

Articles by Martin Watt & others are below

Articles not by Martin are indicated

With about 30 years of writing articles you will find some repetition but I improved them in 2018. Spelling has been reset to UK **ise** rather than US **ize** other than where the sources are US.

Education and training

Major problems with aromatherapy blogs
Specific errors on the site of learning about eos.com
Education courses worldwide
Where aromatherapy training is wrong - Long
The hype about "therapeutic grade oils" By Tony Burfield
How aromatherapy does and does not work
Examples of teachers misinformation on essential oils
Skin Absorption - The misinformation + 1 by Sylla Sheppard Hanger
Aromatherapy - how to spot the con artists
Aromatherapy organisations and courses
Herbs versus Essential oils-the differences and the errors
Latin names for essential oils & their errors
Lecture to the Royal College of Nurses in 1992
Aromatherapy information for Nurses
Complementary medicine in the UK health services
Letters on UK training organisations
Interview with Martin in 1997 for an aromatherapy journal
Letter to Aromatherapy Quarterly 1997 by Mike Van Moppes
Letter to Aromatic Thymes on various issues 1995
A letter from 1997 to Aromatic Thymes re trade issues
Article for a Russian aromatherapy group in 2006
Canadian courses 1 - some warnings , old but still valid
Canadian courses 2 & claims - warnings on another course
Incorrect safety - examples from Canada
IATA conference (Canada) 1999 General presentations
IATA conference (Canada) 1999 Martin Watt class
Stephie Cyr of Inner Insights - plagiarist and liar

AROMATHERAPY BLOGS

Recopiled from 3 older articles

Most of the blog type sites use various social media platforms. **Never rely on such blogs for accurate information.**

The majority of these blogs are in the total control of whoever set them up. They will delete any negative comments from those who know better than themselves. Some blog owners will even privately castigate an individual for posting comments they do not like, or just block their access to the blog.

Large numbers of these blogs are run by untrained and inexperienced people, yet they give all kinds of advice on health issues. They may be selling attractive products, but often these are made at home with no safety assessment or consumer safeguards - particularly in the USA.

Many of these social media sites are used to fool the public into purchasing poor quality products and services. The owners get friends and customers to constantly post messages about "how wonderful the products and services are". These can look incredibly convincing but the whole system is just marketing and most people are sucked by it. Newcomers do not have a clue that what is being sold is **quack medicine cures and lousy courses at hugely inflated prices.** Also some dangerous information is put on these sites and often their information is gleaned from other dubious blogs.

Another problem I have noticed is that some link from a blog to an essential oil supplier. Some suppliers sites look so spiritual that people then believe everything they say. Some of the sites I have come across contain many essential oils on which there is no known safety data see "hyped oils" in the index and their therapeutic effects have been invented. Beware of those talking about 'oils with high energies' this is nothing but marketing hogwash designed to lure the gullible. Beware of those claiming they only deal direct with artisan farmers; this is most unlikely for all the oils they sell. That is **not** the way the real essential oil trade works. **There are now many blogs and web sites set up just to make money via links** to Amazon shops and oil suppliers.

People are putting themselves at risk of harm by following blog sites and using the information provided. I would urge my readers to look at the other articles on this site and in particular take note of claims which are taken from the **traditional use of the herbs and not the essential oils.** If you see such claims this will indicate someone who does not know the subject.

You should also look at the auto connections being made by watching the toolbar at the bottom of your browser. If there are a lot, then you can be pretty sure the site is making money from those links and that may be the only reason for its existence. You will find most blog sites use these autolinks as standard as well as dumping dozens of spying cookies onto your hard drive.

What to be on the lookout for

Contact details: Many of these blogs give no contact information. If you have to register to post a message they and the blog provider have your email address and name which may be sold to spammers, especially the ad spammers. You rarely get the blog owners email address! So look to see if there is a business address. If no contact information is available you can be pretty sure the site is just aimed at making money via advertising links. Those can link to the biggest scam artists on the Internet.

