

Dehydration and Damage

The horses' soft tissue is surrounded by fascia, which is found around muscle tissue and can be seen between different muscle groups. Fascia is, in part, made up of collagen fibres and a gelatinous (sticky) substance that provides the 'slip or movement' between individual muscle fibres and muscle groups.

When a muscle becomes dehydrated through stress, overwork or injury, the fascia has a tendency to become thick and sticky and 'glues down' onto the muscles. This action prevents the muscles from slipping over each other efficiently, causing loss of function, muscular pain and possibly further injury. Once the fascia becomes glued, the flow of nutrients within that part of the body is also restricted, and waste products - such as lactic acid - are not effectively removed, resulting in an accumulation of toxins in the tissue at this point.

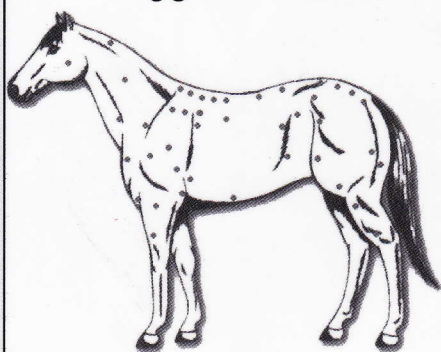
This process commonly causes trigger points, which are hypersensitive points within the soft tissue, be it muscle, ligament or tendon. They usually form as a result of a small area of muscle or other soft tissue being damaged or going into spasm, and these areas become saturated with substances such as lactic acid. Active trigger points, which are usually very sensitive to touch, can restrict the range of movement of any of the horse's muscles because they cause pain - especially when the muscle is contracting.

Trigger Points

To understand how trigger points become active, it is necessary to look at how muscles work. Muscles generally have an origin, an insertion and a belly. The origin is the anchor point of a muscle, which is usually, but not always, attached to a fairly fixed skeletal structure - the pelvis, for example. The insertion (other end) usually attaches to a more moveable skeletal structure, such as the femur. The belly of the muscle is the elastic portion between these two points.

Muscles work by contraction (shortening) and release (lengthening). When a movement of a body part is made, it is rarely due to the action of just one muscle or group of muscles. There will nearly always be an opposing muscle or set of muscles working in co-operation. For example, on a human, when all of the muscles on the front of the thigh contract and pull the lower leg straight into extension, all the muscles on the back of the thigh need to relax to allow this to occur. When the range of motion of the horse's muscle or muscles is pushed beyond their normal limits from injury, trauma or over exertion, micro (small) or macro (larger) tears in the tissue tend to occur - nearly always closer to the origin than the insertion. The body attempts to heal this injury site by laying down a series of collagen fibres. This area of tissue then becomes thickened and the blood flow in and out of the tissue

Trigger Points



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The Bowen 'moves', performed in a sequence over the body or problem area, encompass acupuncture/acupressure points, trigger points and the meridian system

is reduced, leading to dehydration. The end result is a tiny area that has scarred and goes into spasm - forming a trigger point.

These trigger points can become extremely painful, causing the horse's body to not use that muscle in its full range of motion in order to protect the tissue from further injury. Other muscles may attempt to take up the work of the injured muscle/s, however not being designed for this new use, they too will begin to experience trauma if forced to stay in this position for too long.

Trigger points are nearly always found on similar locations on each horse. By applying Bowen Therapy to these dehydrated, or damaged areas of tissue, the aim is to 'kick start' the healing process by encouraging fluid to re-enter the affected site. Once this has been achieved and tissue repair is underway, the body's muscles can once again begin to perform their correct functions.

It must be emphasised that although Bowen Therapy can be performed on trigger points, it is not trigger point therapy. This is a different treatment in itself.

THE TREATMENT PROCESS

Equine Bowen Therapy should always be carried out in an open area to ensure the horse is as comfortable and relaxed as possible, and to allow the therapist to move freely and safely. A large day yard or roomy breeze way is also adequate. Cross-tying or confining to a small area can have an unsettling effect on the horse, in turn activating the fight/flight/fright mechanism. An increased amount of adrenaline then pumps through the horse's body, which is obviously counter-productive in achieving the relaxed state needed for Bowen Therapy to have maximum effect.

The initial consultation will always take more time due to the importance of thoroughly assessing the horse and formulating a treatment plan, so allow up to an hour for this. Subsequent treatments usually take a lot less time, depending on the work required.

An added benefit of Bowen Therapy is that a competent, fully trained therapist can also address any problems the rider may have, as these may be influencing the horse's complaint. Often an uneven pelvis, shortened leg length, lower back problem, slightly rotated shoulder or other problems associated with the rider will have a marked bearing on where the pain or problem area shows up on the horse. Therefore, to successfully treat most horses, the rider should also be treated.

Bowen Therapy is a relatively gentle technique,

however when working on muscles - especially those holding very active trigger points - it is unavoidable not to cause some momentary sensations of discomfort or pain. Horses generally accept the treatment very well and often the subsequent sessions see them 'leaning into the moves' as if they are enjoying the sensation.

This complementary health option is definitely around to stay and is continually evolving as further research is carried out by some of the leading registered equine Bowen Therapists here in Australia.

About the Authors

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After training in Bowen Therapy for humans in 1992, Brian Smart recognised its potential as a treatment for horses, and along with Tom Kelman, developed Smart Bowen for horses. After extensive testing, a training program for the technique was established in 1999. Lea Porter, a veterinary nurse, and Juliette Green attended the first courses, and along with Brian, the two have since used the technique extensively with considerable success. See them at Equitana Booth 411

