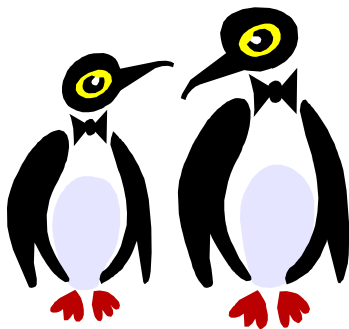


Mothers Against
Misuse and Abuse
5217 SE 28th Avenue
Portland, OR 97202

Winter 2008



Newsletter



Join **MAMA** Today

MAMA has existed since 1982 with the support of members, who generously contributed funds, goods and their time. We are still dependent on memberships, donations and volunteers to help with our daily operation and to promote MAMA's exceptional, rational approach to drugs.

MAMA is a 501(C)3 organization and all donations are tax deductible.

You may designate MAMA to receive part, or all, of your United Way pledge.

Sign me up for a MAMA Annual Membership

- Basic:** \$25
- Supporting:** \$50
- Sustaining:** \$120 (only \$10/month)
- Benefactor:** \$500

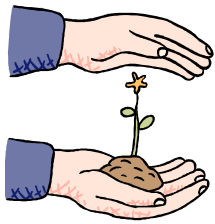
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Receive \$5 off MAMA classes and services.



"Grow where you are planted...."

This has been a tremendous year of growth for the clinic. With MAMA's horizons expanding and our team growing, I am very excited for the year that lies ahead. Many new patients are registering in the OMMP, totaling almost 18,000 now.

The MAMA Office has been a busy place lately, with weekly clinics, almost daily classes, potlucks and other social gatherings. These events allow our patient community to meet and collectively plot a course through the complexities of the Program.

MAMA is very happy to announce that in February we will be expanding our clinic services to Central Oregon, offering monthly doctor consultations and OMMP orientation in Bend! The setting is in a beautiful clinic, which took us a while to find. MAMA is eager to provide the same services we offer in Portland, in a similar setting with familiar faces.

Currently, we are scheduling appointments for Saturday clinics in Bend. In the future we intend to add a social meeting on the clinic weekends, to allow the networking and exchange of ideas that are fundamental for this patient community to flourish. Please call 503-233-4202 for more details.

Over the past three years the clinic has rooted and grown into a comforting place where we can meet, discuss, learn and develop. Whether it's learning the art of self-sufficiency or perfecting a preparation method, the classes are the quickest route for patients to feel the imbedded independence that the OMMP offers. As more volunteers step up to help, we anticipate expanding the types of classes that we offer. Watch for the return of "Growing in Small Spaces" to our curriculum. All the classes require registration and fill up fast. For further details please check the website or call the office. Can you teach a class?

The New Year will be eventful, as MAMA introduces a new location in Gresham for social events that will meet the needed room for our expanding assembly. I'm looking forward to Cardholders' Game Night on January 18th. I picture many happy faces and poor Charles being stuck with out a GO card (Milles Borne anyone?). I'm sure the lovers of pinochle, hearts, cribbage or rummy will find others eager for a game. The opportunities for friendship that arise from these events are my favorite part of the "job."

At the MAMA conference in October, we realized that we have access to a vast resource of knowledge that needs to be utilized. Consequently, in February we will start our "Speaker of the Month" series, where we will provide monthly an opportunity for highly qualified speakers to make a presentation, have a question and answer period and time to visit with attendees. Check our calendar for speakers and dates.

I hope everyone takes the time to be a part of our community, whether it's attending a class or social event, volunteering, donating clones or medicine, or just as importantly, striving for self-sufficiency. The past three years have been the most exciting of my life, and I've got a feeling the year ahead will top them all.

Grow with us. - Daniel

MAMA's WISH LIST

Flat screen monitor

Coat rack

Garbage can with lid

End tables

Free standing shelves

Artificial plants

Folding screens

Tincture dropper bottles

Comfortable chairs in good condition

MAMA makes good use of items people have, but no longer need or want.

