

## Reviews by Martin Watt & others

Below are some reviews of various aromatherapy type books. Some reviews are years old, and some of the books may no longer be published. However, these reviews should be food for thought as they represent a historical record of the bedrock on which aromatherapy still stands. Most of the errors are still found in the majority of aromatherapy books, and are republished on numerous medicines and healthcare advice web sites.

There are few Aromatherapy books that I have respect for. Most of the popular aromatherapy books have some information that is useful. However, what lets them down badly are the therapeutic properties they attribute to essential oils.

Most of the first writers on the subject such as Lawless, Tisserand, Price, Rose, etc., frequently published traditional or researched properties of the herbal extract taken internally as a medicine. They simply transferred those properties to the plants essential oil intended mainly as external applications. That fundamental and massive blunder continued in most of the later books.

Why did these authors make these fundamental blunders? The main reason is that most had no training in the larger essential oils trade; no formal herbal training; no medical training; no sound training in essential oils chemistry, etc. Due to that, most did not know where to look for accurate information on essential oils. That research information was vast if you knew where to find it, but it was not to be found in complementary medicine resources.

**It seems most of the public believe, that if someone publishes a book, that they must be knowledgeable on the subject. This is very far from the truth. Publishers as a whole only care about making money, not on the accuracy of the books they sell you. Please see 'Essential Chemistry for Safe Aromatherapy' reviewed by Tony Burfield for evidence of that.**

Those with this desperate need to live in a fantasy world can buy any of this trades novels. In that respect people should stop and think why it is that the biggest selling books in the world are novels. It is lovely to be able to escape reality by being told that if you rub a bit of lemon oil over your liver that it will cure your gallstones! Those people who write well researched technical books do it for the love of the subject they do, not for money and fame.

Many books are missing from below. It just happens these are ones I already had basic reviews on.

<b>The best books-just a selection</b>	<b>GOOD</b>
<a href="#">Essential Chemistry for Safe Aromatherapy</a> by Sue Clarke	
<a href="#">The Chemistry Of Essential Oils</a> by David Williams	<b>GOOD</b>
<a href="#">The Chemistry of Essential Oils Made Simple</a> By David Stewart	
<a href="#">Clinical Aromatherapy in Nursing</a> by Jane Buckle.	
<a href="#">Complete Guide to Aromatherapy</a> by Salvatore Battaglia.	
<a href="#">Medical Aromatherapy</a> by Kurt Schnaubelt.	
<a href="#">Encyclopaedia of Essential Oils</a> by Julia Lawless.	
<a href="#">Aromatherapy For All The Family</a> by J. Kusmirek.	
<a href="#">"Modern Essentials: A Contemporary Guide to the Therapeutic Use of Essential Oils"</a> by unknown.	
<a href="#">A practical Guide to Aromatherapy</a> by Lorrie Hargis.	
<a href="#">Aroma &amp; Clay Therapy</a> by R.Ypma.	
<a href="#">Aromatherapy The Essential Beginning</a> by Gary Young.	
<a href="#">A MODERN HERBAL</a> by Mrs. Maud Grieve F.R.H.S.	<b>GOOD</b>
<a href="#">Reshaping Herbal Medicine</a> by Catherine O'Sullivan.	

'Essential Chemistry for Safe Aromatherapy' by Sue Clarke.

with foreword by Robert Tisserand

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Reviewed by Tony Burfield

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Please note this review is only of the original version.

The need for a good chemistry primer in aromatherapy teaching is self-apparent. Up to now many tutors might have used the corrected 1997 version of the standard work: *The Chemistry of Essential Oils* by David Williams, which covers the subject but really leans as bit more in the perfumery direction. The question is therefore - is this publication a superior choice for aromatherapy purposes, or is it a better recourse to buy a standard college book on organic chemistry?

My father used to quote Alexander Pope:

"A little learning is a dangerous thing, Drink deep or taste not the Pierian spring"

....and in my opinion it's a pity the author and the assembled listed helpers of *Essential Chemistry for Safe Aromatherapy* did not heed this advice. The 231-page book is certainly nicely set out and presented, but the content shows lack of a deep understanding of the subject matter, resulting in quite serious omissions and ill-advised statements in places. It is a great surprise to me that Robert Tisserand agreed to write the forward to this book.

In general, there is an almost complete lack of biochemistry within the pages - no description of the biogenesis of essential oils is given, and we are led to believe the "old howler" that terpenes are built up from isoprene units, an incorrect belief which is repeated a number of times in the text. This historical (1887) way of looking at terpene structures may still be useful (see below), but bears no relation to our modern understandings of biochemical pathways.

There's also a curious reluctance to use the word "aromatic" for certain non-terpene essential oil constituents as well - as on page 58 "eugenol is not actually derived from a terpene molecule" or page 70 "benzyl acetate is not a terpene derivative". Reading the book in detail, there is a feeling that the author feels that only terpenoids really "count" in essential oils, whereas in reality there are many other constituents of essential oils, including phenyl propanoids from the Shikimic acid pathway, and their biotransformation products, and other compounds from the metabolism of fatty acids and amino acids. As well as these important groups of compounds, a large number of other types of chemical components also occur, including nitrogen & sulphur compounds. These hardly get a mention.

The lack of biochemical comprehension continues with almost no reference to the isomers of aromatics and terpenes whatever within the book. Differences in metabolism and biodegradation, and the different therapeutic effects of different isomers of the same compound are not mentioned, only the fact that they appear to smell different! Chirality is pretty central to how essential oils help weave their physiological and psychophysiological effects in many instances, but doesn't seem to be explored at all by the author. Further when describing compounds that occur in essential oils, no mention is made of optical purity of chiral compounds contained therein (often a key factor in deciding whether an oil is authentic or not), or the fact that certain isomers do not tend to occur in nature. **Really this dumbing down of the chemistry of natural products, by ignoring all aspects of isomer chemistry, seriously detracts from the usefulness of this book.**

Further, an older part of aromatherapy dogma (the functional group theory) is trotted out throughout the book. This attempted to explain the therapeutic properties of individual essential oils via some of the functional groups which occur in its major oil constituents e.g. "ketones are calming and sedative"; "lactones are uplifting yet sedative." Surely only aromatherapy fundamentalists can now cling to these simplistic views?

In more detail, just some of the mistakes, omissions and incorrect assumptions are set down below as follows:

**p38.** "Aldehydic smelling oils are due to compounds called aldehydes."

**Comment:** In fact the term "aldehydic smelling" is borrowed from mainstream perfumery to describe lower straight chain fatty aldehydes, such as aldehyde C8 (1-octanal) or aldehyde C10 (1-decanal). We don't have any oils in common use in aromatherapy with appreciable amounts of these components - possibly coriander leaf oil (rarely used) or terpenelose citrus oils (expensive, although Gattefossé used certain terpenelose oils) - but in any case, if we did, they wouldn't be skin safe. We do have aromatic aldehyde containing oils (cinnamon bark) and acyclic monoterpene aldehyde containing oils (litsea cubeba oil, lemongrass oil) but you wouldn't call these "aldehydic" smelling.

**p40.** "It's the oxygenated constituents which have significant impact and along with sesquiterpenes, determine and characterise the odours of almost all essential oils."

**Comment:** The author has a very worrying tendency to make sweeping statements which are often absolutely & entirely incorrect. True, oxygenated compounds generally have an odour value than monoterpene hydrocarbons, which have a low impact. Also true that in many instances oxygenated compounds are important in characterising odour profiles of essential oils e.g. (+)-carvone in caraway seed oil. I don't agree with the author on her remarks about sesquiterpenes. If anything sesquiterpene hydrocarbons are quite weakly odoured, although sesquiterpene alcohols can be substantive. But the statement concerning the contribution of oxygenates to determine and characterise the odour profiles of "almost all essential oils" can't be substantiated. For example the character component of grapefruit oil is a thiol. For buchu oil, a terpinic sulphur compound. For garlic oil: alkyl sulphides. The same for onion and leeks. Horseradish and mustard oil character components are isocyanates... for Helichrysum italicum the curry note is provided by two sesquiterpene hydrocarbons. Nitrogen compounds also make contributions in the form of pyrazines for example in coriander and galbanum, and in oximes, nitriles and nitro-compounds variously in the head space and essential oils of flowers ....and so on....

**p43.** "The isoprene unit acts as a monomer or single unit that builds up in repeating units to make the groups of terpenes found in essential oils"

**Comment:** Wrong! Sure, Wallach in 1887 did propose the "isoprene rule" where monoterpeneoids were hypothetically constructed by linkage of isoprene units (in head to tail form). But following Ruzicka's "biogenic isoprene rule" (1959) it is now assumed that each member of a terpene sub-group - monoterpenes, sesquiterpenes etc. - is derived from a single parent compound, by enzymic mediation. For monoterpenoids like myrcene it is via the parent compound geranyl pyrophosphate (GPP). For sesquiterpenoids it is via farnesyl pyrophosphate (FPP). These parent compounds compounds themselves arise from mevalonic acid, which is the precursor of all terpenoids: the pathway is named therefore the Mevalonic Pathway.

**p44.** "d-limonene found in essential citrus oils, pine leaves and peppermint."

**Comment:** Incorrect! Laevo-limonene predominates in conifer and Mentha oils.

**p44.** Two isoprene molecules diagrammatically shown to form myrcene molecule...

**Comment:** See above remarks on the isoprene rule.

**p44.** "Different ayclic monoterpenes are made up of two isoprene units"

**Comment:** Only hypothetically: see above remarks on the isoprene rule.

**p44 & p45.** The dumbing down of the text, presumably to make it easy for students to read, imparts almost no information whatsoever and is almost terminally boring:

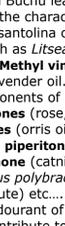
"Ocimene - found in essential oil of basil"

"Terpinene is found in the essential oils of tea tree and juniper."

"Pinenes found in essential oils of juniper, pine and cajeput".

Wouldn't it be more interesting to say something like:

*a*-Pinenes. (2,6,6-trimethylbicyclo(3,1,1)-2-heptene). The occurrence of this substance is almost ubiquitous in essential oils, and has a pine-like odour with poor tenacity.



alpha-pinene

- The (+)- isomer occurs in oil of *Pinus palustris* up to 65% and in Eucalyptus oils including *E. globulus*. Industrially, (+)- pinene has been available ex-*E. globulus*.

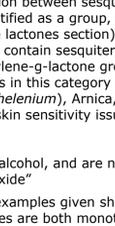
- The (-)-isomer occurs in *Pinus caribaea* up to 70%, but is more usually obtained industrially from gum turpentine....

**p48.** "Caryophyllene".

**Comment:** Presumably the author means (-)-b-caryophyllene?

**p48.** "Bisabolene" - isomer not stated.

**Comment:** Text says: "found in myrrh and German chamomile", but the formula shown appears to be incorrect for the common *a*-, *b*- & *g*- forms. Here is the correct formula for *b*-bisabolene:



beta-bisabolene

**p50.** "Only a few sesquiterpenes and their derivatives are volatile - notably the azulenes such as chamazulene, bisabolol and farnesene".

**Comment:** Complete rubbish! Sesquiterpenes are common components of very many essential oils and if they were not steam volatile they would not appear in essential oils at all. Note that azulenes are not sesquiterpenes as Sue Clarke maintains, but aromatic hydrocarbons derived from bicyclo[5.3.0]decapentaene.

**p52** "Polyterpenes...are obviously outside the scope of aromatherapy."

**Comment:** Ify only! As oils age, the contained terpenes dimerise, trimerise...and polymerise. In spite of the common misconception, a GC trace doesn't tell you everything about an oil's composition, let alone about terpene polymers, but HPLC can be employed to reveal this aspect of the aging of all stored essential oils.

**p53** "Alcohols are usually hazard-free and non skin-irritating."

**Comment:** In fact both the monoterpene alcohols linalool and citronellol are considered to be allergens under current EU legislation. Under the 38th amendment to the IFRA standard "linalool and products known to be rich in linalool, such as bois de rose, coriander or ho wood oils, should only be used when the level of peroxides is kept to the lowest practical value. The addition of 0.1% BHT or *a*-tocopherol has shown great efficiency. The maximum peroxide level for products in use should be 20mmol/l."

**p55.** "Thyme at very bottom of mountain: oil contains significant amounts of phenol."

**Comment:** Phenol, quite a dangerous material to the skin, is not found in essential oils.

**p60.** Phenolic ethers...

**Comment:** - the toxicity of anethole and methyl chavicol are discussed in the text, although since the book was published, the perceived risks associated with their aromatherapeutic use, arguably, appears to have diminished slightly. Safrole is however described as having been used medicinally as a counterirritant and for parasitic infestations (sure, and we used to put copper sulphur in canned peas once upon a time, to colour them green....). Safrole is also reported as a component of camphor and sassafras oils but the author fails to either describe its carcinogenic potential, its restriction in food and drink legislation, or its and its global restriction under controlled substances measures (which high safrole containing oils cannot be traded except under Home Office licence in the UK, or used in aromatherapy). **Please note this section does not comply with current national legal requirements and fails to inform of potential health risks to aromatherapists and their clients.**

**p64 & p115.** "Quenchers" (the presence of a distinct chemical substance, also used as an ingredient of a fragrance compound, that will inhibit the sensitising capacity of another substance) are mentioned with regard to citral containing oils and cinnamon aldehyde.

**Comment:** Please note that many in the aroma industry doubted the existence of a quenching effect at all when it was first uttered, and sure enough it's scientific credibility has since been queried in the literature; IFRA have now stated that the quenching phenomenon cannot be verified at least with respect to cinamic aldehyde (Notification of IFRA Standards No. 4 - 38th Amendment, April 6th 2004). So it is a shame to see dubious science passed on in an influential textbook. Note also that following the findings of Steltenkamp et al. (1980), concentrations of citral over 1% are considered capable of producing skin reactions. The author warns that citral is a very powerful irritant but does not give same emphasis to warnings about aldehyde in this section (to be fair it is mentioned elsewhere on p191 under irritation). As anyone who works with bulk oils (cinnamon bark, cassia) will tell you, cinamic aldehyde containing oils are far worse to handle, frequently causing reddening and irritation of the face neck and arms of workers and other areas, if merely exposed to the oil vapour! Under the 38th Amendment to the IFRA Standards, the new limits for cinamic aldehyde in fragrances for both leave on and rinse-off products is 0.05% (0.5% for non-skin contact products). Limonene and cinamic aldehyde are considered allergens under the 7th Amendment of the EU Cosmetics Act, and citral and cinamic aldehyde are additionally considered to be sensitising and irritants, **so these pages contain the most irresponsible advice**, putting any potential recipients of these herbal mixes described in the text in a very risky position as far as unpredictable dermal consequences are concerned.

The final mockery comes with the statement on p64 that therapeutically, aldehydes are considered anti-inflammatory. That's a piece of aromatherapy dogma that has no place in modern teaching. Or indeed in any modern textbook!

**p65.** "Ketones are not very common in the majority of essential oils".

**Comment:** Is this really true that ketones are uncommon in essential oils? Here is a brief round up: turmeric oil consists of 65% sesquiterpene ketones and rue oil is well for its aliphatic ketone content (2-nonanone occurring up to 90% in Algerian rue oil). European varieties of calamus oil have sesquiterpene ketones (*shyobunone*, *acorenone* etc.) as major components. **Thujones** occur in mugwort, wormwood, tansy, Dalmatian sage, armoise, and cedarleaf oils. **Pulegone** and **pinocampophones** occur in some *Mentha*, *Nepeta* and *Borosma* species. **Pinocampophones** occur in hyssop and cistus oils. **Pinocarvone** occurs in Roman chamomile oil, hyssop oil and *Cedronella canariensis* (sometimes mistakenly called Balm of Gilead). **Fenchone** occurs in fennel, & cedarleaf oils as well as wormwood & tansy. **Camphor** isomers occur in oils from the camphor tree *Cinnamomum camphora* and in sassafras oil, spike lavender & other lavender oils, coriander, ho, & rosemary oils, some basil oils (especially hoary basil), and various sage & thyme oils, as well as mugwort and tansy oils. **Methyl amyl ketone** occurs in clove and lavender oil, **Tagetones & Dihydrotagetones** make up a major portion of tagetes oils, and **tagetone & icimone** are important in the odour of isabdan notably specific **Carvone** isomers occur in *Mentha* oils (the laevo- isomer not usually spearmint & Bulgarian rose oils; the dextro- isomer in caraway & dillseed oil). **Dihydrocarvone** isomers occurs in dill herb oil. **Manthone and Isomenthone** isomers occur in oils from *Pelargonium* and *Mentha* species (certain coriormint species to 80% menthone), as well as Calamint and Buchu leaf oils. **Nookatone** occurs in grapefruit oil, many regarding it as the character compound. **Artemisia ketone** occurs in wormwood, lanyana, and santolina oils (the latter to 45%). **Methyl heptenone** occurs in many oils such as *Litsea cubeba*, lemongrass, citronella, geranium, rosewood, and verbena. **Methyl vinyl ketone and 1-octen-3-one** and their derivatives are important in lavender oil. **Damascones and damascenones** have been found to be crucial components of rose headspace odour...and then we have other ketones such as **ionones** (rose, boronia and the rosemary oil, Spanish verbena & eucalyptus oils), **piperitone** (*Eucalyptus dives* Schauer, peppermint & perilla oils), **piperitene** (catnip & horsemint oils), **acetophenone** (labdanum oil), **cryptone** (*Eucalyptus polybractea*, cumin seed oil, dwarf pine needle), **cis-jamsone** (jasmin absolute) etc..... Amongst the sesquiterpene ketones, **germacrone** is the main odourant of Zadravet oil, and both **geramarcone** and **beta-elemon** contribute to the odour profile of myrrh oils, whilst **alpha-ketone** and **beta-elemon** are also components of vetiver oil. **Diketones** such as **3,5-dimethylactane-4,6-dione** are present in the flagship healing oil of aromatherapy: Helichrysum oil from Corsica. High levels of the triketones **flavescone**, **isoleptospermones**, and **leptospermones** are found in Manuka oil, also used in aromatherapy, which have been advised as offering a high level of anti-microbial activity against gram positive micro-organisms.

Basically then, this is an another sweeping statement, with no basis in fact.

"Carvone is found in gripe water and seems to be harmless."

**Comment:** (+)-carvone is more toxic than (-) carvone and interestingly was formerly classified as an S1 poison. If you do an internet search for MSDS for (+)-carvone you will see data for the LD50 orl-rat is 3.7 mg/kg suggesting that the pure substance is in fact extremely orally toxic to rats, at least.

