

Completed research

We distinguish four categories or levels of research evidence, from strongest to weakest (according to the generally accepted scientific standard). We have organised our review of completed research studies according to these four levels.

Level 1

Evidence obtained from systematic review of relevant randomised controlled trials (with meta-analysis where possible)

Level 2

Evidence obtained from one or more well-designed randomised controlled trials

Level 3

Evidence obtained from well-designed non-randomised controlled trials OR from well-designed cohort or case-control analytical studies, preferably multi-centre or conducted at different times

Level 4

The opinions of respected authorities based on clinical experience, descriptive studies or reports of expert committees

Research studies to hand

Biorac M, 2000, The effect of Bowen Therapy on Restless Leg Syndrome, Private research not published. 5 subjects, 2 groups, 1 received Bowen Therapy 1 control group. Subjects kept a daily diary relating to frequency, severity and duration of symptoms. The treatment group showed reduction in symptoms while there was no change in the control group.

Carter, B., 2002, The effect of using Bowen therapy on the frozen shoulder. Accepted for publication in Complementary Therapies in Medicine vol 9 no 4. Well designed cohort study.

21 subjects. Mixed method case study approach. Quantitative data on functioning, mobility and pain. Data from interviews was subjected to thematic analysis.

Results. Improvement in mobility, reduction in pain, improvement in functioning. High degree of satisfaction with the treatment.

Pritchard, A.G, (1993), The Psychophysiological Effects of the Bowen Technique Therapy', Swinburne University, Melbourne. Psychophysiology Major Research Project. 10 subjects with a comparison with standardised norms for college students. Before and after treatment measurements of POMS (profile of Mood States), State-Trait Anxiety Inventory, Heart Rate (ECG) , Muscle Tension (electromyographic recording of the frontalis muscle).

Results: - Anxiety scores ?; POMS showed decrease in tension, depression, anger, fatigue confusion; Muscle tension – no change, Heart Rate decreased.

Rayment, J., 1997, Reclaiming a sense of wellbeing as a result of receiving the Bowen technique. (A study of the effects of Bowen Therapy on chronic lower back pain.) Thesis for Master HSc Victoria University of Technology (unpublished). A well designed cohort study.

7 subjects. A qualitative inductive study using grounded theory. The study involved in depth interviews of 7 women receiving Bowen Technique.

Whitaker, J.A., Gilliam, P.P., Seba, D.B. (1997). 'The Bowen Technique: a Gentle Hands-on Method That Affects the Autonomic Nervous System as Measured by Heart Rate Variability and Clinical Assessment'. Abstract presentation American Academy of Environmental Medicine 32nd Annual Conference La Jolla California. Well designed case control analytical study. 2 groups of 11 data sets . 1 normal group as a control, 1 group of fibromyalgia sufferers.

Single lead ECG measurements of R to R wave. Both groups were treated with Bowen Technique. Heart Rate Variability and symptom relief perception were noted in the fibromyalgia group.

McKenna, H., Cutcliffe, J., McKenna, P., (2000) 'Evidence based practice –demolishing some myths' Nursing Standard 14 (16) 39

Lambeth, B., 'An Examination of the Bowen Bunion Treatment' (1999). (unpublished study).

4 clients with bilateral bunions were treated with Epsom Salts/Iodex. No Bowen moves made. Bunions measured at 1,2 and 3 month intervals. Bunion size reduced for all clients from 5mm to 15mm.

Sheedy, G., (2000) 'Bowen Therapy as an alternate treatment for Carpal Tunnel Syndrome' (unpublished study). 6 clients with carpal tunnel syndrome (3 had had surgery but still had symptoms) were given 3-4 treatments. 1 client withdrew 5 remaining clients improved or resolved.

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