

Lecture to the Royal College of Nurses conference on complementary medicine in 1992

by Martin Watt cert. phyt. medical herbalist.

Paul has asked me to start the day and I am told that I have to wake everyone up. To do that I will pass on to you some of my knowledge about the misleading and untruthful claims made by some complementary therapies and in particular aromatherapy. Paul invented the title 'pragmatic aromatics' after we had a meeting and discussed complementary therapies at length. I think he soon realised that I was not the average practitioner who had blindly learnt everything taught in various courses and then regurgitated it to others without further thought, investigation, or research. As time is short, I am going to read the paper I have prepared so that more time can be allowed at the end for questions.

About me, I trained full time for 3 and a half years to qualify as a medical herbalist, but soon realised that my course could have been done in about 2 years if it had been properly organised and if a lot of the unnecessary material was trimmed. A lot of the reason for this length of time was simply an attempt to convince the medical and scientific establishment that we were receiving adequate training, particularly since we were taught pathology and clinical examination by doctors. In fact one of the doctors who was also studying psychiatry, had such a 'holier than thou' attitude and Victorian approach to teaching, that it made me feel very sorry for any medical students who were trained by his idiotic methods. It also indicated to me one of the reasons that western style psychiatry is not particularly successful, perhaps one of the reasons that aromatherapy is so successful for psychiatric disorders is due to its more gentle and caring approach to peoples problems.

It is due to these experiences that I strongly believe length of training should never be considered the main criteria for judging the depth of knowledge of anyone including those in the medical profession. They in particular are well known for filling the heads of students with unnecessarily detailed information which once qualified they rarely find of any value. The skills of counselling are still not considered as vital as knowing the name of the middle ligament of the small toe.

Like conventional medicine, this over emphasis on academic standards is now bringing into complementary medicine on the longer courses, a lot of academically bright young people who generally do not possess those life skills so vital for dealing sympathetically and effectively with peoples health problems. Frequently pure medical attention can not fully address those problems. Thank goodness aromatherapy still has a high degree of more mature people who's practical life experiences are invaluable to helping their clients.

At the moment there are proposals to increase the number of hours required for aromatherapy training, but no one ever talks about **the quality of this training** and whether the people doing it know enough about the subjects they are teaching. In my opinion most of them don't and there are very few who are prepared to accept that a lot of what they have taught in the past is incorrect.

I have studied essential oils for about 8 years and intensively for 3-4 years and I freely admit that my knowledge is limited. I have only scratched the surface of learning about the multitude of uses they can be put to, therefore how people who have done a few weekends aromatherapy training and claim they know all they need to about their stock in trade is beyond me.

So there is a lot wrong in regard to training in the understanding of ill health and the methods of dealing with it on all sides.

How I got involved with seeking correct information.

During my herbalist training it soon became apparent that a lot of the herbal materia medica we were being given was very lacking in references as to where the information originally came from.

We were expected simply to learn it without being able to check if the information was correct. This I could never accept, and it forced me to start looking around for more accurate sources of information. This led me to the science reference libraries and other libraries in London, where I soon realised that extensive and more accurate information on plant extracts, and their traditional uses in medicine around the world was available.

This is where aromatherapy and essential oils come in. During my training I became interested in the therapeutic properties of medicinal plant oils, this interest was increased once I qualified in massage and started to find that certain essential oils seemed to improve therapeutic effects.

During my study in the libraries I came across masses of information on the **science** of essential oils. I should add that a particular talent of mine is digging out information from obscure sources. In this regard I soon discovered that the place to look for information about essential oils was not in medical publications but rather in the food, cosmetics, perfumery and phytochemistry sections. It became pretty obvious that **those trades knew more about the production, chemistry and effects of essential oils than anyone in complementary medicine.**

It was due to knowing of the existence of all that information that several years later when I became involved with EOTA (the aromatherapy oil traders organisation,) that I knew exactly where to look for the toxicological information that some members were seeking. It makes me sick when I still hear people in the trade and in the medical profession saying "little research has been done on natural plant medicines" **this is complete and utter rubbish.**

Now truths and untruths in complementary medicine.

