

R E S E A R C H P A P E R

***Topic: An Examination of the
Bowen Bunion Treatment***

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AN EXAMINATION OF THE BOWEN I BUNION TREATMENT

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INTRODUCTION

As a Community Nurse one of my goals is to keep people, especially the elderly, safely and painlessly on their feet. As painful feet are not conducive to happiness, wellbeing or successful mobility, and may *even* precipitate falls, this means addressing the needs of those who suffer from painful, swollen bunions.

DEFINITION

Bunion is a term used by the public to describe deformed forefoot. Actually, the bunion is a painful swelling which develops over a hallux abductovalgus bone deformity of the big toe. The skin and soft tissue over the bony protuberances are subjected to rubbing and pressure, usually from shoes. See Figure 1.

L - I- Foot union

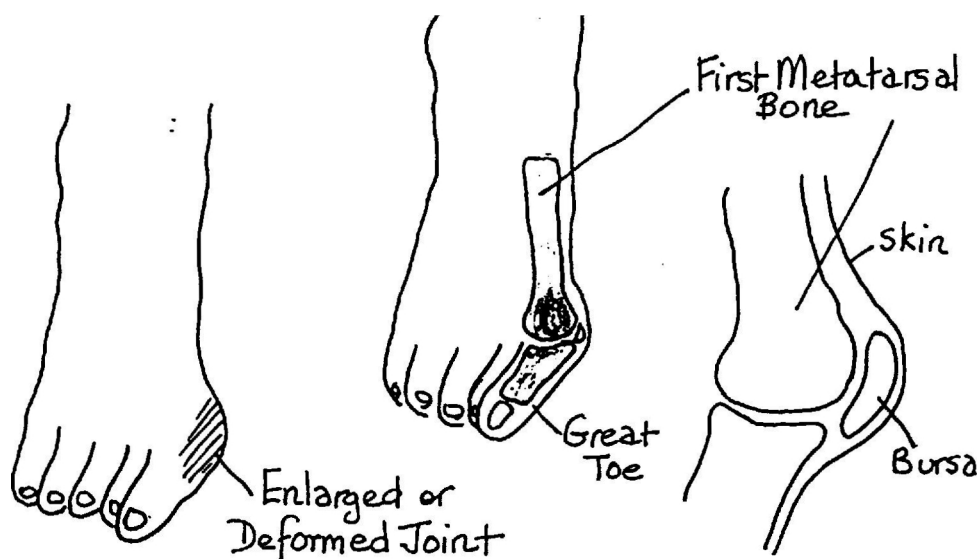


Figure 1 - Bunion's Underlying Anatomy

The actual hallux abductovalgus bony deformity has been said to be an inherited characteristic. It may also be due to a muscle imbalance, or lax ligaments, which pull the bones out of alignment. Other causes are fashion shoes (pointy toes and high heels), obesity and overloading, rheumatoid arthritis and injury.

Once the bones are displaced, the condition can gradually worsen as the pressure, imbalance or trauma continues.

The hallux abductovalgus bony deformity can be surgically corrected if the overlying bunion becomes too painful to endure. See Figure 2.

