Questioning Aromatherapy Convention
by Chrissie Wildwood

Chrissie Wildwood qualified in aromatherapy and massage in 1984, having studied with Patricia Davies at the London School of Aromatherapy. Later, she became Vice-Principal of the school, but resigned after a year to concentrate on her aromatherapy practice in Wales and to develop her writing career. She went on to train in counselling, subtle healing techniques, flower remedies, meditation and deep relaxation therapy with the College of Healing in Malvern, England, gaining a diploma from the college in 1987.

As well as being an aromatherapy consultant for several companies producing natural health care products, Chrissie is a freelance health journalist and international aromatherapy workshop presenter. She is the author of 11 books, including the best-selling Encyclopedia of Aromatherapy published by Bloomsbury (UK) and Healing Arts Press (USA).

With the endless flurry of introductory books on aromatherapy, it’s amazing that publishers continue to profit by them. Alas, gone are the days when editors actually had some knowledge of the subjects their companies published.

Today, the questing newcomer is often beguiled by lavish illustrations surrounded by the same old dubious recommendations and snippets of misinformation. Many of these new books are written by health journalists, rather than practising aromatherapists. Far from offering ‘food for thought’, such publications are high in empty calories.

Having said this, it is also true that a few ‘old hands’ in aromatherapy have contributed to the perpetuation of misleading advice. And it’s from such ‘experts’ that health journalists glean information. So, let’s take a closer look at some of the myths and fantasies that masquerade as cast iron fact - but without naming names! Incidentally, readers of this article are invited to question my opinions. If you think I’m way off the mark, then please do convince me otherwise!

Myth....

to prolong the life of your massage blends, add up to 15% of wheatgerm oil.

The reasoning behind this statement is that wheatgerm is high in vitamin E, a natural anti-oxidant. So by adding it to other vegetable oils, it guards against rancidity. Now, anyone who is familiar with wheatgerm oil, whether it’s extracted by volatile solvents or warm compressed, will know that the substance is highly unstable.

Therefore it must be kept in the fridge and used up within a few months of opening the bottle. It also smells unpleasant and diminishes the aesthetic value of aromatherapy blends. Quite apart from its smell - and indeed its slimy texture - how can something as unstable as wheatgerm oil possibly act as a preservative? I’ll wager it has the opposite effect!

In fact, one of the most stable of unrefined vegetable oils is extra virgin olive - an oil which has been used since antiquity. According to a food scientist of my acquaintance, Dr Jennes Kristoff of Pura Food Produce Ltd (UK), it is the only unrefined vegetable oil that does not need to be stored in the fridge.

And yet, if you check the nutritional charts found in any good text book on nutrition and food values, you will discover that wheatgerm oil contains 30 times more vitamin E than olive oil! Clearly, vitamin E is not the wonder preservative many would have us believe - at least not when found in natural synergy with all the other elements which comprise wheatgerm oil.

On the other hand, synthetic vitamin E such as d-alpha-tocopheryl acetate is indeed a powerful anti-oxidant, which is why it is commonly used as an active ingredient and preservative in cosmetics and nutritional supplements.

The moral of this tale - forget about trying to prolong the shelf-life of blends. It’s far better to mix just enough oil for each treatment - or perhaps enough to last for up to a week if stored in the fridge.

Myth....

Jasmine absolute is a galactagogue and so promotes the flow of breast milk.

On the contrary, in India, jasmine flowers are traditionally applied as a poultice to the breasts to suppress milk flow after a stillbirth. Since jasmine absolute is produced from the flowers, it seems reasonable to assume that it has a similar inhibiting effect upon lactation.
Recently, I obtained a copy of The Aromatherapy Database (see references). It includes scientific references which lend credence to my long-held assumption that nursing mothers should avoid jasmine. One study involved 60 women and compared the efficacy of bromocriptine (a lactation inhibiting drug) with the application of jasmine flowers (Jasminum sambac) to the breasts. Both treatments produced a significant reduction in milk production. It was postulated that both tactile and olfactory stimuli of the flowers were responsible for the suppression of lactation. In another study, the mechanism of jasmine was discussed, including the possibility that when the fragrance is inhaled, aromatic molecules may travel via an olfactory pathway to the hypothalamus which then conveys an inhibitory effect on the pituitary gland.

But from where does the galactagogue myth originate? My guess is that the author of one of the earliest books on aromatherapy misread something about jasmine which appears in the excellent and highly popular tome ‘A Modern Herbal’ by Mrs M. Grieve (first published in 1931). She writes “... and an oil obtained from the roots (of jasminum sambac) is used medicinally to arrest the secretion of milk.”

Myth....
soak a tampon in cider vinegar and tea tree oil and use it to treat vaginal thrush (Candida albicans).

