



Lymphoedema - BOWEN AND LYMPHATIC DRAINAGE

Eilish Lund is a lymphoedema nurse who practices at the Nightingale House Hospice in Wrexham, North Wales and whose experience of the positive effect of The Bowen Technique on lymphatic drainage was also a feature of an article that appeared in the Winter 1998/99 edition of Proof newsletter.

The following article was published in the British Lymphology Society Newsletter - Issue 24, Spring 1999. We thank Eilish for permission to reprint this excellent article.

Bowen Therapy originated in Australia in the 1950's. It was developed by a man named Tom Bowen who had no medical training but treated people who had musculoskeletal injuries. His technique was to move his thumbs and fingers across various tendons and muscles, applying very gentle pressure. The rolling movement altered the tension in the muscle creating an impulse of energy. He was so successful that he eventually gave up his job in a factory and opened a full time clinic. By 1974 he was doing some 13,000 treatments a years, as was recorded by a government investigation into complementary therapies. He died in 1982 but by then his technique was being used by others and was finally introduced in to Britain in the early 90's.

I heard of Bowen at a Mersey Regional meeting of the British Lymphology Society in 1997. It was described to us by a nurse who was working at a local hospice and who used it on patients for pain relief and symptom control. I decided to learn the technique to help patients in our hospice who were attending the Lymphoedema Clinic but were also at an advanced stage of their cancer. When I was doing the initial training, I found that I felt quite 'different' after having a treatment myself and that it was quite a powerful intervention, considering how light the touch was.

I did not have any idea that it would be of benefit in the treatment of lymphoedema. However, my tutor, Julian Baker, was very

excited to know that we could actually measure limb volumes and he encouraged me to try the moves on as many patients as I could. Luckily, my nurse manager had also done the training and was able to help and encourage me in the beginning. I decided to try it out on as many patients as I could. I started with those with primary Lymphoedema and lymphovenous oedema. I found that most patients felt better, moved more freely and after an initial feeling of great tiredness, began to feel better. Over a period of months a gradual sustained limb volume reduction was noticed.

Three patients with primary lymphoedema who had Complex Decongestive Therapy (CDT) at least a year previously have gradually lost limb volume with no other change in treatment (still wear the same class hosiery - only smaller size). One patient with Lipolymphoedema also lost gradually 400 - 500 cc. A lady who had CDT for Lymphovenous oedema continued to improve after bandaging and with regular treatment has lost 1.5 litres from each leg over the two year period. Two patients with secondary lymphoedema post-hysterectomy and radiotherapy to the groin, had no change at all. One lady with arm oedema had no change in limb volume.

Another lady with a long-standing lymphoedema of the arm (40 years) had presented to the clinic with her left arm 76% greater in volume with fibrosis. She had been treated with CDT for 5 weeks and then over the following 4 months maintained with Manual Lymphatic Drainage (MLD) 2 - 3 times weekly. We treated her with Bowen for the past 18 months and she has maintained her limb volume with only 1 session a month. Some patients describe a strong diuretic effect on the day of the treatment. initially patients are treated weekly and as their condition improves, the duration between treatments gets longer.

I have treated two patients with bilateral groin dissection and radical vulvectomy who were referred within 3 months of surgery who achieved wonderful volume reduction in both legs, even though they presented with class 2 hosiery which did not seem to be addressing the problem. For me the most amazing results are not the reduction in limb volume but the effect this treatment has on pain.

I very briefly describe 4 cases: 35 year old female who was referred by her GP at the request of her Macmillan Nurse. This lady was referred to the Macmillan Service for pain control as she was having uncontrolled pain and was very reluctant to resort to opiates. She had developed swelling of her right side after her pregnancy and when she stood you could see that the skin colour on one side of her trunk was different to the other. She had severe pain in her leg and arm and had been informed that her lymph system on the right side was barely functioning. I fitted her with a class 3 garment and commenced Bowen. Within two days, the pain level reduced and after 3 sessions, she was pain free. She stopped wearing her stocking long ago and her leg has reduced from being 25% greater to 18%. She is now maintained with one ½ hour treatment a month.

62 year old female who suffered a Deep Vein Thrombosis (DVT) in her right inguinal area following hysterectomy for fibroids 4 years previously. She was referred from a vascular clinic to be given some massage therapy. She had been given compression tights which she was finding very difficult to put on and which she felt she did not need on her left leg. She was having severe pain which at times was scored at 8 on a scale of 1 - 10. Her right leg was 13% greater at referral and now 18 months later is 3% greater. The lady is pain free.

58 year old lady who has developed lymphoedema following a varicose vein operation, referred from another lymphoedema clinic, in class 3 rigid hosiery with severe pain which was present most of the day and was at 7 - 9 on the pain scale. Was not compliant with garment as she found it too difficult to wear. Treated only with Bowen, was pain free after two sessions and does not wear any hosiery now.

Finally, a 33 year old lady who had lymphoedema of her arm

associated with a severe birthmark. Swelling had been exacerbated by an insect bite the previous year. Patient's main concern was that she suffered frequent migraine attacks which necessitated time off work. She was given an armsleeve and taught the four cornerstones of care for managing her lymphoedema. She was also given three Bowen treatments over a 6 week period and has not had a headache in 9 months.

The success of the treatment on migraine is amazing. Many friends and staff members have had relief. It also seems not to return and I find that 2 or 3 treatments are sufficient. The list of aches and pains, frequency of micturition, irritable bowel problems, stiff necks, sleeping problems which are relieved with the therapy is long. However, the question about its benefit in the treatment of lymphoedema cannot be fully answered by the work I have done to date. A larger study would have to be undertaken over a longer period of time. I am going to continue to treat and monitor the group of patients I have listed above. I look at people now in a different way and I am glad to say that my interest does not stop at their affected limb! My job satisfaction rating has gone through the roof since I learned this very simple Bowen Therapy."

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