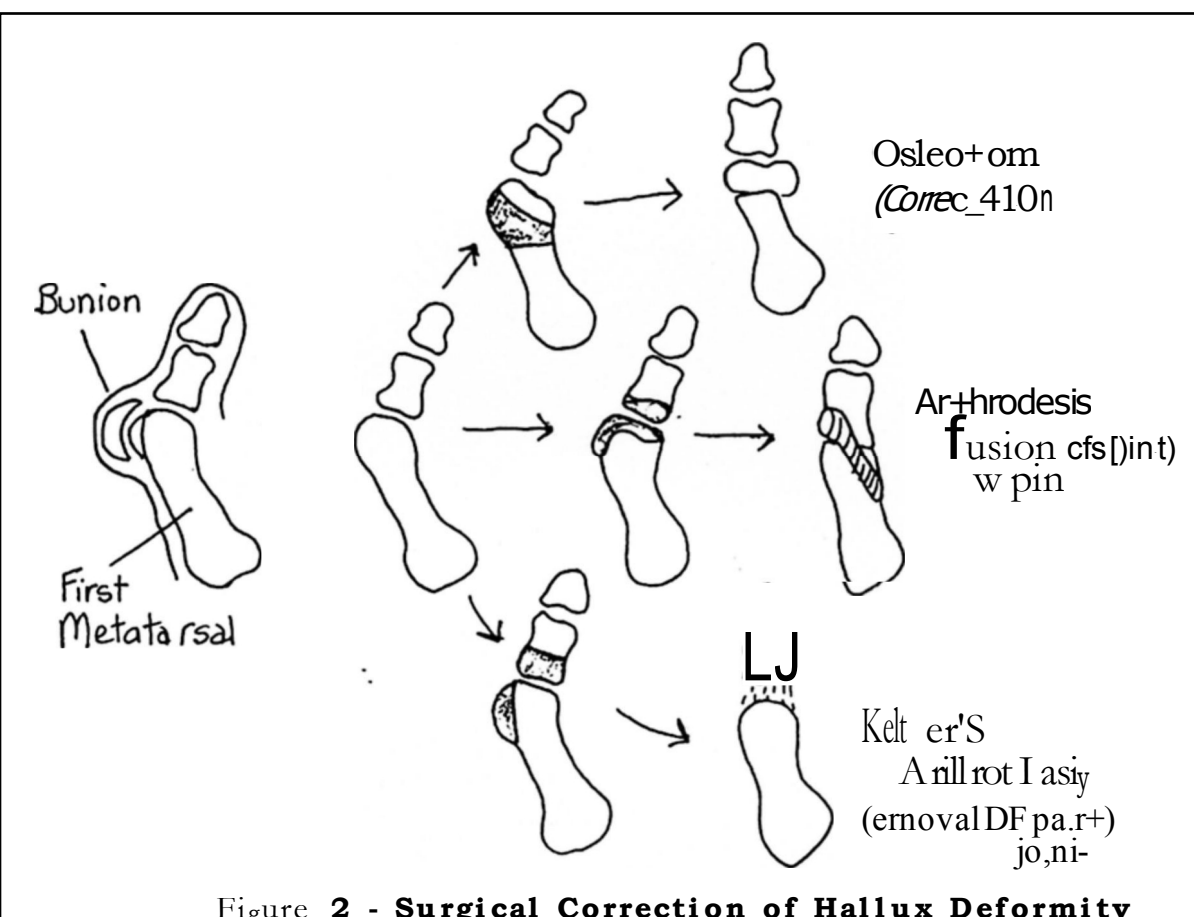


Figure 2 - Surgical Correction of Hallux Deformity

A bunion is actually bursitis or inflammation of the bursa of the medial aspect of the first metatarsal joint.

Bunion bursitis may be caused by trauma or infection or both. Often infection can follow trauma especially in the at-risk client such as the diabetic, who often has compromised sensation in the lower extremities.

Traumatic bunions are caused by rubbing and pressure from the shoes. This causes the fluid cushion (bursa) beneath the skin protecting the joint to swell, and pain results. If the rubbing and pressure continues, the bursa may burst, and the fluid leak into the tissues. A fistula or sinus can then develop and track outward to the skin surface or inward to the joint. Outward discharge from the fistula results in a discharging bunion which may turn into an ulcer. See Figure 3.

Infected bunions can result from the invasion of the wound by microorganisms, or after a procedure, such as debridgement of the callus or enucleation of the thickened skin from the bunion.

Obviously, the tissues of the bunion can recover if the rubbing and pressure stops, and the area is protected from further injury by the use of padding, shields and wide-fronted shoes. It is also known that reabsorption of excess fluid and swelling within the bursal sac can be accelerated by the application of heat.