**p68.** "Veleranone."

**Comment:** Presumably a typo - should be valeranone in valerian oil.

"Many esters present in essential oils are formed as reaction products during the distillation process in extraction"

**Comment:** Absolutely priceless! :- ) :- ) Made my day! :- ) :- )

Although the biogenic pathways of compounds found in essential oils are not covered in this book, I think if the author took a course on biochemistry she would find that esters are not produced in this manner. On the contrary the lowish pH at which most steam distillations occur 4-5 or lower actually tends to promote loss of existing esters by hydrolysis. Further some esters such as methyl salicylate in Wintergreen oil are bound to glycosides in the plant material, and have to be treated to be freed of their sugar moieties before they can be distilled and isolated.

**p72.** Lactones. "Only found in expressed oils and some absolutes".

**Comment:** - Just plain wrong! Coumarin itself is found in concentrations of up to 11% in oil of cassia for example. Coumberiferone: found in many plants" - well, yes but not actually in any steam distilled oils!

**p74.** Coumarins found in essential oils.... Henriarin

**Comment:** I am willing to be proved wrong but I think this substance is only present in steam-distilled essential oils at maximum concentrations of a few ppm.

"Lactones found in essential oils: achilline, costuslactone (? - Costus oil is in fact 50% dehydrocostus lactone & nepetalactol), alantolactone (sic: should be alantolactone), epinepeta lactone, costunolactone."

**Comment:** Although coumarins are stated to be skin sensitive and phototoxic, no mention is made of the connection between sesquiterpene lactones and allergic effects (sesquiterpenes not identified as a group, but examples of sesquiterpene lactones are given with the lactones section). The fact is that several species of the *Asteraceae* which contain sesquiterpene lactones, cause allergy, because they contain a *a*-methylene-*g*-lactone grouping, which link to dermal proteins and act as haptens. Oils in this category include Chamomiles (Roman & German), Elicampine oil (*Inula helenium*), Arnica, Feverfew, Yarrow, Costus (*Saussurea lappala*). Apart from skin sensitivity issues, Costus is a threatened species under CITES.

"Oxides...usually made from an alcohol, and are named after the alcohol with the termination oxide e.g. linalool oxide"

**Comment.** Incorrect. Even the examples given show this can't be true - alpha-pinene oxide and limonene oxides are both monoterpene hydrocarbons and can be produced by epoxidation (of a double carbon-carbon bond). Caryophyllene oxide is a sesquiterpene oxide again from a parent hydrocarbon etc.

**p76.** "Sulfur-containing compounds: these are not derived from terpenes."

**Comment:** Totally wrong of course. Here are some terpenes containing sulphur in essential oils:

Mint sulphide occurs in Scotch spearmint & rose oil (amongst others)

*p*-Menth-1-en-8-thiol is a character compound of grapefruit oil

8-Mercapto-*p*-menthan-3-one occurs in buchu oil.

Thiocineole occurs in Eucalyptus absolute

1,2-Epithiohumulene, 4,5-epithiohumulene, 4,5-epithiocaryophyllene are trace constituents of rose oil.

Caryophyllene-6,7-episulphide, humulene-9,10 and -6,7-episulphides are all found in hop oil ...and so on.



mint sulphide

*p*-menth-1-en-8-thiol

8-mercapto-*p*-menthan-3-one

"...phenyl ethyl ether (is) found in pandanus essential oil."

**Comment:** Incorrect. Phenyl ethyl methyl ether is found in pandanus essential oil from *Pandanus odoratissimus* L.

**P80.** "Steam distillation is quick..."

**Comment:** Not always so: Ylang ylang may take 24 hours or more; sandalwood oil 2-3 days to get the crude, 2-3 days to redistil; most wood oils take 1-3 days after soaking the chips or sawdust for 24 hours.

**P82.** "An absolute may not have all the volatile oils from a plant, it will only have those that are alcohol soluble."

**Comment:** Surely all the volatile oils from the plant are alcohol soluble? Perhaps the author meant to say that some classes of compounds from the plant (waxes, flavanoids) will not be alcohol soluble?

**P86.** Lavandin essential oil is used as a source of linalol for the perfume industry.

**Comment:** Nowadays overtaken by linalol ex ho oils, which are much cheaper, sometimes even cheaper than synthetic linalol itself.

**p94.** "All reputable suppliers will be able to provide you with a GC chromatogram, to give you an indication of the major components of an essential oil".

**Comment:** Presumably we would rather know the percentages of the character components and the indicators of authenticity for that oil - these are often the minor, not major, components. Unfortunately oil customers rarely get this information - just an un-interpreted GC graph they can't understand.

**P96-7.** Geranium chromatogram.

**Comment:** Rather interesting to compare with the chromatogram trace run at higher sensitivity in the David Williams book mentioned above, which also boasts a better description of the contributors to the odour characteristics...

**p103.** "Optical rotation ... *Santalum album* -15° to -20° (no temperature indicated).... any deviations from this range is a good indication that the oil is not pure."

**Comment:** ISO 3518 (2002) indicates an O.R. of -21° to -12° @ 20°C. From my experience I think the latter is a more reliable range than that quoted above.

**p104.** "If a sample of rosewood (oil) has a S.G. of less than 0.872 (no temperature indicated) it could be due to the addition of extra linalool"

**Comment:** The S.G. is merely an indication of authenticity, but not necessarily an exacting criteria, given that Rosewood oil can easily naturally contain 96% of linalool isomers anyway. A better basis to decide whether the sample is authentic is surely from the consideration of the concentration of minor components (eremophilene, hotrienols etc) and an expert assessment of the odour (?).

In any case there is a strong ethical argument that Rosewood oil (*Aniba rosaeodora*) should not be used in aromatherapy, as it is a threatened species.

**p114.** "Linalool has an almost identical molecular formula (to methyl chavicol) but is a long chain rather than a benzene ring and is considered much safer"

**Comment:** Possibly gets the prize for the most incomprehensible sentence I have ever seen written in a textbook. I had thought the author was trying to say that the empirical formulae of linalool (C10 H18 O) and methyl chavicol (C10 H12 O) are identical, but this clearly isn't the case. The molecular formulae for the two isomers of linalool (acyclic monoterpene alcohols) against methyl chavicol (a phenolic ether) are very, very different and are shown below:



(3R)-(-)-linalool

(3S)-(+)-linalool

Methyl chavicol

Err... so its an enigma! Rather like the obscuration of the true meaning of "China Pig" on Captain Beefheart's Troutmask Replica, perhaps we will never know what was originally intended...!! In any case, as mentioned above, linalool is considered to cause allergic reactions from hydroperoxide formation.

**p118.** Another hoary old chestnut is presented about rectified Eucalyptus oil. This has come up so many times it's amazing that the entire aromatherapy world does not yet fully appreciate the situation. The plain fact is that crude *Eucalyptus globulus* oils are normally rectified over 1-2% sodium hydroxide to polymerise and thus effectively remove harmful lower aliphatic aldehydes, such as isovaleric aldehyde, which are not only unpleasantly odoured, and have undesirable toxicological effects, but which can cause uncontrolled fits of coughing in some.

**p121.** "Bergamot is an essential oil with a potentially harmful constituent and an example of a situation where an adulterated oil can be acceptable".

**Comment:** Scarcely believable! - condoning adulteration is not professionally acceptable behaviour in any aromatherapy code of practice that I'm aware of! Goodness knows what message this conveys to students. Those with even a passing knowledge of essential oils, use distilled bergamot oil in skin-sensitive applications, which doesn't have harmful furocoumarins. And that's precisely what the majority of professional aromatherapists use....

**p124.** Many of species names spelt wrongly: *Matricaria recutita*, *Ormenis mixta*, *Ormenis multicaulis* are the correct spellings. Chamazulene is wrongly described as sesquiterpene.

**p127.** In spite of dismissing British Pharmacopoeia standards as being "too broadly based for aromatherapy" (?) on p118, the author then presents data which fails to distinguish analytically the difference between *Eucalyptus globulus* and cineol-type of *Cinnamomum camphora* oil, which has been sometimes passed off as oil of *E. globulus*. The British Pharmacopoeia 2002 monograph for *E. globulus* presents a superior GC trace to the one in this book, which would allow this distinction to be made. So perhaps BP standards are working at a better level than appreciated by the author....

**p127.** Components of *Eucalyptus citriodora* are stated to contain: "citronellal 56%, citronellol 8% (no isomer stated), 1,8 cineol 2%, *a*-terpinyl acetate (2%), citronellyl acetate 11.5%, and 5.5% citronellilic acid (1)".

**Comment:** The peculiar oil above described in the book would even fail the ISO 3044 specification (ISO is described in the book as largely set up for the food and cosmetics industry!). The analysis of the oil is presented in g/mo form, as if there weren't any associated problems. Lets have a look at the real situation. Citronellal in the oil of *Eucalyptus citriodora* occurs as racemic *a*- & *b*

**p156.** Double entry for Germacrene D in the Ylang Complete analysis. Perhaps the first entry should have read: Germacrene B 2.36%??

**p180.** "Peppermint and cinnamon essential oils are particularly likely to persist on the skin of the fingers for a prolonged time". Trying to convert this into a semi-scientific statement, we could say that the evaporation rate from the dermis might show a first order rate kinetics for most oils and second order kinetics for aldehyde-containing oils. This is possibly because aldehydes form addition compounds with reactive sites on dermal proteins. In addition to this, an explanation might lie with the fact some essential oils show a greater odour intensity than others, they differ in evaporative profiles, they have different perception thresholds...

However why would an aromatherapist be using cinnamon essential oil? Both the leaf and bark oils of cinnamon present potential toxicological problems...

**p185.** "The LD50 values are known for most essential oils, but they represent a measure of acute oral value."

**Comment:** Toxicologists have been telling us for years that the LD50 value alone is insufficient for comparisons of relative toxicity.

**p185.** "The amounts (presumably of essential oil?) entering the body in aromatherapy or massage are very small so they are considered to be safe".

**Comment:** ...Considered to be safe by whom exactly? I know of know no studies involving hardworking aromatherapists who are continually exposed to essential oils in the course of their work, and who have been monitored for oil constituent levels in body tissue, or yet have been checked for effects of sub chronic toxicity etc. etc. On the one hand, subchronic inhalation of complex fragrance mixtures has been found not constitute a risk to rodents even when inhaled under repeated and exaggerated exposure levels (Fukayama MY et al. 1999). But on the other hand are their things we haven't evaluated - Professor Arnold Scherf for example, comments on the extreme carcinogenicity of methyl eugenol (which is present in several essential oils - see www.users.globalnet.co.uk/~notice/new/magazine/cropwatch3/cropwatch3.htm).

So, we see glib statements from the author on safety without any real discussion of the issues. Not good enough for a primer for students!

**p185.** "It has been estimated that an oral dose of an essential oil will have 10 times greater concentration than from a massage".

**Comment:** Again the wording is so sloppy, it is difficult to understand the meaning intended. Who estimated these facts, and is the author of the data talking of oil concentrations in plasma, or whole body dosing, or just what exactly? And why should this be relevant? Aromatherapists may inhale essential oil vapours, and absorb oils via the hands for eight or ten hours a day 5 or six days a week. This is a different prospect from imbibing a single oral dose as far as I can see, since the toxicity of some oil components will vary according to mode of administration e.g. 1,8-cineole is orally quite toxic, but quite less so when inhaled.

**p188.** "...lavender and tea tree can be used with caution directly to the skin".

**Comment:** Hopefully readers will realise that professional aromatherapists do not actually do this under any circumstances whatsoever, and the code of practice of several leading aromatherapy professional organisations expressly forbids it. And you shouldn't do it either...

**p198.** "A small number of essential oils have been shown to cause sensitisation.... and surprisingly, ylang ylang"

**Comment:** Well not such a surprise, really. For example Nakayama (1998) reports on a five year project in Japan to find common fragrance sensitizers in cosmetics and to replace them with safe alternative fragrances. Ylang ylang oil was identified as a common cosmetic sensitizer in this exercise. Hypoallergenic ylang-ylang oil has subsequently been made commercially available, but does not appear to have totally eliminated these contact sensitivity problems.

**Conclusion.**

Although there are good spots, a sort of malaise seems to hang over whole sections of the book. For me, the book doesn't make the subject particularly come alive.... David Willam's book by contrast seems to be far more readable, and I should say, far more fired-up! See *good books in next section*.

Because of the poor level of chemistry, lack of biochemistry and the quite basic level of chemical analysis presented, not forgetting the quite dubious safety content in places, I hesitate to recommend this book to aromatherapists.

**References:**

Fukayama MY et al. (1999) "Subchronic inhalation studies of complex fragrance mixtures in rats and hamsters" *Toxicol Letters* 20, 111(1-2) 175-87.

Nakayama H. (1998) "Fragrance hypersensitivity and its Control" in P.J. Frosch, J.D. Johansen & I.R. White (eds) *Fragrances - Beneficial and Adverse Effects* pub. Springer-Verlag 1998.

Steltenkamp RJ et al. (1980) "Citral: a survey of consumer patch-test sensitisation" *Food & Chemical Toxicology* 18, 413-417.

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## 'The Chemistry of Essential Oils' by David Williams

Revised edition 2008

Reviewed by Martin Watt

This book is something I would highly recommend to anyone wanting to understand the chemistry and other issues of the use of essential oils.

This edition includes many GLC charts on each different essential oil. These charts are very useful for people to see the differences between the same named oil from different geographical locations, and how that may or may not affect their oilyfactory and other properties.

The book taken as a whole, corrects a lot of the inaccurate information found in the popular aromatherapy books. The author has a lifetimes experience in the trades that he writes about.

The extensive section on 'burning the midnight oil' is vital reading for anyone involved in studying. The glossary is extensive, turning the book into an excellent quick reference resource. It is for those people with a thirst for accurate knowledge about their trade.

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## 'The Chemistry of Essential Oils Made Simple' by David Stewart

Reviewed by Robert Tisserand.

Review first published on August 24th 2012:  
<http://roberttisserand.com/2012/08/book-review-the-chemistry-of-essential-oils-made-simple/>

At almost 850 pages, there's plenty of reading here. Unfortunately, this book is replete with errors. There are innumerable mis-spellings of the names of chemicals. Terpinen-4-ol is an alcohol, not a phenol, and bergamotene is a terpene, not a furanocoumarin. On page 374 we read that Coumarin are thought to be antispasmodic, as are many other esters. Coumarin is not an ester. Stewart mentions that myrrh oil is rich in "furanoid compounds" well yes, it is indeed rich in FURANS, and he goes on to say that furanoid compounds can amplify ultraviolet light and can make an oil phototoxic. (p23/24). Well, I don't know why he wants myrrh oil to be phototoxic, but it isn't, because it contains no FURANOCOUMARINS. Using the term furanoid compounds fails to make a vital distinction between (phototoxic) furanocoumarins, and (non-phototoxic) furans.

**In some cases Stewart seems to have copied mistakes from other sources**, without realizing they were mistakes. *l*-Limonene is quite often given instead of *d*-limonene, and methyleugenol has curiously disappeared as an essential oil constituent altogether. Stewart does not list it a constituent of any of the oils it is actually found in! Furanocoumarins are frequently cited that may indeed be present in the plant but are not found in the essential oil.

He has made a valiant effort to list the components of 113 essential oils, but the method he used combining data from various books is risky. The end result is said to represent a "typical essential oil", but is rather hit-and-miss, and in many cases does not represent any existing essential oil at all. Some of the total percentages add up to more than 100%. Reporting constituent chemistry from different sources is a challenge I am often confronted with myself, but there are more elegant solutions.

Stewart is highly critical of what he calls the "British School" of aromatherapy, because it espouses the idea that some essential oils can be dangerous, and because, according to Stewart, it relies on scientific research on animals. However, he does take on board the idea that some furanocoumarins are phototoxic. Stewart perhaps does not realize that phototoxicity in essential oils is almost entirely based on RIFM research using pigs, and much of the French information about essential oil constituents that Stewart cites is based on animal research. If the book was properly referenced, this would be obvious. He also criticizes the British for usually applying only certain compounds isolated from essential oils rather than the whole oil. (p4) **It is difficult to fathom from where he plucked this outrageous notion!**

There is a massive amount of information here, but there is not a single scientific reference to back up any of it. The result is an uncomfortable mix of fact and fiction. The book perpetuates the myth that any dangers of essential oils (apart from phototoxicity) only apply to what he calls "perfume grade oils", which, according to Stewart, British aromatherapists like to use! I'm not sure then, who buys all the independently certified organic essential oils sold in Britain. There is no perfume grade of essential oil (on either side of the Atlantic), nor is there a therapeutic grade. The grades that do exist are various organic certifications, ISO standards, BP (British Pharmacopoeia) standards, and FCC (Food Chemicals Codex) standards.

Stewart does humanity and science a disservice by alleging that "it is impossible for an essential oil to cause an allergic reaction: Occasionally, a person receiving essential oils claims to have had allergic reaction to them-such a reaction is never allergic-they are usually therapeutic and indicate the initiation of a cleansing, healing process". (p451) Stewart goes on to explain his hypothesis that essential oil constituents cannot be allergenic, because they are not composed of amino acids. No, they are not composed of amino acids, but yes, they can in fact cause allergic reactions, because an essential oil constituent such as cinnamaldehyde (known as a "hapten") can combine with proteins in the skin and can then be recognized by the immune system as an allergen. **This is not new science, and Stewart's bending of the facts to suit his world view is shameful and potentially dangerous.**

There is a lot of information in this book and it is by no means all wrong, but the fact-to-error ratio is too high for me, and the way he plays with words to make his truth look like fact is disturbing. On page 462 he states: "There has never been a documented instance of antigen-antibody response (i.e. sensitization) to an essential oil. Essential oil antibodies have never been found or detected in anyone. Never". The last part is true, but only because (a) you can't have an antibody to an essential oil, only an essential oil constituent (is this genuine ignorance of basic biology, or just more fact-bending?), and (b) no scientist has ever found antibodies to essential oil constituents, because no scientist has ever looked for them. Perhaps the clinical reality of an allergic reaction needs no proof. Here are two documented cases of allergic reaction to cinnamon bark oil:

Ackermann L, Aalto-Korte K, Jolanki R et al 2009 Occupational allergic contact dermatitis from cinnamon including one case from airborne exposure. *Contact Dermatitis* 60:96-99

Sinchez-Prez J, Garc-a-D-z A 1999 Occupational allergic contact dermatitis from eugenol, oil of cinnamon and oil of cloves in a physiotherapist. *Contact Dermatitis* 41:346-347

The IFRA safety standards require that cinnamon bark oil should not be used on the skin at more than 0.6%, to avoid allergic reactions.

*Essential Oil Safety a rebuttal.*

Stewart is critical of my book, Essential Oil Safety. Here are some of his comments:

*Much of the research cited is on the toxic effects of single components of an oil, which is an invalid application of science.* This is an incredible statement, considering that most of Stewart's book is devoted to explaining essential oil chemistry, and the relationships between constituents and therapeutic properties. On page 468, for instance, Stewart says: "essential oils rich in phenols should be used with caution when applying to the skin". If extrapolating single component data to whole essential oils is not OK when I do it, why is it OK when Stewart does it?