Try soaking a tampon in any liquid (apart from vegetable oil) and see what happens! Within seconds, it swells to mammoth proportions. Without putting too fine a point on it, most women would have great difficulty inserting such a voluminous object! If tea tree pessaries are unavailable, the best method is to roll the tampon in 10 ml of vegetable base oil into which you have mixed 6 drops of tea tree oil (Melaleuca alternifolia). The tampon does not quickly expand in vegetable oil because it is totally devoid of water. Insert the tampon and keep in place for 3 hours. Repeat the 3-hourly treatment once a day for 7 days. If, after this time, the problem persists, it is advisable to seek constitutional treatment from a practitioner experienced in treating candida employing dietary reform with herbal or homeopathic medicine.

CAUTION - the tea tree oil may cause a slight tingling sensation, but this should subside within a few seconds. But if there is further discomfort, remove the tampon immediately and seek a different method of treatment. Some people are skin-sensitive to tea tree oil.

In fact, there is not a single reported case of anyone having suffered an epileptic seizure as a result of receiving aromatherapy massage employing relatively low concentrations of essential oils. This contra-indication may well have originated from references to internal doses of essential oils, or perhaps strong doses of the herbal remedy. Nevertheless, it is also true that almost any powerful odour (including perfume and petrol) has the potential to provoke epileptic seizures in certain sufferers. Therefore, it seems arbitrary to blacklist the aforementioned essential oils.

On the positive side, British consultant psychiatrist Dr Tim Betts at the Queen Elizabeth Psychiatric Hospital in Birmingham has been researching into the uses of essential oils in the treatment of epilepsy. Ylang Ylang has proved to be helpful in many cases. Dr Betts believes that the oil may contain a pharmacological agent, as yet unidentified, which reduces seizure activity (see references).

Incidentally, Dr Betts’ approach is not entirely new. In the past, physicians encouraged their epileptic patients to inhale the vapours of odoriferous substances of animal origin such as ambergis (excreted from the sperm whale), musk (from the scent glands of the male musk deer), and civet (from the scent glands of the civet cat).

Fantasy....
the ancient and enigmatic aroma of frankincense will help you connect with the godhead - and other wondrous things!

Instead of stepping back and allowing the reality of the subjective to be of sole importance to the individual concerned, attempts have been made to categorise essential oils according to the specific emotions they are supposed to evoke or dispel - and the kind of life-events they are meant to attract. For example, rose sweetens jealousy, ylang ylang cools anger; and jasmine sambac attracts a soul mate. With such a rigid and naive approach, aroma preference and the person’s idiosyncratic responses to different aromas are over-ridden.

And yet, when used as a tool for personal development, essential oils may well have helped the initiator of such claims to deal with the same issues. I do not doubt for a moment that others, having learned of the oils’ fabled ability to influence specific emotions have successfully employed the oils for bringing about positive change. But surely it’s obvious that any oil can bring about the desired emotional change if you truly believe it has the power to do so? The role played by the power of suggestion should never be underestimated. Indeed, hypnotherapists witness amazing mind/body transformations daily.

Be that as it may, there is another kind of magic in essential oils.
Time and time again, aromatherapists (including myself) have noticed that even when a person is unaware of an oils’ fabled psycho-spiritual effect, if a blend has been prepared specifically for them by an aromatherapist who believes the oil will influence the person’s psyche in a specific and positive way, yet does not verbalise this to the recipient, chances are that it will still have the desired effect.

This may sound paradoxical in view of the previous doubtful remarks about the psycho-spiritual influence of essential oils. However, there is no doubt in my mind that where there is a special empathy between client and therapist, great things are possible. Call it the placebo effect if you like, but there is also something over and above that. It seems that the all-knowing unconscious aspect of Self is forever striving to enlighten the relatively naïve conscious aspect of mind by whatever means it can muster, even if this means communicating through a mediator, that is to say, via the therapist and their chosen tool.

Interestingly, according to the psychotherapist Phyllis Krystal (see references), the intuitive/telepathic connection between therapist and client is a well known phenomenon in traditional psychotherapy, especially in dreamwork. Where there is a genuine desire for growth, whatever dreamwork method is adopted (be it Jungian, Freudian or Gestalt), the client will dream to suit. And they need know nothing of the theory behind the therapist’s chosen frame of reference. On that enigmatic note, we shall leave it!

References
Betts, T., Sniffing the Breeze. Aromatherapy Quarterly (Spring 1998).
Krystal, P., Cutting the Ties that Bind. Element Books (1982).

