

OLD EMAILS TO NEWSGROUPS 1 of 2

I have tried to group these emails into categories - see file 2 for more. This document is long as it consists of many emails. Look at the age of some of these emails and note that much of the wrong information that I have criticized in aromatherapy is still rampant. Please excuse spelling errors as these were in a mix of English (UK) and English (USA).

For the benefit of younger readers, please note that prior to the introduction of the blog sites, most communications were via trade newsgroups.

The groups in these emails are not always identified but they are mainly from:
aromatherapy-at-idma.com (No longer available).
groups.yahoo.com/group/ATFE
groups.yahoo.com/group/oils_herbs_etc.

Research issues

Sunday, July 26, 1998 To: aromatherapy-at-idma.com

Subject: reply to Amy on research

Amy,

In reply to your question “[do I consider medical professionals good enough to do some kinds of research](#)”. The answer is it all depends on who is giving them guidance on the effects and side effects of essential oils. If they get bad guidance (common), then the work they do can be of little value. We have already had a spate of papers published by nurses on aromatherapy. When these papers have been scrutinized by real experts they have been proven to be packed with so many gross errors that the work has been a waste of effort, time and money.

Such bad work published by members of the medical profession actually harms aromatherapy. This is because the skeptics in the medical establishment will use evidence of no effect or valueless research to dismiss the whole therapy as being valueless, which of course it is not.

The only sound way forward with the medical profession is to try and educate them into realizing that aromatherapy has an awful lot to offer. However, also admitting that it is packed with hype, incorrect and dangerous information which they should be aware of and be vigilant for.

I have been helping some nurses in Scotland in treating severe ulcers and infected cellulitis for some years now. We have had some wonderful results, but I don't go shouting from the rooftops "I have all these wonderful research results" unlike some people. The reason is yes we do have some fantastic results, but the numbers treated most certainly does not give anything like enough statistical data to make presumptions that the treatments should be universally available. As far as I am concerned, I am just happy when an old lady with dreadfully painful leg ulcers, heals as the result of my help. Forget the glory, that is **not** what makes me tick, unlike many of our most well known aromatherapy characters.

Martin

July 28, 1998 To Aromatherapy@idma.com

re your friend doing research:

Reply to response from Jade

I agree he may well be doing good research, I have no idea on that. As you say, I was generalising there is nothing wrong with that. The fact is that over several years I have had numerous calls and letters from University students wanting to study anti microbial effects on oils that have already been studied ad nauseum.

Of course there are shining stars in research, I never for a moment suggested anything else.

As to "research of no relevance to aromatherapy". By that I mean projects such as perhaps where capsules of an essential oil are taken internally and results are proven. I suppose here we could think of the internal use of peppermint oil in enterically coated capsules to treat colitis. This may be interesting data on the effectiveness of peppermint. However, the problem then comes when aromatherapy authors and teachers suddenly corrupt this into: "if you **massage** someone with peppermint oil it can treat colitis". I can think of numerous other examples, but will make that the subject of a later article.

I agree with you on pregnancy, in needing to review the idiotic lists of contraindicated oils put out by the authors, most schools and the trade organisations. However, I will always disagree with you, on your wanting to use oils where adequate information simply is not available as to their safety for use on the **skin** or not. This is particularly relevant in pregnancy because the skin can become highly vulnerable to potential sensitisers in late pregnancy.

But you ARE implying that this trial, list or whatever you want to call it of 25 women was evidence of safety by this statement: "[however, isn't it interesting that all these women went on to have healthy babies!](#)"

We don't need full case histories to compile statistics and to glean ideas on treatments found to be helpful, but it would be invaluable in trying to get our trade respected, if there were **some** kind of reporting of results to a central source.

["Are you not a god of sorts????"](#)

I do not have anything approaching the status attributed to the writers of the aromatherapy novels, and many well know teachers, neither would I want it.

In regards to your latest posting, I have nothing at all against things like intuitive blending for clients indeed in my classes I encourage students to do that. However, that is only using those oils which are proven to be safe and at known safe levels of use. As to "differing opinions within aromatherapy", then one must examine the origin of those 'opinions'. This idea of different opinions is most frequently used to cover up lack of fundamental knowledge. It is also often used to cover the fact that leading figures never had any idea about what they were teaching in the old days, and people just don't want to admit that their heros teachings are fundamentally flawed. (see later postings).

["Hey, when you starting working with clients and blending for specific needs and see the results let me know."](#)

Hey Jade, we have been through this before, I have in the past practised as both a herbalist and masseur using essential oils. My help, advice and professional consultancy to other people such as nurses and companies is ongoing, so I think I have a fair amount of the 'experience' that you seem to think is more important than anything. **However 'experience' is useless if not backed by basic knowledge and understanding.**

Sounds to me like your source in the UK is not so reliable, particularly in that untrue rumour on peppermint. There are quite a number of well known individuals in the UK who simply can't take it that Martin and Mike Van Moppes are starting to blow their covers so I suppose a few targeted rumours are only to be expected.

I do hope that that by the time I am finished on this group, that even you will realise who may have been pulling the wool over your eyes. The days of the liars cheats and con artists in aromatherapy are numbered, and no I do not mean you Jade. I mean **some** of the icons and certain essential oil suppliers.

Martin

Date March 2002 To aromatherapy-at-idma.com

Title: **Chemists wasting our money**

A copy of a new (unpublished) report on the toxicology of methyl eugenol (ex Basil oil) has just fallen into my hands. The report is 37 pages long and a wonderful study on the adverse effects of this chemical. The conclusion is the same as has been previously reported which is that there is not a significant risk to our health from the consumption of basil as a spice in foodstuffs.

Now this is what I mean by my title:

This massive report is based on the fear that this single chemical is carcinogenic as animal tests indicated it might be. Nowhere in this report (and others) is there any mention that Basil **herb** used in food might be '**anti carcinogenic**'. As an example, the chemical b-thujone in sage is very toxic, yet whole sage in animal tests has been proven to extend the life of rats. A good example of hazards (or benefits) based on a single chemical occurring in a herb being highly inaccurate.

There are thousands of herbs which have been screened for anti cancer activities held on a data base in the USA. It seems none of these narrow minded scientists have got the brains to cross check with that data base to find out if the whole herb has any anti carcinogenic activity. Instead they waste millions chasing the properties of a single chemical from that herb. Also, as I have often said before, they tend to use a lab grade impure chemical which in itself throws results.

In recent years many Government health promotion agencies have started to push the idea that if we eat lots of fresh fruit and vegetables we will be much healthier. Many scientists also acknowledge that these foods contain chemicals which are anti carcinogenic, anti oxidants, etc. Yet in their reports on experiments on isolated chemicals we rarely see mentioned that the whole herb may have completely the opposite actions to the single chemical they are investigating.

The latest I hear is that a report in New Scientist is saying that INCENSE contains carcinogenic chemicals. No mention of the hundreds of other chemicals in the smoke and any potential balancing

effects! While I do not think it sensible to be constantly exposed to high concentrations of any smoke, I do not believe there is evidence that incense smoke used **in moderation** could trigger cancer.

Internationally hundreds of millions are wasted on junk science, often simply to support academics in their cloistered ivory towers. This is a disgrace because so many useful investigations could be made using that wasted money.

So when you see reports such as the two I mention above, please sit back and think about it and ask a few questions. Our legislators are being led by their noses by these ignorant scientists and we pay by having further restrictions placed on what we can use and how. Fine if based on sound science, but much of it is in reality trash.

Martin Watt

May 2004 to: ATFE or Oils-Herbs?

Re **academic studies on plant extracts**

Just a few words of caution for those not familiar with evaluating scientific studies such as those Liz Tams pointed you to.

When reading such papers it is critically important to **not take at face value** what they say. Time and time again I have come across major errors that make the authors conclusions of academic interest only. Here I have thousands of copies of studies which on first glance look convincing, but upon closer examination I have not included them in my own database on oils for a variety of reasons.

Here are just a few factors to examine:

1) Has the trial been done using an essential oil or another type of plant extract?

It is **very common** for aromatherapy authors and teachers to confuse this. A good trial on a herbal extract used internally, suddenly gets turned into "this essential oil does the same thing if rubbed onto someone's skin in aromatherapy".

You will often find tests where hexane or chloroform is used to extract the oil from a plant. In such a case any results may not be applicable to the distilled oil. With the cooking process of distillation new chemicals are produced and other important ones are destroyed. Therefore you cannot assume one type of extract will give similar results to another.

2) Is the essential oil used in testing the real thing?

It is common to see in scientific studies that the oil has either been supplied by a laboratory reagent company, by purchase in a local market, or from a trial distillation from plants grown in the local botanic garden. In all these circumstances the results may not have any connection with the use of a commercially produced essential oil.

3) Has the researcher had the oil they are using analyzed?

Frequently not and therefore they have no idea on what they are using. Do not forget that such tests are often done by undergraduates whose main interest is getting a convincing set of results for their degree.

4) Have the tests been conducted on cell cultures and then **assumptions** made of activity within a living body? This has become common and is particularly so where anti viral actions are being tested. This type of testing is why the scientific community often mislead legislators over the toxicity of herbs and other so called "toxins".

5) Has the research been conducted just using individual chemicals that occur in an oil? Again increasingly common and sometimes is valid, but not always because it leaves out of the picture the other 300 plus chemicals occurring in the whole oil. Such research can be a useful guide to the efficacy of an oil, but it flies in the face of what ought to be considered 'natural medicine'.

6) Has the chemical used in the tests been extracted from the oil, or is it from a laboratory chemicals supplier?

That one is very common indeed. Lab. grade chemicals are often impure and any results drawn using them are most unreliable when compared to the natural extracted chemical. To get purified synthetic chemicals is possible, but they are very costly indeed and therefore most labs use the cheaper grades with all their impurities.

Do not be fooled that a paper has been "peer reviewed". That system is only as good as the "peers" doing the reviews, often such people do not have the first clue about the trades involved with essential oils. I have seen several articles in nursing journals that were not worth the paper they were printed on because the publishers chose reviewers who they thought knew their subject but did not.

The above are just a few of the things I have to be on the look out for when adding scientific studies to my database. At least I try my hardest to get it right while others just throw together irrelevant studies to bulk out what they publish or give to students on their courses.

Martin Watt

Date Dec 2004 To ATFE or Oils-Herbs

Title trials methods

Jennifer asked valid questions which I will do my best to reply to:

Q. How do you determine what oils will do?

Several answers to this.

1. Properly controlled clinical trials.

2. You spend months and months gathering decent information from a huge range of medical and scientific publications. Far from easy if you don't know where to start, or do not have access to a National library. Also not possible unless you can sell the results of your work or have a company funding you.

3. You invest thousands of Dollars buying therapeutics and pharmacopoeia books dating back to the 1700s during which time span essential oils were widely used by the medical profession. Many well documented uses can be established for the more common oils from those.

4. You can spend several thousands dollars subscribing to big international databases on essential oils although they are not so hot on therapeutics.

5. You spend 4 years of full time training in the medical and botanical sciences which helps equip you with the knowledge to be able differentiate between different types of plant extracts. In particular it helps give you a rough idea on if a given therapeutic action is likely to be due to the herb or its oil or sometimes both.

6. You try and form an opinion on the psychological/emotional attributes of essential oils based on experience, reports from other therapists and research on olfaction. I hasten to add though that this area is notoriously unreliable and fickle. You can even use aromatherapy books to assist in that process because most psychological effects are open to individual variation. For example, most people will relax when being massaged with lavender oil, but a small proportion hate it, so there are no hard and fast rules on that area.

Your alternative is to buy that information ready assembled from someone who has already done all that work like myself.

“isn't this how we get some of the "traditional uses" is by experiences of individuals?”

Yes, but with herbal medicine that process has taken **tens of thousands of years** and has treated millions of people. Even then therapeutic and toxicological ideas can be wrong. So one then relies on modern scientific investigations to help sort the gems of traditional information from the garbage. **With aromatherapy that process is only around 30 years old with nothing like sufficient documentation** to draw the kind of conclusions most aromatherapy authors/teachers have drawn. Also, they do not have the training to even begin such a massive task. In aromatherapy the only genuine "traditional uses" are those drawn from the past uses of essential oils mainly by the medical profession. Anecdotal evidence in aromatherapy is only worth anything if it is properly collated and examined for possible flaws. Not one aromatherapy organization has ever attempted to do this in any concerted manner. If they did, we might by now have had some really valuable information to hand over to researchers to investigate.

“This remark would be true assuming that most therapists did little or no homework of their own to verify the information that is being presented to them”.