WORK PARTY

As the winter weather has set in we have some work to do in our backyard, such as the hauling of debris and plant maintenance.

If you are interested in helping, please call 503-233-4202

OMMP ALERT

There are imminent threats to OMMP patients that require serious attention. Having lost public opinion, the feds are taking their fight against medical marijuana to employers. WorkDrugFreeOregon would have you believe that they are concerned about workplace safety, but it appears from their actions that it is mostly medical cannabis about which they are concerned. They want the right to use drug test to fire or discipline medical cannabis users if they test positive for cannabis metabolites, who work in dangerous or "safety-sensitive" jobs. We all know that positive tests do NOT mean impairment. True impairment testing does exist. Look on our website to see the attack planned for the OMMP. This issue will be part of the special session in February. Already hearings and negotiations are being conducted at the State Capitol.

The best thing YOU can do is contact YOUR legislators.

Talk to them in person if you can, and if not, write, email or call. They will respond more positively to personal stories told by their constituents.

If the OMMP is important to you, please don't wait to act, or it may be too late.

MAMA Classes

Cost - \$25

** "Harm Reduction Techniques"

Overview of the various techniques of using medicinal cannabis, includes demonstration of a variety of vaporization devices.

Mon - 4 PM
Jan 29th
Feb 11th & 25th

** "Joy of Life", (Making Cuttings)"

Get your fingers in the dirt and learn to make your own healthy rooted clones. Organic, dirt.

Wed - 4 PM
Jan 9th, 16th, & 23rd
Feb 13th, 20th & 27th

** "Cannabis Chocolates"

Learn how to make perfect, melt-in-your-mouth, chocolate truffles, taught by a professional chocolate maker.

This class is a favorite and fills up fast
Fri - 4:20 PM
Jan 24th
Feb 21st



** "Cannabis Preparations"

Learn about making glycerin and alcohol tincture, butter and oil; expand your medicinal uses.

Thurs - 4:20 PM

Jan 31st
Feb 28th

** Classes so marked are for OMMP cardholders only.

Do you need help applying for VA or Social Security Benefits?

Stan Chennault shares his years of personal experience to help others file and pursue Social Security and VA benefits.

He will be available at the MAMA Annex

AT NO CHARGE,
on Tuesdays,

Jan 22nd and Feb 19th
4 to 6 pm

Social Events

IN PROGRESS

MAMA ANNEX - GRESHAM

MAMA's 'Game Night' was held in a new location in Historic Downtown Gresham. It is in a nice area with a park across the street and many fine dining and retail locations, convenient parking and public transportation nearby. As the demand for clinic services grows, we find ourselves needing more space for other activities. We will be developing this LARGE area into our main location for Social and Educational events. We will need lots of help creating a space that we all love, so watch for future developments.



MAMA Pot Luck Lunch

NOON-1:30 MAMA Annex
Friday, February 8th

Great opportunity to visit with old friends and meet new friends.

Bring your favorite dish and join us.

Need a massage?



Whether you want to be gently relaxed or require more intense therapy, we can help.

Call 503-233-4202 to schedule an appointment

Monthly Speakers



We have many educated, resourceful people in our community that are willing to share their knowledge.

Starting in February we will sponsor a monthly speaker, with plenty of time for a question and answer period and socializing.



Alison Holcomb,

with Washington ACLU, will speak on **February 22nd**. Alison's practice emphasizes defense of the rights and property of individuals accused of drug and economic offenses. She

worked on the legal document that quashed the federal subpoena for patient records in Washington and Oregon. This is an great opportunity to learn more about the federal influence on states' rights regarding medical cannabis.



Tony Leger

is the man in the know about the latest medicinal cannabis research. He impressed us so much when he spoke at the MAMA Conference, we've invited him back Friday

March 28th to enlighten us even more and he has accepted..

You'll want to be sure not to miss these presentations.