*Furthermore, as the authors point out, in all of the studies they cite, the data are for animals (not people) and/or the tests were not for the whole oil but for isolated compounds of an oil. These types of studies are not valid indicators of the behavior of oils in actual practice.* (p21/22) This is simply not true, and is not stated anywhere in the *Essential Oil Safety* text. There are many studies cited in *Essential Oil Safety* where whole essential oils were patch-tested on individuals (such as the two reports for cinnamon above), and there are many cited cases of poisoning from whole essential oils. And, see my previous comment.

There are two places where I have been mis-quoted:

1) In the preface the authors state "this text was largely an extrapolation of toxicological reports from the Research Institute for Fragrance Materials (RIFM)". In other words, this book is based on data that apply only to perfume grade oils which are customarily refined, denatured, and laced with synthetics. (p787)

*This is what the preface actually says:*

This book [i.e. *Essential Oil Safety*] replaces The Essential Oil Safety Data Manual by Robert Tisserand, first published in 1985. This text was largely an extrapolation of toxicological reports from the Research Institute for Fragrance Materials (RIFM). So, I was not referring to Essential Oil Safety at all, I was referring to a previous, and very much smaller book.

2) These authors state on p ix, "the majority of essential oils we recommend should not be available to the general public". In their opinion, the majority of essential oils should be restricted only to what they would regard as "qualified aromatherapists". (p788)

*This is UK and USA at least:*

the majority of the essential oils which we recommend should not be available to the general public. Stewart is trying to make it sound as if I don't believe essential oils should be available to a general public. Of the 450 odd essential oils produced today, I do believe that a dozen or so should not be publicly sold, because they are so toxic. To suggest that I am not in favor of ordinary people having access to essential oils is just incredible. **David Stewart, what do you think I have been doing for the past 40 years?** Why is there a brand of essential oils called Tisserand Aromatherapy? Why are these essential oils available to anyone? Why did I write The Art of Aromatherapy in 1977? And what was I thinking when I wrote a book called Aromatherapy for Everyone in 1988?

**In both cases, by omitting the first part of the sentence, the meaning has been completely changed.** And in the second quote, two words were omitted to further change the meaning. It's sad that someone should invest so much energy in writing a commercial text, and then sabotage it by trying to bend the truth to suit a commercial agenda. (And if there is no commercial agenda, why are Young Living products mentioned throughout the book?)

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## What would be the best books to add to a collection?

A personal view by Martin Watt

The Chemistry of Essential Oils by David Williams. [Review above.](#)

I do have respect for most of the books written by Daniel Ryman.

I recommend Chrissie Wildwood 'Bloomsbury Encyclopaedia of Aromatherapy'.

A good basic starter is 'The Essential oils book' by Coleen Dodt.

Even in two above, there are properties attributed to the essential oils that are based on herbal medicines, but at least these authors tried to do the background research rather than just copying it from others.

Gattefosse's Aromatherapy is an excellent historical work written in 1937. ISBN. 0-85207-236-3. However, you need to be aware that he mostly used deteprenated oils not whole ones as many AT writers assume.

A good book on fixed oils and their uses is: New Vital Oils by Liz Earle. ISBN. 0-09-187669-9.

Generally the best sources of accurate technical, toxicological, dermal reactions and some therapeutic information can be found in the numerous International scientific and medical JOURNALS.

If you want good information then you have to pay for it. There is very little sound information on the medicinal and historical uses of essential oils to be found on the Internet. On the other hand, there is vast amounts of hype, lies and misinformation mainly on social media sites. Sound information has never been a driving force in aromatherapy and numerous 'approved' courses still revolve their tuition around the trades 'novels'.

**The list below is for those who are prepared to pay for good information resources. Many more good technical works can be added to this list.**

The best books on essential oil history, production, botany and fragrance are those written on the subject of perfumery, or medical pharmacology from the mid 1800s. Such books can often be 'picked up' by frequenting second-hand book shops (cheap) or by getting on the mailing list of antiquarian book Dealers (expensive). Internet searching can locate copies of old books in various National Library collections.

PERFUME AND FLAVOUR MATERIALS OF NATURAL ORIGIN by Steffen Arctander. Available from allured Press, USA.

ENCYCLOPAEDIA OF COMMON NATURAL INGREDIENTS. ISBN 0-471-50826-8

POTTER'S NEW CYCLOPAEDIA OF BOTANICAL DRUGS AND PREPARATIONS. ISBN 0-85207-1973

THE BRITISH PHARMACEUTICAL CODEX 1934, or old US PHARMACOPOEIAS.

ADVERSE EFFECTS OF HERBAL DRUGS vol. I & 2 by De Smet. ISBN 3-540-55800-4

TEXT BOOK OF PHARMACOLOGY & THERAPEUTICS 1901 by W. Hale-White M.D. F.R.C.P.

A MODERN HERBAL by Mrs M.Grieve. Various publishers. Review above.

CHINESE HERBAL REMEDIES 1984 by A. LEUNG.

THE ESSENTIAL OILS by E. GUENTHER. Publ. Van Nostrand. New York.

ESSENTIAL OILS, 1976-1991, by Lawrence, B.M., Allured Publishing Co.

BOTANICAL DERMATOLOGY 1979 by Mitchell and Rook . (out of print)

ADVERSE REACTIONS TO COSMETICS by Anton de Groot. ISBN 90-900-2597-9

SCENTED FLORA OF THE WORLD by R. Genders, Publ. Mayflower.

STURTEVANT'S EDIBLE PLANTS OF THE WORLD 1919 republished 1972 by Dover.

THE CHEMISTRY OF ESSENTIAL OILS BY DAVID WILLIAMS. ISBN 978-1870228-31-2

AROMATIC PLANTS AND ESSENTIAL CONSTITUENTS. ISBN 962-238-112-X

The 'out of print' books, are frequently available from science or medical libraries

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## 'Clinical Aromatherapy in Nursing' by Jane Buckle.

Reviewed by Maria Lis-Balchin B.Sc. (Hons), PhD.

[Click for another review by Martin Watt.](#)

This book should not be recommended for any University courses in complementary or alternative therapies as I do not feel it meets the academic standards expected of a course core book or recommended reading book at any level. Due to the ever-increasing number of Universities offering Diploma/degree courses in Complementary therapies it is essential to maintain a strong scientific credibility especially for nurses and health professionals with their high academic expectations.

There are some good points to this book, but it is spoilt by misunderstandings and misinterpretations of the literature and a general lack of knowledge of chemistry and microbiology together with many large and small errors, omissions and a multitude of bad spelling.

There are indecision's as to what clinical aromatherapy encompasses i.e. should it include any internal or medicinal essential oil usage? No, states the author and gives supporting statements from the Medicines Control Agency (a UK organization), but later she advocates the use of vaginal tampons soaked in essential oils to treat thrush! Surely this is classed as medicinal application rather than the healing touch?

The History of Aromatherapy was really a history of medicines, mainly herbs, but included the very odiferous mercury! Confusion reigns throughout this book between essential oils and herbal medicines and the author includes virtually unknown herbal oils for aromatherapy e.g. Centella (used to treat leprosy!).

Of the hundreds of essential oils to chose from, only a few are mentioned ad nauseum e.g. lavender, frankincense, marjoram, Eucalyptus globulus, E. citriodora, petitgrain, Roman chamomile, geranium, rose (real?), neroli (real?). Can nurses afford such luxuries as real rose and neroli? Many of the CTs or chemotypes are generally unavailable and unlike the common essential oils, have not been tested for both oral and dermal toxicity. Health and Safety problems arise due to omission of the volume of the diluent carrier oil whilst the number of drops of essential oils are clearly stated.

The chemistry on Extraction of essential oils, including Gas chromatography and the chemistry of essential oils is inadequate and shows that the author does not appear to be familiar with any of the techniques e.g. enfleurage, expression and CO2 extraction, the latter being solvent extraction, which does not yield an essential oil as stated by the author.

Non-academic references abound from various Aromatherapy books and non-peer-reviewed journals which include papers given at Aromatherapy Conferences. Second-hand references, quoted (or often misquoted) in scientific aromatherapy books are numerous. The author also misunderstands quotes e.g. she states that "Melissa oil is antiviral". It is not. The paper she quotes in two paragraphs (p.130) states that tannins are the active components. **These are in the water-soluble fraction and do not occur in the volatile essential oils.** This is repeated on several pages e.g. p.204, 216, 217. Tannins are also responsible for the antiviral activity of Eucalyptus globulus, and again aqueous extracts of 75 plants had viral activities, not the essential oils (p. 130).

In dealing with general home care, a large number of unsubstantiated statements are made e.g. "borneol and myrcene were antagonists to acetylcholine" therefore are included in the pain relief section as well as p-cymene for some unknown reason; Diabetes can be apparently treated with a number of essential oils, with no academic references in support; "anticarcinogenic essential oils" are misrepresented as the references quoted refer to animal experiments where cancer was induced chemically and could be partially suppressed by giving an essential oil prior to the chemical treatment, which is a far cry from curing cancer.

The extraordinarily long section on microbiology includes errors in the practical methodology and a slight misconception of essential oil activity against bacteria. The fact that some essential oils had an effect on "MRSA" at one London Hospital does not imply essential oils can kill off any MRSA all over the world. In fact I myself had a study done with a London Hospital and only a few essential oils were found to be effective against some of the resistant strains. There is also the problem of variability in different batches of essential oils and I have published a number of papers showing the effect on antibacterial activity.

It is very unfortunate that there was so little information given on the effect of essential oils on stress, their benefits on mood, their influence on behaviour, their influence on cerebral blood flow, their effect on motility of animals and response times of humans etc., facts which are well documented in the scientific literature. This effect on the psyche through inhalation is probably the most probable mode of effecting a response in man, which together with counselling and massage form the basis of aromatherapy treatment and do not need to involve the effect of absorbed essential oil components and their, as yet, unproven effects on specific organs.

Good points include the introduction to the actual hospital/ nursing regulations and health and safety regulations governing the use of essential oils, the possible usage of aromatherapy in specific hospital care situations (with some reservations as above), nursing diagnosis etc.

There are some very useful facts given on p.41 e.g. that palmitic in the hands are most permeable to essential oils: this implies that the aromatherapist gets most of the benefits of a massage with essential oils! Never mind the patient!

Maria Lis-Balchin B.Sc. (Hons), PhD. Was a Senior lecturer at South Bank University, London in an international expert and speaker on essential oils, their chemical composition, adulteration and their microbiological, insecticidal and pharmacological effects. She has over 50 scientific publications and a book entitled 'Aromascence: the chemistry and bioactivity of essential oils'. She has instigated a BSc./ MSc. unit entitled 'The Science of Essential oils and Aromatherapy' which has been running at South Bank University for many years. It was also incorporated into the Diploma in Higher Education (Complementary Studies), ENB A49, offered by the University for health professionals, which could lead to the BSc. (Hons) in Professional Nursing/Midwifery Practice.

## Clinical Aromatherapy In Nursing.

Reviewed by Martin Watt

This book contains numerous research references. However, many have not been adequately evaluated to ascertain if they are relevant to aromatherapy or not. My impression is that the author was ill equipped to sort the aromatherapy wheat from the chaff, a task vital for a book targeted at the medical profession. I find it alarming that this book will be promoted to the medical profession as a definitive work, when it contains so much ill evaluated material.

Many references are to previous aromatherapy books, which are themselves packed with gross errors and hype. This is particularly noticeable in the technical sections and in the section on fixed and infused oils. Many of the references when examined, are found to be theoretical ideas presented by previous authors, rather than sound verifiable facts. I find this particularly irksome when scientific information is being presented (such as in the section on interactions with drugs) and made to look like it is sound information, when it is no such thing. Many of the references quoted bear absolutely no relation to the use of essential oils in aromatherapy.

Pages 61-62 contain the usual childish simplistic aromatherapy nonsense on the chemistry of essential oils. These generalisations are an inaccurate simplification of the activity of essential oils and can be hazardous if followed to the letter.

Many of the claimed properties of the infused oils, are derived from the herbal use of the water soluble parts of the plant when consumed as traditional medication.

Definitions of skin irritation are incorrect and sensitivity is an incorrect term. Some of her ideas on chemical solvents being responsible for the reactions are not proven, whereas certain of the extracts she talks about are well-proven as sensitising agents.

The section on antiviral properties contains numerous references. However, the fact that most of this research was not conducted on essential oils, but rather on water based extracts, is ignored. This makes this section extremely misleading. In reality, few essential oils have proven antiviral actions inside the body.

**The section on the treatment of wounds contains some hazardous information.** Unless the infused oils mentioned contain an effective preservative system, then they are likely to contain viable fungal spores and bacteria. Likewise floral waters, unless they contain an adequate preservative system are highly likely to be contaminated with bacteria and fungi. Just what the body does not want when trying to heal itself. Traditionally aqueous infusions were used to treat wounds and were effective. However, that is only when they are freshly prepared. Hydrosols and infused oils are purchased from numerous sources and how long they have been in transit or storage is rarely notified. Nurses, do you really want to risk being accused of professional misconduct by using products that have not been bacteriologically tested?

See also the article on hydrosols in the other compiled files.

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## 'Complete Guide to Aromatherapy' by Salvatore Battaglia.

1995 edition

Reviewed by Martin Watt

I thought parts of this book looked impressive until I started on the essential oil monographs. In those he includes the usual nonsense from earlier aromatherapy authors. They took the traditional uses of herbs and assumed the external application of an essential oil would have the same effects. All those earlier books are riddled with errors and therefore, as he has drawn on them for reference purposes, so is this book full of errors.

To be specific on each oil and every chapter would require a book in itself, therefore below are a just few examples of the significant misinformation in this book.

### Chapter 12 - The Essential Oils.

Page 167 - Grapefruit oil: We have the usual nonsense about it being useful in *treating cellulite*. I refuse to attempt to justify or reference as to how the oil can be a diuretic when used eternally. Likewise no attempt to justify its use as a "lymphatic stimulant". Since hardly any essential oil is absorbed by the skin how it can get into the lymphatics is a mystery.

Page 174 - Lemon oil: He makes no attempt to justify or reference statements such as: "Anti-anaemic, tonic to the circulatory system, for high blood fat and cholesterol, cellulite," etc. We see the old repeated error that lemon oil is astringent when this is an action of lemon juice. A total lack of understanding that an astringent is the opposite of a rubefacient; yet both are given as properties of lemon oil.

Page 197 - Sage oil: Under the entry for 'body-medicinal uses' we have numerous medicinal claims that are entirely based on the use of sage herb as a traditional medicine. Those herbal extracts are water or alcohol soluble and contain hundreds of active chemicals that do not occur in the essential oil. For example, the astringent action of sage extract is due to the tannins and these do not occur in the essential oil.

Page 203 - Thyme oils: All the historical references are to the herbal use of thyme, not the essential oils. The claims for some of the chemotypes are invention and speculation based on the major components in these oils. That method is packed with errors. Many of the claimed uses are of the herbal preparations taken internally.

Page 206 - Yarrow oil: Around 80% of the therapeutic uses are those of yarrow herb, NOT the essential oil. The safety or otherwise of this oil is not known.

#### Chapter 14 - Hazardous oils.

Page 234 - Camphor: The essential oil sold as "camphor oil" is nothing like crystalline camphor which most of this information is about. The uses of camphor or camphor oil are all mixed up and misleading.

Pages 231 - 243: There are some good warnings on the dangers of some of these oils, but insufficient indications when talking of their past uses, as if it was the herb or the essential oil being used. Personally I cannot see the point in warning people away from the oils, if you then go on to list the traditional uses of the herb. This book is supposed to be about essential oils and many aromatherapists get confused over the major differences and might be tempted to use the oil instead.

Page 331 - Varicose veins.

There is no evidence that the suggested oils can do anything for this condition. Since there is no evidence that the essential oils can get into the blood via this method then they cannot have any physiological activity on the veins. Again the misleading information by claiming the oils will have an astringent effect which they don't.

Page 350 - Herpes simplex.

The oft quoted error about *Melissa oil being anti viral*. All research indicates that activity is only in the water soluble portion of the plant. Neither is there any evidence that any of the other suggested oils are anti viral in-vivo.

I will leave it at that despite there being numerous additional errors of fact, or misinformation.

#### SUMMARY.

The therapeutics information is appallingly inaccurate and potentially dangerous for those who assume the oils will do the same job as the herbs on which much of the information is based.

This type of writing indicates an author who has attempted to make his work impressive by throwing in a few scientific references, yet clearly does not have the ability to sort the wheat from the chaff of the earlier aromatherapy novelists that he has copied.

**I would not recommend this book as an authoritative text on aromatherapy in the manner many aromatherapy organisations still do. Courses teaching this type of information are charging their students exorbitant fees for wrong and in some cases dangerous information. Doubtless this author will bring out revised editions or other works, but this book shows someone who had little understanding of the true uses for essential oils when he first wrote about them.**

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### 'Medical Aromatherapy' by Kurt Schnaubelt. 1999 edition

Reviewed by Martin Watt

I had high hopes for this book as it was only published in 1999 years after other aromatherapy books. It therefore had a chance to correct errors made by previous authors. Sadly I was disappointed as it contains the same old recycled errors on the therapeutic uses of essential oils.

Page vii First paragraph: *"the fact that aromatherapy is also a healing tool and a form of communicating with plants"*. The "form of communicating with plants" looks like it is designed to appeal to 'new-age' sheep. I think that a living plant would be very upset at the thought of its relatives being cooked alive during distillation!

Page 2 - first paragraph: Here he claims that *"it is difficult to quantify the effects of aromatherapy"*, and that *"scientists are uncomfortable around the subject of aroma and emotion"*. This claim is astonishing from someone who claims to have a University degree. There have been hundreds of studies on the effects of fragrance and how they affect the brain and how that in turn affects emotions. This includes brain scans to see how brain centres are affected. Therefore the statements are incorrect.

Page 4: He talks about the book 'The Practice of Aromatherapy' by Valnet as if it was a landmark in aromatherapy. In reality it is mainly a book about herbal medicine. The author frequently fails to differentiate sufficiently between the use of the herb and the use of the essential oil. That has been responsible for major blunders on the therapeutic uses of essential oils by subsequent authors and teachers. Therefore I do not see this book as a valuable landmark.

Page 21 - last paragraph: He talks about the widespread use of Basil as a cure-all, but fails to mention that it is the herb and not the essential oil. To even hint that the oil may be effective against the Polio virus is in my view dangerous and no reference is given. I have seen this outrageous claim made on aromatherapy suppliers web sites particularly in Canada.

Page 33-34: The medicinal claims in these charts for the different type of Basil are preposterous, incorrect and dangerous. Many of the stated conditions could never be treated via the external use of these oils. The conditions are based on the error ridden chemical concepts of a couple of teachers from France. They knew next to nothing about essential oils and so they invented the therapeutic uses.

