

THE ENCYCLOPAEDIA OF ESSENTIAL OILS

(original version)
by JULIA LAWLESS.

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Page 10. *"Rosemary and Marjoram should be avoided in pregnancy"*

No evidence is provided as to why, and no mention is made that there are 3 major types of marjoram with totally different chemical compositions and therefore different actions. No mention is made that both these oils are permitted food flavourings under European and US regulations.

"Rosemary should not be used by epileptics"

No evidence is given and there is still no evidence of significance.

Page 16. *"Oils when used in massage are absorbed by the skin and transported throughout the body"*

As an example, she uses the same old unreliable references we are always hearing about garlic. See my article on skin absorption for more. No other reference on absorption are given.

A list of absorption rates is given, but no information as to the source of the original material. There is therefore no way of checking if it is valid information or not. The absorption rates do not agree with known data on some of the major chemicals in the named oils such as geraniol in geranium, and linalool in lavender. With those where there is trials data showing that these chemicals are **not** absorbed.

Page 19 - Contra indications: *"Fennel, hyssop and sage should be avoided by epileptics, clary should not be used while drinking alcohol." "High blood pressure: avoid hyssop, rosemary, sage and all types of thyme."*

These statements are not supported by any evidence at all.

Page 20 - for Eczema: *"as an anti inflammatory - yarrow"*.

This oil has not been passed as safe for use on the skin and there is a possibility of it causing adverse reactions due to its enormously variable chemical composition.

As a deodorant - Spanish sage:

This is amazing because as a trained herbalist she should know that the deodorant action of sage is due to components such as tannins, which do not occur in the essential oil.

Page 21. *"Essential oils are easily absorbed via the skin into the blood stream, affecting the nature of the circulation as a whole, also influencing the inner organs, oils like hyssop tend to have a balancing and regulating effect on the circulation system as a whole, reducing the blood pressure if it is too high or stimulating the system if it is sluggish."* Absolutely no references are given for any of these extremely bold and highly questionable statements.

Page 21. *"Lymphatic stimulants: Grapefruit, lime, fennel, lemon, mandarin, and white birch"* There is no evidence whatsoever to support the view that any of these oils when used on the skin can cause any such action. In fact simple massage without using any oils can cause lymphatic stimulation. White birch contains very high levels of methyl salicylate, which is readily absorbed by the skin and can cause systemic toxicity.

"Respiratory system. balsamic agents: Benzoin, frankincense, tolu balsam, peru balsam."

No mention is made that Benzoin, Tolu balsam and in particular Peru balsam are extremely powerful skin sensitising agents. Peru balsam is used as part of standard test procedures in dermatology clinics due to its common occurrence as an agent to which people have become allergic.

Antiseptics for flu:

Included in a list of oils is "borneol" this is **not** an essential oil, but is an isolated chemical constituent unavailable to most people.

Page 22.

The same error as above repeated under "chologogues" borneol.

"Liver congestion: Lemon, lime, rosemary and peppermint."

A herbalist should know that all these actions are from internal administration and have not been demonstrated following external application of any essential oils.

"Carminatives and stomachics"

Almost all of the actions attributed to the named oils are from internal administration. cinnamon; she does not state leaf or bark - **the bark oil is very dangerous if used on the skin.**

Page 22 - Genito urinary system: *"Like the digestive system, the reproductive organs can be affected by absorption via the skin into the blood stream." Followed by a list of oils with claimed actions including "genital infections," "other oils contain plant hormones which mimic the human hormones"*

None of the above is verified and is extremely doubtful. As a trained herbalist she should know that only a doctor (in the UK) is legally permitted to treat certain genital infections, yet she does not define which types she means.

"Sage and fennel have been found to contain a form of oestrogen which influences menstrual cycle, lactation etc."

Not a single reference is given and anyway these actions are highly controversial. Since the late 1930s there has been a lot of research into the properties of anethole and other constituents of fennel and aniseed, the emphasis being on the hormonal activity of the various compounds(1). All such investigations have been on the internal administration of the oil or trans-anethole, and in none of the scientific literature has it been suggested that any hormonal action could be induced via external application of the oil. (1) M.A-Puleo.1980. J.Ethnopharm. 2, 337-344.

Emmenagogues:

No mention is made as to why periods may have stopped and of seeking a doctors diagnosis.

"Chamomile oil an emmenagogue" That is ridiculous as many women consume chamomile tea without it affecting their cycle. In the case of the essential oil there is not a shred of evidence to back such a claim.

"Peppermint an emmenagogue" That is even more ridiculous as it is a commonly used food flavour as well as in over the counter medicines.

Galactagogues: I doubt *she* has any evidence for any of the mentioned oils causing that effect; she is clearly referring to the use of the herbal extracts given orally.

Adrenal stimulants - for anxiety:

If someone is suffering anxiety then the last thing they want is adrenal gland stimulation. Once again mention of borneol, which is not an essential oil.

Page 23 - *the immune system. "virtually all essential oils have bactericidal properties"*. This simply is not true.

"By promoting the production of white blood cells etc."

What evidence is there for this ??

"People using essential oils all the time have a high level of resistance to illness"

The reference given is not to original research sources and I doubt this claim. I know people in the essential oils trade who are constantly exposed to essential oils, and in fact they do not have lower incidence of illness. Regular exposure to essential oils is highly likely over a period of time to cause allergic skin responses. There is plenty of evidence of this occurring with production workers.