INTERNATIONAL CONFERENCES & TRADE SHOWS

Oct 30 - Nov 1, 1999  Canadian International Congress of Aromatherapy
Conference and Trade Show
Toronto, Canada

speakers include -
Shirley Price
Chrisse Wildwood
Michael Scholes
Jan Benham
Ull-Majia Grace
Dr Daniel Penoel
Leonard Price
Jeanne Rose
Joan Clark
Dr Deitrich Wabner
Sylla Sheppard-Hanger
Dr Christoph Streicher

March 24-26, 2000  1st International Phyto-Aromatic Conference
Conference
Nice, France

May 26-29, 2000  Aromatherapy Conference 2000
The Direction of Aromatherapy into the new Millennium
Conference and Trade Show
Rutland Water, Leicester, England

July 2000  Aromed 2000 - The Interface of Traditional Medicine with Aromatherapy
Conference
Hinckley, England

speakers include -
Dr Daniel Penoel
Katarina Svoboda
Shirley Price

Wagga Wagga, Australia

October 2000  The World of Aromatherapy III
Conference and Trade Show
Seattle, USA
presented by NAHA

February 2001  The 3rd Australasian Aromatherapy Conference and Trade Show
Sydney, Australia

Further details for these events are available from Aromatherapy Today.
Aromatherapy

Of Cabbages & Kings

Aromatherapy Myths part II

by Chrissie Wildwood

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MYTH

Massage with emmangogic essential oils such as Clary Sage (Salvia sclarea) Rose (Rosa spp) Frankincense (Boswellia carterii) and Rosemary (Rosmarinus officinalis) may cause miscarriage and should therefore be avoided during pregnancy.

At risk of repeating all that has been said by other contributors this journal, there are no recorded cases of miscarriage or birth defect resulting from aromatherapy massage using therapeutic applications of any essential oil. However, there are a number of reported cases of women having ingested (taken by mouth) large quantities of abortifacient essential oils or herbal extracts, either through ignorance or deliberately to induce abortion. While all patients suffered varying degrees of toxicity, the pregnancy continued in some cases. For example, one woman died after repeated ingestion of Pennyroyal (Mentha pulegium) herbal extract. In a second case, a baby survived the ingestion of an unknown quantity of the essential oil (1).

To add a different perspective to the debate, it’s interesting to note that the term emmenagogue is sometimes misinterpreted as being synonymous with abortifacient. Yet according to most medical herbalists of my acquaintance, an emmenagogue is a substance that stimulates or normalises menstruation outside of pregnancy. In other words, therapeutic applications of non-toxic (most important) essential oils with emmenagogic properties (e.g. Rose, Lavender) are highly unlikely to promote miscarriage. However, oils which are cited as abortifacient tend also to be toxic to the liver and/or kidneys. Therefore, such oils should be used with utmost caution - particularly if taken internally. As well as pennyroyal, other oils (and herbal extracts) generally believed to be abortifacient include Virginian Cedarwood (Juniperus virginiana) Savin (Juniperus sabina), Juniper (Juniperus communis), Sage (Salvia officinalis), Spanish Sage (Salvia lavandulifolia).

There is another element to take into account: I remember reading somewhere that the skin becomes more permeable during pregnancy (though at the time of writing I am unable to find any scientific data to support this assumption). From my own experience and observations, certainly many women experience increased skin sensitivity during pregnancy. Therefore, common sense dictates that lower concentrations of essential oils are usually advisable. For example, most aromatherapists suggest up to 4 drops in the bath, and a dilution of 1 in 2 % maximum in massage blends.

Incidentally, readers of my books will know that I always include the usual pregnancy cautions. This is solely to keep in line with the safety recommendations advocated by the aromatherapy associations. After all, I would not wish to be regarded as irresponsible!

FANTASY

Daily applications of aromatherapy skin-care products will smooth out wrinkles and make you look a decade younger!
Well, I'm not so sure! After many years of working with essential oils I would suggest they work best when used as a periodic 'cure'. There is absolutely no need to apply them to the skin day after day. Instead, you might like to apply an aromatherapy skin-care product twice daily for just one week each month. For some reason, the skin responds best when 'taken by surprise' and is not allowed to become over familiar with a particular kind of treatment. As well as reaping the benefits of this monthly 'cure', the risk of developing a skin reaction to the aromatic product is drastically reduced.

**MYTH**

Oils such as Lavender and Neroli promote the proliferation of healthy skin cells through their cytophylactic properties.

Did the original author mean to write cicatrissant? Unfortunately, this error has been perpetuated from one aromatherapy book to another. For the record, cytophylactic means an agent that increases the activity of leucocytes in the body's defence against infection; while cicatrissant means an agent that promotes healing by the formation of scar tissue. Of course, there may well be a specific scientific term for an agent that promotes the proliferation of skin cells.

**MYTH**

'Our company provides cruelty-free products containing essential oils.'

Essential oils are the subject of ongoing scientific research which often involves experiments on animals. This is not something that sits comfortably on my own shoulders, but tragically it's a fact.

**FANTASY**

'Our company sells the most exquisite organic absolutes.'

