

Research on the effectiveness of the Baby Bowen Procedure for baby colic

Abstract:

The Bowen Therapy Association of Bulgaria initiated a research on the efficiency of the Bowen technique for baby colic. Our goal was to determine how effective the treatment is and to try to provide an explanation where efficacy was limited or none.

Fifteen Bowen therapists were involved into the research with a total of 170 babies included. The research was conducted over a one year period, between July 2015 and July 2016. Bowen sessions were applied to all monitored babies once every 4 -7 days.

The following results were achieved: 63% responded with a complete recovery, 24% responded with very good improvement with mild, incidental signs of anxiety left, 7% responded with temporary improvement and 6% responded with poor or no improvement.

Attention is drawn to those 6% with insufficient results and hypothetic explanations are given to explain the lack of efficiency.

INTRODUCTION

The application of the Baby Bowen procedure for baby colic is well known amongst Bowen therapists in the world. We all have been amazed by the relatively fast resolution of colic symptoms. The research aims to provide further information concerning the application of Bowenwork and to provide explanations for the non-resolved cases.

REPORT

Baby colic is usually present during the first few weeks from birth to the third month. In very rare cases they can persist until the sixth or eighth month. Some pediatric resources report cases of baby colic up to the first year. Usually they are accompanied by sharp, severe abdominal pain and severe spasms of the smooth gastro-intestinal muscles. It is difficult for the parents to understand the real reason for their child's cry as the babies cannot describe what is actually bothering them.

There are many theories for the existence of baby colic but there is no concrete, solid, scientifically based one over which experts to agree on. It is proven that reasons for colic differs with different babies.

Among the most widely accepted explanations are the immature digestive and nervous system of the baby that are literally just learning how to function. Some foods that breastfeeding mothers eat can lead to excessive gas, bloating and abdominal discomfort to the newborn. These can be further

exacerbated since babies often swallow air while they eat or during a prolonged cry. The psycho-emotional status of the mother plays a significant role as well especially for breastfeeding mothers. Tension, anxiety and other negative emotions could easily transfer to the baby and lead to colic. Other factors, such as use of antibiotics could be taken into account as well.

In July 2015 the Bowen Therapy Association of Bulgaria initiated a one year research over the efficiency of the Baby Bowen Procedure for baby colic. Fifteen Bowen therapists took part in the research with a total of 170 babies involved in it consisting of 78 boys and 92 girls, with the youngest baby at 7 days and the eldest at 8 months.

Few figures have been taken into account as follows: type of birth (fig.1), type of feeding (fig.2) and usage of medications (fig.3).

Type of birth:

Natural birth – 84
Caesarean – 86



Figure 1

Type of feeding:

Breastfeeding – 136
Artificial milk – 29
Mixed feeding – 5

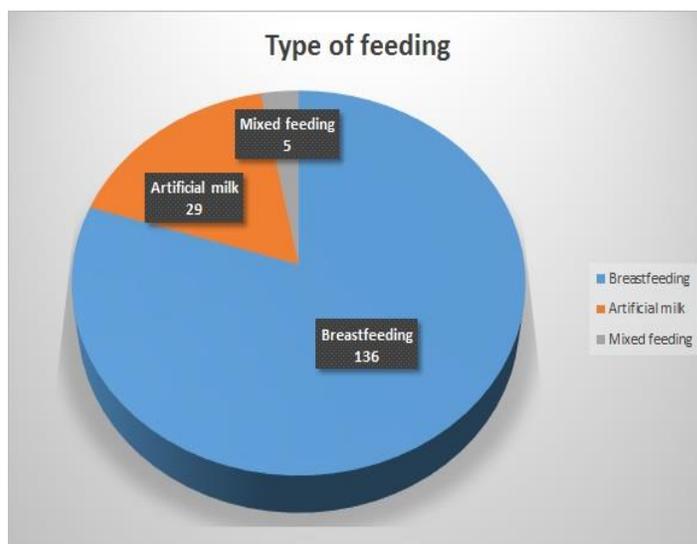


Figure 2

Intake of medications regarding colics:

