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SafeToMove presents.

# Lymphatic Bowen

## An introduction for MLD practitioners

# The Bowen Technique

The Bowen technique originates from Geelong Australia where in the mid 1950s it was developed and practiced by Tom Bowen.

The data show that he treated 13.000 patients annually. The popularity of the modality has progressed through the decades and with gratitude to the dedication and diligence of the developer and the many lecturers and practitioners involved over the years it now has a viable place in pain management, wellbeing, hospice work and a popular technique to relieve daily aches and pains in local clinics across the world.

As the understanding of the fascial system, neuroscience, immunology and general health has progressed Bowen has earned a place as a gentle, non-invasive, low-threshold approach that is unique in it's simplicity and application that absolutely includes the client as totally involved in the process of recovery and relief as perceived by themselves.

The latest fascial research emerging from Ulm University tentatively supports these approaches.

www.fasciaresearchsociety.org

In fact Bowen appears to appeal to the autonomic, sensory, CNS and motor systems to promote homeostasis and relaxation. All of the witnessed effects have an impact on the lymph system as reported by clients. Until now, the lymphatic system has run alongside our muscular, fascial and neural understandings as a means of hypothesising and explaining Bowen. The intention here is to introduce the work to experienced MLD practitioners to increase clinical expertise and possibilities in a logical and progressive format.

We look forward to sharing wisdom.

Paula Esson and Gus De La Querra. 2020.

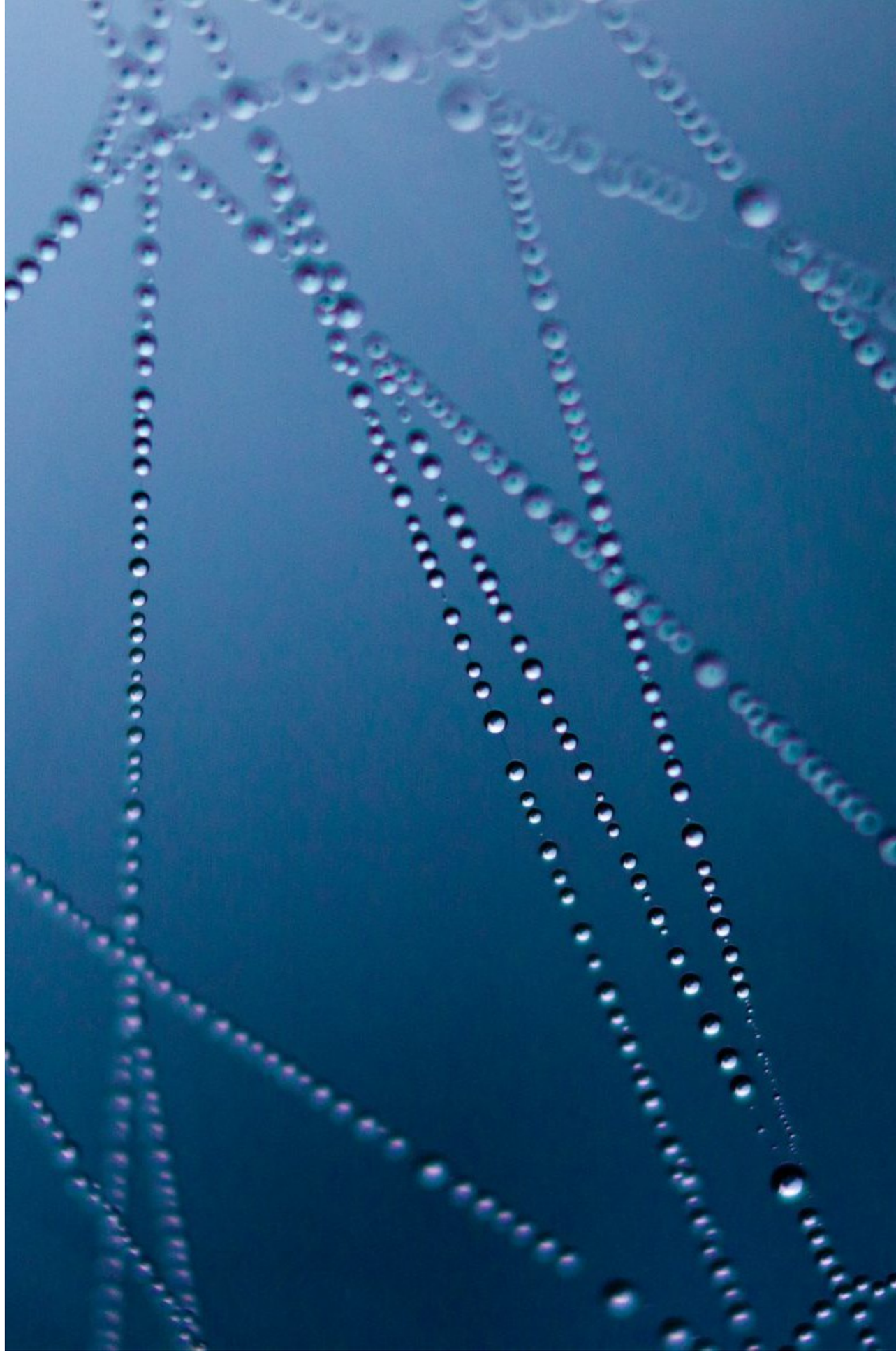
# What is a Bowen Move?

Applies minimal and accurate gentle pressure otherwise known as “equal and opposite” to surface tissue in a singular , hands on, hands off move.

Involves no adjustment or active manipulation of tissue or skeletal systems.

Stimulates the somatic / sensory system in the skin, including multiple neuro-receptors potentially to assist the pain perception index, resulting in measured relaxation.

Appeals to the afferent nervous system towards the brain to potentially change and upgrade efferent output back to the body resulting in perceived reduction of tension.



# Key Ethics of the Bowen Technique.

Never alter medication or prescriptions unless trained to do so. This is a common question from the client. Refer back to GP.

Never make any statements about the treatment's efficacy. Clients create their own perceptions and experience.

Never diagnose or medically comment on conditions unless trained to do so. Observation, measuring and documenting is key.

Never target treat a named illness or presentation. This is a systemic treatment aimed at wellbeing and homeostasis.

# Key Unique Features Of a Bowen Move.

Hands on / Hands off move. Very different to constant contact.

Involves breaks in the treatment. Often stated as 2 minutes but can vary depending on the client response.

Singular anatomically and physiologically accurate moves. Where time, waiting and allowing tissue to relax on its' own schedule is essential.

Creates an independent client response that the therapist promotes by providing a safe environment for it to occur. Bowen never "fixes".

## Tissue Tension and Behaviour.

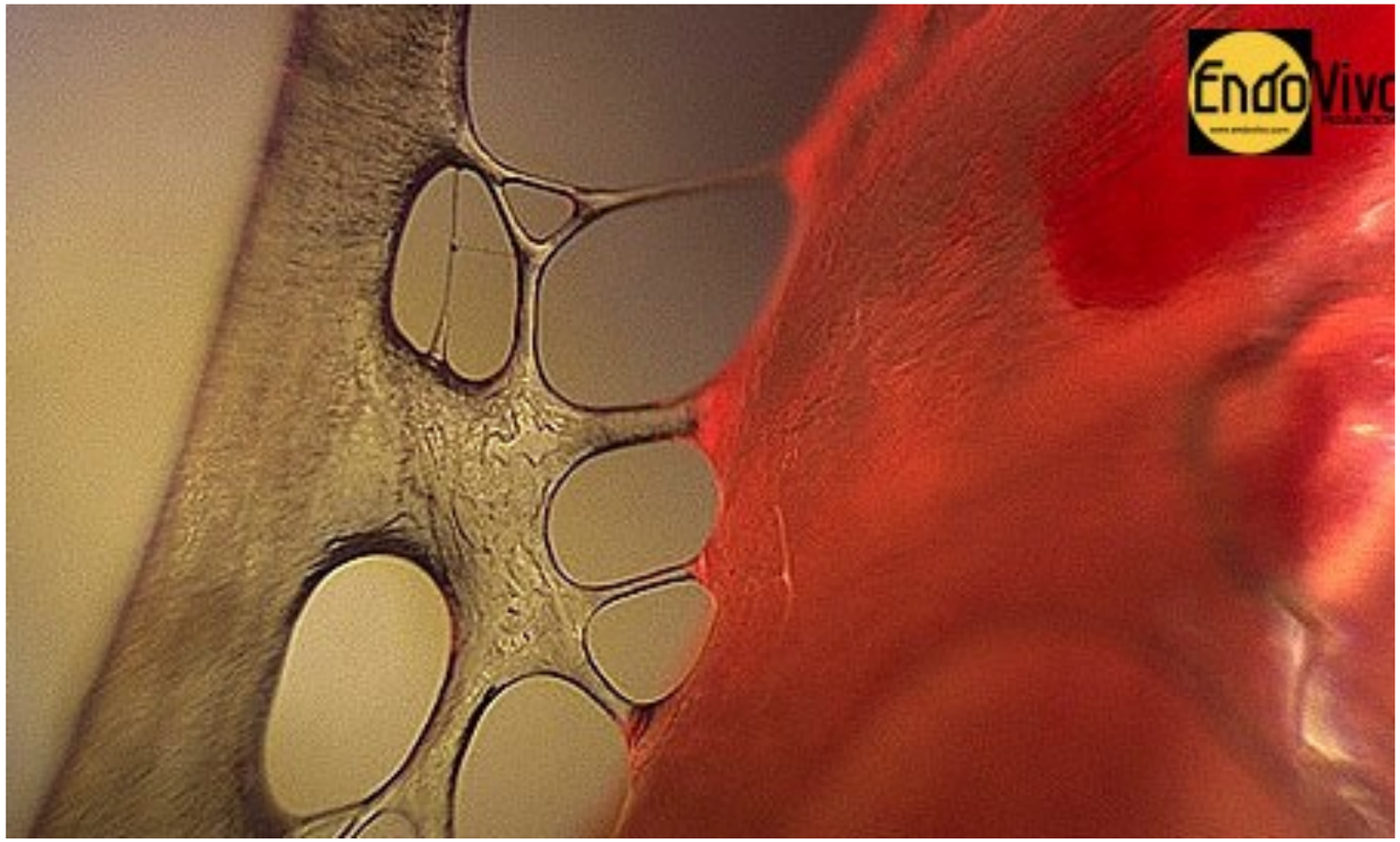
“When you massage skin, you are moving tissues and also sending useful impulses to the brain. So, movement and touch are useful ways to refresh your ‘virtual’ and actual body”