Training: Look to see if the individual running the blog gives information on what training they have had. Check the schools web site and see what claims are being made. Look in my articles archive and book reviews for information on common errors which give indications on if the training provider knows what they are talking about or, they just parrot common trade myths.

Advice on health issues: Look if the blogger is giving replies on major health problems. If they are, question their training and origin of their knowledge. Do they have links to multi level businesses - that alone should warn you off.

Check them out: Use search engines to check on the bloggers name. Also search for the business or product name and add the word 'scam' after it. That may tell you if others have been dissatisfied.

Which oils do they promote: If they link to essential oils sellers, look for things such as expressed bergamot; lime and cinnamon bark oils being sold without any safety warnings. Look to see what medicinal claims are being made and bear in mind most such claims are illegal in the USA and Europe even though many still make them.

Please also read the article "Internet sales".

[Back to article start](#)

[Back to index](#)

MAJOR ERRORS ON

learningabouteos.com now <https://www.leajacobson.com>

First article

April 2017

One of several advice type sites linking to unscrupulous suppliers was: www.learningabouteos.com and nourishingtreasures.com These sites are run by **Lea Harris** who has links to and has accepted donations from distributors of Young Living and DoTerra. This lady is - one assumes - getting paid for all those links and so does not seem to care who she directs her readers to. Lea Harris claims she qualified in July 2013 as a Certified Aromatherapist with Advanced Graduate training from Aromahead Institute. Therefore I question how someone so newly trained, and with only a limited knowledge of the International trade in essential oils, or analytical chemistry, or safety issues, can give accurate information on the numerous blogs she has become associated with. Now she is into heavy marketing of all kinds of courses.

As Ms Harris has posted on her site the email she sent me after seeing this article, but without my responses, I am now posting that here in the full response.

She has links to **DoTerra and Young Living distributors** who maintain their oils at all "therapeutic grade", yet on this site: <http://thehumbledhomemaker.com/2013/09/essential-oil-mistakes.html> Lea says "The fact is all essential oils are therapeutic grade". Talk about double standards making money out of the links, while at the same time implying these companies are liars.

learningabouteos.com gives misleading information. Good examples are to be found with the advice about what essential oils to avoid in pregnancy: At least 50 percent of the essential oils mentioned are permitted food flavourings under FDA and other regulations. It is ridiculous to say "avoid all these oils" because anyone eating processed foods can't avoid them and there is no sound evidence that the low levels used in food are hazardous to a foetus. For more see my [articles archive](#). Lea's information says "pulegone... can cause liver toxicity for the mother". This is based on a handful of cases where huge amounts of the oil have been consumed. See my article on pennyroyal. Of course the oils she mentions should not be consumed as medicinal substances during pregnancy. It took me years to research and evaluate safety data on essential oils. How someone newly qualified is able to do that is a bit of a mystery.

In the case of the **Aromahead Institute** that Lea trained with, they were also promoted by her for training courses, yet they sell or sold many essential oils on which there are no credible therapeutic uses and some of the oils **have no known safety data.** For example, in the *Scholars Program course*, they claim to teach "therapeutic properties and uses of over 100 essential oils". However, there is nothing like that number of essential oils with valid therapeutic data. Many of the properties are taken from the appallingly inaccurate aromatherapy books, or are invented based on the chemical profile of the oils-see *other files*.

Another site Lea recommended is **Queen Homeschool Supplies** who sell Double Helix Water. Just another quack product designed to fool the gullible into parting with their cash. They sell a blend of cinnamon bark and leaf oils yet claim: "Both produce similar results, and have similar aromas". I don't know what they are using but these oils are totally different in composition, fragrance and uses. Such statements indicate to me a business who know nothing about the products they sell and are probably relying on badly trained therapists or the popular aromatherapy novels. They also linked to **sandiqueenholisticwellness.com** who use DoTerra essential oils and whose distributors are notorious for making illegal medicinal claims.

Another site Lea promoted is: **aromaticsinternational.com** who sell oils with absolutely no safety testing or credible therapeutic use data on the plants essential oil such as: blue tansy, ghandi root, guava leaf, linaloe berry, palo santo and others. They sell rosewood oil which is a threatened species and comes under CITES regulations. Some of their medicinal claims for oils such as bergamot are the usual trade fiction.