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**MAMA
Sweetheart
Banquet**
Saturday, February 16th

4:20 to 8 PM

Treat your sweetheart,
or bring a good friend,
to a delicious dinner
in this beautiful river
setting in The Dalles.
Adults Only

\$40 per person

Reservations required by
February 8th



by **Mark Miller**
Drug Information
Specialist

DRUG NEWS

The Interesting Controversy Surrounding Chantix (Varenicline)

I'll fess up that in my early teens and twenties I smoked cigarettes and a pipe while attending college. I quit after three or four years of smoking about a quarter to a half a pack a day. I've always considered myself lucky to have gotten off so easily and attributed it to my relatively 'light' usage. This part of my past has led to a strong curiosity about how nicotine produces addiction and how difficult it is for many individuals to quit. The impact of tobacco products on our society is nothing short of staggering. It is the leading cause of

preventable death in the country today, causing more than 435,000 deaths annually and producing 39 million who are addicted.

So I've followed with great interest the information on Chantix (Pfizer's brand name for the chemical Varenicline) since its release as a smoking cessation therapy in March of 2006. This drug illustrates some of the amazing dynamics that take place today when a drug, which produces both beneficial and dangerous effects, is released with great fanfare and publicity.

As often happens in many in these instances, the impact is personal, since I have very good friends who benefited immensely from their use of Chantix in breaking heavy nicotine usage that stretched back decades.

How does Nicotine work and what does Varenicline do to change this? Nicotine works on nervous systems in the body that use the chemicals dopamine and acetylcholine as transmitting agents between nerves. Some of the nervous systems using these chemicals control essential functions (heart rate, breathing, blood pressure) and are also found in other areas of the brain, including those that involve alertness and pleasurable sensations.

When Nicotine arrives at these brain sites, it increases the amount of dopamine that is released to activate these nerves. All this occurs rapidly during smoking, with users achieving a burst of dopamine release at these sites within 8 to 10 seconds of smoking, which is usually perceived as a pleasurable burst of alertness and mild euphoria. Other effects occur as well at other nervous systems, resulting in changes in heart rate, blood pressure and respiration.

What Varenicline does to change this process? It is a partial agonist, meaning that Varenicline also has structural similarities to dopamine and nicotine and is capable of occupying the same sites in brain centers that Nicotine would. It is claimed that Varenicline releases on average about one half of the dopamine that nicotine would have at these brain sites.

After 4-5 days of continuous use of Varenicline, sufficient quantities occupy the sites on which Nicotine would normally produce effects. When Nicotine is then used and arrives at these nerves, it finds the sites already occupied by Varenicline and is unable to produce activity. So the smoker finds Nicotine produces virtually no effects – and thus no reward – for using. Success experienced by smokers

is usually after one to three months of taking Varenicline tablets. For those who have experienced success with Varenicline, it is nothing short of a transforming experience in which Nicotine is simply no longer desired.

Pfizer's large publicity during the release of its' product, and it's current extensive advertising campaign on television have not been without it's critics. Specifically critics (including Public Citizens Health Research Group worstpills.org) have cited Pfizer's changing statements on effectiveness of the drug, the company's initial attempts to give the drug a different name, and inadequate FDA review before approval.

Initially Pfizer had publicly stated that its research indicated a 20% success rate of one in five users quitting smoking for one year. Later public marketing campaigns promoted a 44% success rate at 12 weeks. In addition when Pfizer first released the drug it wanted the name Champix. The FDA rejected the name, citing in terms of promotion that, "it is overly fanciful and overstates the efficacy of the product". Thus Pfizer chose the name Chantix. Interestingly the European equivalent of the FDA, the European Medicines Agency (EMA) allowed the name Champix.