Dr. Lorimer Moseley. www.noijam.au

Everything is behaviour, the way we move, respond, walk, talk and interact with other humans, our environment and situations. The learnt behaviour and perceived threat in the system can lead to a level of non-essential stagnation in movement patterns.

If your response to unkind words is to lift your right shoulder and contract the right trapezius as an autonomic unconscious response, and we live there… other muscles then join in, pectorals major compensates for example and then we have limitation on the axillary nodes in the lymph system of the upper arm, sterno-cleido mastoid in the neck will also impinge and contract the fascia and localised tissue, creating an unwanted very tight “sleeping bag” where lymph is impeded in flow. The result is sore and swollen tissue in need of useful stimulation to help relieve pressure and normalise function in the area. Effectively taking the “foot off the hose pipe”.

People in chronic inflammation, swelling and pain are often in a place where the world




*Courtesy of Jeane Claude Guimberteau. Architecture of fascia.* www.guimberteau-jc-md.com/en/

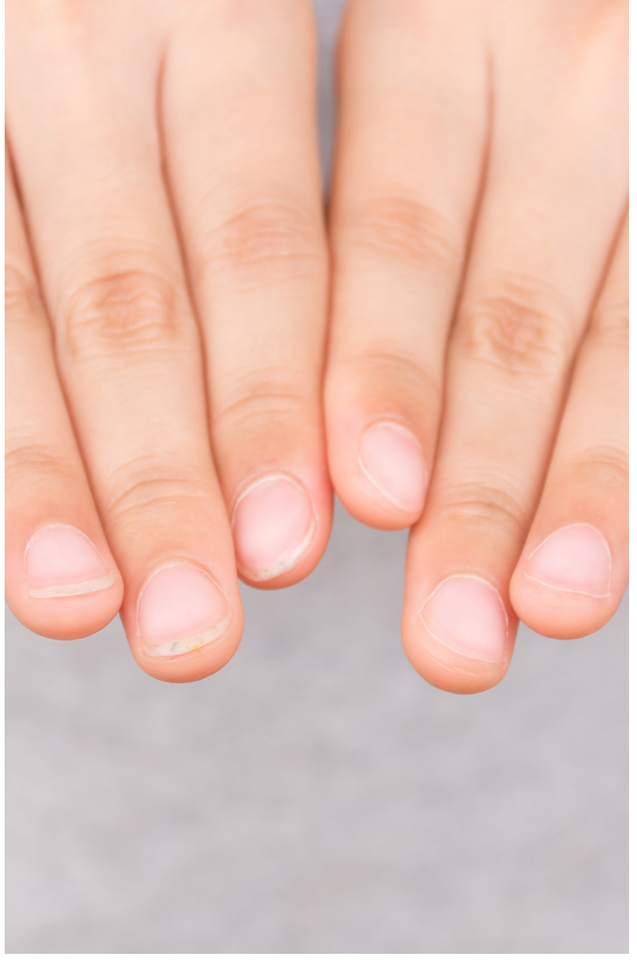
becomes quite hostile and complex through reduced potential of movement and quality of social interaction, experiences and the non-medical life are limited.
Introducing movement and possibility, using methods such as the Bowen Technique, create this alteration in limitation and a spiral into more and more mobility. Offering the opportunity to drain and normalise can have a powerful impact on improving independence.

Jeane Claude Guimberteau M.D. Has captured the fascia and how it works in a fractal and chaotic way creating the narrative of “tensegrity," the push and pull in the system that can snare movement and prevent normal lymph flow.

Bowen in its “complex simplicity” aims to introduce a remedial approach to the presented issue.

# Elements of the Bowen Move. The Practitioner

- Really Short Finger Nails
- Wear professional and loose clothing so you can move and adapt to a potentially immobile client.
- Sanitised hands and no jewellery.
- No perfumes or aromatherapy that may create neural chemical reactions in your client. Known or unknown.
- A wide couch so arms can stay comfortable by their side. A face hole if there is limitation of neck movement. Thick foam padding
- Pillows, bolsters, rolls, wedges to create client comfort.
- Disposable couch roll for the face.
- Access to running water to wash hands.
- 2 large comfortable towels or blankets to create a sensory safety and warmth.
- A quiet, inviting environment. Not overly clinical.



# Elements of the Bowen Move. 123

**1**

Relaxed hands and shoulders. Create a square with the hands. Standing on the left side. Rest your hands on the body in the centre of the diamond of fascia in the lower back on the belly or the erector spine muscle. Connect with your client to stimulate relaxation and safety.

**2**

Draw the skin towards yourself keeping contact and control and no increased pressure until you reach the edge of the muscle and you have tightened the skin. This will stimulate a range of sensory and mechanoreceptors at the surface. Hold here for 5 seconds. Allow your client to experience the sensation.

**3**

Apply equal and opposite pressure to the tension the client passively gives back. Ensure not to dig into tissue and set alarm responses off. Now roll through and over the tissue to the other side of the muscle without sliding or losing contact with the skin. This needs to be even and under control. The move has a clear start, middle and finish, like a great book.

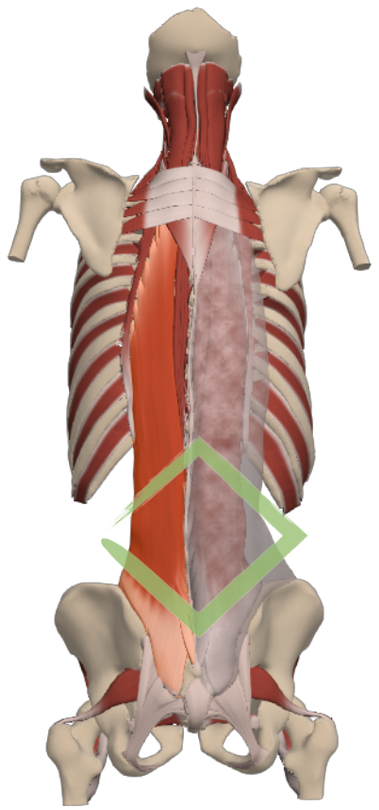


**Table 1:**

| Mechanoreceptors in Fascia | | | |
|---|---|---|---|
| *Receptor type* | *Preferred location* | *Responsive to* | *Known results of stimulation* |
| **Golgi**<br> <br>Type I b | • Myotendinous junctions<br>• attachement areas of aponeuroses<br>• ligaments of peripheral joints<br>• joint capsules. | Golgi tendon organ:<br>to muscular contraction.<br><br>Other Golgi receptors: probably to **strong stretch** only | **Tonus decrease**<br>in related striated motor fibers. |
| **Pacini**<br>& Paciniform<br> <br>Type II | • Myotendinous junctions<br>• deep capsular layers<br>• spinal ligaments<br>• **investing muscular tissues.** | **Rapid pressure changes** and vibrations | Used as proprioceptive feedback for movement control. **(sense of kinesthesia)**. |
| **Ruffini**<br> <br>Type II | • Ligaments of peripheral joints,<br>• Dura mater<br>• outer capsular layers<br>• and other tissues **associated with regular stretching**. | Like Pacini, yet also to **sustained pressure**.<br><br>Specially responsive to **tangential forces** (lateral stretch). | **Inhibition of sympathetic activity**. |
| **Interstitial**<br> <br>Type III & IV | • **Most abundant** receptor type. Found almost everywhere, even inside bones.<br>• Highest density in periosteum. | Rapid as well as sustained pressure changes.<br><br>50% are **high threshold** units, and 50% are **low threshold** units | Changes in **vasodilation**<br><br>plus apparently in **plasma extravasation.** |

Excerpt from: Schleip R 2003: Fascial plasticity — a new neurobiological explanation. Journal of Bodywork and Movement Therapies 7(1):11-19 and 7(2):104-116

# Elements of the Bowen Move.123

1

Touch. Initial hands on touch creates a sensory reference point for the afferent nervous system. Millions of signals and references are communicated to the brain via the spinal chord via you the therapist. This is your opportunity to give permission to relax.