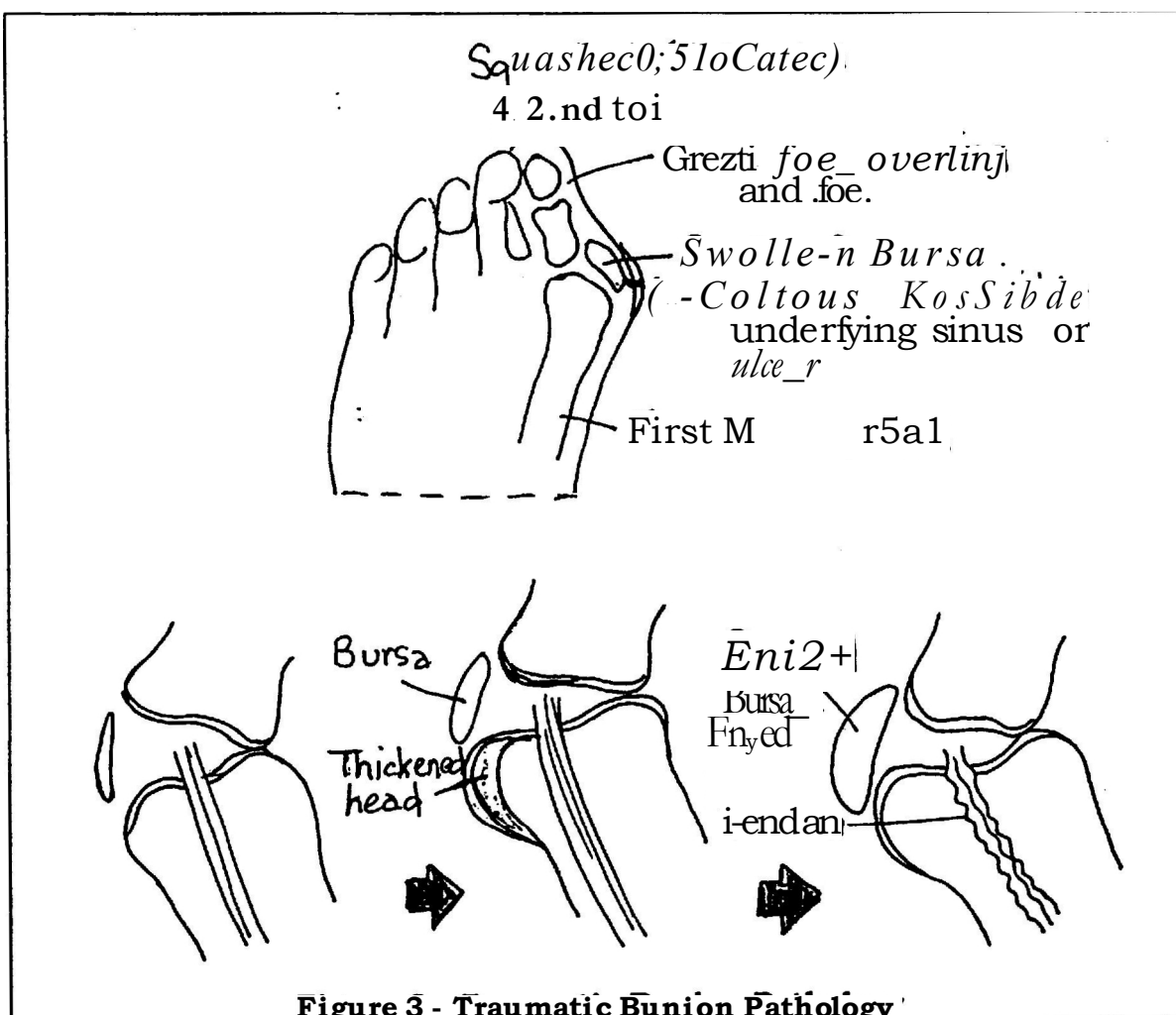


Figure 3 - Traumatic Bunion Pathology

THE BOWEN BUNION TREATMENT

This treatment was recommended by Tom Bowen, who developed the Bowen Technique of relaxation muscle mobilization in Australia earlier this century.

Treatment was carried out by clients in their own home.

The treatment instructions were:

- 1 Mix two tablespoons of Epsom Salts in a bowl of hot water.
- 2 Soak your bunions in this for 20-30 minutes.
- 3 Dry feet, then rub a smear of Iodex into the bunion area.
- 4 Do this every night.

The Bowen Bunion Treatment was claimed to reduce bunion size over a period of months to the point where clients complained their shoes were too loose. (Derrick Edmonds 1997)

Obviously the soaking of the feet in hot water applies heat to the bunion, which has already been identified as a means whereby absorption of excess fluid from the swollen bursa may be accelerated.