Page 37: The medicinal activities of these broad chemical groups are one of the worst, if not the worst, misleading chemistry to be found in aromatherapy education. For example, to claim that any oil high in aldehydes will have an *"antiinflammatory effect"* is dangerous. An essential oil high in aldehydes such as E. citriodora is mild on the skin. On the other hand, another oil such as **cinnamon bark will burn the skin. Therefore to make such sweeping generalisations of activity based on such simple chemistry is incorrect and dangerous. See: <http://phytovalatilome.com/essential-oil-chemistry-functional-groups/>**

Page 42 - second paragraph: *"almost every single medicine that promises relief actually offers dependence and horrific side effects"*. Not only is this statement incorrect it is unnecessarily alarmist. As with much in these introductory paragraphs, there is a lot of unsound philosophising without proper backup.

Page 55: An anecdotal case is quoted without a checkable reference. In the references section at the end of the book, you cannot tell which reference applies to which statement. It looks to me like this case was one published in an aromatherapy journal where no attempt to verify its authenticity would have been made. Therefore, it is not known what may have caused the patients reaction to Khella oil.

Page 174: *"Citrus and needle oils claimed to be an irritant over time due to peroxidation"*. This is an indication of an author who does not know the difference between irritation and sensitisation. In reality, these oils form sensitising agents over time with exposure to air. Sensitisation can be a serious condition and therefore should not be taken as lightly as irritation.

*"Juniper may irritate and/or damage kidney tissue"*. Yes of course if you drink enough of it, but is that what this book is about?

The same old tired nonsense about *"oils high in ketones being neuro and hepato-toxic"*. I would guess this has been extracted from the course notes or book from the French aromatherapists. These oil can be no more dangerous than other oils that may be low in ketones. It all depends on how they are used and how much. This kind of simplistic chemistry has become an unstoppable cancer in aromatherapy. It is regrettable that a supposed science graduate (like this author claims to be) still promotes pseudo-science.

Page 177-192: The chemical classifications are highly misleading and wrong. They are partly from the book by Penoel and Franchomme which had to be completed by editors and is therefore packed with major errors. The unverified assumptions of the action of essential oils are based on the individual chemicals that it contains. See:

<http://phytovalatilome.com/essential-oil-chemistry-functional-groups>

Page 178: A chart which is also **pseudo-science** originating from the same French authors referred to above. Even if some of the properties of the individual chemicals may be correct, they cannot possibly form an accurate guide to the properties of a whole essential oil containing hundreds of chemicals all with different actions.

Page 207 - Vitex agnus castus oil: No references are provided on where the idea originated that oil of Agnus castus may have the same effects as are observed for the herbal preparation. Almost all the claims made for this oil are drawn from herbal practitioners who never used the essential oil. **To suggest using this oil as internal medication - as suggested here - without any evidence as to its safety is outrageous, particularly in view of its possible effects on the female reproductive system.** In addition, it is known that certain suppliers sell the oil extracted from vitex leaves, a part of the tree that was not used in traditional medicine. The reason for that is because the leaf oil is cheaper than the pure berry oil. In my opinion, a dangerous and unscrupulous practice toying with the health of their clients based on no evidence of efficacy or safety.

Page 208 - Spikenard oil: Recommended for internal use, yet that was not used in the traditional medicine of the part of the world that it comes from. The main use for this oil has always been in perfumes and allied fragrances. The Author even acknowledges that some sources of the oil are "dubious"and yet still places it in his preferred mode of use section.

Page 208 - Vetiver: A mention of "controlled experiments" yet no mention of the reference to that work. Was it internal or external use, oil or herb? Surely the reader is entitled to that information in view of the suggested therapeutic uses and the title of the book.

Page 209 - Helichrysum oil: As before, significant therapeutic claims such as *"regulates cholesterol and stimulates liver cells"* with no reference to substantiate the claims. Recommended for internal use, yet that was not used in the traditional medicine of the part of the world it comes from.

Page 211 - Cypress: Outrageous claims such as useful for *"whooping cough; tuberculosis; pleurisy"* - all conditions that are serious if not illegal for anyone other than a doctor to treat. All drawn from the awful book by Franchomme and Penoel. Many of the uses are traditional ones of a water based herbal preparation containing substance such as astringent tannins that are not found in the essential oil at all.

Page 211 - St johnswort: Suggested for *"kidney infections"* a serious and possibly life threatening condition which should only be treated by a doctor unless one is living 500 miles from the nearest one! There is no known safety data for this essential oil and the plant and infused oil are known photosensitizers.

Page 213 - Anise seed oil: *"It has an estrogen-mimicking effect and can be used to treat amenorrhea"*. This action is far from being confirmed in humans for the essential oil. In view of the fact it is a common permitted food flavour, I believe such an action is unlikely. For the whole seed consumed as a medicine maybe, but as previously, a typical confusion of traditional uses of the herb with the oil. Also, there are many reasons for amenorrhea which cannot be treated just by a single oil. Some of them can be serious medical and/or psychological conditions.

Page 213 - Cinnamon bark oil: A list of its antimicrobial activity much of which is justified. However, the same can be said of sulphuric acid and who would want to consume that as is suggested here? Cinnamon bark oil is a powerful skin and mucus membrane destroyer. In the mouth it will destroy mucus membrane cells and leave raw patches. In the gut it will do the same unless it is diluted appropriately and is used in buffering agents. On the skin it is a known sensitising agent. Certainly not an oil to be played with.

Chapter 12 Applications. At risk of boring the reader of this, I can't comment on everything that is wrong in this section, but will make some general comments.

Page 223 Beware of the internal uses section. Much of this is based on the work of a French doctor who works only in private practice, does not publish research papers and has never had his outstanding methods peer reviewed.

**Beware anything on internal uses.** Adulteration of oils in aromatherapy is endemic, therefore you are playing with fire unless you personally know growers and distillers.

Pages 232 -236:

Conjunctivitis. Never use anything in the eye unless you know the hydrosol or similar product is free of micro organisms. Most small suppliers in aromatherapy do not have a clue on the contamination of hydrosols that they sell.

Fever. This is quack medicine. No essential oils have the ability to reduce a high fever.

Lymphatic support. Get into lymphatics. Essential oils do not penetrate the skin in sufficient volume to get into lymphatics, therefore they cannot possibly affect them.

Digestive tract. This can only be affected via internal use of essential oils with the inherent risks already mentioned. Particularly beware of Rosemary verbenone type, this can be and is manufactured using synthetic verbenone added to normal rosemary oil. There is no safety data available on the real oil.

There are many serious medical conditions mentioned in this section. Many of them should only be treated by a qualified doctor, several of them are proscribed infectious diseases which must be notified to the respective authorities, and several of them require an in depth medical training to diagnose and treat them. An aromatherapist or even a nurse aromatherapist, should never attempt to treat such conditions unless all else has failed.

**Beware of the chart on page 237.** Dangerous, wrong and highly misleading.

#### SUMMARY.

In my opinion, this book masquerade as an authoritative text on the medicinal uses of aromatherapy. It was designed more to raise the profile of the author, rather than act as a valuable contribution to the practice of aromatherapy. This is just one more of similar books packed with information based on inaccurate, simplistic and hypothetical chemistry. Much of the therapeutic uses information confuses the internal use of herbal medicine with the external use of essential oils. In addition, this book contains information that is very dangerous if used by people without a depth of training in medical matters.

The safety aspects of sensitisation are particularly lacking. This aspect of the use of essential oils is of greatest relevance for aromatherapy practitioners themselves. The book does contain some sound information, but what is and what is not is impossible to separate for the average reader.

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### 'The Encyclopaedia of Essential Oils' by Julia Lawless. (original version)

Reviewed by Martin Watt Cert. Phyt.

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

No evidence is provided as to why, and no mention is made that there are at least 3 major varieties of marjoram oil. There are also dozens of sub species with totally different chemical compositions and therefore different actions. No mention is made that these oils are permitted food flavourings under European and US regulations.

*"Rosemary should not be used by epileptics"*

No evidence is given and there is no significant evidence to justify this statement.

Page 16. *"Oils when used in massage are absorbed by the skin and transported throughout the body"*  
She uses the same old unreliable references about garlic that we are always hearing about. No other references on absorption are given. *See my article on skin absorption in other files.*

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

Page 19 - Contra indications: *"Fennel, hyssop and sage should be avoided by epileptics"*. These are all permitted food flavours with no sound evidence of harm.

*"clary should not be used while drinking alcohol."* No reference given.

*"High blood pressure: avoid hyssop, rosemary, sage and all types of thyme."* These statements are not supported by any evidence. These are all permitted food flavors with no sound evidence of adverse effects on BP.

Page 20 - for Eczema: *"as an anti inflammatory - yarrow"*. This oil has not been tested for skin safety. There is a possibility of it causing adverse reactions due to its highly variable chemical composition and the known skin reactions of the fresh herb.

*As a deodorant - Spanish sage:*

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

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

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

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

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

Antiseptics for flu:

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

Page 22.

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

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

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

*"Carminatives and stomachics"*

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

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

None of the above is verified and is extremely doubtful. As a trained herbalist she should know that only a doctor (in the UK) is legally permitted to treat certain genital infections, yet she does not define which types she means. Some oils may contain precursor molecules to human hormones but ONLY if ingested.

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

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

Emmenagogues:

No mention is made as to why periods may have stopped and of seeking a doctors diagnosis. The suggested oils are just assumptions based on the use of the herbs.

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

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

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

Adrenal stimulants - for anxiety:

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

Page 23 - the immune system. *"virtually all essential oils have bactericidal properties"* This simply is not true and essential oils can be very specific in which types of bacteria they can kill.

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

What evidence is there for this??

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

Page 24. Febrifuge agents. A long list of oils. I do not know how any of these can reduce a high temperature when externally applied. Once again we have an author who is assuming that herbal extracts have the same action as essential oils. That is a fundamental error common among all aromatherapy books.

Diaphoretic's to induce sweating; I doubt these can cause this effect when applied externally but a vigorous massage might.

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

*"Neroli found to be stimulating"*

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

Stimulants: angelica oil

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

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

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

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

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

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

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

SKIPPED TO PAGES 34/35 - A GUIDE TO AROMATIC MATERIALS

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

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

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

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

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

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

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

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

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

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

Special note: All the above classifications of therapeutic activity are based on the incorrect chemistry originating from just two teachers from France. See: <http://phytovalatilome.com/essential-oil-chemistry-functional-groups/>

Chart methods of extraction: This is incorrect, and is a subjective interpretation of extraction techniques. Essential oils are produced from concretes and this can be by solvent extraction or distillation. The resulting extracts are frequently of a far higher quality than steam distilled oils, and in no way should it be taken that steam distilled oils are therapeutically superior; this is a fallacy that has crept into aromatherapy as the result of ill informed tuition and ill researched books.

SKIPPED TO PAGE 146.

Orange oil: The distilled oil is not a recognised photosensitizer. Expressed bitter orange oil is a photosensitizer.

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

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

#### SUMMARY:

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

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

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### 'Aromatherapy For All The Family' by J. Kusmirek 1993 edition

Reviewed by Martin Watt

#### SUMMARY

Any author makes mistakes, however, the errors made in this work are numerous and profound. This could only be due to his lack of knowledge of the issues surrounding the use of essential oils. He also lacked the ability to sort the wheat from the chaff in the works he has used as reference material. To the best of my knowledge, this author, at the time of writing, had only undertaken a short training course in complementary medicine and had only been trading in essential oils for a few years.

Therapeutic uses for which the oils are recommended have in many cases been:

1. Invented by aromatherapists and oil suppliers.
2. Many are from documented actions of the oils when consumed as medicinal substances. These uses are then just presumed to apply to their effects via external application.
3. Most are taken from the traditional or researched use of the WHOLE herbal extract. This of course contain numerous medicinal substances which do not occur in the essential oil.
4. Despite the numerous therapeutic claims made in this book, there is not a single reference in the bibliography to a scientific or medical paper justifying claims made.
5. There are several oils recommended for illnesses that I can find no traditional or modern foundation for; two examples are: orange oil for bronchitis & rosewood oil for nausea.

Some of the information contained in this book, if repeated by members of the public without due thought, has the potential to cause actual physical harm. See items such as high/low blood pressure, heavy periods, etc.

#### SPECIFIC ERRORS

Page 4. line 1. "*Aromatherapy is a natural treatment which uses the concentrated herbal essences in essential oils.*" Herbal energetics is utter nonsense. Hot distillation is in fact a cooking process thus destroying any potential 'life force' in the plants and thereby in its essential oil. Such terminology is common among those people who wish to pander to the spirituality instincts of therapists. It is also frequently used to conceal an inadequate knowledge of the true science of essential oils.

Page 5. line 2. "*American Indians burn aromatic herbs to create smoke for their healing ceremonies.*" Yes they do, but that has little to do with aromatherapy using distilled essential oils. The compounds given off during the burning of herbs are substantially different to the aromatic compounds present in the vapours of essential oils, including numerous substances not present in essential oils. I believe this book is about essential oils!

Paragraph 2. "*In 16th-Century Germany, a physician Jerome of Brunswick documented 25 essential oils...*" There is no reference given as to the origin of this information, and therefore no means of checking the authenticity of the statement.

Paragraph 3. "*Nicholas Culpeper used essential oils including peppermint...*" This is extremely misleading. Culpeper had access to only one or two pure essential oils. In fact most of Culpeper's oils were infusions (macerated) and not pure essential oils.

Paragraph 4. "*Until the early part of this Century (1900), all perfumes ...relied on essential oils.*" Incorrect history. In the Art of Perfumery 1855 by S. W. Piesse he mentions several 'essences' and other formulations made entirely by chemical means.

Paragraph 6. "*The revival of interest in essential oils began in the 1930s.*" This statement is completely untrue. Essential oils were in fact widely used by the medical and pharmaceutical trades long before the 1930s.

Final paragraph. "*In France, aromatherapy has continued to be developed by the medical profession. Over 1500 French doctors have trained in it.....*" Aromatherapy within the medical profession in France has mainly been confined to the use of essential oils as internal medicinal substances. It is not widely practised as aromatherapy via massage. No references are given as to where the figure of 1500 doctors 'trained' originates and therefore it is difficult to judge its accuracy which I very much doubt.

Page 6. Paragraph 4, Line 6. "*All of them are to some degree antiseptics.*" This statement is incorrect. The 'antiseptic' actions of essential oils are extremely variable and many oils have little or no antimicrobial activity. This frequently seen statement about "most essential oils being antiseptic" can badly mislead the public. It is potentially quite harmful, because some people will treat themselves with any essential oil thinking it will be antiseptic, and the condition could become even more severe.

Paragraph 4, Line 8. "*some are also anti viral and antibiotic, and so can help combat infections.*" Very misleading. While a few oils have displayed in-vitro antiviral activity, there have been very few studies conducted on in-vivo antiviral actions.

Paragraph 4, Line 8. "*Antibiotic.*" This term has connotations in the public mind of being a cure-all for infections. Essential oils simply do not work like that. Blending certain essential oils may produce excellent antibacterial and anti-fungal agents for EXTERNAL application to the skin or for oral or vaginal applications.. However, very little sound research has been undertaken on their systemic anti-microbial activity in the same way as antibiotics.

Paragraph 4, Line 11. "*Many are detoxifying.*" This detoxification concept is meaningless. Simple massage is all that is required to stimulate blood circulation and to wash out excessive metabolites. There is no evidence whatsoever that essential oils can enter the body and do this. Their only function may be to assist in dilating superficial capillaries enabling the blood to flush closed capillary beds. However, the main agent responsible for this flushing effect is the massage.

Page 7. Paragraph 1. "*Their physical properties penetrate the skin and reach the bloodstream...*" A generalized statement with no references to back it. While certain chemicals in some essential oils may penetrate human skin, the matter is far from being definite. However, other chemicals in popular oils (said by some to be responsible for their actions) have been proven not to be absorbed. Therefore it all depend on which oil and it is incorrect to generalize.

Paragraph 1, Line 2. "*...to heal our muscles and organs.*" Dermatological research has shown that if a particular chemical in essential oils does penetrate beyond the outermost layer of the skin, that it is also implicated in adverse immunological responses such as dermal sensitization. Therefore, this contradicts earlier implications, that by stimulating the bodies immune system, that this produces positive effects.

Paragraph 2. "*You get what you pay for.*" Generally true as far as the wholesale trade is concerned. However, this certainly is not true of the retail trade, because certain suppliers buy cheaply and resell for high prices.

Paragraph 3, Line 1. "*A good essential oil will come from a named botanical species.*" This is misleading. Such a categorization means that lavender oil can be considered the same as lavandin oil, for they are both from the same species. In fact the two oils are totally different. In addition, most of the early aromatherapy oil suppliers knew very little about the true origin of their oils despite all their marketing hype. They often dealt with wholesale suppliers who also knew little about botanical names.

Paragraph 3, Line 2. "*The extra sparkle and vitality of a top quality oil is always obvious in comparison with inferior oils.*" This simply is not correct. While poorly constructed fragrance blends may be easily identified by the nose, this certainly is not true for expertly reconstructed essential oils. This is precisely why a whole science called ANALYSIS has developed over the last 150 years.

Paragraph 5. "*Organic oils because of their absolute purity are best.*" More marketing hype and not invariably true, it all depends on the location of a farm, i.e. is it surrounded by other crops which may be sprayed? Is the ground water contaminated with residues? Is it down-wind of a chemical plant, or nuclear reactor? Is the melt water from nearby mountains contaminated with traffic fumes, fallout from Chernobyl etc.? It is doubtful that anywhere in Europe can be described as pollution free. An essential oil that is not certified as 'organically grown', but is from a country where agro chemicals cannot be afforded, may in reality be of the finest quality.

Paragraph 6. "*The best quality lavender oil is grown above 3000 feet....*" This statement is totally incorrect and is marketing hype. Historically the best quality Lavender oil used to come from plants grown in the Mitchum area of England at a low altitude. The oil was considered so good, that in the mid 1800s, it fetched a price 4 times higher than French lavender oil. Top grade Lavender oil is still produced in the UK at close to sea level. This classification of quality based on higher linyl acetate levels, is simply a criteria used by some in France. In any case, the chemicals giving Lavender its character, are not the major components like linyl acetate, but are found in the small traces of other natural chemicals.

Final Paragraph. "*The best carrier oils are virgin cold-pressed.*" This has always been used as marketing hype by aromatherapy suppliers in order to increase the value of their sales. Cold pressed oils are not invariably the best for massage. They do contain higher levels of essential vitamins and minerals, but, there is little sound evidence that the external application of these oils can result in the absorption of these vitamins into the bloodstream. In addition, crude unrefined vegetable oils contain high levels of viable fungal spores, these can cause problems if they come into contact with damaged skin. Cold pressed vegetable oils are better for cooking as they have more flavour.