Light lateral pressure on the tissue stimulates **Ruffini mechanoreceptors** amongst many others decreasing sympathetic neural activity and increasing parasympathetic. Reducing tension and creating relaxation on surrounding tissues.

2

Drawing the skin gently towards you — until the skin has tightened stimulates a multitude of mechano and sensory receptors .

In particular. **Golgi tendon organs**. These are found at aponeuroses and myo-tendonous junctions. Many Bowen moves are located on golgis. They are known to decrease tone.

The location and aim of a Bowen move is to stimulate as many structures and attachments in one move. Target zones that can be found all over the body. This will be explored in great detail on the full course. A few examples would be ASIS / PSIS. SCM to medial clavicle.Latissimus dorsi attachments. Occipital area. Gluteus medius/min/max.

3

Apply equal and opposite pressure to the tension the client passively gives back. Ensure not to dig into tissue and set alarm responses off. Now roll through and over the tissue to the other side of the muscle without sliding or losing contact with the skin. This needs to be even and under control. The move has a clear start, middle and finish, like a great book.

Whilst affecting all the above the **interstitial** mechanoreceptors that are found body wide are also activated having localised changes on vaso-dilation. From a lymph and interstitial perspective, the responses are very interesting and changes in temperature, tension, colour are commonly noted in a treatment session..

# Fascia and Bowen.

## Insterstitium

*Observations by Tom Myers, author of Anatomy Trains and lecturer on fascia.This system — recently dubbed the 'interstitium', and part of the fascial system therapists have been exploring therapeutically for years — is a body-wide communicating system for the push and pull of mechanical information. A system of collagen and elastin fibres suspended in a mucousy gel that binds with interstitial (inter-cellular) fluid, this system is closely aligned with the* ***lymphatic system*** *and the white blood cells of the immune system — and has been explored as part of how cancer might be spread or contained.*

In mechanical terms, this bubbly gel acts in a variety of ways

- its viscosity dissipates sudden forces to minimise damage to tissues
- its elasticity allows deformation that will return to normal when temporary forces subside
- its plasticity allows it to remodel (to be remodelled by the attached cells) in response to sustained forces (such as gravitational forces in posture, or scarring from a wound).

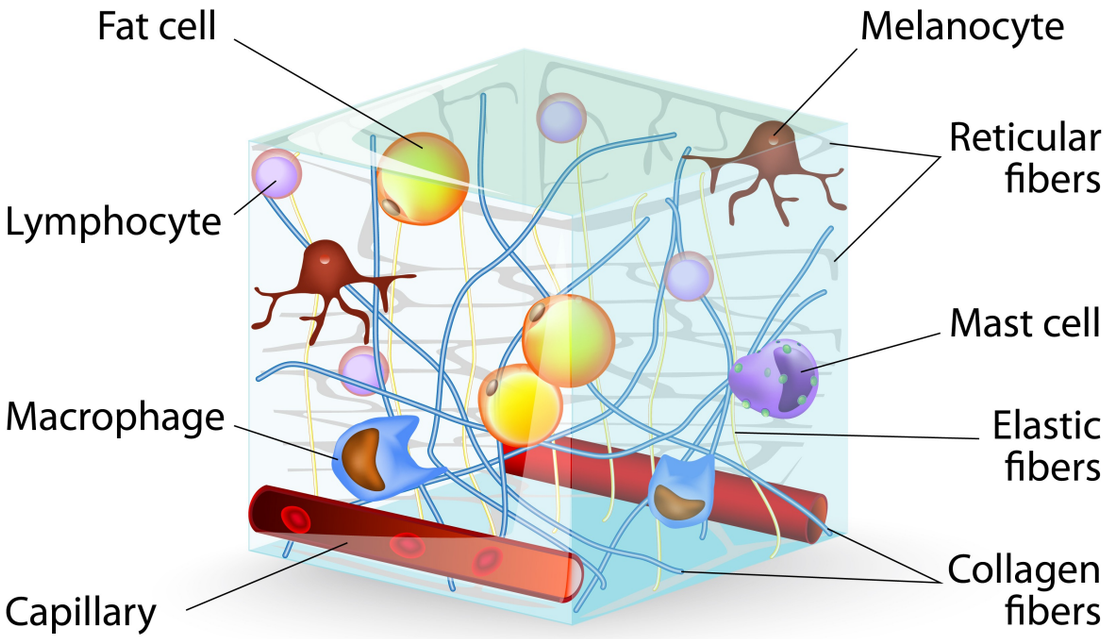
This tissue system was originally filmed in vivo and described in a number of papers and books by French surgeon Dr Jean-Claude Guimberteau, described on YouTube by Gil Hedley as peri-fascial membranes, and written about by me in Anatomy Trains.

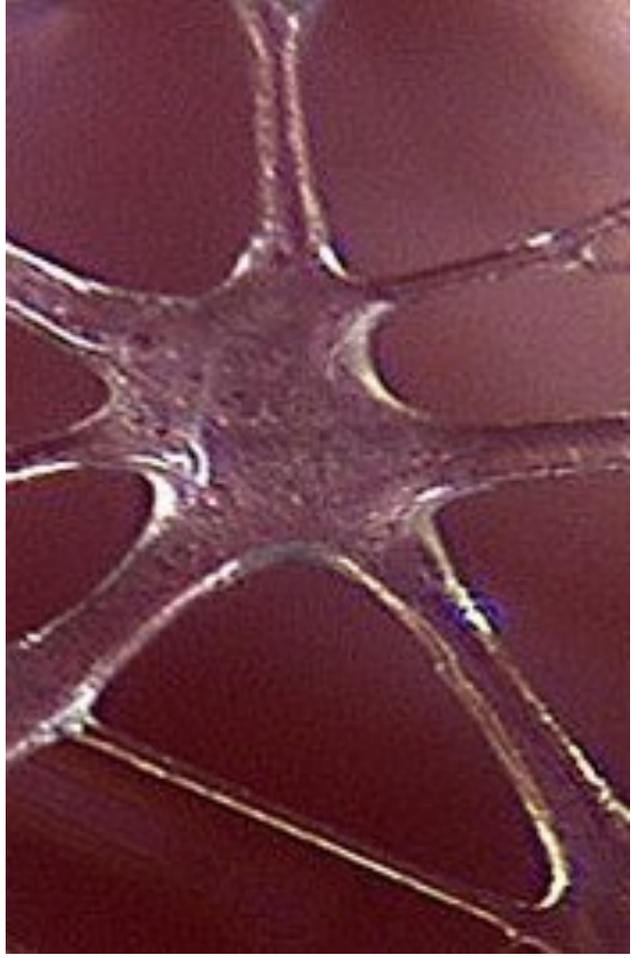
This system can be dubbed a new organ system if you wish, but it is part of a continuous Biomechanical Auto-Regulatory System (which I've been talking about for a while) – we could call it that – that runs in a continuous mechanical linkage from the DNA through the nuclear membrane via the microtubules to the cellular membrane, out through the transmemiranous proteins to the glycocalyx (the first mucousy layer outside the cell) to this interstitium and on up to the more gross and dissectible fascial structures.