Most aromatherapists are not educated in **how** to undertake such a task. Most gather their information from the numerous books written by people who did not know of the true historical uses for essential oils; had no contacts with oil producers; analysts; safety specialists, etc. They simply did not know their trade before putting pen to paper and so that is why so much of the material in these books conflicts or is plain wrong.

“I am curious about why this is the case with internal use but not the other uses which are commonly used to administer aromatherapy?”

Internal use of essential oils is use as a 'medicinal substance'. External use in massage brings into play a whole different array of metabolic and mind processes. For example, you could take a dreadful smelling oil internally and get its medicinal effects via the gastro intestinal system. If that same horrible oil were applied in massage you would get none of those effects and may even be made to feel worse, I

suppose garlic oil would be a good example. I would say who would want to be massaged with that crap but I know some therapists do use it externally.

I hope this clarifies some really very complex issues a little.

Martin

Date Feb 2005 To Oils-Herbs

Re **Echinacea.**

This happens to be the herb I chose to write a thesis on when I studied herbal medicine full time between 1983-87. That research included contacts with Steven Foster in the USA who grew many varieties; contacts with scientists doing the early studies, as well as studying whatever old records there were of Native American uses. Steven kindly supplied me with several botanically authenticated samples which I grew.

After two years of growing and researching I gave up writing my thesis because I came to several conclusions:

1. No one had got a real clue on the different varieties because these plants hybridize naturally. Nowadays with genetic typing they may have a better idea though.
2. Due to this hybridization, the chemicals the plants produce are erratic to say the least. Therefore, I just did not know what the heck I was studying!

The fresh root juice is a wonderful anesthetic, but that property declines fast with any kind of processing. With one plant out of the many I grew, if you took just a tiny piece of root and put it on your tongue, your mouth was anesthetized within seconds - ideal for a visit to the dentist! In my opinion, fresh Echinacea is superb for helping heal damaged skin and certainly the best we have for reducing the pain from skin damage. It's effects given as internal medication, I remain unconvinced.

I have not seen any scientific investigations of that anesthetic effect of fresh echinacea. Yet, it is mainly that aspect which is the true traditional use of the plant. The Native Americans rubbed the juice on their skin so they could stand higher temperatures in their sweat lodges. Yes they also used it to treat wounds, but rarely are single herbs used traditionally for such purposes.

Scientific reports on this plant:

Beware, most of those reports are based on research on cell cultures rather than on humans. The results from human trials have been about as erratic as the botanical identification. Some show good effects, some show no effects. Reports based on cell cultures are in my opinion next to useless because they fail to take account of the human digestive tract and how that changes the nature of what you put into it. Other herbs such as ginseng are known to change their chemistry when you chew it and I strongly suspect this occurs with Echinacea.

Re its immune stimulating effect:

In the late 80s this herb was being widely used by herbalists in the UK to treat all kinds of problems. However, several reckoned it had no effect whatsoever on colds and flu, myself included. I think it may have a place in helping the body to recover after your immune system has done the clean up job,

but I am very skeptical that it prevents you getting the virus. It may improve immune function slightly if you take it for a few days when the viruses are around, but aromatherapy will also do that just on fragrance alone.

Don't get me wrong, I am not saying Echinacea does not work. Indeed I chose the plant to study because I love everything about it. **You people need to beware of everything put out by the health food trade to sell products.** Also, try where possible to find out how far back the claims made about a herb really go. In the case of Echinacea the true traditional uses are nothing remotely like the modern ones. This also applies to many other herbal preparations pushed by the health food trade. Grow it in your garden and enjoy it as a beautiful plant, then if you need some for a medicinal need you have got it in its finest freshest form.

Footnote 2015: Since this was written, further work has been done on the antiviral activity of Echinacea. From that it seems that to be effective it may have to be taken for over a month. Therefore I think the jury is still out over its effects on virus replication in the body and my doubts remain.

Martin Watt

Safety: Skin safety, toxicity and internal use.

1. Untested oils.

Aug 1998 To: aromatherapyATidma.com

To Marge: Sorry, on Tansy I made a mistake, (typing too late at night). The high beta thujone T. vulgaris-type has been tested on the skin and no dermal problems occurred. **The problem is that the chemical composition of tansy oils (and the plants) is so highly variable.** Unless one has an accurate GLC on each batch of oil, you do not know if you are using a potentially extremely toxic oil or not. Some varieties of tansy are low in beta thujone, and are therefore not 'toxic', but with a dramatically different composition you are then dealing with an oil with **totally unknown effects on the skin.**

My point really is this, why do aromatherapists have this urge to use essential oils that are highly unreliable, and on which there is virtually no sound therapeutic information. Seems very unprofessional and even unethical to me, when we have well tried and tested oils that will (within reason) achieve the desired effects efficiently and safely.

In reply to your question on what do I mean by 'untested'. **What I mean is any essential oil that has not been subjected to formal medical dermatological trials on humans.** i.e. niaouli oil, ravensara, valerian, spikenard and of course the chemotypes only used within aromatherapy. If I say "do not use", I am talking about skin application in any form such as massage-baths-skin care products. I am not usually talking about the use of the same oil as an atmospheric fragrance. Usually this does not cause skin reactions (although very rare cases are on record of the over-use of diffusers causing skin problems).

I have nothing against exploiting 'new' natural materials. However, the first and most important principle in medicine is 'FIRST DO NO HARM'. If people insist on experimenting with 'unknown-untested materials, let them do it on themselves and not on other people. If as the result of aromatherapists using these materials without proper education we suddenly get a spate of adverse

reactions, all that will happen is unyielding legislation that will do nothing but harm the therapy. In the USA you are getting mighty close to this right now.

I do not agree that this urge to use 'untested' essential oils has got anything to do with therapists trying to help their clients overcome health or emotional problems. No, the prime driving force is to make money and try and gain prestige. "Look at this wonderful new oil I have found-only I have got it-only I know how to use it". Just look at the hype over Manuka which in a months time I will be doing a major post on. A couple of scientists publish some interesting looking information on a **potential** new oil, and without a second thought on 'is it safe'aromatherapy suppliers are straight on the bandwagon creating a market for themselves by dredging up any inaccurate and obscure uses they can think of.

Martin

Aug 1998 To: aromatherapyATidma.com

re Blue Tansy

Blue tansy has never been tested on the skin. If it is the type with high levels of beta thujone then it is extraordinarily toxic. Possibly even inhalation of the vapors of this oil could make people unwell.

Another problem is some so called 'blue tansy' oil is said to come from Morocco. I have seen its chemical profile, and it looks very much like the oil contains a lot of weeds from wild gathering. Therefore you do not know what the heck you are getting, or what it may be good for as each batch is dramatically different.

Moroccan chamomile has never been tested, it has **no validated therapeutic uses**, it was not even used as an essential oil by the traditional healers of Morocco. I have a compilation of the traditional medicinal plants of Morocco and this plant is only given a single passing entry for traditional use as a herb. There is one reason and one reason only that this oil was introduced to aromatherapy. That reason is that about 10 years ago it was a quarter or less the price of genuine roman chamomile. Certain suppliers then started selling it as roman chamomile.

I think it is madness to use an essential oil on which there is no sound therapeutic data, when we have both Roman and German chamomile on which there is tons of sound data and both of which have been extremely well tested for adverse effects. Yet another example of an oil which is used in aromatherapy because it was introduced in the past by unscrupulous people in order to make a fast buck. Sadly this is an ongoing process, with so many clamoring to find the next 'new oil'.

Martin

Date: Tue, 09 May 2000 To: aromatherapy-at-idma.com
Subject: Ravensara2 & reply to Tony

Reply to Tony about novel oils.

When I practiced as a herbalist I would not dream of using a herb that had no history of traditional use. The only exception to that would be if modern investigations had proved an 'unknown' plant to be effective as well as safe. It is interesting that when one investigates the traditional use of some of the novel oils in aromatherapy, we find the natives peoples in the country of origin never used the essential

oil. An excellent example of that is Ravensara oil; apart from a second hand reference to the Madagascan Pharmacopoeia, my references to traditional uses of herbs in Madagascar only make a passing reference to the use of leaf infusions. The traditional uses of herbs in that country have been extensively and intensively studied by many ethno botanists, yet these trees are hardly mentioned.

I believe the days of experimenting on clients with botanical remedies should be long gone. Our predecessors had no choice and found out by trial and error. Now we do have a choice and it really is not necessary; we have more than enough tried and tested remedies to cope with most conditions.

With this constant push towards using novel oils in aromatherapy you ARE experimenting on your unknowing clients. Personally I can see no advantage in any of the newer oils compared to the existing well documented ones that have in some cases been used over several hundred years.

I would be perfectly happy to accept the use of new oils, or rediscovered ones provided they are properly tested. What tends to happen though is a scientist produces a paper about in-vitro experiments and then aromatherapists start demanding the oil without a second thought as to if it is safe.

What winds me up is that such testing is really not that expensive, and yet producers round the world just keep churning these oils out. The onus should be on the producer of any product to ensure it is safe for use, it should not be on aromatherapy practitioners to report adverse effects, that's shutting the stable door after the horse has bolted. That does not mean a reporting system would be very useful because it would, but lets get priorities right. Oil producers should prove safety, if they are in poor areas of the world then their government should pay for it, or in some cases overseas aid projects. For example, the French overseas development agency provides experts to help with horticultural developments in Madagascar, but do they pay for safety testing of the resulting oils ?

I believe that suggesting some of these oils are safe based purely on their chemical profile is irresponsible. There is no way that anyone would allow such a cavalier approach in pharmaceuticals or even regular cosmetics, why should aromatherapy be any different?

I would agree with Tony that many of our common natural oils are highly variable, take for example Geranium and Eucalyptus globulus type oils. These vary a lot in chemical profile depending on country of origin and on clones grown. However, these different oils have been used around the world for a considerable amount of time and in hundreds of millions of products. Therefore it can be reasonably said we do know the safety of the different types. I would be happier if I knew these novel oils were widely used by the perfume and cosmetics trades where the actual products were properly tested, but in most cases they are not.

Now on the other hand lets look at for example Manuka oil. Variable depending on its source. Not widely used Internationally in cosmetic products, therefore little practical testing and little exposure to human skin. It may well be safe but who knows?

The supporters of these novel oils just will not acknowledge these facts:

The cosmetics and perfumery trade do have feedback mechanisms whereby adverse effects to their products may become known. This can be as the result of companies directly reporting to RIFM or IFRA, but equally important are reports from dermatology clinics around the world. If a problem crops up with a particular material it can be picked up in the dermatological publications. **This system may not be perfect, but it is better than nothing which is what the aromatherapy trade has.** With aromatherapy use of oils we can't rely on so many cases ending up with dermatologists, this is because

total numbers exposed are way lower than to normal cosmetic products. I know that aromatherapists have had to drop out of the trade due to becoming sensitized to oils because some have asked my advice, but I do not know how many in total although I suspect quiet a number. Rarely do these cases end up in medical clinics because once they stop working in the trade their problems may disappear.

I would remind some people that years ago I started giving warnings about the dangers of using Tea tree oil neat as the aromatherapy books suggested. Then the oil had only been tested up to 1%. Now years later, what do we get; a steady trickle of reports of sensitization effects mainly caused by the use of the older oxidized oil. These aromatherapy authors simply did not know if the advice they were giving was accurate as it was based on the use of the oil on their handful of clients. In the same way the advocates of these newer essential oils do not know. **If I do not know, I do not use.**

Martin Watt, UK

Date around July 2003 To: aromatherapy-at-idma.com

Re Ron Guba's reply

Although I am no longer a member of this group, I hope you will allow me to comment on Ron Guba's message as it contains incorrect information.

Ron said: [“Martin is refering to formal testing on paid human volunteers under the auspices of IFRA for use of essential oils, aromachemicals, etc. for use in mass-marketed consumer fragrances”](#).

This is NOT correct. Anyone who has Plant Aromatics will see there are hundreds of references unrelated to the IFRA data. Most of those references are drawn from world wide reports from dermatologists to both whole oils and aroma chemicals. This has been explained many times on this group so I wonder why Ron insists on promoting such untrue information.

Ron says: [“There are a number of essential oils that have not been 'formally' tested in this way, yet have been used more or less extensively for years without problem”](#).

Again covered in the past in great depth on this newsgroup, but for the new comers (which I am guessing Ron is trying to get at): There is NO systematic reporting system for adverse skin reactions in aromatherapy. Therefore to use "practitioner experience" as a monitor of safety is nothing short of a sick joke. With oils that have not undergone formal safety evaluation no one knows if they are safe.

Ron says: [“Most, if not all compounds responsible for skin sensitisation have been identified”](#). This is simply **not true**. I have hundreds of research papers on skin reactions and it is common to see a researcher say "this is the chemical BELIEVED to be responsible for the reaction". In other words they are not certain. That is why only tests on a whole oil on humans are of any value.