Page 8. Paragraph 4. "*We include here, oils which can safely be used at home.*" Yet on page 33 he includes Moroccan chamomile, an essential oil which has never been formally tested for any adverse effects. In addition, its medicinal uses are virtually unknown. It just happens when this book was written, that this oil was far cheaper than the real thing, Roman chamomile. The aromatherapy authors and suppliers then invented its uses.

In addition to the above, on page 49 is Rosewood, another essential oil which has few if any verified medicinal uses. This oil was never used in the traditional medicine of South America (the trees homeland). Despite these facts rosewood oil is mentioned in numerous paragraphs in the text, frequently for conditions for which there is absolutely no evidence of efficacy. The only supposed evidence, is that early popular aromatherapy novelists say it was good for some of the conditions mentioned.

Page 9. Final Paragraph. "*Massage...enables the essential oils to be absorbed and used by the skin and body.*" There is not a shred of sound evidence supporting this unsound theory.

Page 10. Paragraph 3. "*For cellulitis.*" Clearly the author does not know the medical definition for this word. 'Cellulitis' is a severe inflammatory condition, usually of the extremities. It results from a severe bacterial infection of the subcutaneous tissues and requires urgent medical treatment. Presumably the author means 'cellulite' which is a totally separate condition. No essential oil can penetrate the skin sufficiently to have any effect upon cellulite. The statement is classic beauty therapy hype.

Paragraph 4. Baths, line 3. "*add a maximum of 7-8 drops of pure oil.*" In the next paragraph the qualification on safety is extremely weak. A member of the public might assume that it was OK to use this amount of almost any essential oil. It would be hazardous to use this level of Thyme, Peppermint oil and several others.

Paragraph 7. Sauna. It would have been wise to include a safety note here. This is because essential oils are highly volatile and can ignite if used on the sources of heat used by some saunas.

Page 11. Paragraph 3. Hair rinse. "*Suitable OILS rosemary, geranium, rosewood for dark hair, Chamomile and lemon for fair hair.*" This is a classic aromatherapy error, while the respective water based HERBAL preparation can darken or lighten hair, there is no possibility that their essential oils could have this effect.

Page 12. ROOM FRAGRANCE. "*Infection.*" This term is meaningless without further clarification. Does that mean the use of Mint (alone) in the room atmosphere will help cure gangrene, or an infected gum?

Paragraph 7, Line 2. "*You can put drops direct on a pillow...*" He mentions about not getting it on the skin, but fails to mention the eyes. This is potentially hazardous as 2 drops of Peppermint or Thyme oil, could cause severe eye irritation, or even skin irritation, if the face was resting on the oil-soaked pillow during the night.

Page 13. Line 5. "*For women, especially feminine oils .....,Marjoram...etc.*" No definition as to which type of Marjoram oil is given.

Line 10. Among "*uplifting oils*" we have Chamomile. No attempt made to define which chamomile and german smells awful, far from uplifting, many find it nauseating.

CAUTIONS. Item 12. "*If allergic to perfume you are likely to be allergic to ALL essential oils.*" This statement shows a total ignorance of the mechanisms of adverse effects of essential oils and it is totally incorrect.

Pages 15 to 30. General comments on these lists of oils for specific conditions.

The monograph on page 33 refers to Moroccan chamomile, an essential oil on which there is no sound therapeutic information. In addition, it is chemically unrelated to Roman chamomile. Roman chamomile on the other hand, has been extensively trialed and confirmed that it does indeed have some potent therapeutic properties. None of the information presented in these lists applies to Moroccan chamomile, it only applies to Roman chamomile. Therefore if the reader is expected to use Moroccan oil, then few if any of the stated therapeutic actions can be expected.

Rosewood oil is constantly referred to, yet there is no sound therapeutic information available on this essential oil. In addition, these trees are Internationally classified as ENDANGERED SPECIES. If the substitute rosewood LEAF oil is obtained (which is available), then it cannot be assumed that any of the listed therapeutic properties can be anticipated. In addition, rosewood LEAF oil has not been subjected to any form of safety evaluation.

Marjoram oil is constantly referred to without defining if he means sweet Marjoram or wild. Two totally different oils.

#### ITEMISED LISTS

In this section I have only mentioned the most blatant errors, there are many other mistakes which I have not bothered with.

AGEING. "Rosewood oil". No essential oil (when applied to the skin) can make the slightest difference to this natural process. When such claims are advanced they are simply beauty therapy trade hype and lies.

ANAEMIA. "Lemon oil" There is not a shred of evidence that the external or internal use of this essential oil can make any difference to anaemia. It is not only totally without all logic, but if the advice were taken seriously it is potentially very harmful.

ATHLETICS FOOT. "Lemon" and 2 other oils. Only very fresh lemon oil may have any anti fungal properties. All citrus peel oils are so unstable as to make them almost useless for anti-microbial activity. Lemon oil is also a strong tissue irritant. Ever squirted some in your eye when peeling an orange or lemon, if so think about it?

BLOOD PRESSURE. HIGH/LOW. Six oils recommended. There are few essential oils which have been clinically demonstrated to have a significant effect on blood pressure. Relaxation of course may help, however, the choice of essential oils is an individual matter. For a book intended for the public, it is unwise to imply that these specific oils are better than many others, or to imply that they may have a direct pharmacological action via skin absorption on the blood pressure.

CELLULITIS. Six oils recommended for a condition the author does not even understand. See comments in Page 10. Paragraph 3 above.

COLITIS. "Rosemary". The suggestion that a massage using Rosemary oil will alleviate this condition is ludicrous. An infusion of rosemary herb may have been given for this condition. However, as pointed out previously, this has little relevance to the use of the essential oil in massage. Rosemary oil is classified as a mental stimulant, that is the last thing people suffering from colitis need, they need to relax.

CONSTIPATION. Seven oils recommended. It is the massage mainly responsible for helping ease this problem. Of course the effects on the olfactory system may cause mental relaxation which will help overcome constipation, but that will do nothing for the opposite condition of undertone or flaccid digestion. In fact the oils mentioned are a mixture of classic relaxants and stimulants with no differentiation made between their different uses.

CONVALESCENCE. "Clary sage" Is this the oil to use, no matter which illness the individual is recovering from? Someone recovering from a long or acute illness needs the oils they find pleasant, not just Clary.

CYSTITIS. Nine oils recommended, yet there is no evidence that any of these oils can improve bacterial or fungal cystitis when applied externally in massage. Perhaps if sufficient were inhaled it might have an effect, however that is not what is implied here.

DERMATITIS. "Orange & Tangerine" among others. All oils containing high levels of d-limonene are likely to be irritating on damaged skin. The suggestion that they may be able to help such a condition is most unwise and verges on being hazardous information.

DIARRHOEA. Eight oils recommended. Bearing in mind these oils are for EXTERNAL use, then the advice is at best useless, and at worst hazardous, dependent on what illness is causing the diarrhoea.

ECZEMA. "Chamomile", with no attempt to say which kind, - see earlier comments about Moroccan chamomile. It is foolish to use any essential oil for treating damaged skin, which has totally unproved therapeutic or adverse effects.

"Juniper oil" which is classified as a rubefacient, this means that it increases capillary blood flow in the skin. Ask someone suffering from eczema, if they really want more inflammation than they are already suffering. The idea is crazy!!

FLUID RETENTION. Six oils most of which are total rip offs from the traditional internal medicinal uses of the HERBS. There is little evidence that the external application of these oils will cause kidney stimulation. Massage of course will, but what's that got to do with which essential oils are used?

GASTRITIS. "Lavender, Mint, Tea Tree". Extraordinarily hazardous information. Gastritis is a severe inflammatory condition of the stomach, usually bacterial or viral in origin. There is no way these oils used externally will make the slightest difference to this problem AGAIN the classic aromatherapy error of taking the known use of the oil INTERNALLY and assigning external application will have the same effect, IT WILL NOT.

HAEMORRHOIDS. "Cypress oil", among others. Note, the traditional use of cypress for this condition was to make a water based decoction from the branches. This solution contained astringent and other compounds that do not occur in the essential oil. Once again a major corruption of traditionals. Juniper is a rubefacient which increases capillary flow, so do you really need that if suffering from this condition?

HAYFEVER. "Juniper". Complete and utter nonsense. If it does anything then it is entirely the placebo effect. Rubbing it over the sinuses will cause capillary dilation, and as anyone that has suffered hayfever knows, that is the last thing you want.

HEADLICK. "Geranium, Lavender, Tea Tree". Possibly these oils may kill the lice, or more likely make them abandon ship onto someone else. However, to kill or remove their eggs may need more of these oils than it is safe to use.

IMMUNE DEFICIENCY. Five oils recommended, yet there is not the slightest evidence that these essential oils can have a direct PHYSICAL effect on such a condition.

INDIGESTION. Seven oils recommended. Again a rip-off of the traditional use of these herbs as internal medicinal agents, or in some cases of the use of the essential oils internally. The inhalation of some of these oils may help, certainly the massage may also, but the implication throughout this work is that the oils work via skin absorption skin for which there is no sound evidence.

INFECTIONS. "Tea Tree". What kind of infections? Even at the time this book was written, it was known that many essential oils were antibacterial not just Tea Tree.

IRRITABLE BOWEL. "Chamomile". No attempt to define which type of oil.

JOINTS PAINFUL OR SWOLLEN. Includes "Juniper". Because juniper is a rubifacient, it certainly should not be used to treat acute inflammatory arthritis. It is good for warming cold areas, but that distinction is not made.

LIVER PROBLEMS. Does it not matter then what the nature of the liver problem is? Certainly no essential oil used externally will have the slightest direct effect on the liver. You are likely to get far more essential oil into the body from eating a fruit cake made with peel, eating a curry or mint confectary.

LYMPHATIC CONGESTION. "Rosemary, Lavender, Geranium". There are no essential oils with any evidence suggesting that they can affect such a condition. Massage may, but the choice of essential oil used is immaterial.

MIGRAINE. Six oils recommended including "Rosemary". This is a powerful stimulant of brain circulation. Since the pain of migraine is caused by constriction and dilation of blood vessels supplying the brain, then if used at an inappropriate time, Rosemary will make matters worse.

MUSCLE SPASM. Only "Clary sage oil" is mentioned. Should not other more useful skin warming oils such as Rosemary, Ginger, Juniper, etc. be mentioned?

NOSE BLEED. Not one of the 4 oils mentioned will be of the slightest use in astringing bleeding blood vessels located high up in the nasal passages. Indeed most are classed as rubifacient, which means if anything they should promote bleeding.

PERIODS HEAVY & PAINFUL. "Cypress". This really is dangerous nonsense. That essential oil has no tradition of use for such a condition. It is also vital that such a condition is medically diagnosed before any treatments are used.

PERSPIRATION EXCESSIVE. "Clary sage, Cypress". Once again a classic rip-off of herbal medicine. Both plants have been used traditionally as herbal infusions or decoctions applied to the skin or taken internally. The compounds present in the water based lotion exert a powerful astringent action. These astringent compounds are totally lacking in the plants essential oils.

PSORIASIS. Four oils recommended. Generally essential oils are contraindicated for this condition as most essential oils tend to increase capillary blood flow. Psoriasis typically manifests as an engorgement of skin blood vessels. Therefore, it is foolish to encourage that even more. Certainly the use of Juniper oil is crazy as it is a powerful rubifacient.

#### SKIN CARE AND PROBLEMS

AGEING/MATURE SKIN. Ten essential oils recommended. One would think that most people would be intelligent enough not to be taken in by this one. It is classic beauty therapy trade hype and is of course complete and utter nonsense.

BROKEN VEINS. "Cypress" once again!!! Same comments as above.

DRY SKIN. Five oils including Orange. d-limonene - the main constituent of orange oil - is an excellent oil solvent and as such it is used in industrial cleaners. It seems somewhat strange that by depressing the skin it will help 'dry' conditions. No essential oils, despite all the hype, can add moisture to the skin, or help its retention.

URINATION-FREQUENT & PAINFUL. "Cypress, Juniper, Lavender". This is ALL dangerous nonsense see also comments under Haemorrhoids.

VARICOSE VEINS. "Cypress, Lemon". Yet another corruption of the use of the HERB. Essential oils do not act as astringents in the same manner as the herbal preparation.

Page 26. Fear: \* "of dying - Tangerine". Interesting, so out of all the contaminated oils that is the one!!

\* "rigid with - Geranium". So you are being eyed up as a meal by a lion, and a few drops of Geranium will get you being runned over it!!

I am suffering from frustration with all the utter junk in this book, perhaps I had better get the ylang oil out!

#### ESSENTIAL OIL MONOGRAPHS page 30>

CEDARWOOD. "Diuretic". It might be, but only if taken internally, not rubbed into the skin. Eliminary system. Every one of these properties attributed to this oil, are taken from the traditional use of the wood decoction or the use of the oil internally.

"Kidney tonic". What the heck does that mean?

CHAMOMILE (Anthemis mixta). This has been covered largely by earlier comments. Moroccan chamomile HERB may indeed have been used as traditional medicine in North Africa. However, in detailed study of the medicinal plants of Morocco, this plant is only very briefly mentioned in connection with one ailment. The ESSENTIAL OIL never was used as traditional medication. It was originally produced primarily for the perfumery trade. Therefore ALL these claimed therapeutic effects are not verifiable and are mainly based on the properties of Roman or German chamomile, which are entirely different plants chemically and in practically every other respect. In addition, and most important for aromatherapy, this essential oil has never been formally tested for any potential adverse effects.

CLARY SAGE. Many of these claimed therapeutic effects are not verifiable and are largely based on what authors of popular aromatherapy novels have said. Its warning in regard to the oils effect at 'increasing bleeding during menstruation' is based on the traditional use of the herbal infusion given internally as medicine for expelling the afterbirth. Its claimed effects on perspiration are a corruption of the traditional use of ordinary sage tea to treat this problem.

CYPRESS. Under Circulation once again we have cellulitis, a severe condition requiring urgent medical treatment. As explained earlier, the astringent and vasoconstrictive properties are based on the traditional herbal use of the water extracted parts of the wood and leaves. Therefore, all such associated therapeutic effects given here must by default be incorrect. As mentioned earlier, it is misleading and potentially hazardous, to suggest that the application of a few drops of this oil to a compress, can stop excessive blood loss from any part of the body.

EUCALYPTUS. Cystitis and diarrhoea are not going to be helped by the external application of this oil. Burns and inflammatory conditions. Since eucalyptus is quite a powerful skin instant (rubifacient) it denies all logic how it can also help any inflammatory skin conditions. Certainly the KINO from eucalyptus trees used to be used for these conditions, but as mentioned before, water based solutions bear little relationship to the essential oil.

FRANKINCENSE. Nosebleeds. To the best of my knowledge the essential oil does not inhibit a nosebleed, certainly that is not a traditional use for the oil. There is barely any traditional use for the essential oil, although of course the resin and solutions of it have been used since ancient times. Digestion. This has never been a use for the essential oil.

Cystitis. Not a use for the external application of the oil, particularly as the antimicrobial properties of frankincense are extremely unreliable. Ageing and wrinkles. There is no evidence whatsoever that Frankincense can do anything to help these natural events. This is classic beauty therapy trade hype. In addition, there are many kinds of Frankincense oil with diverse properties.

GERANIUM. First paragraph. "Geranium was once used as a general healing herb for wounds, fractures, cholera, etc." The plant the author is referring to is Herb Robert - Geranium robertianum. This herb is from the geranium family and possess totally different action to the Pelargoniums from which so called 'Geranium oil' is extracted. The essential oil of Geranium has absolutely no traditional medicinal uses as it was produced solely for the fragrance trade. This is typical of an aromatherapy author who has copied from earlier works that first made this enormous blunder.

"Helps relieve fluid retention & lymphatic congestion". There is no evidence that ANY essential oil applied externally can stimulate the lymphatic systems, massage can, as can water based herbal preparations given internally. Therefore, by default, this makes the claims on Circulatory system in the next paragraph fallacious.

"Eliminary system. A tonic for the liver and kidneys". Utterly ridiculous claims. I have never come across any evidence that essential oils could be considered the remotest like a herbal "kidney tonic". If anything they work in reverse, which is that given internally they cause irritation of the kidney tubules, which in turn causes their diuretic action.

Hormonal system. Geranium oil will not make any difference to heavy periods if the cause is physical rather than emotional.

JUNIPER. "Circulation: a blood-purifier". An old fashioned term that does not mean what most people think it means. The term should have no place in complementary medicine.

Digestive and eliminatory systems: Yes, some of these actions by internal use of the berries or oil, but externally applied doubtful.

Again we see the incorrect use of the term "cellulitis". Hayfever: The inhalation of the oil might give transitory relief from nasal congestion, but that is about all it will do.

LAVENDER. The botanical variety "fragnans" given here, is NOT the lavender oil of tradition which consists of other angustifolia/vera varieties. The variety Lavandin was developed only in the 1930s from wild growing cultivars. The chemical composition of the essential oil is significantly different to what has been traditionally accepted as lavender oil. Therefore, most of the therapeutic uses indicated here, are largely based on supposition rather than known traditional uses. The only reason that Lavandin oil was introduced to aromatherapy some years ago, was because at that time it was far cheaper than true lavender oil. This meant that substantially higher profit margins could be made by falsely selling lavandin oil as lavender essential oil.

There is no evidence that this oil "boosts the immune system" as the result of a direct pharmacological action. There is no evidence that this oil is "antiviral" in vivo.

Eliminary system: No essential oil applied externally, is likely to have the slightest effect on pain when urinating". Since the commonest causes of the problem are pathological, i.e. Overgrowth of the prostate gland, bacterial or other infections, then to suggest that a little essential oil used in the manner recommended will relieve the problem, is highly dangerous advice.

Skin: Since lavandin oil contains a fair amount of cineol and camphor, (both skin irritants), it would seem illogical for lavandin oil to be used in preference to lavender oil for any traumatic damage of the skin.

LEMON. The properties given are a mess of effects attributed to the use of lemon juice, (totally different to the oil), both externally and internally. Lemon oil cannot possibly have an "astringent" action, as it is a rubifacient. Any such actions are due to the properties of the fruit juice.

Circulation: There is no evidence that lemon oil acts as a "tonic" to the circulation or "lowers a high blood pressure" by any direct pharmacological action. The essential oil because it is a rubifacient (dilates skin capillaries) cannot possibly stop a nose bleed or external bleeding, and such advice is therefore not only misleading but potentially dangerous.

Digestion-eliminatory-system: "balances acidity" Complete and utter rubbish. Skin: broken veins. This is a total confusion of the reputed actions of the rutin found in lemon peel. Rutin does not occur in the essential oil. Typical beauty therapy trade error.

MARJORAM. At last an actual clarification of the variety, as so frequently in this text it just says Marjoram. Most aromatherapy authors and therapists assume when someone just puts marjoram, that what they mean is sweet marjoram, not Thymus mastiana.