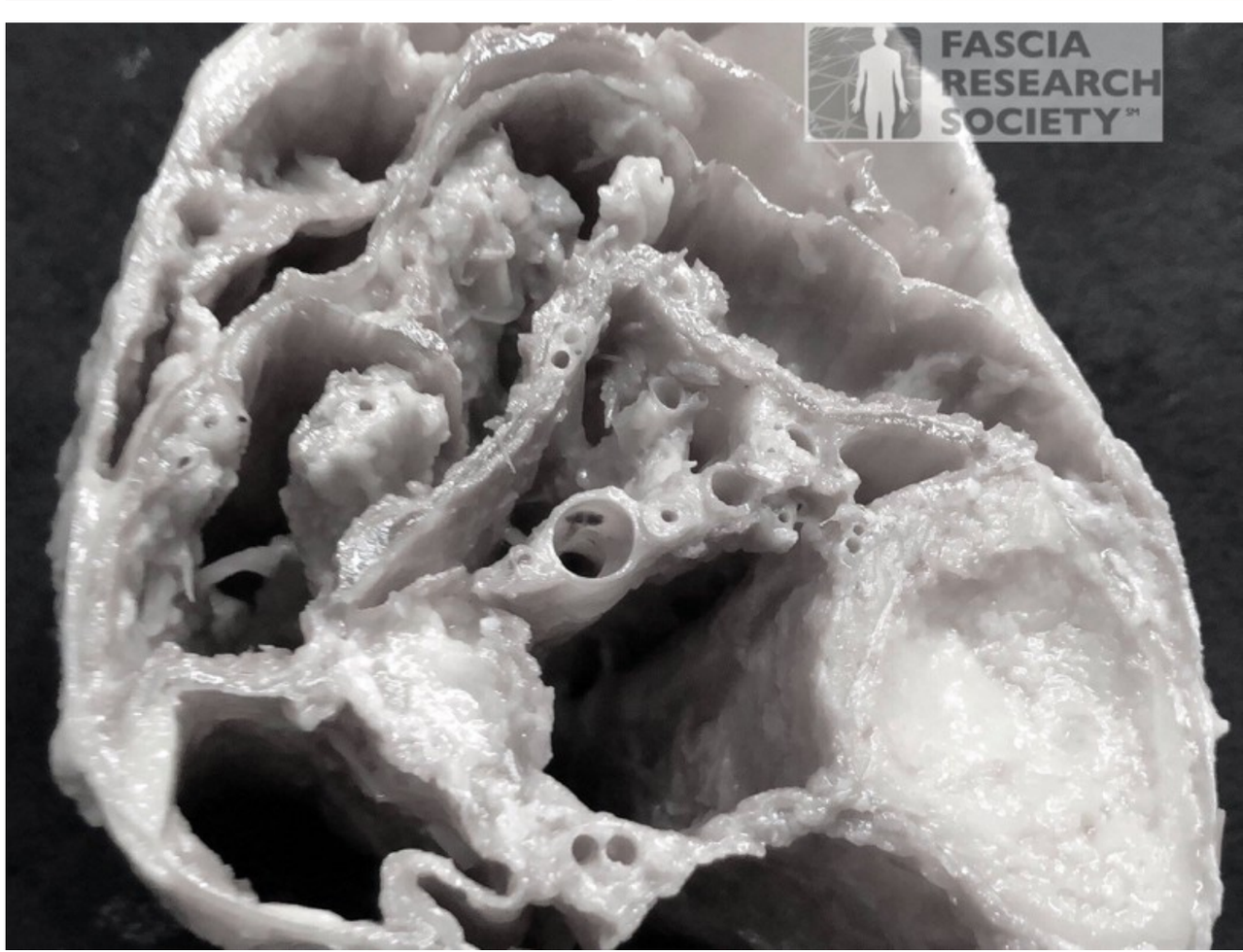
The real excitement here is the mechanical continuity from cell to organism. That these scientists have imaged something they missed for years is great, but the larger insight is that our 'biomechanics' – muscles work via tendons over joints restrained by ligaments – requires total re-think in terms of these new findings of mechanical continuity from molecular on up through cells, tissues, and the entire human being.

From these developments the term "tensegrity" has emerged and is used often in anatomy lectures from Joanne Avison and John Sharkey MSC. Clinical Anatomist. Based on the work or Buckminster Fuller a renowned architect and designer. By balancing the forces through the body we can gain mobility and system functionality as well as balancing the intriguing world of the nervous system. In particular interoceptive responses, extoroceptive and proprioceptive.

# CONNECTIVE TISSUES



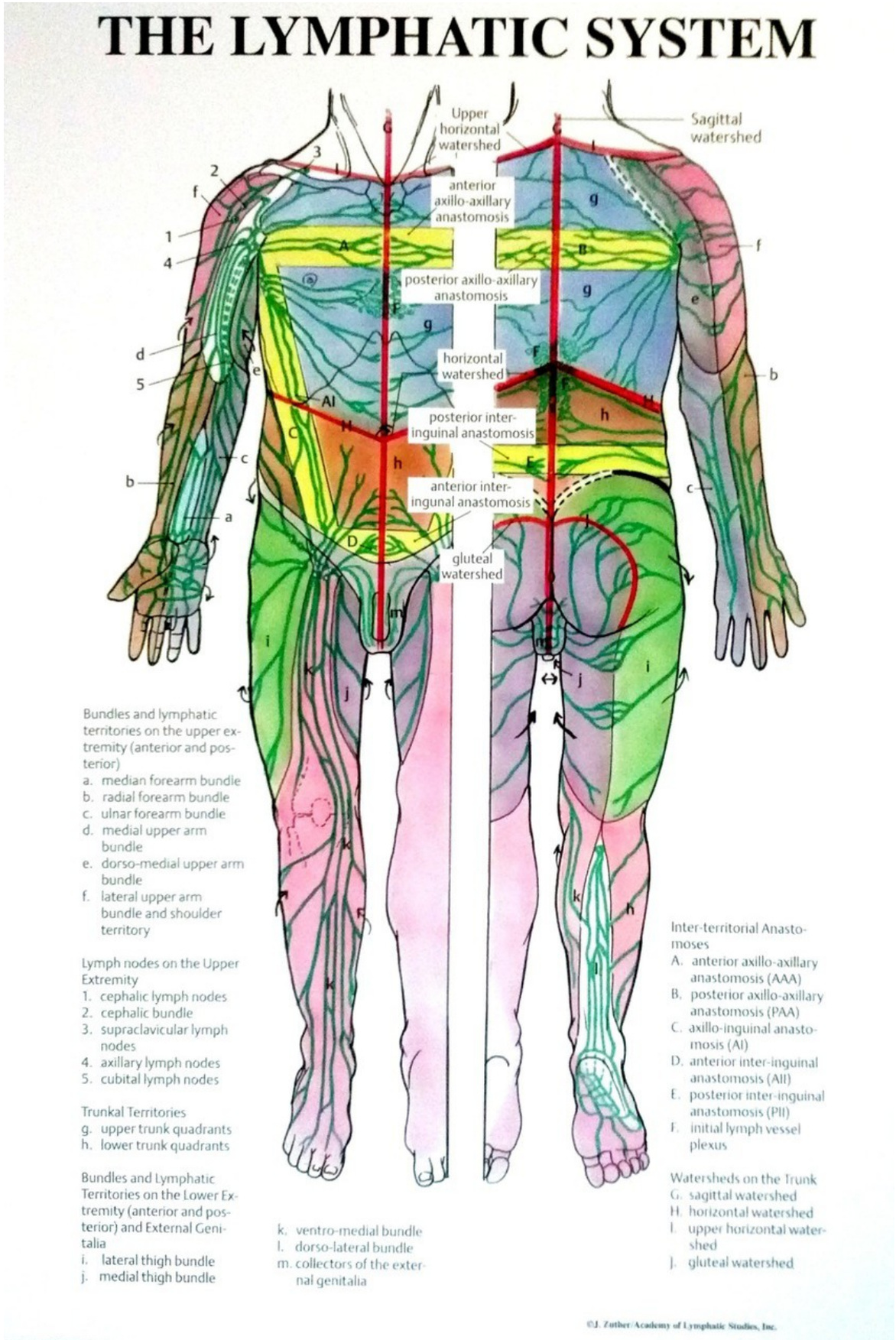


# The Fluidity Of The Bowen Move.

Historically the Bowen approach has been delivered in a procedural and structural way following an exact order of play according to various interpretations of the work over the years. This has allowed for a continuously effective method for muscular skeletal pain, flexibility and sense of wellbeing.

The lymph system has been covered but not in great detail. A number of procedures evolved to address fluid movement and elimination where primary oedema existed, a more thorough examination of the possibilities. The following introductory demonstrations and applications aim to focus on lower limb fluid reduction and the mechanisms behind it.

- Promote and stimulate lymph nodes
- Promote “space” for the vascular and lymph system to squeeze and eliminate naturally.
- Promote and stimulate the surrounding neurology to help normalised muscular contraction and arrangement of fascial tensions.
- Decrease fluid volume measurably.



# Introduction to lower body drainage.

Manual for Lymphatic Drainage. Ref.

Lymph of the leg drains into the inguinal lymph nodes both superficial and deep.

The superficial inguinal lymph nodes drain to the deeper nodes, which also receive lymph from the deeper lymphatic pathways of the leg.

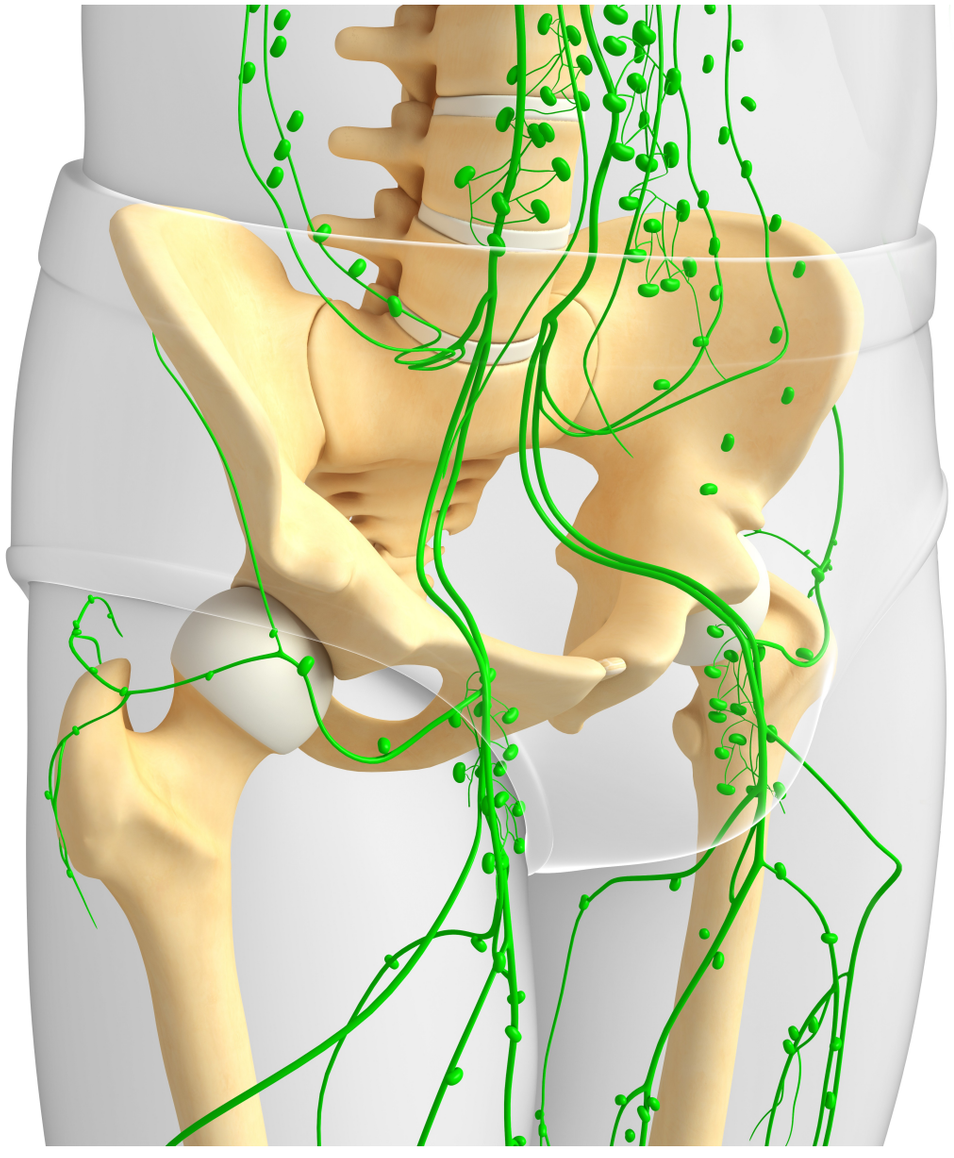
From here the lymph travels via external iliac lymph nodes in the pelvis to the abdomen together with the gastro-intestinal trunk.