Re Ormensis mixta:

I have seen several analysis of this oil. No one has a clue on what the main chemicals are or do. There is no safety data on the main component so how it is possible to vaguely guess this oil is safe beats me. This oil has never been used in Moroccan traditional medicine and even the plant is only mentioned in passing in one report.

The only reason this oil was introduced to aromatherapy was because 20 odd years ago it was dirt

cheap. Then certain suppliers started to sell it as "roman chamomile" to make a fast buck. That was reinforced by certain French con artists who invented wonderful medicinal properties as they did with several other unknown oils. Those 'inventions' were then copied by 90% of aromatherapy courses and novel writers.

Finally: To use any essential oil with unknown safety on the skin after 15 years of storage is about as crazy as you can get. If that oil contains even tiny traces of certain common chemicals in essential oils it will have degraded into known skin sensitizing compounds. I would not want it on my conscience to give out such misleading advice, but then many figures in aromatherapy do not care if they cause harm to other people.

Martin Watt

Date Jan 2004 To oils-herbs

Re testing

Butch said: "There is a large community out and about .. I'm on over 30 lists".

Agreed, but there is no co-ordination mechanism and no checking to see if these reports are real. The vast majority of newsgroup members do not know how to spot a **sensitization reaction**. Most AT courses still do not teach this subject (**2004**), therefore how can therapists or Joe public possibly know if there is a real problem or not and what the nature of the problem is? Even with what I know on this subject I cannot be certain if someone has got a sensitization reaction or simply irritation. Only a dermatologist can tell that for sure. So I put no credibility at all in vague reports on newsgroups giving any idea on safety.

Butch said: "I fall back on my comments that if we wait for formal testing then the number of EO we can use will be cut drastically".

I dispute that statement. In Plant Aromatics I have listed well over 150 oils where safety is known. In addition, most if not all the therapeutic uses claimed for these novel untested oils can be met from among those oils which have been formally tested.

Martin earlier: "Instead, AT suppliers operate on a bandwagon effect selling anything that there seems to be a demand for".

Butch: You are too general .. be more specific. Are you talking about ME?

Not specifically, I am talking about 99.5% of aromatherapy oil suppliers. This trade is not pushed by the *need* for new therapeutic oils, it is pushed by the suppliers wanting to *sell* 'new' oils as if they are magic bullets. I have sitting on my table 20 samples of novel oils from Australia. With the exception of lemon tea tree, none of those oils have anything to offer that our existing oils don't, indeed some smell dreadful. We do not need them so why are they produced? For nothing other than commercial reasons, often from Government sponsored projects to increase exports. **In other words, the oils are produced first and then the market for them among aromatherapists in particular is invented.**

Butch said: "I am going to stick with my comments that there is a big difference in saying something is

UNSAFE and saying something has not been tested”.

I agree, and I never say untested extracts are unsafe. What I say is **we do not know** and until we have at least some idea, why use them when we have hundreds of known oils that can do whatever is claimed for most of the untested oils.

Please people remember **my comments are only to do with skin safety**, I have no problem with novel oils being used in diffusers, candles and suchlike as that is far less risky.

I hope people on this list don't get confused by these conflicts of opinion, there will always be differing opinions on this subject particularly where sales are involved. The first person in aromatherapy to investigate adverse skin reactions in depth was myself and I started that nearly 15 years ago. I have far more detailed information than I can publish. It is the result of all those years of study and data collection that leads me to my conclusions in regards the safe use of plant extracts.

When I can find the time, and feel well enough, I intend writing a series of exposes of certain claims for various essential oils, where the claims originate and compare that with the claims made for them.

Martin

Date March 2005 To ATFE or Oils-Herbs

Jenn I was not meaning to get at you on this matter, my comments apply to anyone selling and using products with **unknown safety** and that applies to most AT oil suppliers.

<http://citrusandallied.com/products/viewMSDSSheet.php?ProductNo=150612>

This is a standard MSD. It does not include *any referenced safety data* on toxicity or skin effects. Unreferenced information is pretty useless information. Please take note of the 'get-out cover your ass' clauses as the end.

<http://www.floridachemical.com/datasheets/foldedorangeoil.html#safety>

Comments exactly as above.

Such standard MSDs are of limited value for aromatherapy or any other skin application purposes.

I am not so concerned about the photosensitizing capacity of folded citrus oils, but more so about their potential sensitizing properties. I believe the coumarin waxes are removed with the processing although that data is not indicated in the safety sheets. However, the concentration process will inevitably concentrate other chemicals in the oil which might cause ordinary sensitization reactions. The fact is **no one knows because it has not been formally tested for skin safety.**

As to the use of these concentrates in food: You have to appreciate that manufactures only use these folded oils as flavors in parts per million. Bitter orange oil has a maximum reported volume of use as 428 parts per million as a flavor, the 5 x oil would therefore be way lower. This is like cinnamon bark oil, not a big problem with tiny amounts in food, but on the skin - no way! I doubt that a drop of this orange concentrate in a bath occasionally would cause any problems, but I certainly would not recommend it for use in any cosmetic type applications at anything above the amount used in foods. It is regular use that can cause the problems.

I have a simple policy: **If any oil has not been formally tested for skin safety then do not use it on the skin in any form.** An application by a company in the UK to use Melissa oil in a cream was rejected by the safety assessor on the grounds that there was no published safety data. I agree 100% with that attitude.

Martin

2. Skin reactions.

Friday, July 31, 1998 To: aromatherapy-at-idma.com

Subject: re Jades message on adverse reactions

Many of the points Jade makes are perfectly valid. However issues such as diet, emotional state of the sufferer, etc. are of little relevance to the subject of sensitization. They are of course relevant to an individuals state of health and possible sensitivity to certain chemicals. However, what initiates sensitization is a reaction to a given chemical or rarely a group of chemicals. With the worse sensitizing agents such as verbena oil, it can and does happen to people in normal health and under controlled conditions.

The common dermatological tests do not take account of possible adulterants because this is generally not necessary. Either a person reacts to a chemical such as linalool or they don't. Those people that react to this chemical will react to any essential oil containing it, whether there are other contaminants, natural or synthetic present in the oils they react to. These reactions are extremely well documented.

My general experience, is that those people who kick against this question of adverse reactions to essential oils, do so because they just do not have the knowledge on the subject that they should have. Frequently they have had the wool pulled over their eyes by certain convincing con artist essential oils salespeople who will sell anyone anything they can to make a fast buck, or they think that the authors of the popular aromatherapy novels must know what they are talking about. Sorry to disappoint you, but not so.

In the UK only a few years ago, we had 2 or 3 aromatherapy companies offering therapists terribly toxic chenopodium oil. It had been illegal to sell this to anyone other than a registered doctor or pharmacist since 1968. Yet, now the well known owner (in aromatherapy) of one of one of those companies claims he "provides consultancy services on legal issues!! I raise this off topic subject, just as an illustration of lack of knowledge or lack of caring on health and safety.

I know the history of this trade and the individuals in it, very well indeed. I will never forgive or forget those people who have promoted and sold known hazardous materials just to make money or gain glory. Funny, I thought aromatherapy was supposed to help solve health problems, not cause more harm than good! I have a long memory, and like the elephant, don't forget things many would rather you don't know about. To those people calling for forgiveness and 'lets all work nicely together' all I can say is; ever heard of the fundamental principle in medicine '**First do no harm**'.

Martin

July 2002 To: group lost

Re postings on cinnamon bark, leaf and eugenol.

I noticed there are some slightly misleading statements in regards to what is known and what is conjecture on these materials. Here are the original comments along with my own:

"The North American Contact Dermatitis Group: For the 1989-1990 years. The top 4 allergens and results are as follows: cinnamic alcohol 5% = positive in 47 people or 7.6% of total, eugenol 4% = positive in 33 people".

I do not dispute these results, however, a few things need consideration when these results are extrapolated to the use of essential oils in aromatherapy:

All the reports below are in the RIFM monographs. Although a rumor is being propagated that RIFM results are not always accurate, I would just like to remind people that their trials were on real humans, not scientific guesses made by extrapolating results based on chemistry as is increasingly common.

1. Iso eugenol (clove-ylang-tuberose) in tests on humans was not a sensitiser at 8%
2. Methyl isoeugenol (60 plus oils) in tests on humans was not a sensitiser at 8%.
3. Methyl eugenol (basil-ylang-rose-etc.) was not a sensitiser at 8%.
4. Eugenol (cinnamon-clove-bay-ylang and many others) was not a sensitiser at 8%.

So the above along with tests of whole oils containing eugenol's would indicate a low potential to cause sensitization in most people. That is provided that levels of use are kept low and infrequent. Personally I would be happy to have a massage with a couple of drops of cinnamon **leaf** oil (that's all you need). On the other hand, no way would I use a bath product or soap with that level on a regular basis.

[Q. Do I assume these results are different because they are performed on humans with no known allergy problem and 'normal' skin, and Jo's references are for tests on people with known allergy ?](#)

Yes, that is correct. There are two main types of testing:

1. Is to establish safety levels and is usually done on people with 'normal' skin.
2. Tests done in clinics to ascertain if someone may be sensitized to something.

The first type of test is done to ascertain if a substance is safe to use in products and at what level of use. Of course this has to be based on averages as a percentage of the population will always react to any given substance. This type of testing is done on behalf of cosmetics and toiletries companies, usually by independent test clinics.

The second kind of test is always done after someone has developed a skin problem and sought medical help. They are referred to a specialist clinic to try and find out what substance/s are causing the problem.

[Q is it fair to say that with proper consultation and for the main application methods, frequency and dilution used in therapy within the UK that Cin. Leaf should not pose a problem re sensitization and this has been confirmed by whole oil tests at 10%. Consultation should after all determine if someone has a known fragrance allergy and then the appropriate selection of oils will/should take place?](#)

Absolutely; adequate consultation on an individuals fragrance allergies should be a key part of any

aromatherapy treatment. I am not saying it is OK to use cinnamon **leaf** oil at 10%, it is simply that this is a maximum level at which no signs of sensitization occurred in people with normal skin. As I say above, if only a drop or two are used you bring the safety factors up tremendously because 2 drops in 20 ml of fixed oil is only around a half percent (I think if my maths are right)!

It is critically important to look into the issues of volume used and frequency rather than just say (as is common) "don't use anything with eugenol because it is a sensitizer".

Most of the people being tested for fragrance allergies have acquired that condition from commercial cosmetic products, usually from long term use. For aromatherapists understanding this is crucial because they should not use any oils containing the chemicals that the individual is sensitized to. However, that does not mean that those same oils containing a weak sensitizing chemical will **cause** sensitization in most people. As I say in my publications, the people most likely to get problems with sensitization are the therapists themselves, not the clients. **So for a therapist to regularly massage using suspect sensitizing oils is unwise for their own health.**

"any EO containing any of the notorious sensitizers presents potential problems when used in any amount on the skin of people inclined toward topical allergies".

There is some truth in this, but it requires clarification when related to essential oils.

While I would agree that not using essential oils containing certain chemicals is a wise thing on people with known problems. You cannot then extrapolate that to meaning that any essential oil containing a given sensitizing chemical is likely to have a sensitizing action on the majority of people. Regrettably it is exactly this kind of thinking that is pushing the legislators into drawing up new laws based on the most appallingly flawed chemistry. **Footnote 2015. That is exactly what has happened.**

Q Is it probable that the whole oil will act differently on a person inclined towards topical allergies, but it is just safer for the aromatherapist to avoid them in this instance and minimize the potential risk?

In theory if an individual is already sensitized to a chemical which also occurs in an essential oil, then the fact the oil is 'whole' will make little difference, they may react. This is similar to peanut allergy, in that once sensitized, only tiny amounts are needed to trigger a reaction. In such cases then you are playing safe by avoiding oils containing the suspect allergens.

In the case of cinnamon **leaf** oil I know of no evidence suggesting that the occasional use of this oil in massage, bathing, etc. is a sensitizer on most people. Test results on humans that I have seen do not indicate any problem with the whole oil. **Footnote 2015.** The European safety advisers have now classified eugenol as a "sensitizer" and warning labels must go on products containing it.

"the fact that there may be a multiplication or modification of effects rather than a simple addition does not mean that the individual aroma chemicals lose their separate actions. They will always do, or try to do, what they are capable of doing".

This is again misleading. The individual molecules in essential oils can run to many hundreds. The so-called 'synergistic' effects are those that we have observed from the use of the whole oil, and generally that is all aromatherapists should be concerned about. Let me give an example about how the statement above is wrong.

Water is made of hydrogen and oxygen. Put a match to either of these gases and they will ignite violently. Combine the two together in the appropriate blend (H₂O) and you get water, something used to put fire out.