Digestion: Again the traditional use was the herb. The oil would only work for these conditions if given internally.

Eliminary system: "A decongestant". what the heck does that mean, decongest the liver, kidneys???

MINT Mentha arvensis. This oil is what some people in the aromatherapy trade have sold as "Peppermint". Although Mentha arvensis does have some useful properties, the main reason it was sold as "Peppermint" was because the wholesale price was significantly lower than genuine Peppermint oil. One must wonder therefore why this author has chosen Corment oil to write about, when most of the properties given are those attributed to genuine oil of Peppermint.

Properties: "Anti-inflammatory". This is wrong and dangerous, in fact Peppermint essential oil is a powerful irritant when used undiluted on the skin or mucus membranes. It has the effect of temporarily numbing the sensory nerves in the skin, this is where its so called "cooling" effects come from. However, this effect is only temporary and is frequently followed by rebound capillary dilation causing skin warming. The properties given of "Astringents" and "vasoconstrictor" are therefore also fallacious.

**Digestion:** All these are the known effects of the INTERNAL use of Peppermint oil.

**Eliminatory system: "Irritable bowel"**. Yes but ONLY if Peppermint oil is given internally and only if contained in specially designed capsules.

**Encourages perspiration:** A classic rip-off of the traditional use of a hot herbal infusion, this has nothing to do with the oil applied externally.

**Skin:** As explained above, the greatest care must be taken with the dilution of Peppermint oil for the 'perceived' effect of cooling the skin. It can cause severe irritation and has even been recorded as causing BURNS in industrial workers exposed to spills of the oil. I cannot therefore understand, how something capable of causing burns can be considered anti-inflammatory.

#### ORANGE.

**"Anticoagulant":** Despite extensive searching I can find absolutely no reference to justify this claim. Possibly if enough were inhaled it might have this effect, but certainly not from absorption via massage. Once again we see a classic effect of massage, being corrupted into it being due to the essential oil.

**Digestion:** All these are the effects of an infusion of orange flowers taken internally, or possibly the use of the oil internally.

**Musculoskeletal system: "Stimulates body tissue repair"**. This statement is just beyond belief. How on Earth can a substance known to irritate the skin, possibly repair 'damaged tissues'?

**Skin: "Good for ageing and dermatitis"**. As d-limonene is a known skin sensitizer, it would be most unwise to use Orange oil to treat dermatitis. In addition, all citrus oils oxidise so quickly, that they then produce even worse sensitizing chemicals. For this same reason, any antimicrobial properties are highly unreliable.

**Other uses: Aids absorption of vitamin C, brings down temperature"**. Unbelievably silly claims especially if these effects are expected from the external application of the oil in massage, baths, etc.

#### ROSEMARY.

**Properties: "Astringent"**. It can't possibly be as the essential oil is a strong stimulant of superficial capillary circulation. The author mentions in several places that this oil is a stimulant of circulation, you can't have it both ways, it is either an astringent or a circulation stimulant!

**Regulation: What on Earth is a "heart tonic"?**

**"Normalises low blood pressure"**. There is no sound evidence for this effect, and as this condition can be extremely serious, it is unwise to suggest that the external application of this oil can help the condition. There is no evidence whatsoever that Rosemary oil applied externally can increase blood pressure. Neither is there any sound evidence that it can initiate an epileptic incident any more than several other oils, if at all. This is part of aromatherapy mythology.

**Digestion:** Yes, a traditional use of the HERB, not the external use of the oil.

**Eliminatory:** All these conditions are from the internal use of the water based extract.

#### ROSEWOOD.

Comments on this have been largely dealt with elsewhere. There never was a traditional use for this oil. Therefore all the claimed clinical effects are unverified, unevaluated observations made over the last 40 odd years.

There is no evidence, nor is there likely to be, that this oil can **"Boost the bodies defence systems"** other than via olfactory pathways.

#### SANDALWOOD.

There is no evidence that the ancient Egyptians used a distilled oil of Sandalwood although they may have used a macerated oil made from the wood chips.

**Eliminatory system:** Every condition mentioned is from the internal use of the oil, and its external application will not affect these conditions.

**Immune system:** There is no evidence for a direct pharmacological effect. The use of the oil with the complete 'package' of other measures used by an aromatherapist, will reduce stress levels which in turn may boost the immune system. However, the important point is that it is not a DIRECT effect of the oil but an indirect one.

**Antiseptic:** Sandalwood oil is an extremely feeble antimicrobial agent and there are far more effective oils if such an effect is required.

#### TANGERINE/MANDARIN.

**Circulation: "Tonifies the peripheral circulation in the extremities"**. Complete and utter nonsense. It looks like once again a confusion between the effects attributable to rutin a component found in citrus peel, but which does not occur in the essential oil.

**Digestion:** None of these effects are likely from the external application of the oil.

#### TEA TREE.

First paragraph. There is no evidence that Tea Tree oil can "Boost a depleted immune system". Such a statement is classic unsubstantiated aromatherapy hype.

**Properties: Antiviral.** I have seen no evidence substantiating such an effect in vivo for the essential oil, only for a water based extract.

**Detoxifying & purifying:** Utter nonsense, there is no indication that this oil applied externally can stimulate the liver or kidneys to expel excess metabolites.

**Eliminatory system: "Urinary tract infections"**. Since such conditions can be an extremely dangerous medical condition, it is very unwise, verging on the negligent, to suggest that the external use of this oil might help relieve such an infection.

**"Candida and bacterial Cystitis"** has only been adequately treated via the internal application of the oils in pessaries, douches or on tampons. There is not a shred of evidence that any significant relief can be obtained from baths or massage.

**Immune system: "Activates white blood cells"**. There is no in-vivo evidence for such an effect, particularly from the external application of the oil to the skin.

#### YLANG YLANG.

This essential oil has never been used in traditional medicine, it was primarily produced for the fragrance trade. Due to this, all therapeutic uses are from unverified aromatherapy observations made in the last 40 odd years.

**Circulation:** There is absolutely no evidence that this oil can **"reduce a high blood pressure"** if this is due to a pathological condition. Indeed it is irresponsible to suggest that its use might help such a condition.

There is no evidence whatsoever that it can **"regulate adrenaline flow"**.

**Hormonal system: "May help keep breasts firm"**. Classic beauty therapy hype.

#### OTHER READING.

Well that explains why there are so many errors in this book. He has used some of the early 'novels' in aromatherapy for his source information. Interesting that there is not a single book listed from the real essential oils experts such as Guenther, Arctander, etc. Or even any authoritative books on herbal medicine in this list.

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**'Modern Essentials:  
A Contemporary Guide to the Therapeutic Use of Essential Oils'**  
Author not stated  
Published by <http://www.aromatools.com>

A review by Martin Watt

#### Introduction.

This book looks like a mechanism to market **DoTerra** essential oils to their cult followers. They believe everything that they are told and are too indoctrinated to check the outrageous claims and fallacious information via reliable sources.

**Claims made in this book in blue.** My responses in **black**.

**Page 6, Paragraph 2. line 9. "Chemists can replicate some the known individual constituents, but they have yet to successfully recreate complete essential oils in the laboratory"**. While some of the minor constituents in essential oils can be lacking in 'constructed' oils, the fact is many essential oils have been manufactured for many years and now is so sophisticated that it takes a highly experienced analyst to spot them.

**Line 12 carries the same old nonsense about "therapeutic grade essential oils"**. This is just marketing hype, no such definition exists in the REAL essential oils trade where 100% genuine oils have been available for around two hundred years.

**Column 2, Paragraph 1. Line 10. Says that the vast majority of oils are produced for the perfume trade.** This is highly inaccurate because the food trade is now probably the biggest user of aromatic qualities. It is also inaccurate to suggest that they purchase based on "aromatic qualities only". In reality the large food and fragrance trades have purchased oils based on their quality for years and have top oil analysts check the quality of their purchases. They know more about the chemistry and quality of essential oils than anyone involved in writing aromatherapy books.

**Lines 12-13 and 17-18. The reference to high temperatures and pressures as well as solvent extraction producing inferior grade oils just shows this authors ignorance of the real trade in essential oils.** You cannot distil an essential oil without using high temperatures, do they even know what is meant by "high temperatures" I doubt it. As to solvent extraction, this can produce an essential oil of the highest quality because it is a cold process and does not destroy delicate components in the oil. Some of these components are responsible for the delicate top notes in certain oils and the chemical profile is far closer to that of the living plant than the equivalent distilled oil. A high quality solvent extract contains none or only minute trace amounts of whatever solvent is used. Such low amounts that they are frequently used in compounding food flavours and are regulated by food safety authorities such as the world health organisation.

**Paragraph 2. Line 2. The same old hype about oxygenating properties.** The body cells are oxygenated by haemoglobin, NOT essential oils. All oxygen does to essential oils is degrade them chemically and in so doing produces dangerous skin sensitising agents.

**Line 5. Absolute nonsense about the size of essential oil molecules allowing skin absorption.** This is fundamentally wrong as the molecular size of components of essential oils is massively higher than that of water. We don't drown in a bath due to its rapid absorption through the skin and thus most essential oils cannot penetrate the skin in significant volumes to have any effect on the bodies systems.

**Line 13-15. "a nutritional deficiency is an oxygen deficiency"**. So we don't need these things called vitamins and minerals and all the other nutritional compounds our bodies make or need?

**Last paragraph: Essential oils are powerful antioxidants.** Indeed some are when used in foods to preserve them. Others such as citrus oils are the opposite and require synthetic antioxidants to prevent the oils degrading. Most aromatherapists are not told that the "cold pressed lemon oil" they have purchased probably had antioxidants added by the producer.

**Page 7, Paragraph 1. Claims that "essential oils are anticancer"** without mentioning which oils or how used. "Antitumor" without mentioning which oils or how used. "antiviral" most essential oils are NOT!! **"Have been shown to destroy all tested bacteria"** This is incorrect, essential oils vary immensely in which organisms they kill, some inhibit one type of bacteria but not another, but never ALL bacteria.

**Paragraph 2. "Essential oils may detoxify the cells and blood in the body"**. What a pile of utter trash with not a shred of evidence to back such idiotic claims.

**Paragraph 3. Parkinsons, Alzheimers, MS, etc.** are serious medical conditions. No information on evidence of efficacy or how to use the oils to treat these conditions.

**Paragraph 4. "Essential oils remove metallic particles and toxins from the air"**. Where is the scientific backup to these claims and what "toxins"?

**Essential oils "increase atmospheric oxygen"**. Wow what a discovery - reference?

**Paragraph 5. Says "Essential oils were mankind's first medicine"**. This is completely untrue. Herbs were the first medicine going back hundreds of thousands of years. Essential oils were only found in alabaster jars in Egypt because the unguents were made with the aromatic herbs and thus small amounts of the plants oils were in the unguent. As far as we know distilled essential oils were not available in Ancient Egypt or in Biblical times. Perhaps the author/s know something the worlds leading archaeologists and historians don't?

**Next column Paragraph 2. "Sesquiterpenes help increase the amount of oxygen in the limbic system"....etc.** No references given on this research or could it just be marketing hype?

**Paragraph 3. A claim that of the 800 different constituents (in oils) only about 200 have been identified.** This is total nonsense as hundreds more have been identified and are in GLC/MS databases.

**Page 19, Paragraph 2 - Direct Application. The same old tired nonsense about the feet being a fast way to gain absorption.** This trash has been dismissed years ago by those who know their physiology. There is not a shred of sound evidence to support this concept. Even the old story about garlic being absorbed this way was shown to be wrong years ago.

**Next column Paragraph 1. Layering oils.** The comment about **"absorption occurs quite rapidly"** is wrong. As essential oils are highly volatile, the oil vaporizes into the air due to body heat. Thus it may seem to the observer to have soaked into the skin, but it has not.

**Page 20, Next column item 5 - Body sprays.** No information on the fact that essential oils and water do not mix. This is also contradictory to the previous item 'Compresses' where they state that the oils will float to the top of the water.

**Page 24, Paragraph 1. A statement that "Dr David K Hill is an expert on the science and use of essential oils". Dr. Hill has a degree as a chiropractor not a medical doctor.** His resume shows no evidence of substantial training within the essential oil trades, in the botanical sciences, cosmetic chemistry, analytical matters, or that he has studied professionally with any recognized schools, universities or classes which teach about aromatherapy or essential oils. His only known affiliation with anything within the aromatherapy community is as a previous employee of Young Living.

As clearly the authors of this book know little on the subject, it may seem that such a "Dr". is an expert. Yet he carries articles on his own web site making claims based on his inability to distinguish the relevance of scientific research on the use of essential oils, from academic research.

Purely academic research papers are commonly submitted by Phd students who have to undertake some research to get their degree, but without it having any particular application. Such papers are rarely evaluated for things such as the safety issues of the use of a particular extract. For example, there are numerous research papers on the antimicrobial action of Cinnamon bark oil in lab testing. However, rarely is it mentioned that on humans the same oil will burn the skin and cause ulceration of mucus membranes if used internally.

**Page 25, Second column.** Here there are photos of someone seemingly dropping undiluted essential oils along the spine. This is known as 'raindrop therapy' and is a long discredited and very dangerous method first advocated by the confidence trickster Gary Young. The danger of causing severe inflammation of the clients skin is high, as well as the risk of initiating a sensitisation reaction in both the client and therapist. On the massage technique shown on the following page, it is interesting that they have failed to state that a fixed oil is needed to permit hand slip.

**Page 27, Immune enhancement.** They are saying that Melaleuca oil enhances the immune system, but fail to say how. This also appears to be raindrop therapy.

**Next column-inflammatory reduction.** No mention of what type of inflammation, inside the body, the skin or what? Maybe it is a way to reduce the inflammation caused by using other undiluted oils!!

**Page 28, Autonomic Balance.** What the heck is that??

**Page 31, Paragraph 4.** The often parroted nonsense about a **light bulb or candle changing the oils chemical composition.** They are so ignorant they forget that essential oils are produced using the extreme heat of steam distillation. With a candle it melts into a pool of hot wax from which the essential oil evaporates. The temperature of that pool is lower than with steam distillation.

**Next column-hot water vapour.** Again a failure to realize most essential oils are produced using heat. Therefore how the hot water can damage them, is ridiculous.

**Page 33, The blending classification system** is an invention and is not used within the wider aromatherapy trade or in perfumery.

**Next Column. Dilution's.**

Such generalisations are never a good idea when working with essential oils because of the huge variations between them in potential skin damage.

**Page 35. The same old marketing hype about "therapeutic grade oils" THERE IS NO SUCH THING!!!**

**Paragraph 2.** The FDA only approves essential oils for use in foods at the volume common in the food flavouring trade. The volumes used by the large food processing industries are usually far below those used in aromatherapy. Therefore, the fact that an essential oil has GRAS status should never be assumed to mean that an oil is safe for internal use in an undiluted or highly concentrated form.

**Beverage.** A complete failure to explain that most essential oils do not mix with a water based beverage or with water. Thus if an oil such as cinnamon bark were used this way it would form a thin layer which could burn the lips and mucus membranes in the mouth and possibly lower down the GIT.

**Vaginal insertion.** As above, a failure to recognize that essential oils and water do not mix. This can cause inflammation of the vaginal lining. This may range from mild to very severe depending on the oils used.

**Rectal insertion.** A complete failure to give any warnings over the potential for certain oils to burn the mucus lining of the rectum.

**Page 35, Dishwashing, clothes etc.** Lemon oil is advised for its antibacterial activity, yet this oil is rarely effective in such activity, especially if the oil is old or oxidised which can happen within 2-3 months of production unless synthetic antioxidants are added at source as is common.

**Page 36, Cleaning and Disinfecting.** No mention that this oil will damage the polish on furniture if it comes into contact with it in droplet form. Again water does not disperse essential oils.

**Painting.** Interesting to note that they mention here that essential oils "may separate out", yet never mention that when advising their use in other water based applications.

**Page 38, Basil oil.** There is no standard composition for this oil because there are numerous varieties of Basil oil with massive differences in composition.

**Properties: Antiviral, arteries, on that other than unreliable in vitro testing. Decongestant (veins), no evidence, prostate.** This is crazy and potentially dangerous with no evidence to substantiate the claims. **Diuretic.** Not from external use it is not.

Most other medicinal claims in the second column are a mixture of use of the herb or internal use of the oil, yet in the preface above it says **"The listings of possible uses are meant for external application...."** To suggest this oil is suitable for a serious disease such as viral hepatitis is outrageous.

**Application: "Can be applied neat."** This flies in the face of safety data on Basil oil that has been available since 1973 where tests on humans set a safe level of use at 4 percent.

I will comment no further on the other essential oil monographs and the claims made. They clearly demonstrate an author who knows little about the subject and does not care if they provide misleading and dangerous advice.

**Page 78, Second column. Blue Tansy.** Claimed to **cleanse the liver and lymphatic system**, yet internal use is not advocated ??? Incidentally, there are no recorded traditional medicinal uses of the plants used to produce this essential oil.

**Page 83, Cinnamon bark oil.** The way this is promoted is appalling. This oil will burn the skin and especially mucus membranes. In the mouth it will cause long lasting painful gum ulcers. It is so dangerous its use in cosmetic products is limited to less than 0.2 percent.

**Pages 125 to 230.** The conditions and oils recommended for them are truly appalling. They display total ignorance of what essential oils may be useful for. They cover serious diseases and suggest essential oils for them without sound evidence or a linked reference to back their claims.

#### Reference pages:

An impressive list of scientific references is given from pages 242-252. However, in the main text the medicinal claims are rarely linked with a reference number to specific research papers. Therefore, one cannot tell which claim is backed by what research paper.

What is clear however is that substantial volumes of the references are either nothing to do with essential oils, or are tests on animals or isolated tissues where the volumes of oils used, methods of application, etc. have little or no relevance to the use of essential oils in humans. This is typical of authors who do not have the knowledge on what they write about to be able to sort the relevant from the irrelevant. Also:-

1) Several refer to the "essential oil" however, when the research papers are checked, we find that it was not an essential oil which was used, but an herbal extract, or other non-volatile extract.

2) Most are to in-vitro tests on isolated body cells where the results have not been replicated in human trials. Additionally, the dosages used to experiment on mice are frequently far higher than the amount that a human would tolerate. Therefore, the end result is unreliable and can be useless when related to use for humans.

3) Several references relate to tests on animals which many users of essential oils would find unpalatable. For example mice GIVEN breast tumors so the substances can be tested.

4. Several references are to where the researchers have used individual chemicals isolated from an essential oil or single 'lab grade' chemicals. Lab grade chemicals frequently contain impurities which can make any results of the tests unreliable. Even if a specific chemical has been isolated from an essential oil, you cannot possibly assume the same results when the whole essential oil is used. However, the multi level companies then fool the user into thinking these research findings apply to the whole oil.