During the initial stages of extraction the plant material is treated with a volatile solvent such as petroleum ether or hexane. Therefore, even if the plants themselves are grown without agrochemicals, the use of petroleum-derived solvents is antithetical to the term 'organic'.

Even the rare and expensive aromatics labelled 'enfleurage extract' or 'ex-chassis' are unlikely to be organic - at least not in accordance with the definition determined by law within the European Union (less stringent definitions may apply elsewhere). The initial stage of extraction involves placing plant material on glass sheets coated with purified lard. Vegetarian concerns aside, are we expected to believe that only free-range organic pig fat is used in the process? Incidentally, one aromatherapy author asserts that olive oil or even beeswax is sometimes used to produce enfleurage extracts. I have yet to come across such a gem.

Whatever the arguments for and against the use of absolutes in aromatherapy (French aromatherapy doctors shun the use of these 'perfumery grade' products as it is believed they are especially vulnerable to adulteration), no reputable independent organic inspection body such as ECOCERT (France) and the Soil Association (UK) would consider awarding a certificate of authenticity to a product extracted by means of petrochemical solvents.

Even when buying traditional steam-distilled essential oils described as 'organic', don't be afraid to ask for proof. Reputable suppliers will be happy to provide a copy of the annual (sometimes bi-annual) inspection certificate. The oil (or oils) in question should be listed on the current document. Also, the name and symbol of the organic organisation will be clearly displayed on the product label. If still in doubt, contact the organic authority itself and ask them to check the credentials of both the supplier and their products. Don't be surprised if certain 'organic' oils and absolutes swiftly disappear from the supplier's list!

**MYTH**

'We sell Rosewood oil distilled from trees grown in government controlled plantations in South America.'

Like Indian Sandalwood, Rosewood (*Aniba rosaeodora var. amazonica*) is on the verge of extinction due to wanton deforestation. It grows mainly on the banks of the Amazon River in southern Brazil. In an attempt to provide the indigenous people with a long-term source of income, the Brazilian government has sanctioned a replanting programme (with the help of international aid agencies). However, the new trees are struggling to survive in the impoverished soil - the fertile top layers having been swept away by unrelenting winds and rains.

But even if the agencies involved do find a way to breathe life into the remaining subsoil, it will take at least 30 years before the new trees are mature enough to produce a commercially viable quantity of essential oil. Moreover, the oil is produced in the trunk wood, which necessitates felling the tree.

If cultivated Rosewood oil is nonexistent, then what on earth are essential oil suppliers selling us? The answer is simple: the oil derives from rosewood leaves. So why not call a spade a spade?
MYTH

Many essential oils are analogous to antibiotic drugs.

In fact, they are infinitely more interesting! Back in the 1930s, aromatherapy pioneer Rene-Maurice Gatetfosse noted that essential oils diluted to a degree at which they no longer have any effect on cultures in vitro (in a test solution outside the body), still have a clear, rapid and beneficial action in vivo (in the living body) (2). This phenomenon has been confirmed time and time again by doctors in France. Most notable is the research carried out in 1978 by Dr Jean Valnet et al (3).

As well as agreeing with the findings of Gatetfosse, Valnet’s team found that essential oils do not operate in the same manner as antibiotic drugs in vivo. As indicated above, minute concentrations of essential oils are often more potent than the relatively massive doses of antibiotics normally prescribed. Moreover, antibiotics wipe out beneficial micro-organisms along with the infection, and thus compromise the immune system; whereas essential oils stimulate the body’s immune defences. (Incidentally, it should be made clear that medical treatment with essential oils to treat infections entails taking the encapsulated oils by mouth or sometimes in the form of suppositories.)

For those who advocate standardized essential oils or insist on specific chemotypes for certain conditions, Valnet’s team conclude:

The existence of several chemotypes of the same oil does not significantly impair our results. On the contrary, even if Thyme for example, varies in its composition of thymol, carvacrol, terpinol etc, it still acts in each case in the same way, provided that the essence is completely pure. (4)

In other words, there’s more to essential oils than can be discovered in the laboratory. Often their mode of action cannot be explained in terms of current scientific knowledge.

Traditional herbalists would agree with this conclusion - except when using highly toxic botanicals like Opium Poppy (Papaver somniferum) and Foxglove (Digitalis purpurea) whereby a carefully measured dose of the active principle is vital. Considering that the overuse of antibiotics (especially over the last 35 years) has created highly resistant strains of bacteria, it seems the human organism resonates in harmony with the natural biochemical fluctuations of plant medicines. Such fluctuation may well be a natural safety mechanism which acts to confuse disease organisms. Or to put it another way: the very stability of the laboratory-produced antibiotic renders it alien to the ebb and flow of the ecosystem, and thus allows for the development of ‘mutant hero’ bugs.

References


4. Valnet J, as above.