This example is simplistic, but is an illustration that you cannot say that because a given chemical with known actions is present in a complex blend, that the individual chemicals actions will still have any effect at all. With essential oils you get completely unknown interactions between hundreds of molecules; ultimate effects also depend on how the substance is being used and above all volumes of the chemical/s present in the final product.

[d-limonene and eugenol are well recognized as chemicals that can modify the actions of others.](#)

In my opinion it is ridiculous to extrapolate effects based on the knowledge that one chemical does this that or the other. In aromatherapy it is common to be told that essential oils contain maybe around 50 chemicals-yes the manufactured ones might! However, anyone that can get into a science reference library and look at food trade GLCs of say orange oil, will find trace chemicals in that rather simple oil come out to around 5 pages long. Some of those chemicals in parts per million are the most potent ones. So to assume that a given chemical will have a given effect simply because it is present in reasonable amounts is ludicrous. What about the more powerful ones in trace amounts?

Finally I would like to say that from my studies of dermatological literature it is common to see: "believed to be x-y-z chemical responsible for a sensitizing reaction". The real experts in this matter rarely come down and say "yes it is such and such chemical". With allergens in essential oils, the exact causative chemicals (or more often complexes), are far from all being known about.

[Q Do dermatologist as a whole \(UK/Europe and USA etc\) believe single chemical or whole oil testing is the most reliable indicator?](#)

I really do not know the answer on this. The main reason is as explained above, there are big differences between clinics doing safety assessment testing and those working to help people with cosmetics sensitization. Usually if you go to a dermatology clinic for skin testing they will use the materials in their test kits. In the case of fragrance chemicals these will almost always be synthetic. On the other hand if they think you are allergic to cats you will be tested with a preparation made from cats hair and skin. **So there is unreliability built into their testing regime.** Sometimes cross reaction testing is done, for example people allergic to peru balsam will react to many other chemicals and I guess for that they will use peru balsam extract.

Allergic reactions and proving what is the root cause is a notoriously inexact science. There are so many variables in human genetics and the materials used. All I am trying to say is that those who practice natural medicine or use natural products should take primary notice of what is known about the whole botanical extract. The chemistry can be useful, but should always be secondary to known effects of the whole extracts. I don't trust most synthetic chemists as far as far as I can throw them. They are the ones who developed all the environmentally polluting chemicals which they swore blind were safe. They have a very narrow simplistic view of plant chemistry, and don't ever forget the subject of phytochemistry is a science in its own right and I do not know of any fragrance chemists trained in that subject.

Martin Watt, UK.

March 2004 To: ATFE

Re essential oil sensitization

Hi all, just popped in when I was told something was being discussed that was up my street.
A few points on the previous posts:

Those who get such reactions tend to leave the trade and therefore their problems go unrecorded. I have had correspondence with several people who have had to ditch the trade because they got severe skin reactions. We can only go with the statistics from the dermatology world which show an increasing problem among the general population of sensitization to fragrance materials including essential oils. My article on lavender on my web site shows a clear correlation between the increase in statistics in Japan coincidental with the increasing use of aromatherapy related products.

Having a poll on ATFE: A complete waste of time because there are not enough regular readers to make any kind of statistical sense. Like I said, if someone has a problem they drop out. Even if there was say a 2% reaction rate some might consider that low, but the cosmetics trade could never get away with such a high figure. Percentages must be pulled back to real numbers. 2% equals 20 people in every thousand or 200 in a small town of 10,000 people. A ridiculously high rate and I have seen reports of far higher figures than this.

Please never ever accept as facts anyone who starts telling you about what the French do. The doctors there who use aromatherapy have historically flown in the face of all accepted safety data on essential oils. The Dr often referred to in France used to advocate the use of cinnamon bark oil rectally. When challenged to discuss his use of neat and dangerous oil by a friend of mine at a conference he declined. Most of them work in private practice with no State body monitoring their results and failures. A pharmacist there who runs a course with an essential oil supplier, sent a document to a friend of mine saying that "there was no problem with using Verbena oil on the skin", yet the source of that oil was someone I know who told me they had to ensure the workers who filled the stills were well covered up because of the severe reactions it caused. It was from France that all the best safety data on the adverse reactions to Verbena oil came from causing it to be banned by the IFRA So French *aromatherapy* safety experience, forget it, they were ignorant of what their own fragrance industry had known for 30 years!

Those on this group must beware of therapists and untrained lay people who just parrot unevaluated nonsense they have gleaned from badly trained teachers or the popular AT novel writers. Get the facts, not the fairy tails that have the potential to harm people.

Martin Watt

Feb. 2002 aromatherapy-at-idma.com

Re Benzoin

As I promised Tony Burfield, I am putting forward reasons why I consider this material should not be used for skin application purposes by anyone.

As used by aromatherapists benzoin it is not a 'natural' material.

As I explained the other day, all liquid benzoin is the resin dissolved in a variety of synthetic solvents. In some cases this leaves the therapist in a vulnerable legal position, although that will of course depend on their individual insurance policies. However, the use of synthetic materials is contrary to the declared principles of aromatherapy as well as to dictionary definitions of what the word means.

The use of petrochemical solvents is likely to increase skin absorption of the sensitizing agents in the benzoin resin/s.

Various kinds of benzoin preparations are well recognized skin sensitizers and this is not just from RIFM who advise their members not to use crude benzoin.

I acknowledge that some benzoin resins seem to be allergen free, but the problem is an aromatherapist has not got a clue what is actually in the bottle. All they can do is rely on what their supplier tells them; frequently aromatherapy suppliers in turn rely on what their suppliers tell them, and on through the chain. I know this trade too well to have any faith in that method of ascertaining what's in the bottle.

In addition to the RIFM member recommendations we have dozens of other reports from around the world on what a bad sensitizers benzoin is. Here are just a few:

A comparison study on 300 patients between the use of gum mastic and benzoin tincture for adhesive wound dressings. 57 patients developed contact dermatitis to benzoin. *J. Dermatol. Surg. Oncol.* 1992. Nov. 18. 11. 990.

Numerous cases of compound tincture of benzoin sensitivity have been reported with eczema as the major manifestation. Spott D. & Shelly. 1970. *J. Am. Med. Ass.* 214 (10) 1881.

When used as a preservative, *Benzoic acid* caused adverse reactions in 8 out of 179 patients with cosmetic dermatitis. de Groot A. 1993. *Adverse Reactions to Cosmetics* p.p. 62.

Allergic dermatitis was reported following the use of Benzoin for fissured nipples, as wound dressings, as antiseptics and for hair preparations. Mitchell J. & Rook 1979. *Botanical Dermatology.* (out of print but I got it).

You must remember I am *only* against its use on the skin, in the bath, or regularly in the diet. I am not against its use in a heated oil diffuser in small amounts.

Now lets leave aside the sensitization issue even though I have dozens of other references. Lets look at what benzoin is used for.

Trawling through my aromatherapy novels I find the commonest theme is the use of benzoin for damaged skin. Yet such a condition that dramatically increases the chance for sensitization to occur.

Why use benzoin when there are clinically proven skin healing agents with a very low sensitization rate such as German Chamomile? Lavender; not so well clinically proven as a healing agent, but even I acknowledge it is. Neroli; proven anti inflammatory and anti microbial (if genuine). Rose; (soothing) traditional use, but more importantly hardly any reports of adverse skin reactions. There are a few other oils with traditional and proven actions with minute adverse reaction rates that will do the job as well as benzoin or better.

Frequently I come across the traditional use of benzoin for cracked nipples from breast feeding, as a suggested use in aromatherapy books. As far as I am concerned that is totally contra indicated. You are far more likely to trigger sensitization, the baby will get a dreadful taste as you can't wash benzoin off the skin with anything other than strong alcohol, and you even stand a chance of sensitizing the babies lips. We have very safe effective ready prepared creams containing Chamomile extracts, so why toy around with benzoin or even other essential oils? These creams have been used by millions of women and I have only seen two recorded cases of an adverse reaction and even then it is not clear if it was the Chamomile or perhaps more likely the preservatives used.

Many of the aromatherapy suggested uses are to do with psychological factors. Well in that case why apply it to the skin at all. Fragrance works via the nose not the skin! So use it in a diffuser if you must.

It looks as if many of the suggested uses in aromatherapy have been extrapolated from the old pharmacopoeias. I have most of them and interestingly most of the past medical uses do not advocate the material in massage. They used it in things like skin creams, in tinctures for application to wounds, for inhalants and internally. Those old uses were perfectly valid as often they had no alternative treatment available. **Now we do**, and now we also know a heck of a lot more about adverse skin reactions. In the past these mattered far less than curing the infection that might be present in a wound.

So without turning this into a book, I just want to know why aromatherapists insist on using a material that has significant risks associated with it and may not be “natural”, while on the other hand we have materials that are safe, natural and will do the job as well or probably better?

Martin Watt, UK

aromatherapy-at-idma.com

Tony said: “The "benzoin oils" on the market that I have analyzed have proven to be synthetic reconstruction's in a high boiling solvent.”

Benzoin my final reply

I acknowledged in my article that there may be safe varieties of benzoin. Even RIFM acknowledge that (see below). However Tony you confirm my point about how the heck is an aromatherapist supposed to know what is in the bottle they buy. You know as well as I do the supply trade often do not have a clue on the exact botanical origin of most oils/resins. So unless someone takes the bull by the horns and markets a benzoin from verified botanical sources, or processed in such a way as to remove the allergens, and can prove it, and other oil suppliers don't then lie about what they are really selling(as they often do), then all we can do for safety sake is say-OK we don't use the stuff.

I have seen a reaction to benzoin on a lady in her mid 30s and on her chin. She used it because of what the aromatherapy books say and as a result may be sensitized for life. I truly hope not, but that is a dreadful thing for a supposed 'caring' profession to be responsible for.

RIFM member guidelines are not always published but I have seen them and they say: "The I.F.R.A. recommends that styrax gums and resinoids should not be used as fragrance ingredients. Only preparations free of the sensitizing allergens should be used. This is based on research indicating the potent sensitizing potential of gums and resinoids of Asian and American styrax, but absence of

sensitizing reactions from samples obtained by refluxing with aqueous alkali, solvent extraction, washing the extracts to neutrality and removal of the solvent. Only extracts or distillates (resinoids, absolutes or oils), prepared from Liquidambar orientalis Mill., can be used and should not exceed a level of 0.6% in consumer products".

Well what more can I say, I rest my case?

Martin.

Tue, 18 Aug 1998 To: aromatherapy-at-idma.com

Subject: Re nut allergies.

Generally, the allergy is only to the proteins in the nuts, therefore fixed oils in theory should not cause a reaction. However, this obviously depends on the severity of the problem. If someone is hyper-allergic then it is wiser to avoid all implicated products.

None of the common essential oils come from nuts, although some of the more exotic ones some people sell are supposed to. However, the distillation process should remove all traces of any nuts allergens anyway.

Martin Watt

June 2004 To Natural perfume group

Re sensitizers list from the EEC

A bit of my history on this issue:

If I recall, it all kicked off a few years back when certain advisers on the EEC health and science committees got wind of some reports of sensitization in Northern Europe. I can't now recall the reports but they were complete crap like so many of these pseudo scientific scare stories are. One I do recall was that woodworkers were (rarely) getting sensitization reactions to wood shavings and skin tests showed they were sensitized to alpha pinene. Within no time at all this turned into "adverse reactions to terpenes". As an ex perfumer you know well how crazy that kind of thinking is; just lumping the hundreds of different terpenes into one category is science gone mad, but that is how ALL the Euro legislation developed. All tied up with this was another EEC directive on inhalation hazards which was originally pitched at the petrochemical industry, but somehow ended up affecting essential oils. Most traders though just ignore that one.

I know that IFRA and RIFM, the British Essential Oils trade Association, the German and to a lesser degree the US, all got involved with trying to prove that the proposed legislation was nonsense, but all that came to nothing. I have my own opinions on why that was. It is because 90% of advisers to the Euro committees are sitting on a small fortune in consultancy fees, etc. Therefore, few of the big trade representatives were prepared to screw their chances of a nice cushy job by saying to the Eurocrats "No we do not accept that and you have got it wrong".

My understanding is that the big players in the cosmetics trade accepted the legislation on sensitizers which kind of left everyone else out on a limb. Clearly they have the money and knowledge to dispute legislation if they choose to, but for them the answer to the problem was quiet simple. You just reformulate to reduce the supposed sensitizers to a level where there is no need to label. I also hear through the grapevine that certain French fragrance labs are busy trying to develop new "essential oils" processed to remove the supposed allergens. I am told that so far their efforts smell bad but doubtless they will crack the problems.