There are an awful lot of frauds, con-artists and plagiarists in alternative medicine and in aromatherapy. I know most of them, **but neither is the medical profession free of such people.** There are some well known figures in aromatherapy who have produced little original work themselves, instead they wait until someone else has produced something of note and then reproduce the material as if it was their own, but without any acknowledgement to the original author. Due to the lack of depth of knowledge on the part of many aromatherapy tutors and their lack of interest in thoroughly researching their subjects, a lot of aromatherapy tuition material and especially books are full of major factual errors. Due to the extensive copying of bits of each others books many of these errors are proliferated ad infinitum. This is not to say that aromatherapists do not know how to treat certain complaints, because over the years they have built up information from observable effects on their clients, but where they go badly wrong is on their knowledge of essential oils chemistry, toxicology and particularly the dermatological effects of the oils.

After doing the research for my safety manual, I could not understand some of the statements being promoted by aromatherapists on the contra-indications of certain oils. I and others, have never succeeded in getting the main associations to divulge where such information originated. The suspicion it is mostly copied and copied again without anyone checking if the information is correct which a lot is not.

Some of the trade journals are under the indirect or direct control of their founders who are aromatherapists with vested business interests. Due to this you can't get articles published where the information differs markedly from the teachings of the magazine founders. I have twice come across this recently where articles I have submitted containing well researched and **referenced** information, have either not been published or have been substantially cut and reworded.

Oils supply.

There are some suppliers of essential oils who are well aware that they are not selling pure oils and do not care. There are others who say their oils have been analysed when they either have not, or they have not been subjected to the full range of testing procedures. These suppliers are still back in the days when aromatherapy was an offshoot of the beauty business and if oils were cut with fragrance chemicals "so what they are only used externally". Why do you think most

suppliers put 'do not ingest' on labels, and yet essential oils are common food flavours, it is because they can't rely on their oils being free of fragrance chemicals and so they are playing safe. Attempts have been made to remedy this sad position by introducing certain standards for oils. However, these are not infallible as some of the organisations who undertake analysis do not know enough about the chemistry of natural oils or about the trade in essential oils to be able to correctly authenticate the oils as 100% genuine. Other suppliers play on the fallacy that the best oils come from France by implying that all their oils originate there, when in fact they also buy from normal commercial sources. If I know an oil has come from anything other than a certified organic grower in France it sets bells ringing in my head. This is because the French fragrance chemists rank amongst some of the cleverest at oil modification. I use the word 'modification' rather than 'adulteration', as there are valid reasons for the large fragrance suppliers to alter the composition of oils. One reason is that their main customers are large perfumers who must have standardised ingredients, they simply can't accept the perfumes varying from batch to batch. Therefore these large customers rule the roost as aromatherapy is insignificant by comparison. I have not got the latest figures, but some years ago, the yearly production of lavender in France was 50 tons and they exported 400 tons, the difference being partly oils cut with chemicals, or imported lavender being blended with French oil.

Despite some suppliers of oils not caring about their authenticity, there are a few genuine suppliers who do their utmost to ensure they only sell the real thing.

Therapeutic effects.

As a herbalist I can tell that many of the claimed therapeutic actions of essential oils are simply a transference of the known actions of herbal medicine to the oils. This of course is totally wrong, since many of the actions of herbs are due to the water soluble components. As nurses you will of course be aware that many potent plant based medicines are alkaloids or glycosides, examples are atropine, morphine, digitalis, vinblastine and vincristine. Such water soluble chemicals do not form part of an essential oil. Another well worn myth associated with aromatherapy is the actions given to oils when used externally in massage, which are again transference's from the known action of oils from internal consumption. The best example is 'fennel is diuretic or oestrogenic'. When used in massage, in my opinion, this is utter nonsense. Several oils including fennel have known diuretic action when consumed and it is now believed that the resulting diuresis is caused by the oil irritating the kidney tubules. I have seen no evidence that most essential oils are absorbed by the skin in sufficient amounts to cause any such action.