More importantly critics have noted those stopping Varenicline use experienced problems similar to those after Nicotine patch use. Significant numbers of users were having difficulty adjusting to the chemically enhanced dopamine levels that Varenicline was producing and were experiencing some degree of back-end withdrawal. These effects were significant enough that half of the individuals in Pfizer's studies, who had reported no nicotine use for 12 weeks, had relapsed to smoking within one year of the study. Pfizer's literature has always noted some patient's might experience side effects of vomiting, nausea, constipation, sleep disturbances and abnormal dreaming. Their information materials have also indicated rare adverse reactions of kidney failure, suicidal thoughts, hallucinations and other psychotic effects.

Within the last year though, reports of patients using Varenicline having suicidal thoughts and making attempts to kill themselves at higher than normal rates have been reported to the FDA and The European Medicines Agency.

Both agencies note the difficulty in determining if the symptoms are due to Varenicline, since people can become depressed when they stop smoking. Currently the FDA is investigating more than 55 reported suicides and 100 specific psychotic events attributed to Varenicline. The European Medicines Agency has received reports of increased suicidal thoughts and attempts during July, October and November of 2007.

In November of 2007 both the FDA and the European Medicines Agency released independent warnings to physicians to be on the alert for strong depression during treatment with Varenicline. The European Medicines Agency has gone the furthest – requesting the Pfizer change its product information to both physicians and patients.

The proposed changes advise doctors to tell their patients that depression can be a side effect of giving up smoking. Patients, who start to get suicidal thoughts, should immediately stop taking the drug and go see their doctor at once.

Overall, experts agree these reactions appear to be rare, as is the case with many medications. This drug was released with great fanfare and shows great promise for some, but as always, all patients using this drug need to know the signs of potential serious adverse reactions and when to seek help.

Be careful out there....



January

** Cardholders only & Reservations Required

Sun Mon Tue Wed Thu Fri Sat

		1 Office Closed	2 ** Joy of Life	3	4	5
6	7	8 Office Closed	9 ** Joy of Life	10	11	12
<p>Now is the time to for outdoor growers to make arrangements to indoor growers for their springtime babies.</p>						
20	21 ** Harm Reduction Techniques	22 Stan's helping hand	23 ** Joy of Life	24 ** Chocolate Class	25	26
27	28	29	30 ** Joy of Life	31 ** Cannabis Preparations Class		

2008



February

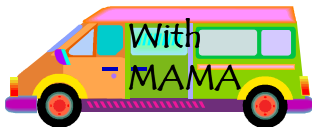
** Cardholders only & Reservations Required

Sun Mon Tue Wed Thu Fri Sat

					1	2
3	4 ** Harm Reduction Techniques	5	6 ** Joy of Life	7	8 Pot Luck Lunch Noon-1:30	9
10	11	12 ** Bubble Hash	13 ** Joy of Life	14	15	16 Sweetheart Banquet
17	18	19 Stan's helping hand	20	21 ** Chocolate Class	22 Speaker of the Month	23
24	25 ** Harm Reduction Techniques	26	27 ** Joy of Life	28 ** Cannabis Preparations Class	29	

2008

Touring Oregon



In Mosier early Monday morning our crew gathered for a group shot in front of the RV that, thanks to Joe Rosenberry, was to be our home for the next three weeks.



From the left: Jennifer Burbank, Alice Ivany, Jack Thomas, Sandee Burbank and David Booth.

Many things have changed since 1983 when I first toured Oregon in an RV. For one thing, my aging body finds it harder to climb in and out. In '83 I left my then 3-year-old daughter, Jennifer, at home with her dad, but this October she joined the MAMA Tour to assist me and the other patients. I was happy to have her help loading and unloading, making beds, cleaning and even making a campfire.

David offered to drive the RV. His sharp physicist mind and love of a challenge kept us up and running with a minimum of hassle. Jack was quick to jump in and help when needed and his good sense of humor was appreciated. Alice was a quick study, good sport and provider of delicious treats. Our first day started in Hood River, where we had an interview with the editor of the Hood River News at 8:30 am. At first he

MAMA'S MESSAGE

All drugs can be dangerous, even cannabis. Talk to your doctor and pharmacist and do additional research to be as safe as possible with all drugs.

seemed slightly disinterested, but by the time we left him, he thanked us for teaching him so much about drugs in general. It was interesting for Alice and Jack to see how quickly education can change a person's attitude.