The Bowen technique has a sequence of moves that potentially influence the direction of flow and promote movement to the central ducts. Notes responses to lower body work.

- Reduced volume in the ankles and calf.
- Reduced inflammation.
- Reduced symptoms of sciatica.
- Increased urination with changes in colouration.
- Flu and cold like symptoms with temperature changes for 48 hours.
- Increased flexibility.

# Lymph Bowen
# Lower body Protocol

Utilising Bowen 123 from page 7. Exactly the same principles apply to each location to positively affect fluid mechanics.



- Low pressure applied equal and opposite.
- Watch for client response
- Accuracy and position.
- Taking gentle time.
- Efficient breaks in the work. Sometimes to go to the toilet. Take water or rest from the neural stimulation to promote the trust and safety.
- Take measures before and after where appropriate using a basic tape measure for client engagement.
- Flexion / extension tests of the knee / hip / ankle.

# Lower Body Introductory Protocol

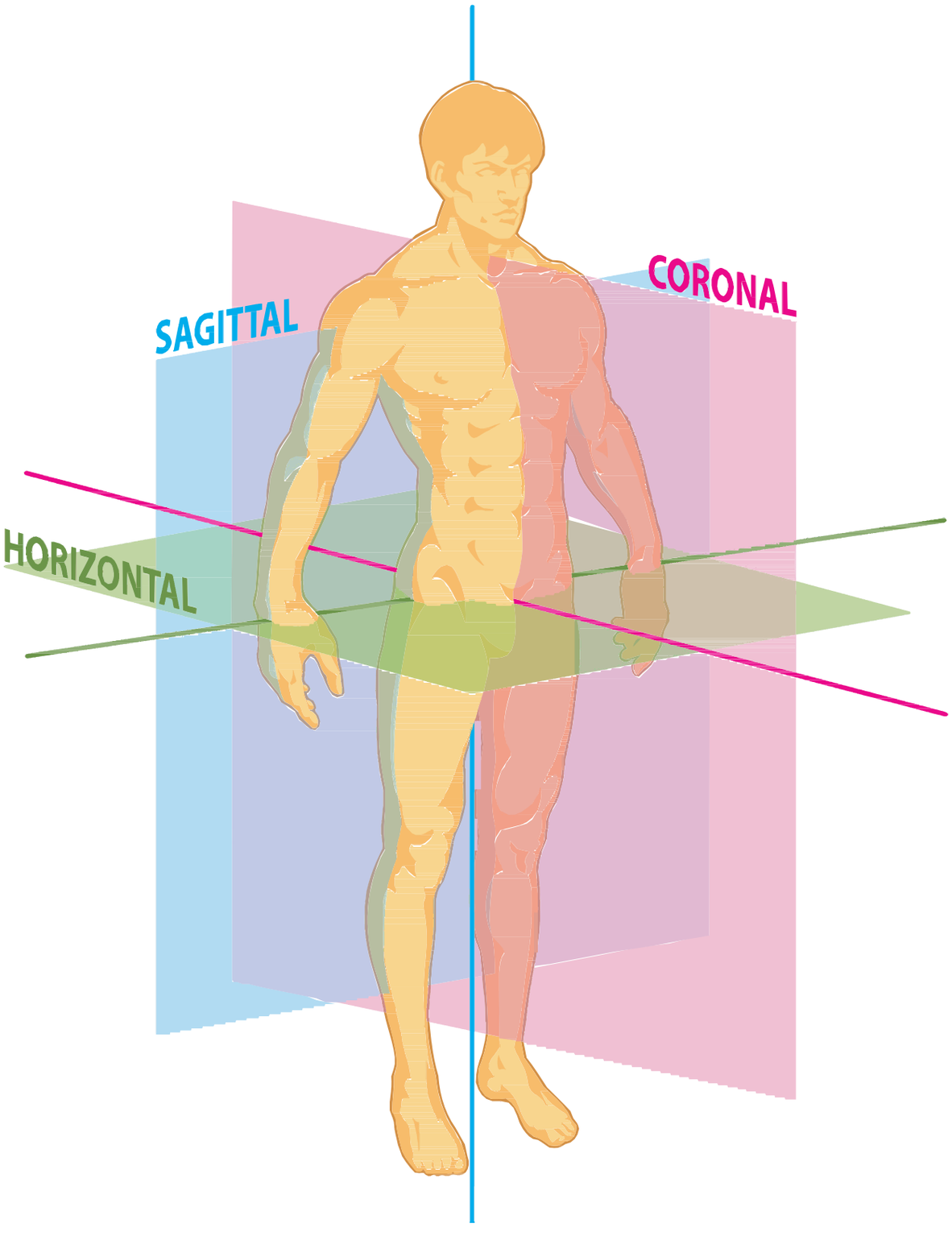
**Prone Moves on the Back.**

**All moves are carried out left and right for systemic balance.**

Thoraco-Lumbar Fascia. **Moves 1&2**

Gluteus medius, minimus and maximus. **Moves 3&4**

Popliteal Fossa. **Moves 5&6**



## Supine Moves Upper and Anterior Thigh.

Central Diaphragm. Xyphoid process for 3 dimensional affect on central duct, cisterna chyli **Move 7**

Inguinal nodes along the aponeurosis and ligament. **Move 8&9**

Adductor longus and medial thigh lymph bundle / gluteal watershed. **Move 10&11**

Vastus medialis and the ventro-medial bundle. **Move 12&13**

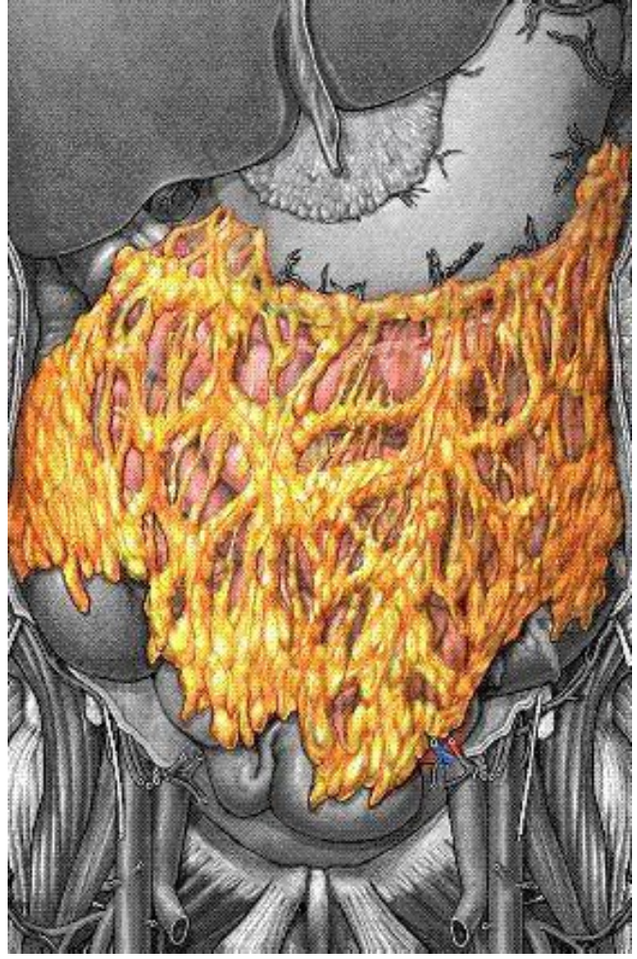
Gastrocnemius and the upper horizontal watershed. **Moves 14-17 Left / Moves 18th-21 Right.**

