#### Prerequisites: unless an emergency situation

Week 1 -Response 5 or WBB with addition of Kidney Move.

Week 2 - Lymphatic Drainage Procedure

#### **Bonus Thinking**

Just as we must follow the sequence of Moves in Response5 and WBB we must also respect the sequence of weeks 1&2. Failure to do so can put a dog into a healing crisis. **Begin Lymphatic Procedure on Week 2.** 

### <u>Lymphatic Drainage Procedure (LDP) in brief:</u>

Moves 1 and 2 of WBB

2 minute Wait

Moves 1,2,3,4, of LDP

2 minute waits between each Move

One round may be enough, respect the dog's condition.

Proceeding to a second round requires a 5 minute minimum wait.

#### Addresses:

- All viral infections
- All bacterial infections
- Inflammation anywhere in the body
- Lung congestion
- Chronic lung problems
- Glands congested lymph nodes
- Uneven flexion
- Neck muscle wastage
- Sluggish lymphatic's
- Atlas Axis problems
- Sinus problems and congestion
- Allergies and allergic reaction
- Cervical subluxations
- Choke and obstruction of the air passage
- Acid conditions creating mucous
- Extension of forelegs
- Shoulder mobility problems jammed up through the M. brachiocephalic, will feel hard and taught
- Weak pectoral muscles base narrow
- Tight pectoral muscles pigeon toed
- Course coat
- Ears will have collection of waxy debris on hairs
- Eyes will have fluid bags puffy eyes
- Lethargic demeanor no get up and go!
- Fleas and ticks are attracted to this dog as the exudate through the pores is sticky and sweet
- Muscles will be full of fluid, soft to touch
- Neck can show signs of over build and thickness (inflammation that too much acid causes)

Obvious swollen lymph nodes can be a sign of Lymphoma - seek immediate Vet care.

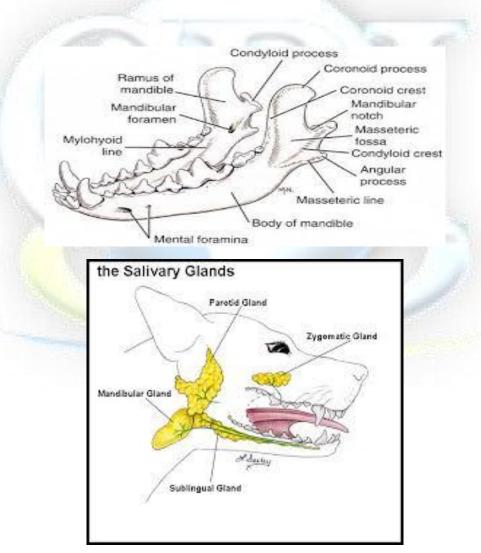


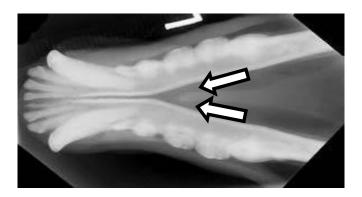


## Lymphatic Drainage Procedure

**Note:** LDP is performed after Move 13 when using in conjunction with WBB

Move 1 LDP - under the mandible (jaw) – gliding over the salivary gland





View from under the jaw

- On the LHS of the dog facing cranially
- Cup the jaw in your hand, use thumb to find position
- Place thumb ½ way along the jaw line on the inside of the left mandible
- Take the slack toward the mandible ramus (back of jaw) and hold for 3 seconds
- With the thumb roll gently arterially under jaw ridge in a rostral direction toward the chin (over the salivary gland and M. mylohyoid - elevates hyoid bone, supports floor of mouth.

#### Repeat on RHS using right thumb

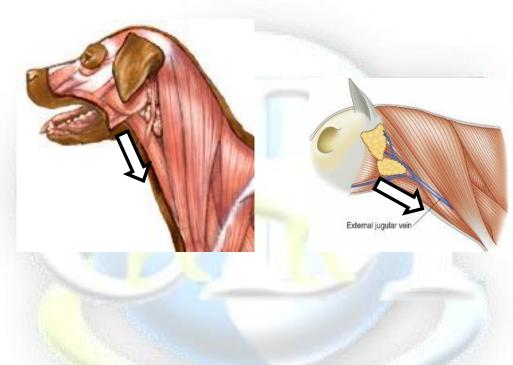
Move 1 LDP is very useful in subluxations of C1 constrictions of which can cause reduced blood flow and hypoxia (less oxygen) to the brain.

Works on the salivary glands which if under functioning can be attributing to poor digestion.

Works on the facial nerves which is directly related to TMJ, jaw and teeth problems.

Works on the kidney meridian.

### Move 2 LDP – along the trachea, on the side of the larynx LHS then RHS



- On the LHS of the dog facing cranially
- Place the middle finger along the trachea, on the side of the larynx. This
  accesses the Hyoid apparatus (the suspensory mechanism for the tongue and
  larynx)
- Slack up
- Hold for 3 seconds or longer
- The Move is made caudo-ventrally along the trachea towards the base of the neck (chest)

Do not place finger in jugular groove. The Move is made inferiorly to the jugular vein.