We left Hood River for The Dalles for the "Coffee Break Show" on KODL, a conservative radio station. The talk show host told of his recent experience with painkillers and he listened carefully to Alice's story regarding her decision to use medical marijuana.

Our next appointment was with the editor of The Dalles Chronicle. It was amazing to watch his attitude change in the 45 minutes we were with him. The story he wrote, as well as other media stories, can be found on our website at <http://mamas.org/media.htm>

We left the newspaper and rushed to the Columbia Gorge Community College for our noon public meeting. After our presentation to the friendly home crowd, we visited briefly, then bid them farewell and drove East to Hermiston. Our interview at the Hermiston Herald was with a friendly reporter and the published story is also on our website. It was getting late in the afternoon, so we had time for a nice dinner, before resuming our journey east for our last presentation of the day at the Blue Mountain Community College in Pendleton. After finding our room, we found a reporter for Pendleton's "East Oregonian" waiting for us. After our presentation, she continued to ask questions and used the answers to write a great article. See 'media' at www.mamas.org

Later that night, after we settled into the nice RV park at the casino, we marveled at our day's experience. On our first day we had traveled about 150 miles, given two public presentations, and had 5 media interviews. Not bad for a day's work and it was only the first day of twenty.

I wish I had the space in this newsletter to tell you of our journey day by day, but you will have to go to our website for the whole story. On Tuesday, Oct 2nd we traveled to Ontario, on the Idaho border, stopping in communities along the way to make presentations, meet with the media and visit interested people. In Ontario we 'slept with the trucks', as there were no RV parks open and the Pilot truck stop was our home for the night. A very interesting experience!

Early Wednesday, we went to the newspaper, then headed for appointments in Burns, Lakeview and Klamath Falls, including an evening presentation at 7 PM. Of course the RV broke down in the location furthest from help. This is when David diagnosed the problem, clogged fuel lines, and he and Jack were able to clear them enough to get us into Burns, where we could get new filters.



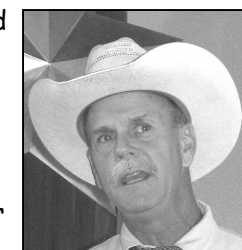
The delay forced us to cancel our dates in Lakeview and Klamath Falls, much to our regret and that of the folks in K. Falls, who expected to meet us for our presentation. We went on into Bend and settled in. In addition to our one-on-one appointments, I was interviewing by phone with many radio stations as we traveled. In Bend we met with a long time friend and fellow reformer, Tristan Reisfar.



Tristan, Sandee, Alice, & Jack

We had a well-attended public meeting in Bend, where we met old friends and made new ones. After interviewing with the media in Bend, Sisters, Redmond and Madras we returned to Mosier late Friday night, with a day off before beginning the next week on the Coast. Starting with an appointment in Clatskanie, we made our way to Astoria and on down HWY 101 to Coos Bay, giving presentations and meeting with the media all along the way. On Thursday we went inland, giving a presentation in Roseburg, Friday in Eugene and Saturday in Grants Pass and meeting with the media. After a Sunday off, we started in Ashland on Monday and worked our way up the I-5 Corridor for the rest of the week.

We were happy to be joined on Friday, Oct 19th by **Howard Wooldridge** of Law Enforcement Against Prohibition (LEAP), who interviewed at 7:30 AM on KBOO in Portland and other stations later in the day.



He also spoke at our conference on October 20th.