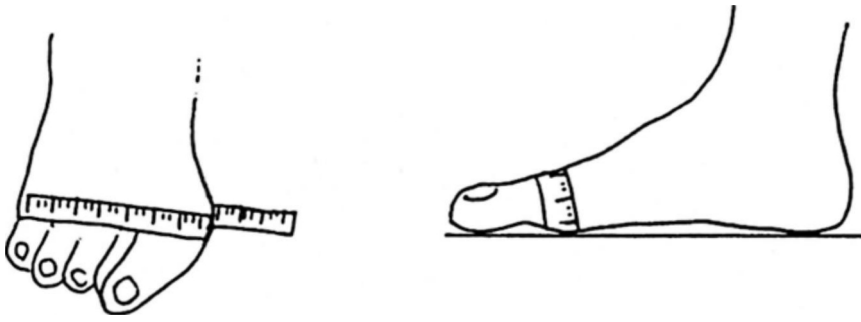
Iodex with Methyl Salicylate is indicated in the Non Prescription Products Guide, 1987, for "bruises, strains and sprains, chilblains when skin is intact, and arthritis". Other uses include "neuritis, myalgia, and some parasitic skin infections. Iodex with Methyl Salicylate is for use when the skin is unbroken. If massaged into the bruise and surrounding area, it quickly reduces the pain and discomfort. Iodex with Methyl Salicylate massaged into the skin increases local circulation, and helps to maintain muscle tone."

Epsom Salts (Magnesium Sulphate BP) by Faulding is indicated on the packet for "hot, tired feet and as an aid to the relief of sore joints. Hot tired feet are eased by bathing in a basin of hot water to which one tablespoon of Epsom Salts has been added."

The Trial

Four elderly clients, all with bilateral intact bunions, and no known allergy or sensitivity to Iodine volunteered to trial the Bowen Treatment. Detailed instructions were given, along with a calendar to mark off treatments as they were carried out.

Regular monthly bunion girth measurements were taken by the same person using standardised paper measuring tape. See Figure 4. -



- * Clients were asked to stand and weight-bear on their feet on a firm/hard surface (not carpet) for measurement.
- * Variation in pressure changed the measurement by + or - 2mm.

Figure 4 - Bunion Measurement Technique

RESULTS AND DISCUSSION

The Bowen Bunion Treatment was well accepted by the clients. Compliance with treatment was enhanced by the immediate relaxing effect of the soaking of the feet acknowledged by all participants, with one indicating that she regularly went to sleep during the soaking procedure. See Figure 5

	CLIENT 1	CLIENT 2	CLIENT 3	CLIENT 4
Number of treatments attended	77	85	77	102
Number of treatments possible	83	90	94	103
Compliance with treatment	92.8%	94.5%	81.9%	99%

Figure 5 - Compliance with Treatment

All clients reported a reduction in pain or throbbing, mostly within a few days of commencing treatment. Clients 1 and 2 used Iodex with 5% Methyl Salicylate while Clients 3 and 4 used Iodex with 10% Methyl Salicylate.

All clients had an initial reduction in bunion girth, with the maximum reduction occurring within an average of 58 days of the commencement of treatment. See Figure 6.

	CLIENT 1		CLIENT 2		CLIENT 3		CLIENT 4	
	L	R	L	R	L	R	L	R
Pre-trial measurement	246	240	240	243	265	254	241	223
trial measure (1) difference from start	240	240	234	238	260	251	240	230
	-6	0	-6	-5	-5	-3	-1	+2
@ day	28	28	21	21	28	28	28	28
trial measure (2) difference from Start	235	232	233	241	250	250	231	223
	-11	-8	-7	-2	-15	-4	-10	-5
@ day	55	55	68	68	54	54	61	61
trial measure (3) difference from start	237	235	238	240	257	246	223	224
	-9	-5	-2	-3	-8	-8	-18	-4
@ Day	83	83	90	90	94	94	103	103
Girth measurements are in millimetres								
Figure 6 Trial Measurements								

The maximum girth loss for each client is documented in Figure 7. The greatest girth reduction was 18mm for Client 4. Client 3 reported that her shoes became too Loose, and subsequently after trial measure (2) bought and wore new shoes. The bunion girth then increased for her left foot after she began wearing these new shoes, suggesting trauma was causing a recurrence of the bursitis. Interestingly, she said the bunion was only sore while she was wearing the new shoes.