**Summary: A book written by an author or authors who have the weakest knowledge on what essential oils are and can do. Everything is geared towards making readers think that these so called "therapeutic grade" essential oils can cure everything from a cold to cancer.**

**This book is simply a marketing tool and contains very little information that is accurate or verifiable. My advice is shred it, please don't give it away or someone else may be misled into treating severe illnesses with quack cures and cause harm as a result.**

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**'A practical Guide to Aromatherapy' by Lorrie Hargis**  
A review by Martin Watt

This book contains several formulas for the internal use of essential oils at **extremely hazardous levels**.

Calculating potential toxicity or irritation levels is difficult because of the use of some kind of emulsifying agent which I have no information on. However, if essential oils are in an emulsion before consumption, the volume absorbed by the GIT is likely to be far higher than if the oil is taken in its natural state.

Certainly the recommended volumes of essential oils are **far in excess of the maximum volumes recommended by competent authorities**. For example, the author recommends on page twenty that 25 drops of thyme oil are consumed by a child. I have just checked the British Pharmacopoeia 1934 and the maximum recommended level of this oil for an ADULT is 0.3 ml or around 5-6 drops. A child's dose would be around 4 times lower or 1-2 drops. While the solubiliser may reduce the severe irritation on mucus membranes that thyme oil could cause, it does not reduce the potential toxicity problems if this formula were taken regularly. One of the potential toxic effects is liver damage.

In another example on page twenty we have 50 drops of clove oil recommended for an adult. Again in the BP 1934 the MAXIMUM level is 0.2 ml or around 4 drops of the oil, so this formula contains 12.5 times higher levels than the maximum recommended by a competent authority.

The question of 'competent authority' is the issue with the whole of this book. Nowhere do we find any references as to the authorities consulted on safety issues. Nor do we find references as to the source of the clinical applications of the oils other than to a few aromatherapists whose own knowledge levels are highly suspect.

**Summary.** It is this authors opinion that the information contained in this book **constitutes a very severe hazard to the general public**. It should either be withdrawn or much more explicate information be given on the dangers of using some of these essential oils at the suggested levels or for persistent periods of time.

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**'Aroma & Clay Therapy' by R.Υρμα**  
Reviewed by Martin Watt.

I have not investigated the suggestions made for treating animals or many of the claims for the clay treatments. While being perfectly happy that clay used externally has some useful properties, it should NOT be recommended for INTERNAL use by aromatherapists who do not receive a sound training in physiology or medicine. We do not know if the clay being offered has been subjected to formal testing procedures for microbial contamination or other pollutants.

The writer displays an extremely poor knowledge of the way plants produce aromatic materials, on the methods of extracting oils and on the botanical naming of the plants concerned.

**Blue text** are from the book. **Black** my comments.

Page 11.

**"essential oils were used as a means of payment in ancient times"**. Concentrated essential oils were NOT used in ancient times.

**"Romans and Greeks made fine perfumes from essential oils,"** They did not have distilled "essential oils", only fragrant plant extracts which included only tiny amounts of the plants essential oil.

Page 12.

**"Bath houses"**  
Essential oils mentioned again, not true.

Page 15.

**"Essential oils--"circulate through the plant carrying their specific properties"**. Most essential oils do NOT circulate around the plant, but are stored in trichomes on the leaves, or in secretory vesicles.

**"The condition of the plant controls the quality of the oil"**.

This is not strictly correct as the main thing controlling the quality of an oil is the extraction techniques. Essential oils often have little to do with the vitality of the plant, because you actually get higher levels of oil in many DEAD plants.

**"Pressing is commonly used for citrus fruits,"**

It is NOT, the bulk of citrus oils are distilled.

**"Steam distillation works as follows";**

The technique described is Ancient history and clearly the author had no knowledge of this process.

Page 17.

**"Dr. Shuller in Berlin,"**

No reference is given to this work and if oils are applied to the skin then of course they are inhaled.

**"Reach the kidney within 1 hour of being applied to the skin,"**

During that time the oil is being inhaled and that is how they would end up being excreted in the urine.

**"Oil is very easily absorbed by persons with a high level of sebaceous gland activity as these glands are a conduit for the oil."**  
Completely without foundation.

**"The active elements are etc."**

Included are alkaloids that do not occur in essential oils (other than in trace amounts) as they are NOT volatile compounds.

Page 18.

**Antiviral effects given for a range of oils.**

The only tests of antiviral activity that I have seen, have been in-vitro testing and this cannot be taken as evidence that the same action will occur in-vivo. I would also like to know of evidence that essential oils "stimulate the white lymph nodes."

Page 22.

**"Cinnamon bark oil can be cut with cinnamon leaf oil"**.

Yes, it is possible, but you can smell the eugenol.

Page 23.

**"pesticides and insecticides can be detected on a chromatography,"**

It requires specialised analysis far beyond the normal chromatographic analysis of essential oils to detect the few parts per billion of such residues present in essential oils. You cannot tell from chromatography if oils are organically grown as she claims.

**"The essential oil must be obtained by steam distillation or cold pressing."**

This is inaccurate as the best quality oils are obtained by cold extraction methods. These give an olfactory and chemical profile far closer to that of the 'oil' in the living plant. It is though a common error in most aromatherapy books.

Page 34.

**Claims that breast engorgement, intestinal parasites and vaginal infections can be treated via the external use of essential oils.**  
These claims are ludicrous, unjustified and potentially harmful if they do not work.

Page 35.

**"I hear terrible stories about the effects of using oils internally,"**

She should know that is exactly the method by which vast quantities are used in food flavouring. In addition, common carminatives such as peppermint, spearmint, fennel, etc. are far safer used internally than the CLAY which she is recommending. The real issue is volume used and if the oil is genuine which many are not.

Page 36.

**"most aromatherapy books having been copied from each other without the writers having any sound knowledge."**  
I absolutely agree, but this book certainly does not display any sound knowledge.

**"dosage in drops because with essential oils that would be accurate."**

In fact, drops is the most unreliable method of measuring oils due to the huge variations in dropper size and viscosity variations.

Page 37.

**"Epilepsy; avoid anise, rosemary and fennel."**

There is no sound data to support this view, all are permitted food flavourings.

Page 43.

"Asthma; for bathing 10 tablespoons of clay and 20 drops of Thyme oil." That is roughly 1 ml. of thyme oil in the bath enough to cause severe skin irritation and possibly burning of the skin.

Suggesting people treat angina pain with self help remedies. This is seriously **dangerous advice** as no reference is made to seeing a doctor.

Page 44.

"for more than one bath warm 100ml. coconut oil and add 100ml. (15 drops) of the essential oils."

I can only presume this is a typographical error. Very greasy bath!!!

References to high blood pressure with no mention of consulting a doctor.

**Breast feeding; to reduce milk flow**, a complicated formula including SAGE oil. It is only the herbal extract that does this NOT the essential oil.

Page 49.

"Caries; for mouthwash mix 25 ml. vodka with 10 drops of cinnamon, (It does not say if cinnamon bark or leaf) 10 drops of clove etc. put mixture in a glass of warm water and rinse teeth."

She has already said that oils and water do not mix and by diluting the alcohol in the water the essential oils will come out of suspension. At this level of use it could cause very severe irritation, particularly if cinnamon bark oil were used.

Page 50.

Cholesterol to lower; massage the whole body daily with...100ml avocado and 100 drops (=5ml) of rosemary oil.

To lower cholesterol, she has got to be joking. The problem with such silly suggestions is that people are likely to try them and delay going to see their doctor. Also, the volume of rosemary oil is outrageous.

Page 50.

Circulation; enormously high levels of oils including 20 drops of Sassafras, banned in the country in which she wrote this book.

Page 55.

Eczema; suggesting a few drops of sassafras are used. With the damaged skin of eczema, the safrole will be readily absorbed. This oil is effectively banned throughout the whole of the European Community in cosmetic products, because of fears over it's carcinogenicity. So use its use on damaged skin is OK is it !!

Page 56.

Fainting; "sprinkle a few drops of cinnamon onto a handkerchief and allow them to inhale deeply." If she means cinnamon bark, this would cause agonising pain on the nose and could cause burning. I do wish such writers would try out what they suggest others should do!

Page 58.

Fungal infections; says petigrain is anti-fungal and gives the impression that cinnamom can be used as a substitute (50 drops), this does not bear thinking about if such a mixture was put on the sore tissue of athlete's foot.

Page 60.

Frostbite; I thought this was a condition for hospital treatment, not one for people to treat themselves using clay poultices.

Gallbladder stone; suggests that "during an attack a light massage around the gall bladder might help." If a gall stone is causing pain it is likely that it is because either infection is present, that it is stuck in the bile duct, or that sharp edges are causing tissue damage. In either case, you do not want any chance of moving the stone or infection further by massaging.

Page 61.

Gout; Sassafras-see page 55 above.

Haemorrhage; a formula suggested, but no mention as to the origin or nature of the haemorrhage. Cypress oil is NOT an astringent as she seems to be suggesting in common with most other aromatherapy authors.

Hair lotion; 75% proof alcohol, you can't normally obtain that strength. When mixed with equal parts of water this reduces the level of alcohol below that which many oils will disperse in.

Page 65.

Hayfever; sniff up some highly irritating oils.

Heart tremors; definitely one for the doctor, but no mention made of that.

Page 67.

To strengthen the immune system; bath twice a week with 20 drops of tea tree oil (that's 1 ml. of tea tree in the bath!!!), also suggests a fortnightly massage using tea tree. If done regularly this could initiate a sensitisation reaction and it's ability to strengthen the immune system is very doubtful.

Page 69.

Kidneys; for detoxification; what on earth is a toxic kidney ? Again a severe life threatening condition not for self treatment.

Page 70.

"WILD ROSE" what's that, no such essential oil exists.

Page 74.

Mouthwashes; suggesting 3 drops of Sassafras - see page 55 above.

Page 79.

To promote perspiration; 15 drops of Sassafras - see page 55 above.

Page 80.

Pregnancy nausea; recommendation to drink the clay powder. It is not known if this product has undergone testing for its suitability as an internal medicinal agent. The tubes do not state if they contain a preservative, therefore we do not know if it may harbour bacterial contamination or what. Update 1998, such a product sold without full testing in the EEC is now illegal.

Page 81.

Post natal depression; 50 drops of rose oil ?? Wow think of the cost! Psoriasis; 10 drops of Sassafras (see eczema).

Page 82.

Cancer pre treatment; she is suggesting massage before treatment. This is controversial as it could cause lymphatic or venous spread of carcinogenic cells.

Page 86.

Firm, resilient skin; the level of oil is equal to 5% this is fine for some oils, but is far too high for certain oils.

Page 90.

Smoker's leg; the total oil concentration comes out to 16.25% which is far too high.

Sunburn; 5 drops of peppermint, all that will do is cause a temporary numbness of the skin followed by possible irritation.

Page 91.

Caries using clay. Crazy, clay is water soluble and will wash out.

Page 92.

Sore throats; clay wrap around the throat "draws the catarrh into the clay"? What through the skin, wow magic!!!

Page 93.

Thyroid gland underactive; no mention about a medical consultation, or any treatment suggested here possibly affecting existing conventional medication.

Tingling in arms and legs; this could be a prelude to a heart attack and no mention is made of consulting a doctor.

Page 95.

Ulcers; "once the ulcer has burst" use sassafras oil VERY DANGEROUS. Urinary disorders and difficult urination; no mention made of getting a medical diagnosis in case it is prostatic cancer.

Page 96.

Uterine problems; "infections of the neck of the womb"-no mention of this being properly diagnosed. "3 tablespoons of clay used as a douche." Clay is an inorganic material which the body can not break down, if any were retained in the vagina it is highly likely to lead to irritation and may even find it's way to more hazardous areas such as the uterus. It is known that talc has been found in the ovaries without knowing how it got there.

Page 97.

Varicose veins "massage around the veins". It does not say massage GENTLY. All the aromatherapy training bodies say that varicose veins are "contra indicated for massage".

Page 99.

Worms; this is a condition for professional treatment and it is doubtful if clay alone will kill or remove such parasites.

Page 119.

BIRCH; "purifies the blood" what on earth does that mean. This is an old fashioned concept for which there is no place in modern complimentary medicine.

CHAMOMILE; given the name "Chamaemelum mixta" this name is totally incorrect even for chamomile morocc (which it sounds like she means) and which chemically and in every other respect differs from Roman chamomile.

CINNAMON; does not state bark or leaf, but looks like she means bark oil which an extremely hazardous substance.

EUCALYPTUS; "blood purifier" see comments under Birch.

Page 120.

GERANIUM; the botanical name is incorrect.

"oedema and diuretic, urinary tract disorders" this is extremely doubtful, I have seen no information suggesting such an action from the EXTERNAL use of this oil.

MYRRH; uterine disorders; what from EXTERNAL application ???

NIAOULI; tissue regenerating ? evidence please.

NUTMEG OIL; diarrhoeal this is a classic example of the internal use of the herb being transferred to the use of the oil and is totally incorrect.

Page 121.

SASSAFRAS is effectively banned in cosmetics throughout the E.E.C. It is banned for use in foods.

TEREBINTH; two of the suggested uses would only work following INTERNAL consumption.

WILD ROSE; stated to be "Rosa centifolia," this variety is CULTIVATED for aromatic extracts. NO WILD ROSE ABSOLUTE OR ESSENTIAL OIL IS AVAILABLE ANYWHERE IN THE WORLD.

Further reading.

This contains all the classic aromatherapy works which all contain numerous errors of fact. Not a single research reference is given which indicates that this author has not studied any of the vast amounts of research that is available on aromatic extracts.

SUMMARY.

**This book contains some very hazardous information on the volumes of essential oil use. It also recommends using some very dangerous essential oils. It most definitely should not be available to the general public and in my opinion possess some substantial hazards if therapists use the information without thinking about its accuracy.**

In my opinion, this book - although fairly old - displays a typical lack of knowledge among early aromatherapy authors on what they were writing about.

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## 'Aromatherapy The Essential Beginning' by Gary Young.

A review by  
Martin Watt Cert. Phyt.

The whole of the book is packed with major errors. It gives advice on medical conditions that should only be treated by medical doctors. It provides information on, and recommends the use of, some extremely hazardous essential oils. The writer ignored safety information on essential oils that had been available for over 30 years.

The book is targeted at those who have powerful Christian beliefs, and this is used as a totally dishonest, immoral selling technique.

**A confidence trickster wrote this book in order to build a dangerous cult that he could extort money from, there is no other reason!**

The following does not delve into every major error or misrepresentation of the facts in this book. It is simply a selection from the worst parts.

Page 1: He states that: *"there are 188 references to oils in the Bible"*.

In biblical times essential oils were not available, only infused oils and here he is clearly referring to essential oils.

*"the ancient process of distillation is a delicate and precise art that has almost been forgotten"*. This is proof of someone who knew nothing about the subject. Distillation of essential oils has been going on for hundreds of years. The art has now turned into a highly skilled industrial science.

*"clinical research shows that frankincense has high immune stimulating properties"*.

See the other article 'frankincense oil for cancer' in the archive section.

Page 2 - line 6: It is claimed that in 1973 he was "paralysed for life" following a logging accident. He claims he healed himself but gives no details. I do not know of any evidence to support his assertion of this severe injury. He then purchased a mail order degree in Nutrition from a scam operator and gave himself the title Dr.

Page 2 - Last two lines: An unbelievable statement that *"essential oils increase cellular oxygen"*. Funny I always thought haemoglobin did that! There is no sound evidence to support this crazy idea.

Page 3: He gives names of his teachers, and locations he claims to have trained at. Subsequent checking has failed to support the claims made on "training". Some of that "training" involved attending conferences of one or two days, and possibly attending libraries. The claim that he studied essential oils with a UK registered doctor has not been proven after extensive investigations.

Page 4: He states: *"Dr. Valnet, the first medical doctor to do research on essential oils"*. This is totally untrue, eminent physicians in the UK and USA used essential oils in the 1800s. Other claims on physicians in France are also suspect.

The book he holds up as evidence of the expertise of his teachers (Franchomme and Penoel) is far from an authoritative work on the clinical use of essential oils. Indeed it has been claimed that much of it was completed by editors. It contains outrageous medicinal claims with few sound references to support their claims on research.

Page 5: He claims he studied at Cairo University but I am sceptical. I have been studying research papers on essential oils for years and cannot find any papers written by the person he names.

Once again this ludicrous statement about *the oxygenating properties of essential oils*. In FACT oxygen generally destroys the properties of essential oils and increases their dermal sensitisation properties.

Page 10 - last paragraph: While in the previous pages he talks about how fragrant infused oils were used, here he states: *"The Egyptian people started collecting essential oils and placing them in alabaster jars"*. This would indicate ignorance of the difference between infused and essential oils. What they used were only infused oils.

Page 12: Here he claims to have travelled through Egypt for 3 years. A technique used to make the reader think he studied there for 3 years. My guess is he was having a couple of vacations there. See other articles on his similar lies about Somalia.

Page 11 to 14: These pages are mainly unverifiable Ancient history and contain a lot of doubtful or incorrect information. A lot of emphasis on the Blue Lotus and its healing properties, but of no relationship to its essential oil if that even exists.

Page 14 - last paragraph: He states: *"essential oils are probably the oldest form of medicine known to mankind"*. This is utter nonsense, herbs are the oldest form of medicine and their use goes back way beyond man, many animals still use plants for self-medication.

Page 15 - 2nd Paragraph: He states: *"The Romans used Essential oils..."* As far as we know, the Ancient Romans did not have distilled essential oils.

He states: *"The Greeks elaborated on the use of essential oils for hair, skin..."* As far as we know, the Ancient Greeks did not have distilled essential oils. Both societies used aromatic extracts, but almost certainly not distilled essential oils.

Page 16: Several mentions of oils claimed to have been used in the Bible. Again a total corruption of the facts to suit his own purposes. [See page 1.](#)

Page 18 - 2nd Paragraph: He states: *"Essential oils as powerful oxygenators have the ability to carry nutrients to cells"*. This is just the madness of a confidence trickster.

Page 19: More of this pseudoscience about oxygen. This clearly indicates a total lack of knowledge of chemistry and biochemistry.

Page 20 - Paragraph 1: He states: *"Scientists in European countries have found that essential oils will bond to metalics and chemicals and carry them out of the body"*. Also, *essential oils act as air filters??* No references of course!!

Page 21 - Paragraph 1: He states: *"Essential oils .....decrease the viscosity of the blood..."*. No references are given.

*"When applied to the body by rubbing on the feet, the essential oils will travel throughout the body and affect every cell, including the hair within 20 minutes"*. This is a pure fabrication; and one has yet proven that any essential oils can penetrate through the skin of the feet. Anyone who claims they can affect the dead tissue of hair within 20 minutes is a con artist.