Be aware of the gentleness of your touch.

## Lymphatic Drainage Procedure

Move 2 LDP – along the trachea, on the side of the larynx LHS then RHS

If the trachea feels hard and unyielding or there is a feeling of congestion, or thickening on one side, discuss other symptoms with the family members:

- 1. Sluggish
- 2. Bulging eyes
- 3. Excess weight, but not fed in excess
- 4. Drinking and urinating in excess

Any abnormalities need further veterinary investigation

### **Bonus Thinking**

The combination of Veterinary Care and Animal Bowen Therapy are highly complementary and create an effective **feedback loop** that benefits both the animal and the profession of the ABT Practitioner and the Veterinarian

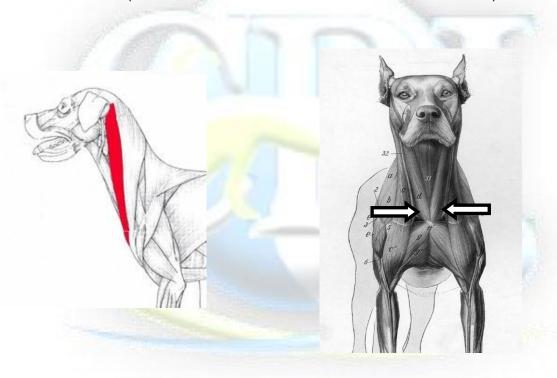
Move 3 LDP – junction of M. sternocephalicus and M. Descending Pectoralis LHS then RHS

Caudal attachment: cranial sternum

Cranial attachment: mastoid part: mastoid process of temporal bone

Occipital part: occipital bone

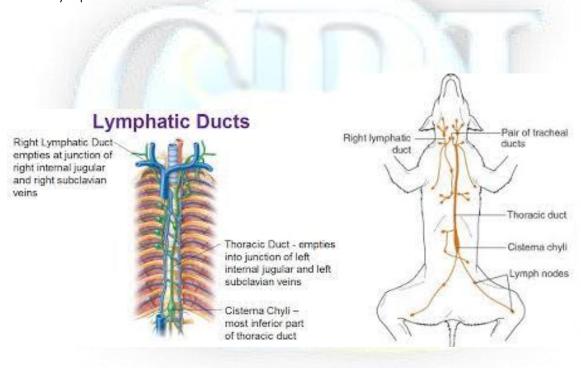
Muscle Action: depress head and neck; draw head and neck laterally



- Standing on LHS
- Place thumb on base of neck on the belly of the sternocephalicus
- Take the skin slack immediately lateral
- Hold around the lateral edge of the sternocephalicus insertion for 3 seconds or longer
- The Move is made medially across the tendinous insertion of the sternocephalicus and the thoracic duct
- Keep the polarity of the Move by keeping 2 hands on the dog
- Stay on LHS and perform Move on RHS

Move 3 LDP – junction of M. sternocephalicus and M. Descending Pectoralis LHS then RHS

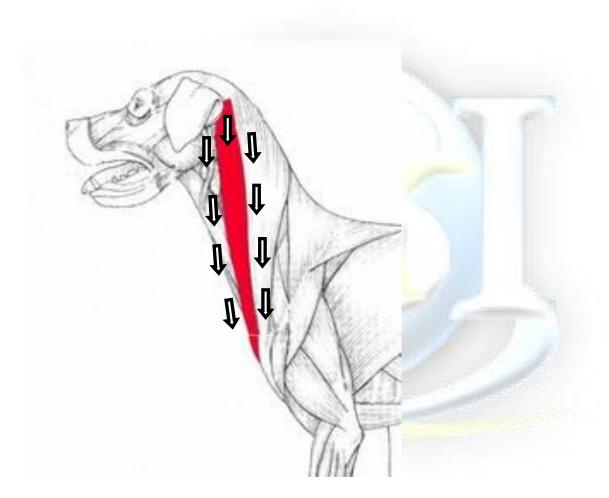
- Move 3 opens up the subclavian vein and thoracic duct of the lymphatic system, allowing the lymph free passage to enter the heart
- Lymph can pool and become stagnant, making way for malfunction of the lymphatic's and disease to take root.



A lymph duct is a great lymphatic vessel that empties lymph into one of the subclavian veins. There are two lymph ducts in the body—the right lymphatic duct and the thoracic duct. The right lymphatic duct drains lymph from the right upper limb, right side of thorax and right halves of head and neck. The thoracic duct drains lymph into the circulatory system at the left brachiocephalic vein between the left subclavian and left internal jugular veins.

Move 4 LDP - junction of M. sternocephalicus and M. brachiocephalic

LHS then RHS in a "milking" action



- Standing facing cranially on the LHS of the dog
- Resting hand on Move 2 of WBB
- Using the left hand in the position for "milking" (cupping hand around muscle) gently drain the lymphatic channel and glands which lie under the M. sternocephalicus and M. brachiocephalic by "milking" from the base of neck apex of the manubrium to the caudal aspect of wing of atlas
- The last portion of this Move is to take the slack towards the head on the center of the Atlas caudo-laterally downwards towards the edge of the Atlas, towards the point of shoulder