Numerous cookies were/are being dumped into your Internet cache. Those are nothing but spying tools for marketing purposes. See below:

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doubleclick.net      _idrl_
google.com           id
statcounter.com     is_unique
twitter.com         guest_jd
http://publishers.hellorverb.com/ niko.guiz
learningabouteos.com bb_sessionhash
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learningabouteos and their OIL QUALITY AND ANALYSIS SCHEME

They requested donations towards third party testing of essential oils.

They provide no accounts of donations received. Is all the money being collected going towards its declared aim? Who knows except the site owner!

Learning about eos gave no information on the expertise & training of the analyst, neither was this information on the web site of pyrenenesses who did some of the work. Shipping essential oils from the USA all the way to France for analysis is ridiculous when the US has world leaders on essential oils. I expect it is because most in the **aromatherapy world don't have a clue about the real essential oil trade and its many experts.** I would suspect some of the oils claimed to be "not in compliance" are in fact perfectly genuine oils. **Never forget, making an essential oil fit standards such as ISO, can be achieved via chemical manipulations of various kinds.**

Some of the certificates of analysis from the 3rd party testing site point to a French producer of essential oils who claim their oils are produced in "copper stills". This indicates to me that their expertise in producing essential oils is suspect because in the REAL essential oil trade it has been known for years that the best quality oils are produced in **stainless steel** equipment. Copper is a chemical catalyst and changes the oil composition from its natural state.

What prompted this article: Every few days I check the stats on my web server to see who is adding links to my site. I discovered that Lea Harris had added a link on her site to one of my articles on phototoxicity without asking me. On my home page it clearly states DO NOT link to this site without my consent. I have no objection to someone trying to get some accurate information on aromatherapy to a wider audience. However, I have a huge problem when it is being done in such a way as to make money via ad links; sending people to disreputable and dangerous suppliers and self promotion of those with a dubious knowledge base. [Back to article start](#)

Response to the review of the learningabouteos.com website.

KEY:

MW-orig: Martin Watt statements from original article.
LH: in blue: Lea Harris responses to my original article.

LH: I was recently made aware of a post you recently published, inferring myself and my website(s) are scams.

MW-reply: Your sites are not listed as scams. That is a general comment about facebook and similar blogs which is why I took great care to separate the article into sections.

LH: I am unsure where you got the information you posted, but I wish you had contacted me first before posting, as your assumptions about me and my website(s) are in error.

MW-reply: Most information was from your blogs or the many sites you link to as well as from individuals who contacted me with more detailed information on your activities. Especially those who tried to correct your information and were then **castigated by the blog owners for their efforts.**

LH: Before I refute your statements, I want to say that I am the opposite of the "scam marketing" websites you refer to in your "older article" referenced at the end of the post about me and my website(s). I am all about busting those myths, and am very irritated and distraught over the inaccurate information that is perpetuated (mostly by MLM reps) on those kinds of websites.

MW-reply: **So why do you take money from them and litter your blog with links to some of the biggest con artists on the internet?**

LH: To lump me in with those websites is totally inaccurate, as everything I have done on my LAEO website has been to combat the dangerous information being shared across the web.

MW-reply: As above.

LH: and to freely educate others about safe and proper usage of essential oil safety. Everyone who has been following me and my website(s) knows this. Safe and accurate information is a passion of mine and something I take very seriously.

MW-reply: You have clearly not been in this trade long enough to understand the complex issues involved with safety and I strongly suspect you have just assumed those who taught you know their subject. I know those teaching safety based on chemical criteria are wrong and it is an issue I was constantly fighting years ago when I was on the newsgroups. See also: <http://phytovolatiome.com/essential-oil-chemistry-functional-groups/>

LH: I hope you will consider posting this rebuttal on your website.