In 20 days we traveled the state, gave 18 public presentations, spoke with a majority of the state's media and had many private meetings. We saw that public opinion has changed toward cannabis, not just about medicinal use, but also regarding the access to the many industrial uses of hemp and concern about the cost of adult prohibition and the inherent crime. The impact of almost 18,000 patients has exposed the truth to the lies the government has espoused all these years. People don't trust the government regarding the safety of all drugs. Because of personal experience and documentaries like "Sicko", people are starting to question the status quo and prohibitionist are fighting back. Now more than ever it is important to speak up to protect the OMMP. Tell your personal experience to friends, neighbors, legislators and public officials. Your help is needed so that Truth and Reason can prevail. -Sandee

Using Medical Cannabis to Combat P.T.S.D.

The Oregon Medical Marijuana Program (OMMP) allows no use of medical cannabis for psychological conditions, except 'Agitation due to Alzheimer's Disease'. Yet thousands of patients attest to the effectiveness of cannabis in treating anxiety, depression, insomnia, PTSD and more. Attempts to add psychological conditions have failed, though efforts continue. Below is a story written by the wife of a Vietnam Veteran, who attributes his ability to legally use medical cannabis as an important aspect of their successful marriage. They both believe that cannabis should be available for all those suffering from PTSD.

Access to Medical Cannabis

I have lived for twelve years with a Vietnam Veteran who has been diagnosed by the VA as having a 50% rating for Post Traumatic Stress Disorder (PTSD). I'll call him "Lee" for the purpose of this paper. I was not able to see the full progression of the condition, as much went on in his life between his enlistment in the Marine Corps and the time when we met. When we got together he had a past history of serious drug abuse and four divorces. Thankfully, I missed the druggery years.

Due to inpatient treatment for drug abuse and for PTSD, "Lee" had a better understanding of his behavior and his reasons for some of the painful experiences to which he had subjected himself. Nevertheless, he was far from serene, far from contented, and far from even being happy.

During the course of the next few years, his psychological symptoms increased greatly in some areas, requiring two short stays at the VA psychological unit. Concurrently, a knee condition worsened necessitating surgery on his knee. Both his knees were now extremely painful and it hurt him to walk. His VA doctor had him on 180 mg of morphine sulfate continuous release tablets per day. His knees were still hurting him even with this level of opiate painkiller. In an effort to

alleviate the pain without going to a higher dosage of morphine, he sought an acupuncturist who was able to help lessen his pain a few degrees. However, he was still in great pain. A side effect of the morphine was that he was "doped up" both mentally and physically. Just as his knees began to improve, he would fall (I believe from unsteadiness from the

morphine) and re-injure his knees. He was also horribly crabby, forgetful, self-centered, and miserable. I resolved to divorce him as soon as he was well enough to live on his own because of the negative effect on my own psychological well being.

He was very afraid of using medical marijuana, as he had attended 12-step meetings for several years, and feared that he might have problems with it. The use of morphine was far worse and I, as his wife, supported his decision to try medical marijuana (MMJ). When he got his Oregon patient card and tried MMJ for his condition, we were surprised and gratified to find something that worked. He had used marijuana in the past, but not since drug treatment so we really didn't know, until he had gotten totally legal, if this medicine could help him or not. He was able to completely stop his day-to-day use of morphine, only resorting to it for a day or two if he injured his knee.

As his wife, I can attest to the fact that cannabis not only helps him with knee pain; it helps him with his PTSD condition, which Paxil and Prozac did not. Life greatly improved after he stopped using morphine, but he continues to have PTSD. He is calmer and more easygoing now. PTSD symptoms of agitation, hyper vigilance, and fear all seem to be lessened by the use of MMJ. The husband who had been turning into an ogre was able to get to counseling and face some tough issues and get through them. These were things that I don't think he could have handled nearly so well without the use of MMJ to calm him while he faced some tough facts that had direct bearing on his behavior and reactions to other people.

As far as I am concerned, the use of MMJ at the point that "Lee" began to use it is probably the single strongest reason why we have remained married. - **Anonymous**



Changing Your Habits to Improve Your Health



NUTRITION 101



by Jeanette Paysse, MD

Our society has come to associate food as only a pleasure and have forgotten how it is the original, oldest medicine! No matter what your state of health, EVERYONE can benefit from trying to improve their diet, especially for patients who are dealing with anything from acute symptoms to chronic illnesses and diseases.