	CLIENT 1		CLIENT 2		CLIENT 3		CLIENT 4	
	L	R	L	R	L	R	L	R
Pre-trial measurement	246	240	240	243	265	254	241	228
Time of Measure (days)	55	55	68	21	54	94	61	61
Actual Measure	235	232	233	238	250	246	223	223
Maximum loss	11mm	8mm	7mm	5mm	15mm	8mm	11mm	5mm
Figure 7 Days from Start & Maximum Loss								

Why did some of the girth measures increase after the initial decrease?

I suspect this was partly due to clients becoming more mobile due to reduced pain and throbbing of the bunions. Two clients indicated they had changed their footwear, and were wearing tighter shoes which they were unable to wear previously.

These factors could have caused increased trauma and pressure to the bursae resulting in swelling.

No clients reported an increase, or return of pain, except with the wearing of new shoes, or after the cessation of treatment.

All clients were surprised when the bunion girth began increasing during the trial as they believed that their bunions were still shrinking.

CONCLUSIONS AND RECOMMENDATIONS

There seems to be little doubt in the effectiveness of the Bowen Bunion Treatment in significantly reducing the swelling and pain associated with bursitis of the medial aspect of the first metatarsal joint in hallux abductovalgus in the four clients studied.

The treatment was well tolerated, and there was a high percentage of compliance over a period of months.

There was no apparent difference in the effect of the different lodex preparations.

Clients reported pleasure and relief in the improvement in the condition of their bunions, and were therefore motivated to continue the treatment, even after the completion of the trial. Three clients are continuing with the treatment 12 months after the Trial, with ongoing relief. Two use it in response to pain. One is using the treatment every second night, (Client 4) and the great toe is now freely mobile and can be aligned normally.

It seems that following the Bowen Bunion Treatment, in order to MAINTAIN the best condition of the deformity, preventative and protective measures need to be implemented.

Any plan to manage bunions long-term should include:

- 1 Management of any trauma, pressure or infection
- 2 Pain relief
- 3 Measures to reduce the size of the bunion
- 4 Padding or strapping to reduce the valgus deformity, and hence reduce pressure of the shoe on the bunion (see Figure 8).
- 5 Massage and mobilisation of the muscles and joints of the feet to reduce muscle imbalance.
- 6 Regular foot inspection and care to debride callus, and maintain skin and nails in optimum condition.
- 7 Modification of shoes to prevent excessive pressure on the deformity - eg extra wide-fronted shoes.

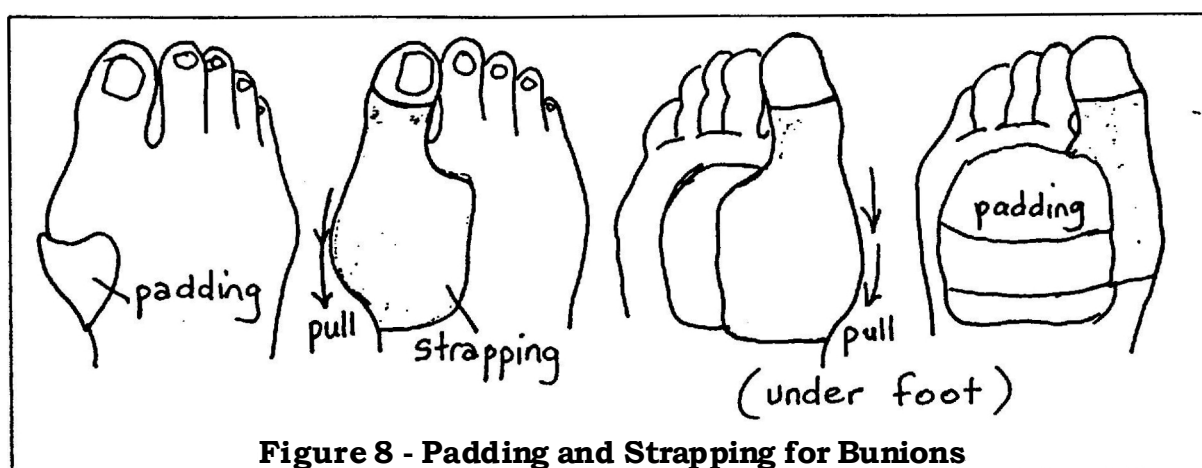


Figure 8 - Padding and Strapping for Bunions

The other option is to look at the **prevention** of the development of the **hallux abductovalgus deformity**, and resultant buttion, in the **following ways**:

- 1 **Young children and adults** without loss of sensation **in their feet should be encouraged** to walk bare-footed as much **possible, to exercise and tone the muscles and ligaments of the feet.**
- 2 **Shoes when worn** should have a solid **heel counter, a non-slip sole, and be firmly strapped** to the feet (see Figure 9).
- 3 High-heeled and pointed-toed shoes should be avoided.
- 4 A professional opinion should be sought early to prescribe orthoses or strapping when any pressure areas develop on **the feet - indicated by callus, thickened skin or pain**, including back pain.
- 5 Muscles and ligaments can be strengthened and balanced with exercises and tissue mobilisation techniques like massage or Bowen technique.

With attention to good footwear, and the healthy exercise of foot muscles, many problems such as hallux abductovalgus and bunions can be avoided **and** mobility and client independence maintained into old age.

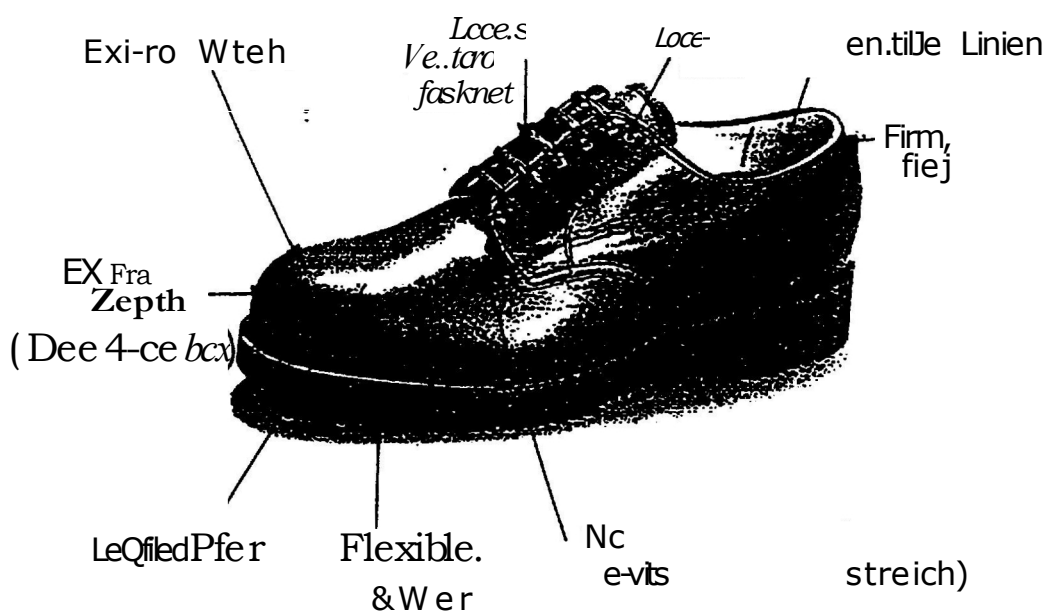


Figure 9 - The Ideal Shoe

FURTHER READING / CONTACTS / BIBLIOGRAPHY

**Australian Podiatrist Association, Suite 20/450 Elizabeth Street, Surry Hills
NSW 2010, Phone (02) 9698 3751, Fax (02) 9698 7116, E-Mail:
apoda@apodansw.ora.au**

**Bowen Therapy Academy of Australia, PO Box 733, Hamilton VIC 3300, Phone
(03) 5572 3000, Fax (03) 5572 3144, EMail: bowtecheh40.gone.net.au.**

Cailliet, M D Foot and Ankle Pain 3rd Edition F A Davis Philadelphia USA 1997.

**Edmonds, Derrick, Bowen Instructor, Central School of Tactile Therapies,
Bendigo VIC, Phone: 03 5572 3144**

Footcare for Nurses Lamp, Volume 54 Number 3 April 1997.

**Lorimer, D (ed) 1993 Neals Common Foot Disorders 4th Edition, Churchill
Livingstone 1993.**

**Quirk, R Foot Disorders in the Elderly Modern Medicine of Australia, November
1991.**

ANNEXURES

*** Formula for Iodex with Methyl Salicylate**

Note: Iodex Ja no longer available at Pharmacies

Mix together in a glass heatproof dish (with lid)

4g Iodine BP (granules)

5ml Methyl Salicylate BP

Available from Pharmacies

90g Petroleum jelly (eg vaseline)

Cover with lid

Heat in microwave until melted

Mix when melted mix and heat in turn until all the Iodine granules have dissolved.