Medial malleolus and the ventro-medial bundle. **Moves 22&23**

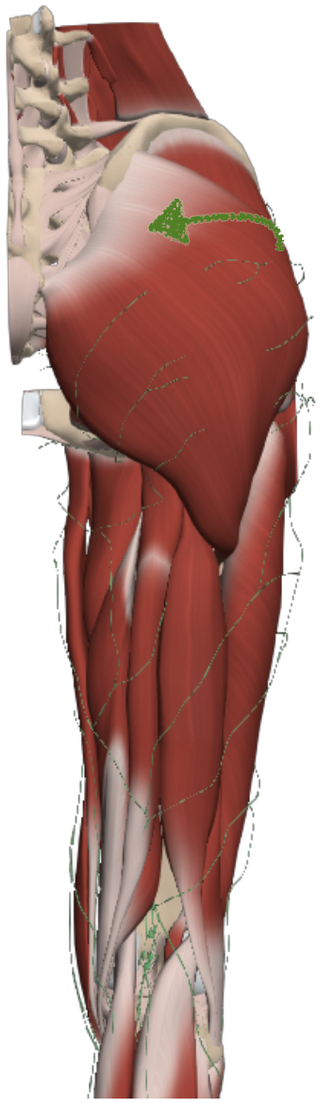
Periosteum tibialis anterior and tibia. Ventro-medial bundle. **Moves 24&25**

**To finish Tibial nerve Move 26.**





# Move 2&3 Gluteus Maximus / Medius / Minimus opener.



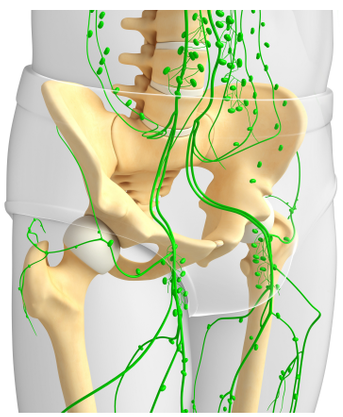
Lymph from the gluteal region drains into the gluteal lymph nodes located next to the gluteal veins (tributaries of the pudendal veins) and then into the iliac lymph nodes and the lumbar lymph nodes of the pelvis.

The **superficial lymphatic vessels** lie in the superficial fascia, and are divisible into two groups: a medial, which follows the course of the great saphenous vein, and a lateral, which accompanies the small saphenous vein.

The vessels of the **medial group** are larger and more numerous than those of the lateral group, and commence on the tibial side and dorsum of the foot; they ascend both in front of and behind the medial malleolus, run up the leg with the great saphenous vein, pass with it behind the medial condyle of the femur, and accompany it to the groin, where they end in the subinguinal group of superficial glands.

The vessels of the **lateral group** *arise* from the fibular side of the foot; some ascend in front of the leg, and, just below the knee, cross the tibia to join the lymphatics on the medial side of the thigh; others pass behind the lateral malleolus, and, accompanying the small saphenous vein, enter the popliteal glands.

**Location.**



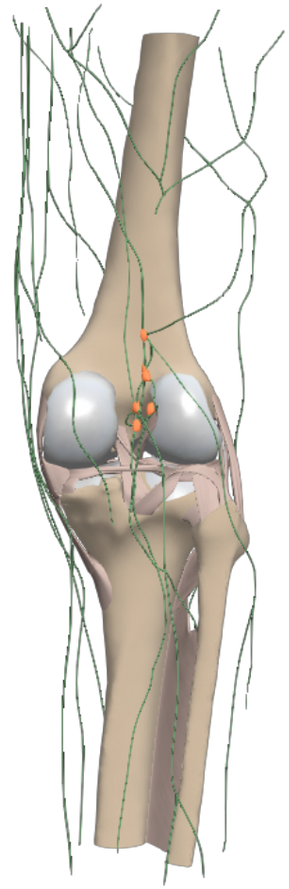
Two fingers up from the gluteal crease and two thirds down towards the frontal line / trouser seam on the side of the body. There is a small window here where the all three gluteals cross over together with their fascia. Keep your hands flat to the body and draw skin down into this point and gently apply pressure. Keep control and lift the tissue up towards the ceiling and roll over toward the mid-line. Letting the gluts drop below you. Accuracy is key here and you may need to move around 1cm in each direction to fins the “sweet spot”. The client will let you know if it is accurate.

# Move 5&6. Popliteal Fossa

About 6 lymph nodes are embedded in the fatty connective tissue of the **popliteal fossa**. Receiving superficial lymph vessels from the lateral side of the foot and leg accompanying the small saphenous vein. Also receiving lymph from the knee joint with the posterior and anterior tibial arteries.

**Afferents**
They receive afferents from the lymphatic vessels that follow the anterior and posterior tibial trunks, draining the posterior leg, the lateral foot and the deep structures of the leg and the knee joint.

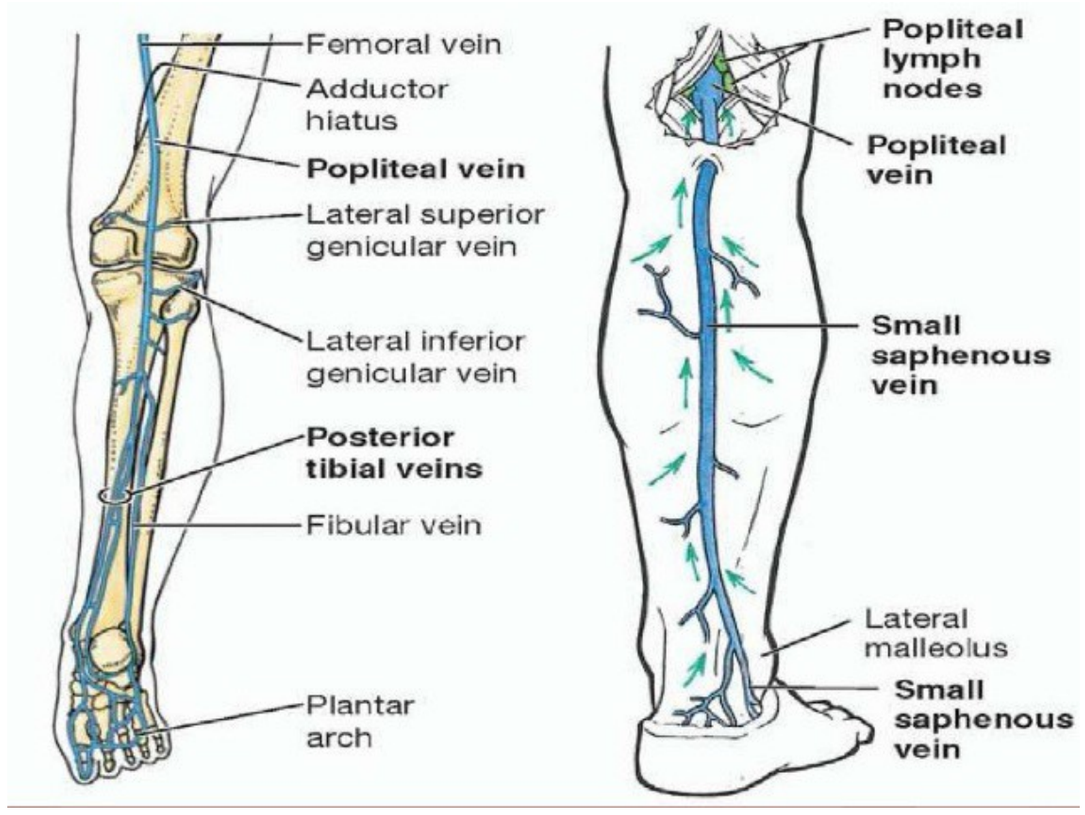
**Efferents**
Efferents follow the popliteal and femoral vessels to drain into both the deep and superficial inguinal nodes.