In this article I discuss a few different ways for you to incorporate a healthy change into your life to benefit your health. These are what I consider to be some of the simplest yet very beneficial modifications. They do take time and effort, but can often yield outstanding results.

Some of the most common physical complaints I have encountered in my Internal Medicine practice include headache, heartburn, joint pains, constipation, diarrhea, muscle cramps, depression, anxiety, shortness of breath, cough, dizziness, fatigue, weight gain or weight loss; the list continues. Many of these chronic symptoms can be improved or even healed with nutrition, exercise, stress management, and other natural modalities such as acupuncture, massage therapy, and chiropractic care.

I recommend incorporating only one change at a time, and if necessary do it slowly. For example, if you decide to start eating fresh fruits and vegetables daily, start with 1 or 2 servings, and once it feels like routine, add another. If you have any known medical diagnoses, are taking any medications (over-the-counter, prescription, or supplement), or are under medical care please check with a medical provider before incorporating any of these recommendations.

1. **Making healthy eating choices is a required component of building and maintaining a healthy body.** Everyone can benefit from a healthy diet to provide their body with as many nutrients as possible. Each meal or snack is an opportunity for you to make a positive decision that will affect how you feel every day. When making a change to your diet, I recommend trying it for 6 weeks before coming to any conclusions. Once again, check with your medical provider.
2. **Decrease or eliminate dairy products** - Helps constipation, heartburn, asthma, headaches, congestion, and weight gain. Common sources include butter, milk, cheese, yogurt, and ice cream.
3. **Decrease or eliminate red meat and pork** - Same benefits as above.
4. **Limit intake of simple carbohydrates**, especially foods with sugar, corn syrup, and flour. Will help maintain stable blood sugars and control diabetes; may also help headaches, weight gain, heartburn, and more.
5. **Eat organic fruits and vegetables, and naturally raised meats.** Pesticides, fertilizers, antibiotics, and other chemicals may be cancer causing and can contribute to many medical conditions.
6. **Maintain a healthy weight** - Eliminate excess calories by eating 3 small meals daily, limit simple carbohydrates like sugar and flour, and getting regular exercise. I recommend trying to maintain a weight at which you feel good and energized.
7. **Cook your own meals.** Enjoying a meal at home is often less expensive and more gratifying, especially to share with family and friends.
8. **Hydrate with adequate water** - Helps headaches, muscle cramps, fatigue, constipation, dizziness, urinary tract infections, menstrual cramps, and many other symptoms
9. **Decrease or eliminate alcohol intake.** I don't consider the medical benefits to outweigh the side effects of alcohol.

Can 'Bowen Treatment' help you?

By Darleen Sumner



Many times, if not most, a new journey in our life begins so innocently. Mine began when I took my good friend to her Naturopath appointment. Her sciatica pain was so bad she could barely walk. I was amazed when she walked out of the doctor's office with just a mild limp.

She said her Naturopath had given her a "Bowen Treatment." Little did I know that my next question would soon become a question that I myself would be answering many times over; "What is Bowen?" She said she couldn't quite explain it because it isn't like anything else that we know. It isn't like massage, acupuncture, pressure point reflexology, reiki, cranial sacral or any other body treatment.

I was intrigued. After doing some research, I decided to study Bowen. I found it is not derived from any other form of "hands-on" body treatment. The mechanisms of action are not completely understood. However, it is generally agreed that it works primarily through the nervous system on structural, muscular and energetic levels. After a treatment or series of treatments, people's pain either disappears or the intensity of the pain decreases dramatically. It is not a quick or instant fix. It works to get to the root of the health problem. The length of treatment depends upon each person's body.