Note: AVOID breathing the fumes and avoid the fumes making contact with your eyes as you lift the lid and/or stir the mixture.

Finished product looks like Vegemite

Pour into AMBER glass jars when about to set. Close lid.

AMBER GLASS JARS can be obtained from:

Cospak International Pty Ltd
161-187 Woodville Road
VILLAWOOD NSW 2163

Telephone: 02 97268000

WHAT TO LOOK FOR IN SHOES

1. The shoe should ideally be leather, deep, and wide enough to accommodate the foot. A rounded toe is preferable. No moccasin styles as they are very shallow. They are also heavily stitched, beware of any seaming on shoes as it does not stretch.
2. The counter or the back of the shoe should be firm, in other words it should not be able to be pushed down easily.
3. The shoe should have laces or velcro fasteners. People with neuropathy have trouble keeping shoes on their feet.
4. The sole should be made of rubber and approximately 1cm thick. The shoe should also flex when it is bent into the walking position. Shoes that have leather or artificial soles offer no protection from the pressures exerted when walking.
5. The lining should be smooth and have no rough seams. Put your hand in and feel the lining of the shoe.
6. If your patient cannot afford the ideal shoe ask them to look for a cheap runner that has the features mentioned above: The runner should preferably be leather but a combination of vinyl and cloth is okay. This is usually 100% better than what they have been wearing.
7. Patients need to purchase shoes in the afternoon when their feet are most swollen, if they fit then they will fit in the morning.
8. Patients should never wear new shoes all day. Instruct them to take the shoe home, wear them around the house for about 20 - 30mins, then take them off. They should then examine their feet, looking for any red marks, abrasions etc. If there is a problem they should either have the shoes stretched or return them and purchase another pair.
9. Never wear open sandals, flip on shoes or thongs.
10. Never wear shoes without socks or stockings.
11. Use a shoe horn to put shoes on.
12. Patients should always check inside their shoes before wearing them for any rolled or damaged lining or any foreign objects.
13. Slippers that are warm, and have a rubber sole are ideal. We recommend sheepskin slippers or boots to our patients.

VA I I tNT INSTRUCTIONS



**G R A T E R
M U R R U B I D G E
H E A L T H S E R V I C E**

PoerrAi. Aoo w zäum
Locx.zo MAIL DAC 10
WAG aw WAG GA
NSW 2650

75 IoNNSroN STREET
WACGA WAC CA

Pr(oNc: (069) 21 5588
FAX: (069) 21 5856

1. Mix 2 tablespoons Epsom Salts in a bowl of hot water.
2. Soak your bunion(s) in this for 20-30 minutes.
3. Dry feet, then rub a smear of IODEX into the bunion area.

4. Do this every night

5. Mark each treatment off on the calendar supplied.

YOUR FEET WILL BE ASSESSED MONTHLY TO CHECK FOR ANY CHANGES

IF YOU HAVE ANY PROBLEMS AT ANY TIME WITH THE TREATMENT, PLEASE PHONE ME OR YOUR DOCTOR.

Barb Lambeth
(02)69 544297

AUGUST 1997

S	M	T	W	T	F	S
31						1 2
3	4	5	6	7	8	9
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SEPTEMBER 1997

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CLIENT'S
NAME: _____

BUNION TRIAL - BUNION GIRTH MEASUREMENTS

1 *Pre-treatment*

Date _____
Time _____

(a) Girth Measure _____

2 @ 1 month No. Rx given = (_____)

Date _____
Time _____

(b) Girth Measure _____

3 @ 2 months No. Rx given = (_____)

Date _____
Time _____

(c) Girth Measure _____

4 @ 3 months No. Rx given = (_____)

Date _____
Time _____

(d) Girth Measure _____

5 @ 4 months No. Rx given = (_____)

Date _____
Time _____

(e) Girth Measure _____

6 Trial Completion No. Rx given = (_____)

Date _____
Time _____

(f) Girth Measure _____

Difference between pre Rx and Trial Completion measure = (a) - (f)