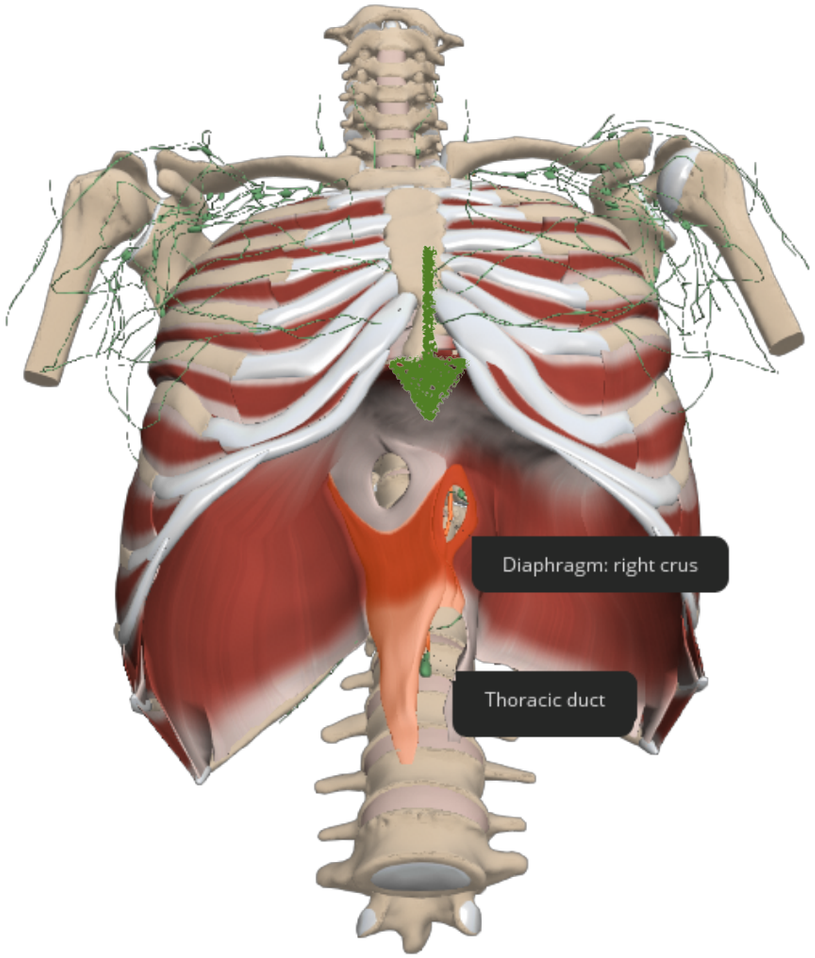
The **popliteal vein** is formed in the posterior compartment of the leg by the confluence of the anterior tibial vein and posterior tibial vein at the distal border of popliteus.

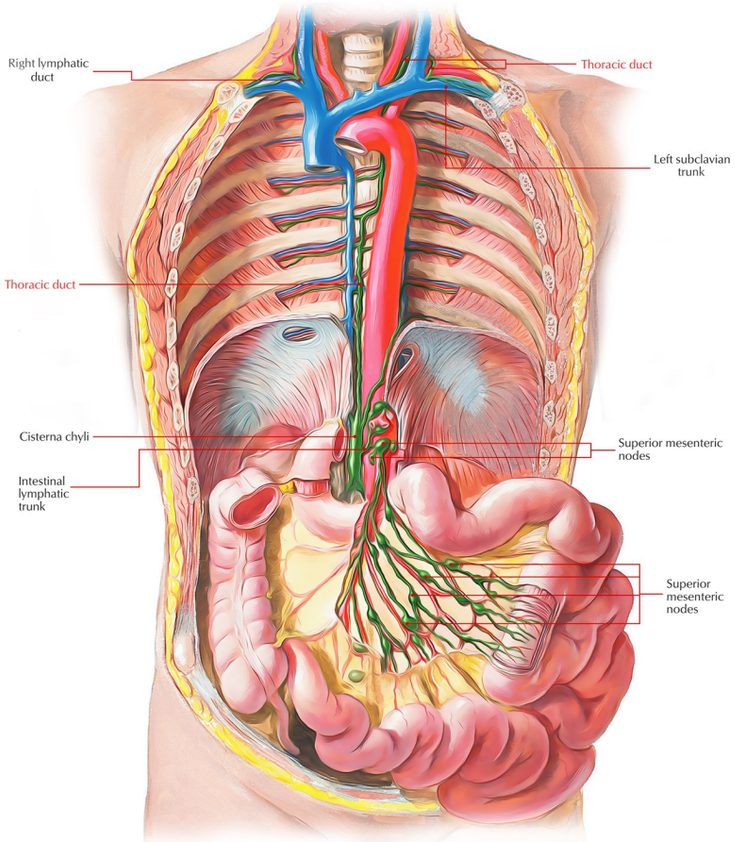
It ascends in the popliteal fossa with a gradual medial obliquity and passing through the hiatus in the adductor magnus tendon it becomes the femoral vein. Besides the anterior and posterior tibial veins, the popliteal vein receives, **in the popliteal fossa**, the short saphenous vein, several genicular veins (draining the knee joint and its associated structures), and other tributaries corresponding to branches of the popliteal artery. In its course the popliteal vein is, at all times, in a plane superficial to that of the popliteal artery. The popliteal vein contains four or five valves.

© primal pictures. 2020.



# Move 7 Central Xyphoid / Diaphragm opener.




PRIMAL PICTURES

**Cysterna Chyli.** Drains everything under the diaphragm connecting the two lymph pathways below it. Abdominals / intestines/colon organs and the inguinal. Superficial and deep. Being the most common drainage trunk this Bowen move is key for activating the diaphragm and stimulating the digestive structures below. Closely linked to the pelvic floor by fascial connections it is important for both the inguinal exit routes and thoracic duct to helping it to move and drain.

Breathing is a key aspect of a complete Bowen move. With the Xyphoid move we ask the client to deeply breathe in and out ….then hold the breath before taking another. This is when we do the move inferiorly towards the feet using the 3 elements of the Bowen move. Activating diaphragm when it is at it's most domed. Influencing deep pelvic muscles and anatomy that are difficult to reach manually.

# Move 8-13. Inguinal and Adductor Longus. / Vastus Medialis Lymph Openers

The pelvic moves not only assist lymph drainage but also affect the fascia of the whole pelvic bowl, decreasing anterior and posterior rotations and allowing functional alignment for both gait/structural / fascial /drainage positions, reducing pressures and allowing optimum movement. Start on the left.

**Move 8** . Inguinal An oblique move with the therapist's elbow pointing to the opposite shoulder. 2 Fingers in a v-sign. The leg is assisted in a stretch while moving over the ligament stimulating the lymph nodes in the area.

**Move 9.** Adductor Longus. A rolling move at the tendon-muscle attachment of the muscle. Carried out gently as the area is very tight. Assisting lymph drainage into the inguinal region and return to the thoracic duct. Corrects movements on the frontal plane. Found by stimulating adductor action and feeling for the muscle location.

**Move 10.** Vastus medialis. "Big muscle on the inside of the leg". Contributing to flexion at the knee and possible restrictions in the inguinal area. Also directly stimulates superficial lymphatic vessels of the lower limb. 3 finger widths up from the medial patella and 3 fingers down towards the table to locate.

Moves 11-12-13. Repeated on the right.

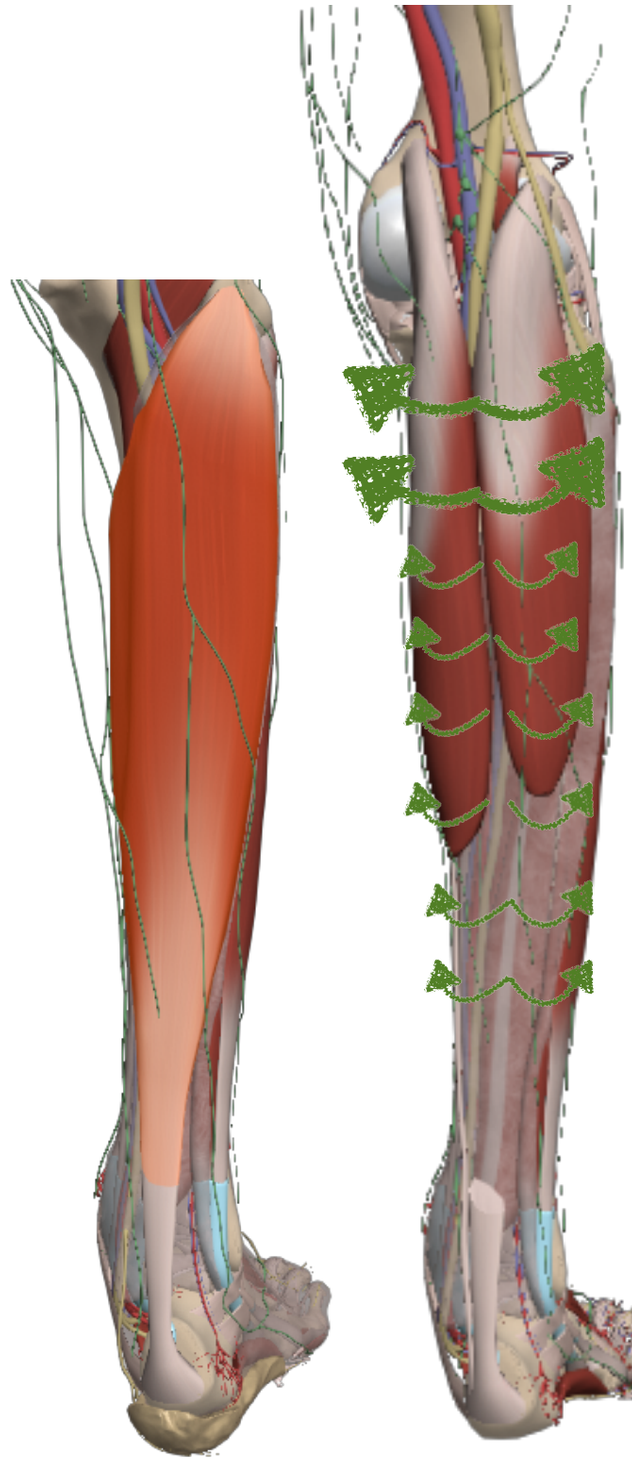
# Moves 11-18 Gastrocnemius and Soleus Opening. 19.