MW-reply: Those who post your information and support you on their blogs **do not allow anyone to make critical comments** and people who do are removed. These blogs are controlled by some people who are only interested in promoting themselves, their products and services. Therefore why should I post your response? I might if you allowed me to publish my responses here as well.

MW-orig: I wrote the article below a couple of years ago but recently I discovered some alarming sites that masquerade as educational, but are promoting disreputable suppliers as well as providing inaccurate information.

LH: Masquerade as educational? Learning About EOs is ALL about education.

MW: **It is not, your sites are really about linking to numerous products and services to make money from the links.**

LH: LAEO does not "promote disreputable", or ANY, suppliers. I strive to be the best of my ability to always provide accurate information, which is why I have chosen well-respected and award-winning mentors to learn from.

MW-reply: You have not been in the trade long enough to have the ability to distinguish between mentors who know their subjects and those who have been teaching junk for years. All you seem interested in are those who have created names for themselves via clever publicity. Suggest you read my book reviews.

MW-orig: One of several linked sites is: <http://www.learningabouteos.com> and nourishingtreasures.com These sites are run by a Lea Harris who has links to and has accepted donations from Young Living and DoTerra distributors.

LH: **I have accepted donations from everyone, yes, including YL and DT reps who have donated in support of their brand.** Other reps have also donated in support of their brands, and those are listed as well.

MW: As I said in my article, that means you do not care who your readers are sent to. That is what linking like that does; it sends people to quacks and con artists.

MW-orig: This lady is - one assumes - getting paid for all those links and does not seem to care who she directs her readers to. Lea Harris claims she qualified in July 2013 as a Certified Aromatherapist with Advanced Graduate training from Aromahead Institute. Therefore I question how someone so newly trained, and with only a limited knowledge of the International trade in essential oils, or analytical chemistry, or safety issues, can give accurate information on the numerous blogs she has become associated with.

LH: The link to the rep sites, and other websites, were provided in exchange for donations. When we raised funds for testing, I offered to link to anyone's website who donated \$25 or more to our testing. <http://www.learningabouteos.com> do go to rep's websites (which I do not get paid for), there are more links to other non-aromatherapy websites such as Traditional-Foods.com, Smithspirations.wordpress.com crunchybetty.com and others.

MW-reply: So you admit raising funds by providing links to disreputable businesses such as Young Living and DoTerra distributors and other sites selling quack products.

LH: I am flattered that your informant states I appear to be in my early 20's, when in fact I will be 35 soon.

MW-reply: Admitted error and removed from the article. That was based on the impression one of my informants gained.

LH: As graduate of Aromahead Institute here: www.aromahead.com/grads. I am the last one on the page. You can also feel free to contact Andrea Butje. In defense of my school, I received wonderful training. I am a fast learner, and when I am in I am all in. I soaked up every page of information I was taught, and passed the tests with flying colors. As far as I know, all the information I have shared as a guest poster on other blogs, as been accurate to the best of my knowledge, and lined up with the training I have received. I am all about safety.

MW-reply: You have clearly not been in this trade long enough to be able to distinguish between good training and bad. See *my articles on wrong chemistry.*

LH: I also frequently reference Robert Tisserand's newly-released 2nd edition of Essential Oil Safety, which I have been devouring since September.

MW-reply: Robert is one of a handful of people in this trade that I have any respect for. However, even he has been drawn into making guesses on safety and therapeutic activity of essential oils based on unreliable chemistry.

MW-orig: She has links to DoTerra and Young Living distributors who maintain their oils are all "therapeutic grade", yet on this site: <http://thehumbledhomemaker.com/2013/09/essential-oil-mistakes.html> Lea says "The fact is all essential oils are therapeutic grade". Talk about double standards making money out of the links, while at the same time implying these companies are liars - see my articles archive for more on the MLM scammers.

LH: Again, I linked to any reps or website owners who provided a \$25+ donation to our testing. Again, I do not make any money from the donor links. I also do not agree with much of the information released by MLM companies.

MW: How do we know you do not make money out of this testing project?