Page 24.

Febrifuge agents. A long list of oils. I do not know how any of these can reduce a high temperature when they are externally applied. *Diaphoretic's to induce sweating*; I doubt these can cause this effect when applied externally but a vigorous massage might.

Nervous system. A whole lot of oils claimed to be "proven" to correspond with traditional held views, but no references are supplied.

"Neroli found to be stimulating"

This is totally contrary to research that I have copies of, and to the traditional view that Neroli is relaxing.

Stimulants: angelica oil

Without saying root or seed; there being significant differences between the two.

Page 26 - Massage: *"the blend should be between 1 and 3% depending on the type of disorder."* In fact the percentage should depend mainly on the type of oil, i.e. lavender at 3% is fine, but cinnamon bark at that level would be extremely painful.

Page 27 - Diluting the oils. The suggested method of diluting the essential oil in a solvent, and then adding this to more water, will simply make the essential oil reform, coming back out of the initial dispersion in the solvent.

Page 28 - Steam inhalation: *"5 drops of Thyme or Peppermint in hot water."*

No mention of taking care not to get these oils in the eyes.

Page 29 - Neat application of essential oils: *"sandalwood, jasmin or rose excellent perfumes dabbed neat on the skin."* In fact jasmin and rose if regularly used undiluted are very likely to initiate a sensitisation response. They are both well recorded as causing such reactions, but they do not usually cause such problems simply because their high cost inhibits people using them neat.

"External application of oils such as juniper and white birch will help purify the system." This really is dangerous nonsense.

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A GUIDE TO AROMATIC MATERIALS

First line: incorrect. There are hundreds of species of plants used in producing aromatic extracts. Around 150-200 fragrance materials are commonly available.

11th line. *"It is important to know the correct botanical name Etc."*

See my other articles on this, but in addition, many suppliers of essential oils at home and abroad do not provide sufficient analytical information to be able to tell if an essential oil has been made from fragrance chemicals or is genuine. In fact vast amounts of essential oils are passed off to aromatherapists as genuine when in fact they are not.

Terpenes: *limonene, antiviral* (which isomer)?- I know of no evidence to support this. *"(limonene) found in 90% of citrus oils"* - In fact it is in all citrus peel oils. Terpenes cannot possibly be attributed with general actions because they are a vast group of thousands of natural plant chemicals with widely differing actions. Limonene occurs as an isomer in many oils and the specific isomer in citrus peel oils is the d-version, therefore you cannot possibly attribute any specific therapeutic activity to "limonene," you need to specify which isomer of this chemical.

Aldehydes 3rd line. *"aldehydes in general have a sedative action"*

This is far too broad a statement as it depends a lot on which aldehyde; some are severe skin irritants. It is a good example of the trash chemistry originating from certain French therapists.

"Ketones are toxic." This is utter rubbish as ketones are part of our everyday foods and are common ingredients in flavoured processed foods such as sausages, pates, burgers etc. Again it all depends on which ketone and how much is consumed. This generalisation is like saying aspirin is toxic therefore do not use it.

Alcohol's: Again no evidence of antiviral action is given for a vast group of substances which alcohols encompass, some may be, but certainly some will not be. It is extremely unreliable to use such sweeping statements dealing with chemicals. With natural chemicals such as thujone, it does not exist as a single substance, but is a number of isomers one of which is four times more toxic than the other. These isomers occur in different plants at different levels which can make for instance some varieties of tansy highly toxic, but sage relatively safe, so safe in fact that experiments at the West of Scotland College have justified the herbs reputation for prolonging life.

Same paragraph. No information is given on the fact that the isomers of linalool in Rosewood and Lavender can be opposite to each other, and that rosewood oil has absolutely no traditional history of medicinal use.

Phenols: Far too general it tells you nothing, you most certainly can not assume that because an essential oil contains these chemicals that it will therefore have antibacterial actions.

Oxides: Tells you nothing of importance. In fact some of the most important oxides are not mentioned i.e. rose oxides, which give rose its characteristic fragrance.

Chart methods of extraction: This is incorrect, and is a subjective interpretation of extraction techniques. Essential oils are produced from concretes and this can be by solvent extraction or distillation. The resulting extracts are frequently of a far higher

quality than steam distilled oils, and in no way should it be taken that steam distilled oils are therapeutically superior, this is a total fallacy that has crept into aromatherapy as the result of ill informed tuition and ill researched books.

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[Orange oil](#); details on phototoxicity are totally wrong in fact the reverse is true.

Take a look at the monograph on broom and look at the box which gives the 'actions'. Not a single one of those have anything to do with broom absolute.

Then look at Rosa damascena- 'Actions'. This is a total hotch potch of herbal uses intertwined with a few valid uses of the oil, typical of the remainder of the book.

SUMMARY:

When this author first wrote this book, she had only recently qualified as a Medical Herbalist. She also helped run a company supplying essential oils. However, her knowledge of the therapeutic attributes of essential oils was largely based on extrapolations from the use of herbal extracts. She was also being advised on the essential oils by someone whose company was later found to be supplying fake sandalwood oil. That may be why there are many errors on the chemistry.

This author has since written other works and corrected some of her earlier errors. However, her main problem is still in attributing therapeutic actions to essential oils (used externally) that are entirely due to the use of the water or alcohol extraction's used internally. **That major error is endemic throughout aromatherapy.**

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