With medications – 92

Without medications – 78

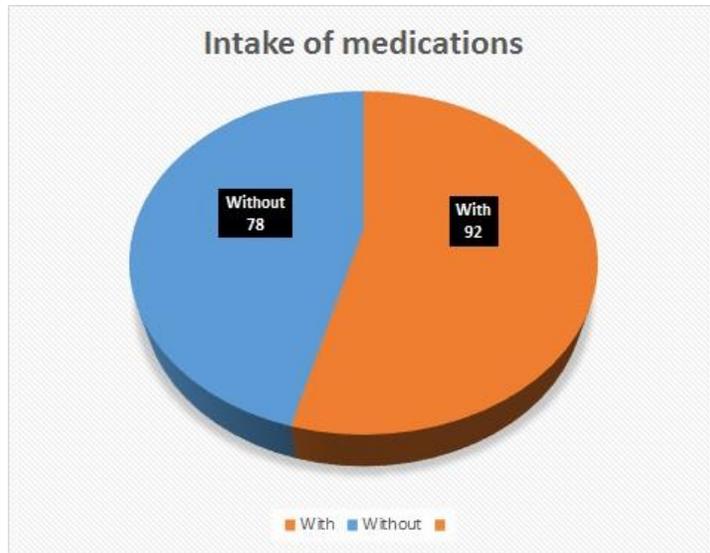


Figure 3

Results were classified on a scale from 1 – 5 as follows: 1 – no improvement, 2 – poor improvement, 3 – temporary improvement, 4 – very good improvement with mild, incidental signs of anxiety left, 5 – complete recovery.

Bowen procedures were applied every 4 – 7 days. The average amount of sessions per baby is 2,44. The majority of the researched babies have received 1 – 3 sessions. However, some babies (although less than 1/5th) needed four, five or six sessions (fig.4).

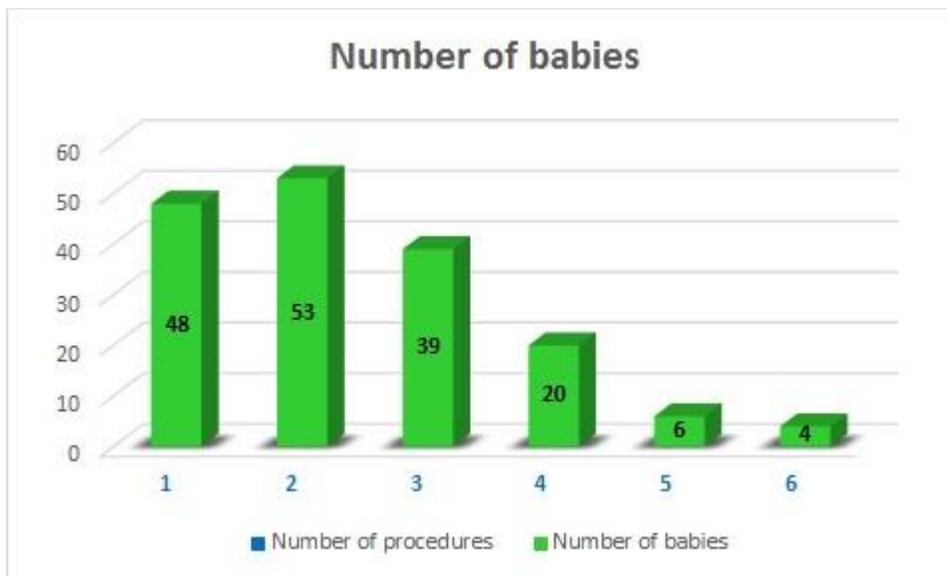


Figure 4

In addition to the Baby Bowen Procedure other procedures were applied where necessary. Among these the most often used were the BRM 3 moves, Colon and Psoas moves. These were usually applied on the third or following sessions where indicated.

As a result of the applied Bowenwork a complete recovery was achieved with 63% of the babies, 24% responded with very good improvement with mild, incidental signs of anxiety left (not the typical symptoms of colic), 7% responded with temporary improvement (colic disappeared or significantly diminished for two or three days and then reappeared) and 6% responded with poor or no improvement (fig.5).