The treatments are non-evasive and very gentle. Anyone can have Bowen; new-born babies, children, adults, pregnant women and athletes. There are no known side-effects. Most people think after the first few Bowen moves are made that this is too gentle to do anything. However, as the treatment progresses, there is a cumulative effect. At the end of the treatment, most people can feel a change in their body.

Some people's bodies have been in chronic pain for so long that they cannot feel anything for a few treatments. They have had to quit listening to their bodies just to survive daily life. As the healing process begins, they start feeling and listening to their body again.

Bowen is truly a "whole body" treatment. Because the fundamental premise of Bowen is balance and alignment, I see people becoming more aware of how their physical actions and mental thoughts affect the physical state of their entire body. People become more centered in both the physical and emotional. Many comment on having a sense of being more "grounded."

The range of physical ailments it can treat is remarkable; migraines, colitis, back pain, neck pain, sciatic pain, old or new injuries, plantar fasciitis, fibromyalgia, spinal cord issues, sprained ankles, sports injuries, fertility issues, hip alignment, joint pain, arthritis, digestive and urinary tract, COPD, asthma, chronic pain and many, many more.

As I was learning the Bowen moves, I had the opportunity to "practice" on anyone willing to be a "guinea pig." What I saw left me dumbfounded. Serious health conditions at which Western Medicine throws pills, surgery, long treatment plans or no treatment responding to the Bowen moves. I was seeing remarkable healing occurring daily.

One elderly woman had problems with her hips, gout, and life-long varicose veins. Her left knee was swollen from gout and her toes had turned purple. After 2 Bowen Treatments, her hips did not hurt when she walked. Another treatment and her gout disappeared and her toes were less purple. After the fifth treatment, her toes were pink and the varicose veins disappeared. Having had significant protruding varicose veins her entire life; at 82 she was very proud of her new "sexy legs."

A woman with a broken arm, after just 1 treatment, saw her arm straighten 20-30 degrees just overnight.

A 32-year-old yoga instructor had a bulging disc in her neck. She had been unable to sleep lying down for weeks. After three treatments, she could sleep lying down and she could finally resume teaching yoga.

The sooner you get a Bowen Treatment after any injury or accident, the less pain and bruising, if any, you will feel the next day. For example, a 35-year-old woman tripped in her garage and fell hitting her face, elbow and knee on the concrete floor. She immediately got up, did a few quick Bowen moves around the place her face and knee hit the concrete. She forgot to treat her elbow. The next day, she had absolutely no bruises on her face and knees but her elbow was swollen, bruised and painful. She said her cheek should have been black and blue because she hit the concrete floor hard.

I have seen so many people who have tried every form of medical or alternative treatment known to resolve their health issues or chronic pain. Many have been searching for years. Western Medicine told them they would have to live with the pain and there was nothing that could be done. They did not want to get their hopes up because they were so weary from trying one more thing. They are so thankful to have finally found Bowen, which has made an impact on their health issues and pain.

After giving so many Bowen treatments for a vast range of health issues, I can see Bowen being one of the top choices of treatment for many of the physical health problems to which Western medicine prescribes pills, surgeries, or no treatment. The human body, with just a little assistance from Bowen, can repair itself so much more effectively and naturally without intervention from external sources. A sprained ankle is a good example of Bowen vs. Western Medicine.

Western Medicine: Wrap ankle, treat with ice, possible pain pills, and 2-4 weeks for recovery.

Bowen: Not wrapped (depends on how quickly treated from injury), no ice, no pain pills and within 1 hour the swelling will be decreased 80-90%. The ankle may feel slightly sore and the next day a little or no pain, with recovery time about 1-2 weeks. If the treatment is within minutes from the sprain, there will be no swelling, no pain and just a slight twinge the next day. Recovery could be the same day or the next day.

Bowen's impact on health care and people's quality of life is enormous. It is a natural treatment that assists your body's ability to heal itself, plus, in most instances, has much quicker recovery times.

**The MAMA Clinic is now scheduling
for Bowen Treatments
CALL 503-233-4202**