So the end result is another pile of Euro directives that only the big boys will comply with. Everyone else will ignore the regulations and nothing will happen. **The Eurocrats are so thick they always fail to put in place a system to police their crazy regulations.** The sooner the whole edifice is torn down the better. The Commission is a bottomless pit of tax payers money being siphoned off to pay idiots to push paper and to pay criminals for projects that never get off the ground. The fraud involved is horrendous and one day the bubble will burst I am sure.

I did send a letter to David Moyler pointing out the lousy science underlying the Commissions case on sensitizers. Can't find it now, but it was a scenario involving a young couple out for dinner in a hot sweaty environment. My case was that the scientists had totally ignored the fact that young peoples palates have changed enormously in the last 20 odd years. It is common now to be consuming large volumes of spices and suchlike all of which can cause sensitization in themselves. However, all the idiot advisers were targeting was products applied to the skin as being the fundamental cause of the problem of increasing allergic reactions in the population. I have always been cautious with my aromatherapy education over the sensitizers. issue (some think over cautious), but for supposed scientists to not even look at peripheral linked issues is just appalling. Still who am I to dispute scientific advisers, after all I don't even have a degree in liquid propellants for rockets! That is the nature of some of these advisers.

Martin Watt

Nov. 2004 To ATFE or Oils-Herbs

Sensitisation and toxicity.

Thought I better post this direct as I was a bit concerned over recent exchanges between Anya and Butch over the sensitization issues. It is wrong for anyone to think they can use hazardous essential oils because in time any sensitization they get (or give) might wear off. Much safer to avoid the hazardous oils altogether.

With allergy treatments you cannot lump all types of allergic reactions into one basket. Sensitization and allergies are a vastly complicated subject with a huge spectrum of symptoms and treatments available:

You can have sensitization that might wear off over time if an individual is no longer exposed to the substances.

You can have a genetic predisposition to becoming allergic. This can be for life although even that can change over time with the seasons, hormone cycles, diet, etc. It is a highly complex problem and I do not believe, and have seen no sound evidence, that you can completely cure it in people with a genetic

predisposition.

You can of course have both which is the worst possible scenario.

The disappearance of an allergy may have nothing to do with any treatment a person has had, it can just be a natural process as we age. I think Anya has missed that aspect in what she is assuming has happened to her. In my own case, in the last few years, my hayfever has declined in intensity. Seems as you get older one type of ailment disappears and others take their place.

Allergies such as eczema, hayfever and asthma are well known to change over a persons lifetime. My grandfather had mild asthma until he was around 80 it slowly disappeared without any kind of treatment. So by the time he died at 93, he had gained many years of freedom from the problem.

Anya said: "I think you need to educate yourself on what can rid your body of the weakness that allows you to be sensitized".

Yes, like avoiding those things that can *trigger* any kind of sensitization whether that be essential oils, pollen, bed mites or whatever. To find accurate verifiable information on natural treatments that can *remove* the problem is like looking for a needle in a haystack.

A lot of so called 'herbalists' in America do not have sound training in the sciences and tend to regurgitate what they have been taught. Some of what they parrot is good, but if it is not properly evaluated that is very bad indeed. Traditional use never ever automatically means safe or effective treatments. Also, defining what is true traditional use is a minefield for the unwary.

I have little confidence in these supposed liver treatments for allergies because most peoples livers work just fine without any need for intervention. Some herbs can give the liver a kick and make it work a little more effectively, **but there is a vast amount of hype associated with this.** Does anyone here recall my earlier postings on the trash on herbal gallstone treatments? No amount of liver treatments can remove a genetic condition, all any herbal treatment can do is to reduce the effects. Some herbs can be great for that aspect though but it has nothing to do with "detoxification".

I also take exception to Anya calling this condition a "weakness" in fact genetic based allergies can be a strength because although they are a pain to live with, sufferers rarely get cancer. This may be because the bodies immune system is in overdrive, yet I have seen many herbalists and aromatherapists claiming their treatment "stimulates the immune system". Something pretty wrong with that statement and shows a lack of thought on behalf of the person saying it.

“The lymph system is the hardest stronghold to detoxify,”

Whenever I see words such as "detoxify" this sends shivers down my spine. It is a quaint old fashioned term that means absolutely nothing. The liver processes unwanted metabolites (not necessarily toxins). There are few 'toxins' in normal lymph for it to "detoxify". What it does is reprocesses tissues and fluids to extract what the body can reuse and ejects what it can't use or that could be hazardous. Therefore the term 'detoxifies' is inappropriate **and smacks of beauty therapy hype.**

Here is a question that I can't answer:

Antibodies trigger an allergic reaction in someone sensitized to an essential oil. Other antibodies are vital in our defense against invasion by infections. If you over stimulate the liver to process the lymph fluid more efficiently, what useful antibodies might you remove along with the ones you don't want? I do not think the liver can distinguish between useful and not useful antibodies, but perhaps I am wrong.

Martin Watt

Mon, 20 Sep 2004 To: fht.org.uk
Letter to a therapy magazine.

Subject: Re dermatitis report

Dear Editor,

I was fascinated to read the new research article in your journal about massage therapists developing dermatitis.(1) This is something I have been warning would happen for many years. However, because of my attacks on our incompetent trade organizations, new therapists in the UK are not made aware of the safety data I have supplied since the early 1990s. In that I have always warned of dangers of using essential oils on which there is no documented safety data, and on oils with well documented hazards.

Over the last week or so I have been conducting a survey of what is being sold on UK web sites as part of a new project. I was horrified to find that everyone and their mother seem to have started selling essential oils on UK web sites. From some of the oils being sold, and the illegal medicinal claims being made, these suppliers do not have a clue about what they are selling and particularly the safety implications. Also, from prices alone, I can tell there are a heck of a lot of fake oils being sold which also have grave safety implications.

Many of these small suppliers just believe what the sales people in the wholesale trade tell them and check nothing out for themselves. From statements made on these web sites, most of the trades teachers still teach inaccurate safety information drawn from popular aromatherapy books rather than from verifiable information.

Many of these web site owners claim to have been trained and certified by a variety of AT trade associations. If that is the case, all I can say is **we have a new generation of teachers who simply do not know what they are teaching.** This is a terrible indictment of the trade associations in their lack of quality control of education. Their leaders only seem interested in fixing hours of study and subjects and playing politics with Civil Servants. If their approved teachers really know their subjects seems to be a secondary consideration to everything else.

From this new report on skin problems, therapists own health is being put at risk by the lousy education on essential oils and their risks that are endemic throughout this trade. Many of the affected therapists will have to stop the work they love. Then the training establishments can suck in a new batch of trainees and so the money making rackets continue. A caring profession-what a sick joke!

Martin Watt

(1) Crawford et al. Archives of Dermatology. 2004; v.140.(8): 991-996.

3. Toxicity issues.

aromatherapyATidma.com Thu, 26 Nov 1998

Re-a moment of time

I won't spend too much effort on these calls for a coming together of people in the trade, you all know by now what I think of that.

As to 'bickering'; I have only seen a few cases of that on this list. However, I have witnessed some excellent examples of the exchange of information and discussion based around different peoples mails. Those that consider such exchanges as 'bickering' are usually those that cannot take their own knowledge base being challenged.

Eva-Marie Lind made this statement:

"To date most of our 'data' is purely based upon work with small unwilling rodents"

Well, all I can say to that is if that is what you are teaching your students then you need to get yourself better informed. All dermal testing is on humans, significant and important research on olfaction has been done on humans, quite a number of trials of essential oils for antimicrobial effects have been done on humans, and quite a number of other trials have been done on humans. Incidentally, most of the claimed effects on web sites for Manuka oil have NOT been done on humans.

I am perfectly happy to investigate the traditional uses of any plant. What I am not happy about is those that constantly mislead aromatherapists into believing that certain essential oils have a traditional use background when they do not!!

I also challenge those people who give the impression that they have studied traditional medicine in great detail and they have not.

I also challenge those that think traditional medicine must always be right, when it often is not.

I would draw peoples attention to earlier mailings of mine, where I mentioned that there are absolutely no methods within aromatherapy to document the effects claimed by so many that; "they have had wonderful effects using certain essential oils", to evaluate those claimed results or to check if the practitioners are operating safely and in accordance with ethical procedures.

Aromatherapy can only survive as a reputable *profession*, if it constantly evaluates its knowledge base, and throws out the error ridden and unjustifiable information produced by past unknowledgeable writers and teachers. It will not survive as a *profession*, if the teaching is full of unjustified hype, errors, misleading information, confidence tricksters, (yes, we always have to get back to them), and an inability to consider that *some* scientific evaluation is essential, in order to evaluate the worth of what I consider is basically a wonderful method of helping various types of illness.

Martin Watt, UK.

20 Jul 1998 To: aromatherapyATidma.com

Subject: methods of use

Re the question of how much oil gets in the body from different methods of use and standards.

A good point and one I can't answer for certain. I do know that a fair amount of oil is absorbed from the respiratory tract. Therefore, I would not want to be inhaling a lot of synthetic oils, but on the other hand no harm will come from small amounts, after all that's what most perfumes consist of. What is important is the **volume** of exposure. Unless someone were sitting in a closed room for hours with a diffuser pumping away, I doubt they would absorb enough oil to cause problems. However, compare that to the volumes of oil some people suggest for oral consumption and we are in a different ball-game. In a recent book it was suggested for **babies** that 5 to 10 drops of chamomile oil 3 times a day orally would be fine!!!

Next to nothing is absorbed via the skin.

As to standards in aromatherapy, they should be no different to anything else which is: Are there any sound references to support what someone claims. If not, then the information should be viewed as anecdotal and its reliability is in question. The lack of credible, referenced information is what 90 percent of the aromatherapy trade revolves around, i.e. "believe me because that's what I say", or "that's what my teacher told me", or the best joke of the lot "this is traditional information". OK nothing wrong with traditional info. you may think, but since when did the native population in New Zealand have stills and produce Manuka **oil**, so where does the 'traditional' info. on that oil come from? Just one of many examples of unjustified so called "traditional information" in aromatherapy.

Martin

Wed, 30 Sep 1998 To: aromatherapy-at-idma.com

Re. Clarification: side effects of inhaled oils

In regard to the post on inhaled aromatherapy oils.

I missed the original post, but I think it should be pointed out that of the mixture of oils quoted, I can see one that might be implicated in an adverse reaction. That oil is **Inula graveolens**. **This oil has never undergone any kind of formal safety evaluation**. While it may be safe we simply do not know. This is another one of those hyped-up oils in aromatherapy, the side effects of which are unknown and certainly any therapeutic effects are completely unverified. Since this plant is closely related to one of the worst sensitizers., i.e. Alant root (Inula helenium), then there is reason to be suspicious about its potential for causing sensitization reactions.

Adverse reactions to inhaled essential oil vapors are extremely rare and I only have a few recorded cases of such effects. However when this type of allergic reaction does occur it can be severe.

One must of course never rule out the chance of a psychosomatic reaction against the mixture. It is not uncommon to hear aromatherapists report such reactions. If the reaction was truly of an allergic nature, then this can be and should be tested for by a dermatology clinic.

Martin Watt

Fri, 02 Oct 1998 To: aromatherapy-at-idma.com

Subject: Re further details sent on oil [inhalation case](#).

Firstly the therapist that made these statements about "our organization has done tests for Cystic Fibrosis" should be asked to back that statement with evidence. I am not aware of any such adequately documented testing.

Secondly, giving this kind of advice is mighty close to interfering with conventional medical treatment. Not something most aromatherapists are competent to do and illegal in some States/Countries. I most certainly would not advocate using essentials oils in the same mixture as conventional drugs, goodness knows how the oils might affect how the drugs work.

In the ladies letter she says "and other ingredients I don't know", so where did you find out about one ingredient being Inula graveolens?

Without knowing the volumes of oil used, it is impossible to know how much oil was ingested. Personally I am doubtful that this amounted to anything of significance in toxicological terms, although enough would have gone in to trigger an allergic reaction.

There is not enough detail to properly evaluate this case, but certainly it is typical of the kind of badly thought through and potentially dangerous advice, which poorly trained aromatherapists give out.

Martin Watt.

Date April 2004 To ATFE or Oils-Herbs

Re [liver toxicity from inhalation](#)

What seems to have been ignored in the recent posts is the vital question of VOLUME of exposure.

A fair amount of essential oil components are absorbed from the respiratory tract so I would not want to be inhaling a lot of synthetic oils daily. However, no harm will come from small amounts, after all that's what most perfumes consist of and most scented candles. There are also many products on the market containing methyl salicylate.