The “openers” are very useful moves for draining primary oedema from the lower limb. It is not uncommon to see measurements girth change by 2-3cm on one drainage. This work would often be repeated with short 2-3 minute breaks in between. Clients’ often request a visit to the toilet during this drainage as well. By opening the gastrocs’ we allow a more normal “squeeze” function of the group assisting the return of lymph to central nodes. This is followed by a set of “teasing” type actions that promote this stimulation further and finished with a direct boost over the tibial nerve. Move 20

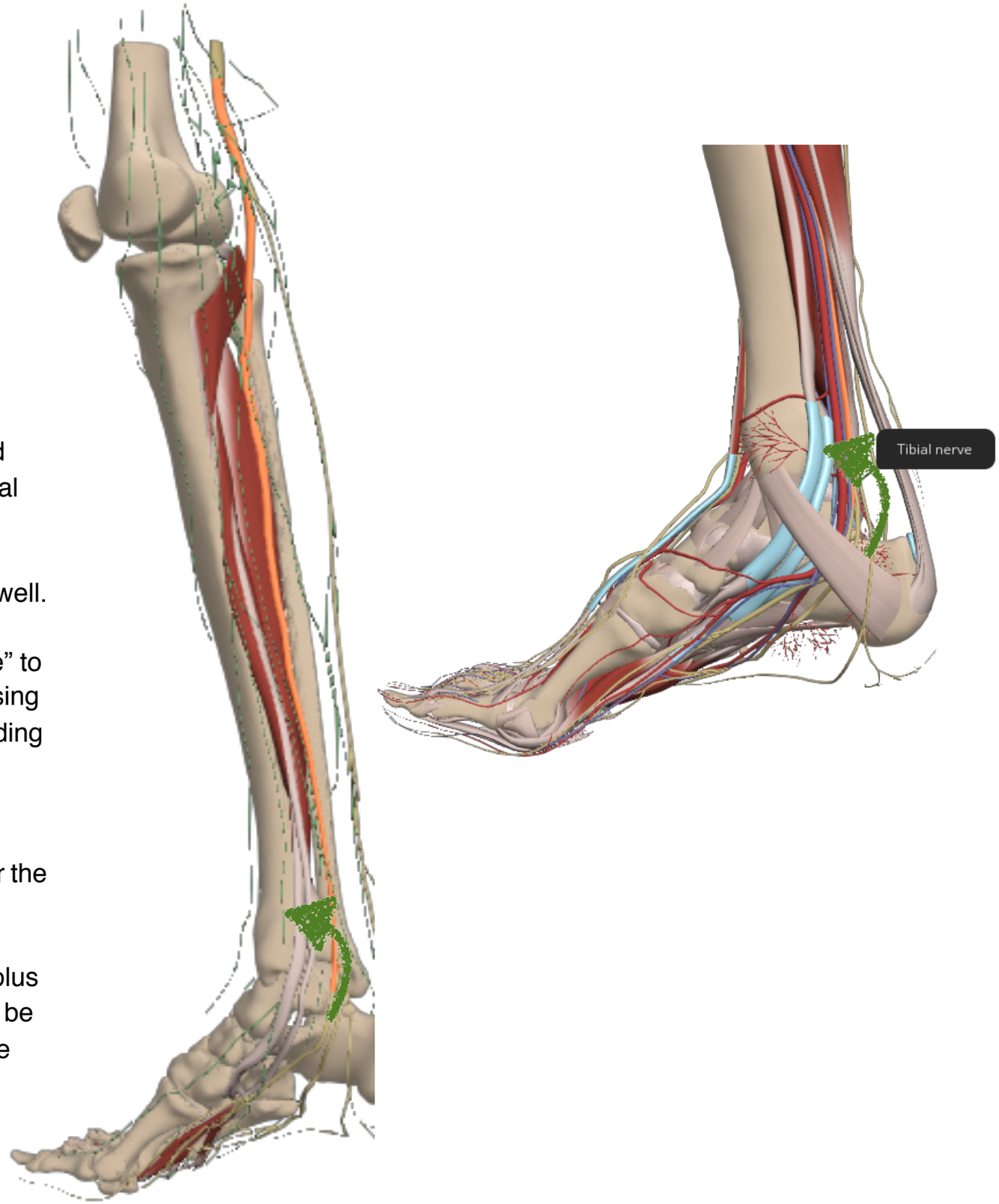
Open both medial and lateral gastrocnemius in 2 pairs.**(11-18)** Left and right legs. This is a rolling action while the thumb stabilises on the front of the shin and the fingers creating the release around the muscle. The leg needs to be in flexion with the foot stable on cushions and bolsters used under the knee as support.

Leave the left leg to drain and start the right leg.
Leave both legs for a 5 minute break.

19 covers the whole lower leg in a continuous flow.“Tease” the lower limb all the way to the achilles in a gentle and non-invasive touch with little pressure promoting drainage over the superficial lymphatic



# Moves 20-21. Tibial Nerve.
# Moves 22-23. Tibial Shaft.
# Completes Lower Limb




The tibial nerve is a branch of the sciatic nerve and supplies to the muscles of the lower limb and medial hamstrings.Adductor magnus.

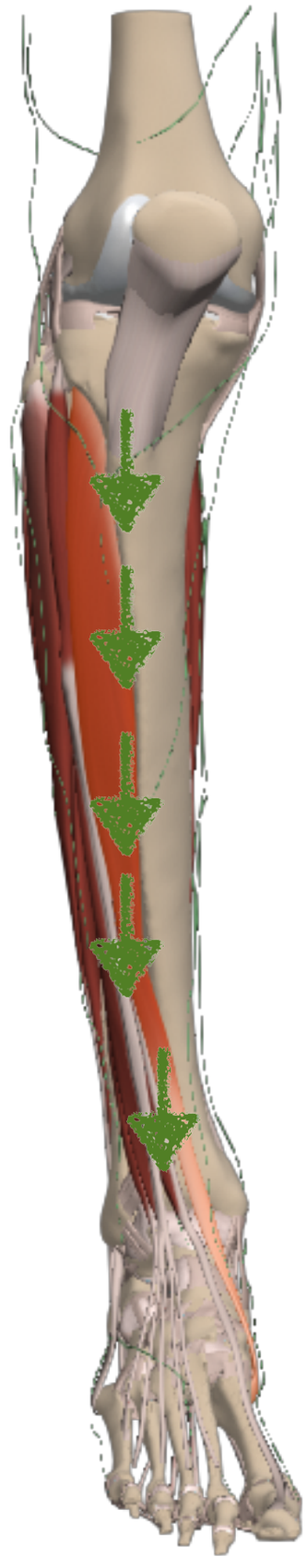
It runs through the centre of the popliteal fossa as well.

From a lymph perspective it is the “icing on the cake” to create normal movement in the lower limb. Pain arising from compression can lead to a host of issues including oedema due to lack of movement and poor neural supply.

The move is simple and follows an “arc “ action over the nerve toward the top of the foot.

It is found nestled just underneath the medial malleolus and before the achilles in a small indentation. It can be very sensitive. Please observe caution with pressure applied.

# Move 22-23 Opening the whole tibial shaft.



The medial edge of the tibialis anterior muscle is also an enveloping “onion” layer entrance to the periosteum of the tibia and overlying lymph vessels. The continuous dorsiflexion of the foot during driving for example, limits the ability of the TA to contract and relax normally creating tension in the front of the leg and pain. This can also affect the antagonist — the gastrocnemius and as a result the ability of the lower limb to drain is inhibited creating oedema in the ankle.

These drainage moves have been demonstrated to reintroduce normal movement and “squeezing” power and as a direct consequence bring back a normal range of movement and sufficient lymph drainage.

The move is carried out by drawing the skin up first towards the head and then applying gentle pressure to move down towards the feet while maintaining an accurate location on the inside edge of the muscle and the lateral edge of the tibia.

# Conclusions to the Introductory Bowen Lymph Training Day

The training offered today is the start of what Bowen has to offer in relation to lymph drainage and additional skills to your existing wisdom and applications. The work is extensive and developing all the time. We are pleased to be focusing on lymph and being involved with research and further improving the incredibly intelligent body of hands on techniques that we know are so needed in the NHS and privately.

The full training is 2x2 days following a similar format of practical, discussion, theory and application to a level of competency and accuracy required by the trainers. We have taken into account that as MLD practitioners you already have a grounded and complete anatomical knowledge so it is possible for us to dive straight into the possibilities and measure the results in real time. All of our courses can simply be booked on :

www.safetomove.com

**Thank You.**

**Paula Esson & Gus De La Querra**

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# Our Partner Eqology

We believe that having access to the most effective internal products is important also. Omega 3 has been promoted for decades as an important addition to an effective and healthy immune system, brain and cardio vascular. All of these contribute to an excellent lymph system.

We have been working alongside Eqology for 3 years and have been impressed by the Norwegian approach to health and wellbeing. They measure with blood test too !

Ethical and traceable amongst many other positive attributes. Their' omega has the highest DHA and EPA in the world and has reduced oxidisation process due to harvesting the oil from the Arctic Cod as soon as it lands on the boat.

There is also a vegan option.

Have a look and use this code if you would like to try it out with yourself and clients?

IQ Code : New Customer. **6384769**

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# Lymphatic Bowen