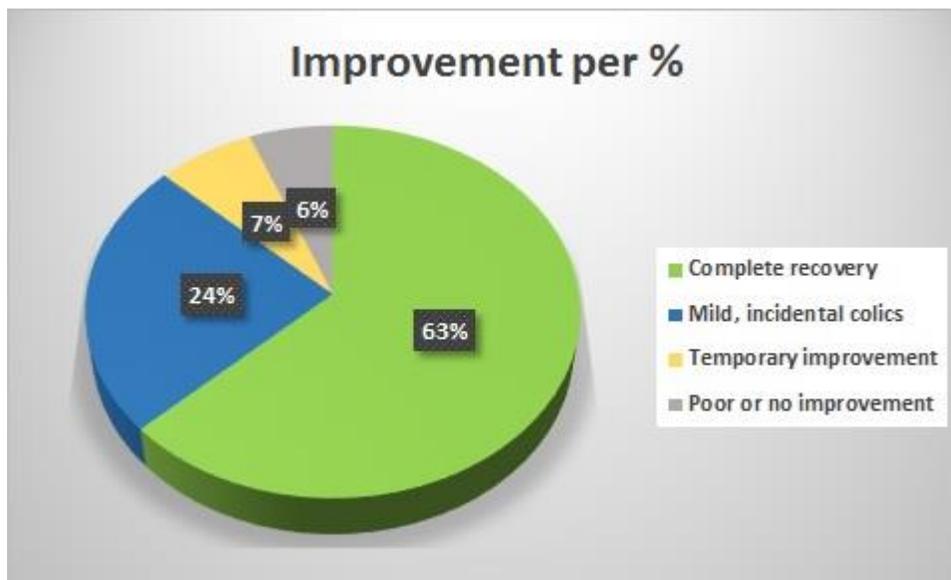


Figure 5

The conventional treatment with medications prescribed by a pediatrician is the most common in the western world when it comes to baby colic. We had cases where our results were in doubt because Bowen treatments were applied parallel to anti-colic drops prescribed. So taking the intake of medications into consideration is highly important for us as Bowen therapists. It appeared that out of all babies who received complete recovery (grade 5), 51 were on medications and 55 never had any medications. This undoubtedly confirms that the Bowen sessions really work and the therapy is not merely a placebo.

Babies who received a Grade 4 mark had a higher percentage of medication intake: 24 were on medications and 17 without medications. Despite this, they did not resolve their symptoms in full which we ascribe to the larger number of caesarean births in this category.

Of particular interest is the group of non or poor responding babies. They form 6% of the total amount. As clearly shown in Table 1 most of these babies were breastfed (8 out of 11) or born by caesarean (7 out of 11). Out of the three babies on artificial milk, two were born by caesarean. Although 7 out of 11 babies were on medication their colic did not subside.

Mark	1 - 2	3	4	5
Number of babies	11	12	41	106
<i>Natural birth</i>	4	6	16	58
<i>Caesarean</i>	7	6	25	48
<i>Breastfeeding</i>	8	9	35	89
<i>Artificial milk</i>	3	3	6	17
<i>With medications</i>	7	9	24	51
<i>Without medications</i>	4	3	17	55

Table 1

We have different hypotheses for these cases. It is clear that breastfeeding is a major factor in this group of babies. This leads towards the conclusion that the diet of the mother might be the reason for their baby's colic. Surely, what the mother eats has an important role in resolving the baby colic symptoms. Through breastfeeding, signs of fruits, vegetables and other gas forming foods may pass to the baby and lead to gas and/or bloating.

Another factor to consider is the psycho-emotional status of the mother and her surroundings. It is difficult to have a nice calm baby with a disturbed and unhappy mother.

C-section born babies also tend to experience prolonged and more difficult to resolve colic symptoms. Different factors contribute to the persistence of their symptoms. These babies do not pass through the birth canal thus being denied the opportunity to gather useful vaginal and rectal bacteria which afterwards helps them form a more healthy diversity of their own gastro-intestinal bacterial flora.

It is also known that the full myelination of the vagus nerve finishes not until the last two to three weeks before birth. Caesarean born babies, especially those born before due date experience lack of myelination of the vagus nerve thus having less than optimal innervation of the gastro-intestinal system.

There may be also other factors contributing to these non-responding babies which we have not taken into account.

The group in Grade 3 also have interesting data. 9 out of 12 babies here were breastfed. Although 9 out of 12 were on medications their symptoms didn't change permanently. This once again confirms the importance of the mother's diet.

CONCLUSION

The Bowen technique can successfully be applied for treatment of baby colic. There are no side effects or contraindications. A complete recovery or a significant improvement is observed in a vast majority of babies. Usually, one to three sessions are enough to help colic symptoms settle or disappear.

It was proven that breastfeeding significantly influences the persistence of the symptoms when it comes to diet and emotional status. It was also found that caesarean born babies are predisposed to prolonged colic and might need longer treatment.

Our data does not show that the intake of medications resulted in a better recovery rate and faster resolution of colic.

We highly recommend the Bowen Technique as a primary treatment method for Baby colic.