There are cases known of allergic reactions to methyl salicylate via inhalation, but that has got nothing to do with the issue of organic damage. There are also a couple of cases where excessive inhalation of essential oil vapors has caused severe allergic reactions. However, those reports were where people had used several diffusers every day in badly ventilated circumstances. The import thing is once they stopped using the diffusers they were soon back to normal with no apparent long term damage. Even those who have consumed large amounts of pennyroyal and messed up their liver function short term reverted back to normal after a few days. (See my web article for more on that).

I have never heard of anyone in the bulk essential oils trade suffering from liver damage from inhalation and they are exposed to the fumes every day and in far higher amounts than any aromatherapist is ever going to get. I have been soaked from head to foot in pine oil when one barrel decided to empty itself over my head. I am still here-just!

I do not agree with aromatherapists using birch or wintergreen because neither are 'natural' oils. Even when they are genuine, methyl salicylate is not a natural substance in those plants, therefore it is a man

made chemical in my eyes. There are also several hazards associated with its use. However, despite that, I do not think anyone would suffer liver toxicity from the occasional inhalation of these fumes. My advice has always been do not use it in aromatherapy.

Lastly, I do know that the RIFM was hoping to do some research on fragrance inhalation because of the concerns over aerosol inhalation. They were seeking funding but I do know know if the trade coughed up. In my opinion, anyone that uses hair spray regularly inhales far more nasty stuff than from the worst essential oils such as that toxic Tansy oil - beloved of Young Living clones. If anything is going to cause damage it is that stuff.

Martin

Oct. 1998 To aromatherapy-at-idma.com

Re rosemary and epilepsy.

Re rosemary-G. Mojay

In reply to Gabriel Mojays post about Rosemary in epilepsy There follows a copy of the relevant parts of a letter that I sent to Dr. Betts on the 29th March 1994 following his article in Aromatherapy Quarterly, **my letter was NOT replied to.**

Dear Dr. Betts,

I found your recent article in A.Q. fascinating and wonder if you could clarify a few questions that remain in my mind.

clipped It was interesting to see that you also think that just the association of a pleasant smell with relaxation is sufficient to induce that state.

My main question is in regard to your statement about rosemary oil. My extensive surveys of scientific literature have failed to come up with definite confirmation that rosemary can induce an epileptic incident. My opinion is that any pungent smells may have that effect, i.e. camphor, thyme, marjoram (wild), etc. and that to single out rosemary is probably incorrect. In regard to your (and my) belief that **autosuggestion can have a most potent effect**, I wonder perhaps if the single patient which you reported having this response to rosemary, already had this potential planted in her mind, by an aromatherapist or one of the many books on the market?

My comments above were based on Dr Betts own acknowledgment of how powerful auto suggestion is. The fact that maybe years before, this single patient may have read that rosemary was contra indicated in epilepsy, would have been sufficient for a subsequent exposure to cause the increase in brain wave patterns that was recorded.

This autosuggestion possibility also applies to the student that Gabriel mentioned. As is so common in aromatherapy - a single uncontrolled case from which all kinds of assumptions are made.

I am aware of all the other papers Gabriel/Bob Harris quote. They are a rag bag of stupid experiments on rats where the volumes of chemicals they are exposed to are way above anything that would ever be

used in aromatherapy, or prolonged inhalation in humans, (see last para.), or they are based on the internal consumption of things like synthetic camphor (no, not the same as natural).

Statements attributed to the Dutch herbalist such as “Large doses of rosemary have been shown to cause convulsions in patients”, are meaningless unless the dose and a valid checkable reference are provided.

From Dr. Betts new reply to Gabriel, the following very interesting note--”there is also the possible effect of a conditioned response to the smell: apprehension about using a 'dangerous' oil might also be enough to trigger off a seizure”.

Yes indeed, and who is responsible for such effects- unjustified statements made by aromatherapy authors!

I have previously posted about the complete nonsense talked about 'ketonic oils' and how misleading that one is.

I would agree with being cautious about advocating the use of any harsh smelling product for use by an epileptic person. However, a good quality water distilled rosemary oil is NOT harsh smelling, it smells like the plant which can have a wonderful fragrance nothing at all like camphor. Of course in aromatherapy there are steam distilled oils that smell very camphoraceous, or because they are **made** using synthetic camphor.

Rosemary oil is a GRAS status permitted food flavoring used in alcoholic and non alcoholic beverages, frozen deserts, candy, baked goods, meat products, relishes, etc. at a maximum use level of 26 ppm and does anyone tell an epileptic person not to have rosemary with their lamb?

We have already discussed on this list how little essential oil gets into the body during an average aromatherapy treatment. Of course if someone sits sniffing at a bottle they may well get a lot of camphor and the other chemicals in their bloodstream but that is not what happens with an average treatment.

I stick by what I said earlier, which is that there is not a shed of **sound** evidence that rosemary can initiate an epileptic incident any more than numerous other smells.

Martin Watt. Researcher, writer, publisher on aromatherapy and related matters.

Date Oct. 1998 To aromatherapy-at-idma.com

Re rosemary (Pat)

Pat said:

“I am convinced that there is at least the possibility that Rosemary Essential Oil may cause seizures”

So on what basis are you convinced? I can see no ethical problem, if there is no good basis for your 'conviction' that rosemary oil can cause the suggested effects.

As to if I would do a trial on epileptic patients using rosemary. Yes, but only if they were first de programmed from possible previous auto suggestion that 'rosemary may be a danger'. A good clinical

hypnotherapist could do that.

I hate giving anecdotal cases, but this may be of relevance. A student in a class in Florida told me that “rosemary oil was the **only** thing that prevented a seizure in her husband”. He had brain damage following a car smash which left him subject to fitting and the drugs he was given did not help. He had just a sniff from a bottle (as he felt the aura coming on) and it stopped the fit. I guess this is not the same as those people born with epilepsy, but this is an example of the need not to dismiss a 'potential' treatment using an otherwise perfectly safe product.

As to the case of the dog; well tea tree oil has been reported to have the same effect on dogs. Do we therefore include tea tree in the oils not to be used by epileptics?

In fact I have got several of the references that Bob Harris mentioned. You see I do something most people don't bother about, which is obtain the **whole** research paper rather than just the extracts. When you get the whole papers a very different picture can emerge compared to just reading the abstract. For example, it is extremely common to find experiments on animals where synthetic fragrance chemicals are used. These chemicals are rarely identical to the equivalent natural one. This may not invalidate results, but does raise questions on the accuracy of results obtained.

My comments on the use of rosemary in food are perfectly valid on this issue. This is because several of the experiments on animals have been from the internal administration of the essential oil. In addition, the suggestion is that it is the **smell** of rosemary that can cause a problem, in which case even cooking with the herb creates a strong smell of rosemary.

There are several errors in the suggestions that inhaled camphor or 1,8-cineole might cause seizures when used as part of an average aromatherapy treatment. Also in the theory of first liver bypass via skin absorption.

In a massage the volume of chemicals entering the body is minute. The question of skin absorption should by now be a dead duck. It is not, simply because most aromatherapy teachers do not want to face the truth, which is they have been teaching nonsense for years. The clear evidence is that is **not** a pathway by which pharmacological volumes of oil get into the body. (See earlier posts on the work by Buckbuer et al, or download my paper from the Agora pages).

Certainly from the research I have got, it would appear reasonably large amounts of certain chemicals in essential oils can get into the bloodstream via inhalation. However, during the average aromatherapy massage, particularly with oils like rosemary, only a few drops are applied all over the body. The person **doing** the massage will get far more vapors in their body than the person being massaged. This is primarily because hot gases rise, (another basic piece of science that aromatherapy teachers ignore). Therefore the volume of the chemicals getting into the body of the 'client' would be considered by a pharmacologist as of little or no significance.

Yes, of course I agree with you about people using the oil in excess could cause problems. I also believe you may be correct in informing people with a history of seizures about the controversy over rosemary oil. They of course have a right to know. However in honesty it should be put to them that the matter is **not settled**, rather than that they might get a problem.

Finally I still can't see any reason why we should implicate rosemary rather than many other oils, as being contra indicated for epileptic people. You should consider how well known I am for promoting

the safe use of essential oils. If I have the slightest suspicion that something is dangerous then I tell people about it. This thing over rosemary is just a part of the unjustified hype that our trade is riddled with.

Martin Watt. Researcher, writer, publisher on aromatherapy and related matters.

Date Oct 2000 To aromatherapy-at-idma.com

Epilepsy and oils

Yesterday I got a copy of a recent paper Sue of Lavendercat fame told me about. Plant Induced Seizures. P. Burkhard et al. J. Neurol. 1999. 246. 667-670. This paper I am quiet sure will soon be quoted by aromatherapy sources as being evidence that sage oil in particular is dangerous in massage.

Examining the details here are the facts:

Case 1:

54 year old woman "had taken a mouthful of sage EO weekly for several years".

Result a seizure and unconscious for 1 hour. Interesting though, despite that massive dosage, once she stopped, she remained free of seizures. So do I really need to say anything about the relevance of such a case to aromatherapy massage?

Case 2:

53 year old man took a dozen drops of sage EO equal to half a ml. Result a seizure followed by coma of 15 minutes. Interesting as the above, once the oil was no longer used, follow up of two years showed complete absence of any symptoms of long term harm. Again is this relevant to the use of a couple of drops externally in massage?

Case 3:

A 12 month old baby was given 5 *prolonged* baths containing an unknown quantity of eucalyptus, pine and thyme over a 4 day period for respiratory tract problems. Result seizure, irregular breathing and other symptoms of toxicity. Interesting with this case is that follow up until the age of 5 years showed occasional recurrence of the symptoms.

So here we have to consider two possibilities:

1. The volume of oil in the bath caused nervous system damage. Personally I doubt this because the nervous system is highly regenerative at that age.

2. This child had a tendency to epilepsy anyway.

Who knows, however without knowing the volume of oils used it is impossible to draw accurate conclusions. I would not advocate the use of eucalyptus or thyme in the bath of a child of that age.

So yet another paper that really has hardly any relevance to the issue of the external use of essential oils in aromatherapy.

Martin Watt.

Thursday, July 23, 1998 To: aromatherapyATidma.com

Re question of which oils are safe internally.

When I said 5-6 oils are all I would use, this was qualified by saying "if I knew their source". The selection of oils depends entirely on that. It is unlikely that peppermint oil is adulterated because it is cheap, and so probably safe to take internally. I would definitely use spearmint if I knew its source, I would use aniseed (star or pimpinella) if I was certain it was food grade, I would use roman chamomile, but only if I could see where it was grown and distilled. I would use fennel if it was proven without doubt to be organically grown.

Basically I would only use those oils that the food trade uses, and for which there is evidence of medicinal activity found in the old pharmacopoeias. There are lots that could be used if you knew for absolute certainty that they were unadulterated, that the nub of the problem. In most cases I would not know that myself and knowing what I do about the endemic dishonesty in our trade, it's not worth the risk.

Martin

Date Jan 2005 To ATFE or Oils-Herbs

More on cooking using essential oils

For the benefit of newer readers on this group who have not seen earlier postings, here is some information that must be considered before using most aromatherapy oils in your food.

1) Synthetic chemicals are used as food flavors, i.e. vanilla essence and others, so what's wrong with using adulterated essential oils in small amounts?

A. Chemicals used in foodstuffs are generally sold to the producer as "food grade", this means they are highly purified. If there was the slightest indication such chemicals could be dangerous at normal levels of use they would not be permitted.

2. On the other hand, Essential oils are frequently adulterated using "lab grade" chemicals. These chemicals are always labeled "hazardous do not consume". The reason being they can contain around 1 to 2 percent of potentially dangerous contaminants from the production processes. Sometimes natural extracted chemicals are used, but the problem is the buyer just does not know without sophisticated analysis.

GRAS status:

This only means an extract can be used as a food flavor at the levels common in the food trade when the submissions were made. Those levels of use are usually only a few parts per million. A supplier can use up to 5 times that level, but as soon as they go over it the substance *may no longer be classified as GRAS*.

I am not suggesting that using adulterated oils is going to poison anyone. The problem is twofold: Firstly, you may be adding to the bodies stock of hazardous chemicals. Secondly, you may not be doing what you think you are doing and using natural flavorings as a better alternative to synthetics.

What about organically certified oils?

Many of these schemes are a scam and you cannot assume that a certified oil is what the label claims it is. **The aromatherapy market is awash with phoney OG claims, so beware.** If an oil is trackable to a specific grower it may be fine, but how do you know short of going there?

I trust my supplier.

You have got to be kidding! I have been involved with this trade for years and have warned some AT suppliers they were being conned by their bulk suppliers. Most times it went in one ear and out the other. All they were interested in was that magic analysis certificate which their own supplier took out of a book! For aromatherapy that is not so vital, but for food use, it is critically important to know what is in that bottle, is what it is claimed is in there.

