



Rainbowen-

Bowen Therapy for Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).

Last summer I had the privilege of working as a Bowen consultant for a charity near Manchester, who assisted children with behavioural problems. Some children were referred from school, others through CAMS and the local authority. I treated 20 children aged between 3-18 years, in 6 weekly blocks during April to September, 15 of the children were confirmed ASD, 5 were awaiting diagnosis and 7 either had or were suspected of having ADHD.

The presenting conditions of the group were remarkably similar and included:

- Hyperactivity – (5)
- Anger - (5)
- Bowel issues - (11)
- Insomnia – (7)
- Anxiety – (9)
- Sensory issues – (7)
- Migraines – (2)
- Bed wetting – (2)
- Non-verbal – (2)

Treatments could be quite challenging to say the least, due to the nature of the conditions, the children's behaviour was not conducive to laying quietly while I worked. They could, quite literally, be bouncing off the walls and it was not unheard of to be pinched, spat at, vomited on or bitten occasionally. Luckily, there was a sensory room, specially adapted with different coloured light settings, a padded tunnel, bean bags, mirrors and the like, to help distract and calm the more agitated client but a tolerant and open minded approach was essential.

All of the group relaxed by varying degrees after Brm1 moves 1-4 and after a few sessions they almost seemed to welcome the treatment, even the really hyperactive children who had to be treated on the move started to laydown and keep still for extended periods.

One non-verbal child with severe reflux, in addition to being on the spectrum, went from climbing the walls and touching the ceiling to laying quietly on top of the padded tunnel. Even though he couldn't speak he would grab my index finger and place it where I was about to do the gallbladder procedure, while maintaining eye contact, almost as if he remembered the move from the previous session and was trying to communicate that it helped.

A good proportion of the group were extremely sensitive in the hamstrings and neck areas, ranging from severe discomfort to super ticklish and it would take a lot of encouraged deep breathing, dexterity and coaxing to complete some procedures.

I found that I used the kidney, respiratory and hamstring procedures A LOT as this helped reduce their anxiety, also the coccyx procedure to address bowel issues, mainly constipation, in conjunction with the respiratory moves.

An individual who had ADHD and sensory issues, (didn't like the feel of clothes on his skin) which would then lead to angry and violent outbursts, found that Bowen reduced his sensory overload to

such a degree that clothing ceased to be an irritant and his anger and frustration was more controllable. Another child was referred by his school as Bowen made such a difference to his behaviour it was deemed imperative to his education. Two of the teenage girls with ASD suffered with extreme migraines, (one abdominal), both reported fewer and less intense episodes after treatment with the additional TMJ procedure.

Over all 19/20 felt significant improvement, parents reported their children were calmer, bowel movements became more regulated, sleeping patterns stabilised, less anxiety, lower stress levels, more dry nights and a reduction in angry outbursts and meltdowns.

Diagnosis of ASD and ADHD are increasing rapidly, whether this is due to schools and doctors being more aware and recognising the traits earlier or if it's just generally more prevalent, it's not clear. It is apparent that in some cases it may be genetic and parents and grandparents are often undiagnosed sufferers by varying degrees, who could also benefit from Bowen.

Bowen technique can and will have a massive impact on the lives of ASD and ADHD children and their families, enabling them to live life on a calmer level by reducing some of the negative aspects of their enhanced perceptions, leaving them wielding what I like to think of as their 'super powers'.

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