*"They may have a lasting effect for as long as 5 months from only one application"*. This is just laughable, and he contradicts this statement in the next sentence, where he says *"the oils do not build up and store in the body"*.

Paragraph 2: He claims that: *"essential oils carry nutrients to the cell walls to the nucleus"*. A crazy unfounded notion that essential oils carry nutrients to the cells.

Page 27, Paragraph 2: He claims that: *"The molecules of essential oils are so microscopic that they can penetrate the fatty layers of the skin"*. It has not been conclusively proven that essential oils can penetrate human skin via massage as suggested here, or that they can then pass through cells as suggested.

Page 28, Paragraph 2: He claims that: *"Oxygen is the key element in essential oils"*. This is absolutely stupid. The molecules in essential oils have properties ranging from highly toxic to highly therapeutic. The key issue is not that they contain oxygen, but it is the arrangement and numbers of all the atoms in the given molecule of which there can be many. In addition, too much oxygen destroys essential oils by changing one molecule into something different and often dangerous.

Last Paragraph: Again this utter nonsense about *"essential oils delivering oxygen to the cells"*. His remarks of these effects *"astounding researchers"* but fails to say who these researchers are and if their garbage has been published.

Page 29: He gives the classic aromatherapy nonsense about *"functional groups"* of chemicals and the actions they possess. All this information is WRONG as explained in other articles on this web site.

Last line to next page: He claims that a *Dr Lapraz said that cinnamon and oregano oils can destroy viruses*. This may be true in laboratory testing, but there is no sound evidence that these essential oils can do this in the body. Indeed cinnamon oil on the skin, or in the mouth, will destroy our cells causing severe pain and inflammation.

Page 30 - 2nd paragraph: He mentions the mutagenic effects of Chernobyl and the Ebola virus in Africa. This is all scare mongering to increase sales of essential oils via Young Living.

Last paragraph: He talks about the *electric frequency of his Valor oil blend*. This nonsense about electrical frequencies of essential oils has absolutely no scientific or logical foundation whatsoever. It is all an invention based on the work of a long discredited French aromatherapy author.

Now we begin on the marketing of his oil blends.

Page 31: 2nd Paragraph: *"Spruce oil contains methyl salicylate"*.

Well that's news to essential oils analysts which the Young Living Company did not employ when this book was written. On the rare occasion a natural spruce oil might contain that chemical, it is at trace levels which would have no physical effects.

2nd Paragraph: *"These two formulas will take away 75-90 percent of bone and tissue pain in a matter of minutes..."* This is a disgraceful claim to make without any attempt to encourage people to get a doctors diagnosis of the cause of the pain. No essential oils will remove pain originating within bones.

3rd Paragraph: *"Frankincense and clove are anti tumoral and anti-cancerous"* He then goes on to claim these effects have *"all been documented by medical doctors and scientists in Europe"*. I know of no such published literature on the external use of these oils. It is a disgraceful attempt to fool gullible, seriously ill people into buying his scam. [See my other article on frankincense.](#)

Page 32: He now presents tables of the actions of essential oils taken from the book partially written by the French authors Franchomme and Penoel. Not one of the claims made are referenced, many are preposterous, and others are potentially fatal as they deal with serious medical conditions.

Page 33: He advocates *rubbing the blends of essential oils over the throat and spine*, but makes no mention of the dilution of the blend first. This sounds like his discredited "raindrop therapy" which is dangerous and quack medicine.

Page 37 - first paragraph: *"Applying oils to the feet they travelled to the neck in 1 minute"*. How silly can you get, they travel through the air not through the body.

Pages 35 to 40: The references to the electrical frequency of essential oils are without any sound scientific foundation. Each of hundreds of different oil molecules in a single oil have a different frequency. In addition, every batch of oil has a different blend of molecules. Therefore, this is a totally unreliable method for crediting therapeutic properties. His claim that Young Living discovered the electrical properties is a lie. Such unsound work was undertaken by long discredited French aromatherapy authors.

Page 41: In the opening statement he claims that *"distillation goes back hundreds of years before Christ"*. We do not know how old essential oil distillation is, but we do know that it was not recorded by the Ancient Egyptians. See also [page one](#).

He is once again mixing up infused aromatic oils which were available, with distilled oils which were probably not available.

Page 42: An awful lot of historical conjecture here, but presented to look factual.

Page 43 - first Paragraph: His comments on the Egyptians not having steam distillation are totally contradictory with earlier statements where he says they did use distilled oils.

2nd Paragraph: Again a corruption of history. He says Napoleon may have bought distillation from Egypt to France. This is wrong as distillation had been used in Europe since the middle ages. There are numerous pictures of stills circa 1500 AD which were commonly used by apothecaries and in the 'still rooms' of manor-type houses.

Page 47: A whole list of unverified and unreferenced medicinal claims from a quack of the worst kind.

Pages 48 to 51: Covers his claims to being trained in distillation in France and the type of equipment that should be used. What a shame he did not learn safety issues of distillation better. A worker at his farm in the USA died following a distillation accident.

Page 51: The information that trained *"noses" "can detect toxins in oils"* is nonsense.

It does not require anything like the sums he mentions to perform adequate analysis. It also shows his ignorance of the US analytical experts who have been undertaking expert analysis of essential oils for years before Young wrote this novel. Expertise that his company was NOT using when this work of fiction was first written.

Final paragraph: Implying that *Russian lavender is 'radioactive'* is disgraceful. Essential oils exported from Russia or Siberia are provided with a certificate of radio-chemical purity. It should also not be forgotten that the plume from Chernobyl went right across Europe. Therefore, one cannot possibly assume that oils from France are less contaminated. Some of the former Soviet block countries that produce essential oils were not on the path of the radioactive cloud.

Page 59: His reference to still manufacturers in the US only making stills using aluminium is a complete fabrication. Most food trade stills and stilling vessels are in FACT made of stainless steel. In addition, all the equipment used to cold extract essential oils via CO2 or molecular extraction is made in the US from stainless steel.

Last paragraph: I doubt the existence of a Young Living farm in Inner Mongolia as in that region very few crops of any kind can grow. These claims about "our farms" in these countries are just marketing lies!

Page 61 - Paragraph 1: This supervision of distillation he is talking about is a lie. It is known that Young Living purchased many oils via wholesale suppliers.

Paragraph 2: This *"ten years spent studying in Europe"* must also be a lie. This does not equate with the time scale mentioned in the opening paragraphs. More likely is vacations and one day conferences he took over that period.

Page 63 - second Paragraph: Once again a whole string of lies. He was not the "first" to develop processes for putting essential oils into food supplements. In fact they have been used for their flavouring and therapeutic properties in foods, pharmaceuticals, drinks, and in compounded herbal tablets, since long before the 19th century.

Page 65 - second Paragraph: *"For example, in 1991, Helichrysum was virtually unknown"*. Another lie, Helichrysum essential oil was tested by the RIFM in the 1970s. They only tested commonly used extracts used by the cosmetics and perfumery trades. The final lie is that Young Living buys 98% of the Helichrysum produced.

Page 66: Again we have bold statements about *"restoration of hearing"* with nothing to back them up. What was the cause of the hearing loss, had it been medically diagnosed? Where are the references for these 'miracles'?

Second Paragraph: A whole list of serious medical conditions which he claims his oil blends can cure. These claims are outrageous when not a single reference is given. It is used simply to trade on people vulnerabilities.

Third paragraph. **These statements on the undiluted use of essential oils, indicate complete ignorance of the severe hazards associated with that method.**

Page 67: At last an easily checkable reference, i.e. quality analysis at Webber State University. I wonder why they missed the oils later found to be adulterated? Could it be that this claimed agreement is yet one more of his numerous lies?

Third Paragraph. The suggestion that cinnamon oil may be applied neat to the feet is outrageously dangerous.

Last Paragraph: There is no evidence whatsoever that essential oils *"detoxify the blood or cells"*.

Page 68: Vita Flex Therapy. This form of treatment is a fabrication, there is no traditional or scientific basis for this method of using essential oils. The regular use of undiluted essential oils on the hands of the therapist is highly likely over time, to lead to permanent sensitisation reactions in the therapists.

Page 70: Acupuncture. *"The antibacterial properties of the oil will sterilise the needle"* This advice is dangerous in the extreme as not all essential oils are antibacterial and few are antiviral. Someone reading this may be tempted not to sterilise needles between patients, this could result in life threatening cross infection between patients.

Page 70: Colonics. Is he suggesting that it is safe to administer 10-15 drops of oils such as cinnamon bark or thyme oil into the rectum, even when diluted?? Crazy!!

Page 72: Earaches. Is he suggesting that one drop of neat cinnamon bark oil can be administered to anyone in this way, including babies. Crazy!!

Page 73: Some potentially hazardous advice on the selection of essential oils.

Page 74: Raindrop therapy. The statements made here, about essential oils being capable of correcting structural problems of the spinal vertebra is crazy. The statement that *viruses cause scoliosis*, proves that this author has had no medical training of any sort. This method of using essential oils is typical quack medicine.

Page 75: The claim that the oils will *"continue to work in the body for 5-7 days"* is without any foundation.

Page 76:

(2). Again the crazy statement without any foundation, that scoliosis is caused by viral or bacterial activity. Also, that thyme oil can treat the condition by penetrating the body and killing the virus. One hundred percent quack medicine.

(4). Birch oil is not anti-inflammatory when applied to the skin, in fact it is a powerful dermal irritant. He has got the internal use of methyl salicylate mixed up with its external use. Methyl salicylate does not have a cortisone-like activity. Cortisone is anti-inflammatory, whereas birch oil on the skin is strongly inflammatory.

(5) There is no evidence whatsoever that cypress oil applied externally can help relieve edema, cellulite or water retention.

(6) Peppermint oil *"soothes and strengthens the nerves"* ? What on earth does "strengthen the nerves" mean, What an utter load of rubbish.

Page 78: The use of undiluted drops of essential oils as described is extremely hazardous.

Page 79: Again the use of extremely irritating essential oils used neat

Page 80: Terribly irritating oils used undiluted.

Page 81: Again oils used undiluted.

STEP 5. This application of hot wet towels will drive essential oils through the skin, which could result in severe dermal irritation, and even worse possible sensitisation. If an individual becomes sensitised as the result of this treatment, the resulting potential for cross sensitisation reactions occurring from subsequent consumption of foods containing those essential oils is high.

Page 82: Neat highly irritating essential oils.

Page 84. 2. Lemon has been found to *"dissolve cellulite"* an outrageous statement designed to maximise product sales

ESSENTIAL OIL BLENDS. I cannot pass comment on these without knowing their constituents, but we are still faced with the problem of him recommending their use undiluted.

Page 90: "*Frankincense increases oxygen around the pineal and pituitary glands*". Untrue marketing lies! "*It also contains anti-carcinogenic properties*". See my article on frankincense.

Page 95: This reference to the secret room in the temple of Isis is very doubtful. I have been there with an eminent Egyptologist who writes on Ancient Egyptian perfumery. She does not know of any such 'secret room'. Perhaps Gary was hallucinating!! As the temple was moved to its present site in the 1970s, would a secret room not have been found during its reconstruction?

Page 103: Contains a lot of suspicious looking information. A physiologist could check this out better than me.

Page 104 - **Bolded paragraph**: **Essential oils do not contain hormones.**

Final paragraph. "*The first food product to contain essential oils*". As pointed out earlier this is a lie.

Page 105-6 - Last paragraph: About intestinal parasites. "*I witnessed a human body... eaten alive by worms*" Either another lie, or grossly exaggerated as normal gut worms do not normally leave their home. In addition, modern medicine is finding distinct medical advantages (in those with a good diet), of having some gut worms as they seem to protect their host against certain illnesses.

Page 106 - First Paragraph: "*patchouly aids in the digestion of toxic wastes*". Do I really need to say anything, just more marketing lies!

Second paragraph: "*Citrus oils help decongest the lymphatic system*". The marketing lies just add up!

Page 111: Aldehydes: Azulene "*activating the pituitary-adrenal system..*". Azulene is a number of chemicals, not one. The pathways of action he suggests are unproven, and highly unlikely from the use of azulene containing oils.

Page 113 - Linalool: "*Tones without irritating*", what on earth does that mean?

**Sesquiterpenes**. There are no scientific references to any of the research he mentions.

**Terpenes**. This is complete fabrication. Thujone is not a single chemical and alpha-thujone is a permitted food flavouring.

Pages 131-147: A lot of the chemical names are incorrectly spelled, and a lot of the compositions supplied are inadequate.

**Bergamot**. There is no mention that this oil is a powerful photosensitiser. **Cinnamon bark**. This is a notorious sensitising agent at all levels of use.

#### SUMMARY

Numerous medicinal claims are made without the slightest foundation. Many are utterly wrong and many are misleading and dangerous. The whole object is to get vulnerable people buying the oils hoping for miracle cures. Many of the claimed uses are for beauty type treatments for which they can not possibly work.

It seems confidence tricksters like the late Gary Young could write what they like and their mind controlled cult followers really believe it. His legacy of lies continues with his company their teachers and distributors.

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'A MODERN HERBAL'  
by Mrs. Maud Grieve F.R.H.S.  
A brief review of the book and life of this writer and teacher.  
By Martin Watt

Maud Grieve's writings on Herbal medicine are still second to none in the depth of knowledge encountered. **I highly recommend her book to beginners or to students of herbal medicine**. There are of course some errors in it, but despite that, the book is a fountain of knowledge. We also do not know if some of those errors crept in because of the heavy handed editing by Mrs Leyel. Subsequent works written by herbalists have refined some of the knowledge of herbal medicine, mainly based on the chemical aspects. However, in my opinion Maud Grieves book takes some beating due to her expertise on the horticulture of medicinal plant production. Much of that was decades ahead of its time.

The book is still published by miscellaneous publishers as a single large book, or two volumes. I recommend any person interested in any aspects of medicinal plants, to purchase a copy as permanent reference material. It was the first book I ever purchased on herbal medicine and despite my extensive library now, this book is still used as a valued reference source.

Born in Islington on 4th May 1858 and named Sophia Emma Magdalene. She married at a young age and spent many years with her husband in India.

Upon return to England, she moved to The Whins cottage, Chalfont St. Peter, Bucks. Here in 1916 she founded a training school in the cultivation of medicinal plants. Students came from many countries in order to learn about all aspects of medicinal plant production.

Mrs. Grieve made great efforts, to persuade the farming community in the UK, that many of the plants which were imported could easily and profitably be produced at home. At a time when our agriculture is looking to finding new crops, much of the research needed will be found to have already been done by her.

At its height, an extensive business was run from The Whins. Much of this was possible due to Mrs. Grieve's prolific research and writing ability. She produced separate leaflets on every plant to be found in her Herbal, assisted in this by Miss Ella Oswald F.R.H.S. Medalist of the Society of Apothecaries.

These booklets had more information than that now available in her edited book. Unfortunately for Herbalists now, the heavy editing was on hints for gathering, transportation, drying etc. These leaflets were available by post for 9d each, 6 for 4s, 12 for 7/6.

I have many of these originals booklets, some with Mrs. Grieves hand-written notes in purple ink. She was dealing in ton lots of herbs and in one note she talks about purchasing 20 tons of Dandelion roots from one grower.

As well as leaflets on plants now in the book, many other booklets were produced on subjects such as: 'Plants for bees' both for pollen and nectar, 'The soil and its care', 'Economic trees and their by-products', 'Herbs for epicures, vegetarians etc.', 'Fungi as Food and in Medicine', 'Bulbs and Tubers', 'Plants of Sweet Scent', 'Herbs and Vegetables in the Orchard & in the Wild'.

Postal courses in cultivation, harvesting, drying and marketing were also offered at 12 lessons for 5 guineas.

With the death of her husband in 1929 her financial position steadily declined. She had no children to breath new life into the business. She wrote "**my Modern Herbal has been published and will be on sale 29th June, but they have not sent me a copy, nor has Mrs. Leyel returned all my reference books**". Mrs. Leyel's activities in respect of Mrs. Grieves book collection are a sorry chronicle in themselves.

In 1932 the financial strain was such that Mrs. Grieve could not afford to pay a man to cut firewood. She clearly continued to write because in 1936 she took the manuscript of a new book to her publisher. They refused it and despite her efforts to preserve the work it vanished for over 60 years. Fortunately a single copy of this manuscript is now known to have survived and its location is known to a few people. Whether it ever gets published is another issue. I have a couple of photocopied pages and her 'new' book actually appears to be a major revision of 'a Modern Herbal'

In 1939 her mental state deteriorated and she went into a home. Whins cottage contents were sold in the same year. The garden which at one time had over 400 varieties of medicinal plants now lies under houses, but apparently the cottage still stands.

Maud Grieve died on the 20th December 1941. She may have had a bad ending, but her work will not be forgotten by her admirers now and in the future.

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'Reshaping Herbal Medicine' by Catherine O'Sullivan, PhD.  
Reviewed by Martin Watt.

This book is really about statutory regulation of herbal medicine in the UK. Thus, my comments have to address some of the points the author raises.

The text is an academic's talk shop, often using words that only those educated in a university or social services will understand. (I had to reach for my dictionary several times.) I cannot see any appeal to 'Joe Public' and I doubt many therapists will purchase it. Doubtless, university libraries will think it is a must-have!

I find it troubling that Prince Charles, who advocates natural living and health, has thrown his weight behind people who are hell-bent on dragging us down the same path as conventional medicine. That path has failed to protect the public, as evidenced by events over the last few years. Come back Henry VIII - he was one of few who recognised the value of traditional practitioners not being tied by the rules of conventional academia.

The book starts by giving an overview of the statutory regulation committees and their discussions. It devotes pages 15-33 just to discussing what it means to be a 'professional'. No wonder such committees can be tied-up with fruitless discussions, wasting time and public money for years!

The main sections consist of a series of reviews of the respective disciplines written by people involved with each therapy - subject-matter, in my opinion, treated far better in the individual books already available about each therapy.

This book fails to address properly the way herbal medicine around the world has survived for millennia without the need for rigorous sets of laws controlling it. In most societies it consisted of independent therapists who did not have any 'professional organisations' and yet we developed an outstanding knowledge base. Even in the UK, we still have independent therapists who refuse (as I do) to join so called 'professional organisations'. These independent people had no representation on the statutory regulation committee and were not even able to send them an email. Therefore, the contents of this book are based on the opinions of members of *trade associations* and their academic hangers-on.

I have copies of the books on herbal medicine written by Theopastus, circa 300 BC, as well as other ancient texts. I am certain those great, ancient teachers would lambaste their modern descendants for their obsession with procedures and protocols at the cost of ascertaining the **realities** of the respective treatments. What is needed is far more rigorous assessment of the quality of education within therapies, ie. do the teachers know their subjects (frequently not). I do not believe statutory regulation, or this book, will contribute to that major issue.

**Summary:**  
**For those who love words rather than deeds this book is for you.**

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