



Bowenwork® for Migraine Relief: A Case Report

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Introduction

Migraine is a complex neurological disorder characterized by episodic, neurogenic, cerebrovascular inflammation and central nervous system hypersensitization, causing severe pain and debility. Previous research on the treatment of migraine focuses on the use of pharmaceutical prophylactic and symptomatic treatments and non-pharmaceutical therapies such as, acupuncture and massage. No published study has investigated Bowenwork for migraine intervention. Bowenwork is a neuromuscular, soft-tissue relaxation technique posited to reset dysfunctional myofascial tension patterns via proprioceptive pathways, and the autonomic nervous system.



Objective

This prospective case report describes one migraineur's response to Bowenwork (a soft-tissue bodywork technique) with cessation of migraine, neck pain and analgesic consumption, and improved wellbeing and activity function.

Case Presentation

A 66 year-old Caucasian female with a history of debilitating migraine since childhood, and severe neck pain and right-sided thoracic outlet syndrome, resulting from 2 motor vehicle accidents sustained as an adult. She reported experiencing severe migraine and neck pain 3 - 4 times a week, and taking 10 -12 tablets of Ibuprofen 200mg per day, placing ice-packs on her neck and lying in a quiet, dark space until her symptoms abated. She had previously sought medical and pharmaceutical treatment, chiropractic, massage and other CAM to relieve her condition, with no satisfactory relief.

Intervention

The client received fourteen Bowenwork sessions, weekly to two-weekly, over a 4-month period, using the self-reporting Measure Yourself Medical Outcome Profile version 2 (MYMOP2) to evaluate clinically meaningful changes. Baseline MYMOP2 data were recorded prior to the first and subsequent Bowenwork sessions to track changes in migraine and neck pain occurrences, medication use, daily functional ability and general sense of wellbeing. During each session, the practitioner applied Bowenwork to the lower back, upper back, neck and temporomandibular joints, and areas relevant to the client's symptoms. The client did not receive any other migraine treatment during this study.

Table 1. Client's initial session MYMOP2 data.

MYMOP2 Questions	Description of Symptoms	Scale 0 = Good as can be 6 = Bad as can be
Symptom 1	Chronic migraines	6/6
Symptom 2	Chronic neck pain	5/6
Daily Activities	Limitations/dysfunctions	5/6
Wellbeing	General feeling	5/6
Duration of Symptom 1		>5 years
Importance of reducing medication use	Ibuprofen 200mgx 10 capsules/day	Very important

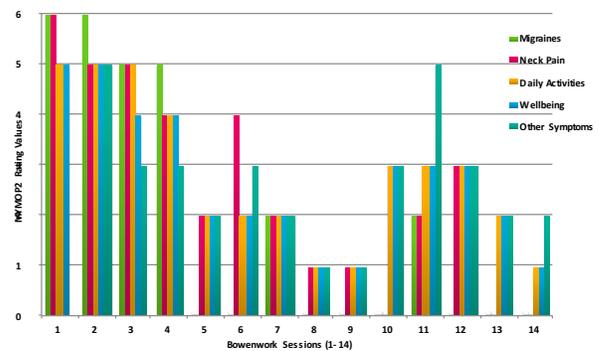
Interpretation

Initial MYMOP2 data showed symptoms scoring 5/6 ("As bad as can be"). In subsequent sessions, the client reported decreased migraine and neck pain. However, she acquired a respiratory infection with prolonged coughing (session 11); and experienced an allergic food reaction, requiring pharmaceutical treatment, that exacerbated neck pain, but not migraine (session 12). At session 14, MYMOP2 data showed no migraine (0/6), neck pain (0/6) nor medication use, improved activity function and sense of wellbeing. Her right arm and thumb symptoms persisted to a lesser extent. She remains migraine-free at the time of this report.

Table 2. Client's final session MYMOP2 data.

MYMOP2 Questions	Description of Symptoms	Scale 0 = Good as can be 6 = Bad as can be
Symptom 1	Chronic migraines	0/6
Symptom 2	Chronic neck pain	0/6
Daily Activities	Limitations/dysfunctions	1/6
Wellbeing	General feeling	1/6
Other Symptoms	Jaw tension & mid-backspasm	2/6
Medication use	Ibuprofen 200mg/day	Nil

Fig. 1. Progressive overview of client's MYMOP2 data over 14 Bowenwork sessions



Implications

Bowenwork progressively offered relief for one chronic migraineur with multiple musculoskeletal disorders, and despite two episodes of acute symptoms. Case reports support evidence-based practice and resources for further research, however this single-case report's inherent limitation lies in not being standardizable nor generalizable to larger populations. Limited research literature on Bowenwork as a non-pharmaceutical treatment, highlights the need for further studies on larger migraineur cohorts; using reliable and valid assessment tools.

References

The published version of this case report, including Abstract and full bibliographical References can be found at:
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