The safest way to use citrus essential oils for food is to use the fruit and process it. Purchase OG certified lemons and other citrus fruit and grate the peel. Use the fresh or dried herb; for example fresh Basil knocks spots off the essential oil. Using high strength potable alcohol make your own tinctures. For example, using 90 percent alcohol produces a highly flavored ginger tincture, this is what herbalists use and it knocks spots off of distilled essential oil of ginger.

As I have said before, there are only half dozen or so essential oils that I would risk using in food.

Lastly, please bear in mind Essential oils are an International trade and the oils may be traded via several bulk dealers before they get anywhere near an aromatherapy supplier. I acknowledge that a few AT suppliers have their oils analyzed to detect adulteration, but that is not infallible as far as food use is concerned.

If the supplier cannot PROVE the source of their oil, then I would advise you not to use it in food.

Martin Watt

Your supplier of superb information resources.

Date Jan 2005 To ATFE or Oils-Herbs

Re book on oils in food: Excerpted from *Aroma, The Magic of Essential Oils in Food and Fragrance* by Mandy Aftel and Daniel Patterson (Artisan, 2004). **Seen on:** www.splendidtable.org/search/site/rose

The Rose and Ginger Souffle formula on that web site contains: [10 drops of Moroccan rose absolute](#). This is a crude rose extract and will contain traces of petro chemical solvents that are not advisable for internal use. On the skin fine, but internally?

13 drops of Ginger oil. This oil is a weak food flavoring and it would be far better to use a home made ginger tincture, fresh or dried ginger.

The volumes of oils suggested by these authors are preposterous. **I would suspect they do not have the first clue on safety issues or much knowledge on natural food flavorings.** The link for supplies is to a perfumer (Mandy Aftel), who is selling costus absolute. That substance is recommended by RIFM as "not to be used" in cosmetic formulas by all respectable cosmetics and perfume houses. That alone indicates they ignore or are unaware of the safety guidance provided by real trade experts.

Gets back to what I keep telling people: You really must not believe everything you read in popular

books, or on web sites. Most big publishers care about nothing other than making money to sustain their empires.

Martin Watt

Reply from one author of the above.

1) The rose absolute, like all absolutes, are extracted with a very pure, high-grade chemical called hexane. The resulting essence is a natural product, distilled from a natural ingredient. It is on the FDA GRAS (generally recognized as safe) list, as is every essence used in the food recipes in the book. That means that the FDA has ruled that it is safe to ingest. As to the use of food grade chemicals in commercially produced foods, one only has to walk down the aisles of any supermarket and read the ingredients of the products to find far more dangerous coloring and flavoring agents.

My reply to the authors comments:

Hexane: Clearly this indicates a lack of knowledge of the production of absolutes as not all are extracted using hexane.

Natural product: As above, this author has no idea on essential oil production. An absolute is NOT an essence, neither is an absolute "distilled", only an oil is distilled from the absolute or more commonly direct from the concrete. Secondly, hexane is a petro chemical solvent which is against all principles of natural therapy or cooking with so called 'natural extracts'.

FDA-GRAS status: Sure, but that list is applicable to *the average volumes of use within the food flavoring trades*. The levels suggested by these authors are way above those levels. The average level of use reported in the food flavor trade for rose is **2 parts per million**. So in this case, FDA status is not applicable. See below.

2) There is no way to make a ³home made ginger tincture² that would come close to the intensity and purity of flavor and aroma in the fresh ginger essential oil. It is actually a very strong oil, so perhaps the writer of the comments has only had experience with inferior oils.

My reply to the authors comments:

There are many on this list who will confirm how much I know about essential oils having worked in the supply trade, analytical trade and having contacts with REAL food flavor experts.

3) We did extensive research as to the safety of essential oils. Publishers are a careful lot, and everything was reviewed by a lawyer. I have personally tried every recipe in the book at least twice, and the ratios are correct. I have been using essential oils in my restaurants since 2002, and have served perhaps 40,000 meals since then, of which most people have at least one dish, and usually more, using essential oils, without any problems whatsoever. It is a cavalier accusation that is unfounded in reality.

My reply to the authors comments:

This is marketing hype. It has little meaning as the volumes of use of these oils are unlikely to cause most people problems with the odd meal. The danger is in writing such books where people will assume they can consume such volumes regularly in food. In particular, this is very dangerous when **we are dealing with a trade where adulterated essential oils are the norm** rather than the exception and the public will purchase such oils.

Cavalier accusation that is unfounded in reality.

Suggest you take a look at the figures above on Rose absolute if you are so certain you have done the correct research. I think not!

4) The last bit is laughable. The writer sounds somewhat like a 60's refugee railing against ³The Man². Artisan is a small publishing house who took a chance on an interesting idea that is not at all

mainstream. They will probably not make any money on the book, which is a high-end, small market concept. To lump them in with the profit-at-any-expense approach of ³Corporate America² is disingenuous, to say the least. And on a personal level, I find this kind of negative, accusatory rant to be counterproductive, and not at all conducive to constructive dialogue.

My reply to the authors comments:

So where is the reply over the fact Mandy Aftel is claiming to sell costus absolute, an extract that is too dangerous for the REAL cosmetics trade to dare using it?

Martin Watt

Flavor and Extract Manufacturers' Association states: Generally Recognized as Safe as a flavor ingredient - GRAS 3. (2988)

Average Maximum Uses in Parts per Million.

.....(PPM)
Alcoholic Beverage..1.13
Baked Goods.....1.86
Frozen Dairy.....1.67
Gelatin Pudding.....1.47
Hard Candy.....1.64
Soft Candy.....1.56

Please note, a manufacturer may use up to 5 times these levels for the product to maintain GRAS status. **Above that level and it may not be classified as GRAS.**

=====
Oct 2003 To aromatherapy-at-idma.com

Tony-Re mixing oils

Tony I only picked up your message this evening about producing new chemicals when blending oils. I am now very concerned for my own health and if you see what I consumed today you will understand why.

Lunch:

Ready prepared duck in orange-loaded with orange extracts, pepper and other spices.
Bulb fennel-loaded with sensitizing agents
Broccoli-loaded with nasty mustard oils

Desert was a cinnamon and apple cheesecake-loaded with Cinnamaldehyde.
Followed by several Bendix peppermint creams made from English peppermint oil-loaded with menthol isomers plus more.

Tea:

Two big sticks of celery containing lots of sensitizing substances.
Followed by a chunk of fruit cake loaded with orange and lemon peel with their natural oils, plus added orange and lemon essence.

Washed down with a glass of creme de menth - again peppermint oils.

My goodness will my liver ever cope with this toxic assault! Perhaps I better take some cleansing herbs such as artemisia absinthium or fennel, but oh won't that blend even more chemicals?

I believe you said my statements were over simplistic. Chemists know better about such matters of course!

Nice to have known you all, I guess I will be in hospital tomorrow with systemic toxicity!

Martin Watt.

=====
Date April 2004 To ATFE

Re synthetic fragrances.

Thought I would chip in on this because I know about both sides of this question.

The safety of most synthetic fragrance chemicals is known, in most cases better than many essential oils. However, most concentrated synthetic perfumes are comprised of 30-40 and sometimes more *different* fragrance chemicals. Often the safety of that blend is not known. The large commercial houses will have their whole product tested to ascertain its safety even if safety of the individual components is unknown. Even then they can come unstuck as with the nitro musks restrictions. Problems with them only showed up after years of use.

What is most important though is that these concentrated perfumes are designed to be used in minute volumes in large scale commercial products. What has largely been ignored by home toiletries makers is that **they often use these perfumes at 100 fold higher than the commercial world.** There is a huge difference between using say rose oil in a soap at half a percent and using a synthetic rose perfume designed for use at maybe one part in a thousand or less. You cannot simply substitute a synthetic with a natural at the same volume of use. I have nothing against the use of synthetic fragrances provided they are used as intended and that is declared on the label. Sadly that is rarely the case with home manufacturing.

There is also some concern over the inhalation of synthetic fragrance chemicals. I would not want to be regularly inhaling them in a badly ventilated room. It's another case of use the right thing for the right purpose, but over use it and there could be trouble. That principle applies just as much to synthetics as naturals which can also cause problems.

Martin

=====
Tue, 24 Nov 1998 aromatherapy-at-idma.com
Subject: re safety questions (Sherill)

As my students can testify, I am always happy to answer any questions that I feel competent to answer.

From the questions I see here on safety, I can detect the appalling lack of knowledge of many so called aromatherapy 'teachers'. It should not be for us to re-educate their students for free here. It should be

for those students to go back to their teachers, and demand a refund of the cash they were charged for lousy education. Then perhaps the student or practitioner can afford to acquire some decent knowledge, rather than just keep asking questions that can easily and *more accurately* be answered from good documentation. Once someone has read such works and does not understand something, then fine ask questions by all means.

Please don't get me wrong, I am only talking about issues of safety that have been in the public domain for around 30 years, and that any teacher ought to know about. If they do not know such information, then they should not be attempting to 'teach'; others about the use of essential oils for skin applications or internal use.

On safety issues that remain unknown for example with chemotypes, Manuka oil, Sacred Lotus, etc. Ask away on those, such issues are ripe for debate.

There are quite a number of people on this list who have privately received answers from me to questions. I will often respond to someone I think genuinely needs help, but I am damned if I am going to give people who are financially far better off than me, more free advice and education than I already give, via this list. Others should also think seriously about this, when a safety question is posed, the first reply should be to recommend the appropriate reading material, not to give a reply like 'such and such aromatherapy author says', or to give an unreferenced non checkable reply.

This is not a plug for my own publications. I don't care whose people buy, as long as they have *something*. Anyone involved in this trade should have sound safety information before embarking on using essential oils on others.

Martin

General therapeutic use issues

Early 2001 aromatherapy-at-idma.com

Buzzwords Re -"adrenal support"

I often wonder if people have got the first clue as to what these buzzwords really mean. As a medical herbalist I can't tell you what this term really means. I can make guesses of course, and I presume it means making the adrenal glands work more efficiently.

I agree that problems with adrenal activity may occur because of excessive consumption of too many stimulant drugs such as coffee, cola and suchlike. Stop drinking so much of them and the adrenals should revert to normal function with nothing other than a good diet. Rarely do therapists who tell clients they have this problem get any testing done to check if there are real problems. Mostly it is just an assumption based on things read from the popular novels on complementary medicine and nutrition, or from the numerous pseudo experts and quacks in complementary medicine in general.

I have not seen all the research quoted by Marge, but I will bet many of these pieces of research are based on in-vitro trials, or on the internal consumption of the various herbs or oils. *Nothing whatsoever to do with aromatherapy.* Many therapists seem to not attempt to differentiate between the research relevant to aromatherapy, and that which is herbal medicine which most people on this list are not qualified or competent in.

As to the papers presented at the PIA conference; well if these were anything like the ones on vitex that I previously commented on, then they have little to do with aromatherapy.

Let's also not forget that there are no studies (that I am aware of) on any potential harmful effects of *Ledum groenlandicum* essential oil. This is the same scenario as vitex oil of putting the cart before the horses. As soon as someone makes a baseless claim about a natural extract, then 99% of aromatherapists and the public will start using the stuff without a second thought as to if it is safe. The suppliers then jump on the bandwagon and start pushing it as hard as they can.

That leads me on to Suzanne Catty which Marge quotes. On her web site she has outrageously misleading comments on the uses for hydrosols and oils. Much of her information seems to come from the book that Penoel and Franchomme were supposed to have written, but which I would like to remind people was in reality finished by editors. Also hardly any of the medicinal claims in that book are referenced, nor do they stand up to close scrutiny. For example Catty quotes:

Acorus calamus: "Topically it is used for bronchitis, weak digestion, and improving **hepato-biliary functions**".

How can this oil used **externally** possibly affect hepato-biliary function?

"*Calamus* is a specific for the liver and both the oil and hydrosol can be used with Greenland Moss (*Ledum groenlandicum*) in topical compresses and poultices for liver infections, dysfunction, and hepatitis. French aromatherapy experiments with both topical and internal use of these two essential oils has yielded some very promising results for treating **tumors and cancers in the liver** and the hydrosols are worth further exploration".

Note: no reference to justify these outrageous claims. Most people who know what they are talking about say that ***Acorus calamus* oil is a possible carcinogen**, it promote tumors not reduces them. On Basil she says:

+++ **Viral encephalitis, polio-myelitis.**

Such a claim is **quackery of the worst kind** in view of the seriousness of these conditions.

There are many other items on this website that are equally misleading or inaccurate, but I will not bore you with more now.

So I suggest people check their sources of information a little more carefully before trying to give the kind of advice given to the person making the inquiry on this list.

