good boy all round, a lot happier, brighter and healthier. His teachers were pleased with his improved concentration and sitting still in class. His work had improved so much that he had moved to the 'bright' group from the 'special needs' group.

Bowen therapy

The Bowen technique is a dynamic system of muscle and connective tissue therapy which was developed in Australia by Mr Tom Bowen after the Second World War. The number of accredited practitioners is growing rapidly as the technique has been proving highly effective in helping a wide range of ailments. In particular it produces lasting relief from pain and discomfort, but can also have dramatic effects on behaviour. Bowen therapy is a gentle technique that uses precise moves on specific soft tissue points of the body to stimulate energy flow, empowering the body's own resources to balance and heal itself. Each individual move may produce a positive effect, but the full benefit of the technique is gained through a complementary series of moves. Between moves there are frequent pauses to allow the body time to benefit from each. Only a limited number of sequences are needed during each session.

An individual move consists of identifying the structure that is to be addressed (such as muscle, tendon or nerve sheath) with the thumb or fingers. The skin slack over this tissue is gently tractioned in the opposite direction to the intended move. Then the muscle is challenged with gentle pressure in the direction of the intended move. Finally the skin is allowed to move across the structure to the limit of available skin slack.

The technique is safe to use on anyone from pregnant women, through new-born babies to the aged. The only contra-indications are the 'coccyx' procedure in pregnancy and 'breast' moves for tenderness if silicon implants are present.

Because the Bowen technique allows the body to heal itself with minimal intervention it does not interfere with the effectiveness of other disciplines. However, other forms of manipulative therapy performed up to four days before or five days after a Bowen therapy session may interfere with the effectiveness of the Bowen treatment.

No one really knows how the technique works, but it is believed that the moves made set up vibrational patterns that correspond to particular areas of the body. The body then attempts to alter its vibration to match these ideal vibrational patterns and, in so doing, brings itself to harmony. An analogy would be a musician playing a stringed instrument. Changing the point at which a string is pressed creates a vibrational pattern that corresponds to a specific frequency, manifested as sound. If the string is not in tune with the other strings, even if the point held is correct, the sound will be discordant, the frequencies not in harmony. Once the string has been adjusted, or tuned in, and the instrument is played sensitively the required sound is created.

Because of its overall balancing effect on the body, the technique has a calming effect in some children with ADHD. Once the first couple of moves have been achieved the child will often lie still and allow the therapy to continue. I have seen very agitated children transformed after a session. Their parents can hardly believe that it is their child! It is probably necessary for most children with ADHD to have several sessions, also using other non-intrusive inputs such as dietary changes in order to achieve lasting benefit.

It is important to note that the Bowen Technique is not a massage. It is not acupuncture or chiropractic. It is not directional energy work, physiotherapy or neuromuscular re-education. Bowen Technique is not fascia release, lymphatic drainage or an emotional release discipline. Having said this, one of the striking results of the work is that people report a lightening of their spirits and often subtle refocusing of troublesome emotional patterns. It is an holistic approach that addresses physical, emotional, cognitive and spiritual aspects of the individual concerned. Just one Bowen move on the body actually addresses the whole person. Growing numbers of professionals in the health service as well as in complementary medicine are studying the technique and using it in their practices.

Although relatively new to the arena of light touch therapies, the Bowen Technique has already established itself and is well worth considering for the ADHD child.

submitted by Dr Joan Kinder, Consultant Paediatrician and Bowen Technique Practitioner from the book

PUPILS WITH ADHD: RESEARCH EXPERIENCE PRACTICE AND OPINION

pp 122 – 124, Whurr Publishers

Ed. By Paul Cooper, Commissioned by University of Cambridge Education Department on ADD