Of course just massage can have a diuretic effect due to unloading lymph into the venous system. I would consider it feasible that the smell of fennel by affecting the brain, could lead to diuresis as I believe that this is the method by which most essential oils achieve therapeutic effects. I do not subscribe to the theory that essential oils are absorbed by the skin and thence to the circulation in pharmacologically significant amounts, in fact the evidence of skin patch tests points to the reverse. Of much greater interest, is the fact that a tiny number of essential oils which are freely absorbed also tend to be the ones which cause skin irritation or sensitization.

So you may ask because I know of all this fraud why am I still involved with aromatherapy? The answer is that despite all the hype associated with this treatment, it is a highly effective therapy, and for stress related ailments there is nothing to beat it. Having treated people with massage using fixed oils and then gone on to using aromatherapy, a substantial increase in relaxation occurred when using essential oils. This effect has been substantiated by subsequent medical trials plus trials of major components of oils on animals. *Give instances of linalool, neroli.* I just wish western style psychiatry would embrace it, as then they would achieve much more satisfactory results. The combination of treatments involved in aromatherapy massage seem to quickly bring the patient into a near hypnotic state in which the subconscious mind seems very amenable to auto-suggestion. You can definitely make things happen by making the right comments when people are in this state. I used to find that those people with the more active and analytical minds were the quickest to get into this state of receptiveness to suggestions on improving their health.

I believe the effects of fragrances on the brain can help the initiation of self healing processes. Smell can produce profound alterations in physiology, the simplest best know example is what the smell of food does to the salivary and digestive systems which are instantly prepared for food. Lavender and Jasmine have been shown to alter brain patterns. Research in America has shown that the smell of breast milk and mothers natural smell is of utmost importance for the baby bonding process. The medical profession stand indicted here for removing this natural mechanism by their undue haste in bathing both mother and baby post birth.

For any muscular, ligament and tendon problems you can achieve a great deal of long lasting pain relief and prevent further damage to tissues by releasing muscular guarding.

There is a vast amount of minor illness and side effects of medical procedures which could be dealt with by nurses if they were allowed to use more natural medicine techniques. Past generations of nurses did with great success, and we are not talking about that far back, just look at nurses Materia Medicas of the 1950s. Those are full of plant based medicines on which nurses would have received instruction during their training, and which they had considerably more discretion to use than now. There is no doubt in my mind, that its time for nurses to stand up to the paternalistic, Victorian attitude of doctors and consultants and tell them to keep to their jobs and let you get on with taking care of the patients general well being which is what nursing was originally developed for. In most hospitals nurses can take no independent action without first referring to a doctor or consultant. (*give example of pain after wrist op.*)

Finally a piece of advice I give to students of any subject; question everything you are taught, even the best of tutors make mistakes. If you are not satisfied check original sources of information for yourself and ask where statements made can be checked. This is of great importance in complementary medicine as a lot of tutors have not studied the subjects they teach carefully enough. Never be afraid of being a lone dissenting voice. When you are dealing with peoples health particularly in nursing you owe it to them to give the best advice and treatment within your abilities. question, check and question again.

I am trying to do my bit to inject some truth into aromatherapy. If complimentary medicine in general does not start questioning what they no, I am convinced the big brothers in the drugs businesses will destroy natural medicine. They are already attempting this via their supporters in the sciences and medical establishment.

I sincerely hope what I have said has given you food for thought rather than confused you. There is not much time for questions, but I shall be here for the rest of the conference so feel free to ask me about anything you want clarification on.

END OF LECTURE NOTES