

# THE LANCASTER AND MORECAMBE DOCTOR-HEALER NETWORK

Frank Ledwith, Senior Lecturer  
University College of St Martin

## INTRODUCTION

*An informal doctor-healer network has been set up in Lancaster and has been running for over a year. Meetings are held about once every six weeks at which some local general practitioners (GPs) and complementary therapists discuss their approaches to common chronic illnesses. Through this network, a GP and a complementary therapist have produced a joint case history about a patient/client who had been treated first by the GP and then by the therapist.*

Plans are afoot for the development of research projects on the joint working of doctors and healers. Any interested doctor should contact me for details of the network meetings, to which all hospital doctors and GPs are invited.

## CONVENTIONAL THERAPY

*Dr David Elliott, GP,  
Dalton Square, Lancaster*

### Presentation

A 25-year-old unemployed male Caucasian presented in November 1993 with a two-month history of low back pain and right sciatica of acute onset after stooping. He was otherwise well with no significant previous medical history. He was not experiencing any difficulties with micturation.

On examination, he had evidence of nerve root compression with reduced straight leg raising (left 80°, right 65°) and depressed right ankle reflex. Muscle power and sensation were normal and the bladder was impalpable.

### Treatment

I prescribed a non-steroidal anti-inflammatory drug and referred him for urgent physiotherapy. He was seen shortly after by the physiotherapist, who commenced traction.

### Progress

I reviewed him one month later when he reported only very slight improvement with treatment. Two months after presentation he was still symptomatic and complained of shooting pains in the right sciatic distribution after coughing. Examination was unchanged. He was significantly incapacitated and I referred him for an orthopaedic opinion.

He suffered a further relapse of pain in May 1994 when signs of nerve root compression persisted. I increased his analgesia but there was no improvement after four weeks. His orthopaedic appointment was brought forward.

He was seen by the specialist at the beginning of August 1994. X-ray showed considerable degeneration with

narrowing of L5/S1. Disc prolapse causing nerve root entrapment was diagnosed. Conservative management was advised and a lightweight support supplied.

I reviewed him mid-November when he still complained of right sciatica. The dose of non-steroidal anti-inflammatory drug was increased. He was seen shortly after by the orthopaedic registrar who listed him for a closed manipulation with epidural injection using long-acting steroid. As will be seen below the patient did not undergo this treatment.

I next saw him in September 1995 with unrelated symptoms. He also reported a very mild relapse of his right sciatica but informed me of the dramatic improvement he had experienced following a visit to a Bowen therapist in February 1995. With a wry smile he told me that he had already booked a further appointment.

## THE BOWEN TECHNIQUE

*Rick Minnery, Bowen Therapist,  
Member, Bowen Therapy Academy of Australia*

The Bowen technique is a series of gentle moves on the muscle and connective tissues along the whole body, using the thumb and fingers.

There is no manipulation or adjustment of hard tissue and the treatment is very gentle, subtle and relaxing. The gentleness and non-invasive application are what make the technique unique.

It can be performed through light clothing and each session lasts between 30-45 minutes. In many cases long-standing pain can be relieved in two or three sessions, although further treatment may be required in some situations.

Osteopaths, chiropractors, sports therapists and physiotherapists are among the many therapists and lay people who use the Bowen technique, which is a simple and gentle form of "hands on" therapy. It has many and various applications, and is safe and effective for people of all ages. It is ideal for sports injuries, repetitive strain injury, frozen shoulder, back pain, tennis elbow and respiratory symptoms. Many other conditions including ME, hay fever, migraine and asthma have responded favourably and there is no situation in which the therapy cannot safely be used.

It is a method of enabling the body to restore itself, which allows the body to do the work required without imposing the will of the therapist onto the patient. The patient has the

opportunity to relax and allow the body more time to make the subtle and fine adjustments which help to relieve tension, reduce pain and restore balance.

The Bowen technique was pioneered by Mr Tom Bowen of Victoria, Australia in the 1950s. He alone treated an incredible 13,000 patients a year, 90% of whom required only two or three treatments.

### Presentation

A 25-year-old unemployed male Caucasian came to see me in February 1995 in considerable pain from sciatica with pronounced limp. He had some difficulty in sitting down to give his history. It soon became apparent that he was very anxious to avoid a manipulative surgical intervention and a cortisone injection.

### Treatment

I gave him a standard Bowen treatment at this time with a very dramatic result. As he rose from the treatment bed he described an incredible 'release' and there was an immediate reduction in his symptoms.

The technique requires a wait of approximately seven days

before a second treatment in most cases. I therefore saw him again seven days later, by which time his symptoms had returned to a certain extent, but the limp was absent and he was able to sit comfortably to talk about the previous week. I therefore followed up with a more specific treatment (pelvic), which seemed to resolve his symptoms completely.

Seven days later he required further treatment to resolve his low back ache which still persisted (coccyx), and a final treatment a week later to resolve some hamstring stiffness.

### Progress

In September 1995 he returned saying that he had been 'very silly' and had re-injured himself by not taking care whilst lifting incorrectly (I had followed up my original treatment with advice about correct posture whilst lifting). He required one treatment at this time, lasting 20 minutes.

He has been to see me on two further occasions in December 1995 and January 1995 for right buttock pain, again after not taking care whilst lifting (buttock pain and hamstring treatments). He is now, as far as I am aware, fit and well and, I believe, gainfully employed.

## Sad Aunt Madge

As the cold winter evenings drew near  
Aunt Madge used to put extra blankets  
over the furniture, to keep it warm and cosy  
Mussolini was her lover, and life  
was an outoffocus rosy tinted spectacle

but neurological experts  
with kind blueeyes  
and gentle voices  
small white hands  
and large Rolls Royces  
said that electric shock treatment  
should do the trick  
it did....

today after 15 years of therapeutic tears  
and an awful lot of ratepayers' shillings  
down the hospital meter  
sad Aunt Madge  
no longer tucks up the furniture  
before kissing it goodnight  
and admits  
that her affair with Mussolini  
clearly was not right  
particularly in the light  
of her recently announced engagement  
to the late pope.

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