Martin Watt.

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June 2004 To Oils-Herbs

Tea tree oil on diabetics

This information about not using tea tree oil on diabetics is pure speculation based on someones weak

knowledge of the real contra indications and methods of using essential oils. It is ridiculous to suggest such an oil should not be used simply because someone is suffering from diabetes. These urban rumors spread via newsgroups annoy me intensely because they just further the garbage on essential oils contra indications that this trade is crammed with.

It is not a question of not using tea tree on damaged or weak skin, but rather taking care about how much is used and how it is used. For example, those with peripheral neuropathies (such as diabetics suffer) easily get infected sub-cutaneous tissues. Good quality tea tree oil (combined with other essential oils) can help knock those bugs out better than antibiotics.

I have several documented cases from a Scottish hospital where badly infected leg ulcers and infected cellulitis were treated using advice that I gave the nurses. We have many photos of the progression of the healing process. Unfortunately, as the main nurse retired, these results have never been published so they remain anecdotal to a degree. However, well qualified medical people were most impressed by how the combination of essential oils and other natural materials helped the body heal those wounds and we also have microbiological plate test results before and after treatment. Tea tree oil was always a part of these treatments but the way it was used and how much was formulated for each individual. The nurses were instructed to constantly monitor for excess inflammation and the formulas were changed on a weekly basis as the wounds improved.

So readers, please be wary of listening to urban rumors about what essential oils can and can't be used for. You may well end up depriving someone of safe effective treatments, or using something in an unsafe way.

Martin Watt



March 2005 To ATFE or Oils-Herbs

From: Andrea

["I do not know your credentials or areas of study."](#)

Plenty on my websites on that and aromamedical.com was there since 1996.

["I think that there is hype in all arenas, including medical/scientific".](#)

Couldn't agree more, but I get wound up by the hype in complementary therapies used to fool the public into buying scam products. By the way, that is not what Anya was on about so don't take that wrong.

["I also disagree with your blanket statement that the word "detoxify" is a quaint old-fashioned term. Qualify that statement".](#)

The term is grossly misleading when used by many comp. med. therapists. It is commonly used to cover up lack of real knowledge on how the body works. Only this evening I caught a TV program where a woman was being covered in seaweed paste and was told by the beautician that it would "detoxify" her. Total crap! Another therapist was performing lymphatic massage and was also using the 'detoxify' word. Lymphatic massage has many benefits particularly for those with damaged drainage channels such as after cancer treatments. However, **in this case we had a perfectly healthy woman who was being shot a heap of garbage to justify a costly treatment.**

“I have dug and researched enough to believe for myself that choline does repair liver damage”

This group is supposed to be about herbs and allied therapies. I cannot comment on chemical treatments which is what choline is. In my eyes any isolated chemicals should be treated and tested in the same way as drugs. That even holds good for vitamin and mineral therapies as few of them are "natural" in dosage and often in what they are made from. All the quotes Andrea gave are to chemical supplements.

A few herbs such as Milk thistle and Dandelion do have some testing to indicate they help support liver function. If they actually repair damage though I very much doubt. A reasonably normal liver repairs itself quite happily without any outside intervention. The liver is so well equipped to repair itself that you can cut large chunks out and it still works fine. What herbs do is provide the body with the tools (complex chemicals) to help it repair itself.

So to clarify, what I object to is the use of the word 'detoxify' as a catch all without proper qualification as to what is meant. Getting back to the question on allergies; I do not know of any sound evidence to support the suggestion that by stimulating the liver you can force it to remove one type of antibodies rather than another. If this philosophy were correct, I reckon we would all suffer flu and suchlike after having a "liver cleanse" because you would reduce the antibodies that fight infections as well.

Martin Watt



Feb 2005 To Oils-Herbs

Gall bladder flush

All of these so called "gall bladder flush" remedies are based on poorly documented anecdotal reports. As far as I am aware there has never been a properly controlled study done on the subject.

There are many issues involved:

1. Without careful abdominal ultrasound scans one cannot be certain if a problem is due to gallstones.
2. Without scans before a flush and afterwards one cannot know if stones were there and if they have passed.
3. Many other conditions can mimic the pain caused by gallstones, some are self correcting others are serious. If someone has been told they have gallstones, and after a quack treatment they no longer have symptoms, of course they believe it is due to the treatment rather than them not having gallstones in the first place. **That is what most of these reports are based on.**
4. It is a physical impossibility to get vegetable oils into the gallbladder. The gallbladder is there to produce bile to emulsify oils and fats in the gut. Therefore, one cannot possibly "flush it" by that mechanism. Anyone who says otherwise has not trained on any kind of reputable complementary medicine course.
5. I find it just mind blowing that anyone can claim they have passed a gallstone without any pain. When one knows how tiny the common bile duct is and with that lousy piece of S bend plumbing, it is

just beyond me how a stone can pass along that tube without someone knowing about it. In any case, unless someone routinely sieves their feces how the heck do they know what they have passed?

As a qualified medical herbalist I am well aware of those herbs with a reputation for dispersing gallstones. However, any herbalist worthy of that name will tell you such treatments are long term. Anyone who claims overnight effects is a dangerous quack. Herbs and diet are great for relieving some symptoms, but to cure the problem short term-no way.

[“Even people with no gallbladder still pass stones from the liver”](#).

Having just had a through scan of my own liver I can tell you there are no cavities or ducts in it where stones could possibly form. Anyone who makes such statements clearly knows nothing about physiology or anatomy.

Beware of claims on websites aimed at gathering clients for quack therapists.

Martin Watt

Re Gallstones-new information

The Angel centre: angelhealingcenter.com claims.

For those who really believe the information on the above website and this idea about 'gallstone flushes' please visit the page below written by a real expert and scroll down to his item on gallstones. Great to see I am not the only one saying these treatments are quack medicine.

<http://www.pathguy.com/altermed.htm>

I think Katherine covered it all on gallstones in her excellent mail on this subject, nothing to add to that.

Comments on other things on the Angel centre and other web sites:

Colonic treatments and others claiming to "detoxify the liver" are hogwash with no basis other than people say they feel better afterwards. Give me a box of chocolates and I get the same feeling without the need to detoxify my liver or have a colonic afterwards.

With herbs you can support liver function and force it to operate a bit more efficiently, but the liver "detoxifies" itself perfectly well unless one has severe disease. The only real use for colonics is if someone is badly constipated, otherwise a waste of money. None of their theories on detoxification of a normal persons body stand up to close scrutiny.

Their claims about parasitic gut worms are way out of date and based on times past when malnourishment was rife. It is now believed from research that having certain gut worms (if one is not already malnourished) are a positive *advantage*. The worms seem to work in a symbiotic manner to control allergic over-reactions of the body, in other words they try to make themselves comfy with a good food source while not harming their host - clever creatures. Investigations are currently under way to determine which types of gut worms are most advantageous and how best to administer them. Some people are now taking worm cysts as medication to control severe gut disorders and other symptoms which no other treatment has cured.

If people want to waste money by throwing it at scammers fine, that's their freedom of choice. Just be sure they know what they are talking about and will not cause more harm than good.

Martin Watt

Aromatherapy Digest for 20 Jul 1998 To: aromatherapy-at-idma.com

Re question on essential oils for mastitis.

A woman who is breast feeding, would be ill advised to apply any essential oils to the breasts. The reason is because a newly born babies sense of smell is vital to bonding with its mother. Therefore, if all it can smell is the oil, it may loose bonding and may refuse the breast.

A good treatment is poultices of warm mashed potato. Cooling herbal lotions of chamomile or calendula might help a little. Gentle massage to improve circulation may help. A local herbalist should be able to advise on other treatments, but usually it clears up in a few days.

If serious, then antibiotics must be used, although not wholly desirable, they should deal with a severe infection.

Martin Watt

Date around oct 2004

Essential oils in pregnancy.

There are only one or two oils that very remotely might cause problems to a foetus if they were inappropriately used. Otherwise there are no oils that have been proven or are likely to be dangerous in pregnancy when they are used **externally** in the normal amounts (1-5%) used in massage.

There are just maybe two or three oils that to be on the safe side one might like to avoid, that is why I say avoid clary **but only if a history of miscarriage's exists**. This is based on the indication that in late labor the oil seems to stimulate contractions. However, this is very much a covering your back exercise. I can find no evidence that any essential oils are fetal toxins as we use them in aromatherapy. Internal use is another issue.

The main precaution is that in later pregnancy the skin can become hyper sensitive and therefore greater care is needed, but what was being talked about is potential fetal toxicity and that really is trash! The fact is most common essential oils are permitted food flavors in far higher volume than would ever get into a pregnant woman's body from massage. I cover this in detail on my oils CD where it gives a list of foods and products containing essential oils.

Perhaps the best and commonest example is chewing gum. Whatever you do ladies do not chew gum while pregnant cos it will harm your fetus. After all it contains high levels of those real nasty essential oils like spearmint and peppermint (sarcasm, not the truth!)

Fact is all this nonsense originates from the same source as all the other utter trash in aromatherapy. Those authors and teachers who have simply not studied anything in depth and just repeat like parrots

what is in the popular aromatherapy novels.

Martin Watt, UK

Re Tony Burfields letter.

Tony is a chemist and they do have a habit of looking for trouble among isolated chemicals. See my article on pennyroyal. In that even olive oil is a proven embryo toxin if you accept the idiotic testing! You can find cause for concern in almost any isolated chemical if you try hard enough. The DNA effects Tony mentions are from work using *synthetic isolated chemicals* as are the vast majority of such similar tests.

Toxicity and DNA damaging effects must always be related to **the volume of any substance getting into the body** and also if the body can eliminate harmful substances without causing problems. I would draw your attention to the scare over Basil oils carcinogenicity in animal tests, later dispelled in human testing. It is because of the fact that even Buchbuer has now shown how little oil gets into the body from a massage, that I can be certain there is no harm from the use of the vast majority of oils during pregnancy. I must re emphasis though I am talking about irregular low levels of use.

I fundamentally disagree that we do not know the adverse effects on fetuses of the occasional use of essential oils. They have been widely used in foods and medicines for at least two hundred years without any evidence of harm, that holds good even for the dreaded Pennyroyal. There are tens of thousands of women around the world who have handled essential oils and particularly gathered the plants without reports of an excessive miscarriage rate or fetal abnormalities. Now don't tell me this is simply 'not recorded' because skin conditions among workers caused by handling both raw plant materials and the oils are very well recorded indeed. I do not believe, that by now, word would not have got out if female workers were reporting a higher miscarriage or abnormalities rate than normal.

Re my comments on internal use: Just to clarify things, I really mean if the oils are used a few drops at a time as medicines then this in some cases might not be wise. The volume obtained from foods and aromatherapy is of course way-way lower.

I do not agree with Tony that organizations such as the World Health Organizations toxicology committee have any 'trade vested interest'. They give independent advice on average permitted daily intake of essential oils (ADI) as food flavors. They have a standing committee that reports on these matters as well as reviewing data and revising it if necessary on a long term basis. Trade bias could be leveled at RIFM although personally on toxicity I do not have any reason to see why they should be biased. Just to be safe they are about to conduct trials on aerosols which might have a little relevance to aromatherapy. Although even here we must be careful of extrapolating results because most chemicals tested will be synthetic ones.

I am all for caution over adverse effects, after all my whole reputation has been founded on trying to find out the truth on such matters. However on pregnancy I am convinced the whole thing is once again based on aromatherapy fairy tails, backed by some toxicologists who know nothing about essential oils.

Finally; in pregnancy please do not consume these foods containing essential oils:
-no crystallized ginger

- no curries
- no garlic
- no onions
- no cough candies (large amounts of E. oils)
- no fruit cake
- no fruit drinks (oh yes they contain oil fractions)
- no mint candies
- no fruit flavored chocolates
- no fruity breakfast cereals
- no fennel tea
- no chamomile tea
- no rosemary on your lamb, etc., etc., etc.

Anyone want to add to the list?

Also under no circumstances must you smell a rose, certainly never go and smell clary sage plants in the garden, and do not go for a walk in a pine woods. Analysis of the air of pine woods has detected over 30 aromatic compounds in the air, most of which are in common essential oils.

Martin Watt, UK.

I am quiet happy as Tony says "for anyone to take a pop" at me for my contentious articles. In the next few days more information is going on my web site about this trade. Those that have ruled the roost have always done everything in their power to suppress ideas contrary to the accepted norm, or particularly to suppress evidence of gross dishonesty endemic within it. That has extended from complete control on most of the trades information machine, to threatening trade boycotts if journals published things its advertisers did not like. Thank goodness, due to the internet, at long last there is a mechanism for giving aromatherapists some more uncensored information about their trade.

Martin