MW-orig: learningabouteos.com gives misleading information. Good examples are to be found with the advice about what essential oils ****to avoid in pregnancy****: At least 50 percent of the essential oils mentioned are permitted food flavourings under FDA and other authorities regulations. It is ridiculous to say "avoid all these oils" because anyone eating processed foods can't avoid them and there is no sound evidence that the low levels used in food are hazardous to a foetus.

For more see my [articles archive](http://articles.archive.aromamedical.org/articlesarchive.html). Lea's information says "pulegone... can cause liver toxicity for the mother". This is based on a handful of cases where huge amounts of the oil have been consumed. See my article on pennyroyal. Of course the oils she mentions should not be consumed as medicinal substances during pregnancy. It took me years to research and evaluate safety data on essential oils. How someone newly qualified is able to do that is a bit of a mystery.

LH: **Better safe than sorry. I would rather avoid an essential oil that might be okay, than encourage use and have it end up harmful.** Incidentally, I am in the process of updating this page to include essential oils that have been proven safe, although I will not be changing the information currently provided, as I believe it to be true.

MW-reply: Lea, I have been providing safety information since the early 1990s. I have hundreds of scientific research papers on the subject, not just abstracts from online databases which most in this trade use. Safety has always been my overriding position and some of those who used to be in the old newsgroups can confirm that. What I will not tolerate is the those who teach safety based on chemical guesswork. If an essential oil is a permitted food flavouring with no restrictions during pregnancy, then that is good enough as long as the oil is diluted for external application. Other articles of mine explain why the leading lights in aromatherapy screwed this up from day one and continue to teach such junk. They did not understand the differences between herbal extracts and essential oils. ALL the leading aromatherapy associations and most teachers continue teaching that trash to this day.

LH: With all due respect, in this day and age, it doesn't need to take years to research and evaluate safety data on our own when we have legends such as Robert Tisserand just an e-mail away, and schools like Aromahead Institute (approved by AIA and NAHA) who have teachers such as Andrea Butje, who was presented by AIA with a Lifetime Achievement Award this year. I am a proud Aromahead Graduate and was so happy for my teacher that she won the AIA award at the conference this year!

MW-reply: (Approved by NAHA) Would that be the organisation whose chairperson Jade Shutes has taken over again and is promoting the internal use of essential oils? That is despite NAHA past policy being against internal use and the numerous reasons why this is fraught with dangers, not the least of which is aromatherapists being accused of "practising medicine without a license" and possible jail time in some States? The AIA I also have little respect for as their teachers continue teaching the same old trash referred to above. **Lifetime awards in these organisations are a member popularity award that's all.**

In the case of the Aromahead Institute that Lea trained with, they are also promoted by her for training courses, yet they sell or sold many essential oils on which there is no sound information of therapeutic use and some of the oils have no known safety data. For example, in the *Scholars Program course*, they claim to teach "therapeutic properties and uses of over 100 essential oils". However, there is nothing like that number of essential oils with credible therapeutic data. Many of the properties are taken from the appallingly inaccurate aromatherapy books, or are invented based on the chemical profile of the oils. See my other articles for more on that.

LH: According to Robert Tisserand, who just released his second edition of Essential Oil Safety which boasts over 400 essential oils profiles which include over 4,000 references to scientific data.

MW-reply: There are plenty of essential oils with credible therapeutic data. There have never been 100 essential oils with **credible** therapeutic properties. Numerous oils have had those properties invented based on chemical criteria; badly assessed scientific reports where a herbal extract has been used rather than the essential oil; lab based tests on antiviral activity not then replicated **in vivo**, etc. The followers of the French aromatherapists are the worst for **fabricating acts.**

MW-orig: Another site Lea recommends is Queen Homeschool Supplies who sell Double Helix Water. Just another quack product designed to fool the gullible into parting with their cash. They sell a blend of cinnamon bark and leaf oils yet claim: "Both produce similar results, and have similar aromas". I don't know what they are using but these oils are totally different in composition, fragrance and uses. Such statements indicate to me a business who know nothing about the products they sell and are probably relying on badly trained therapists or the popular aromatherapy novels. They also link to sandiqueenholisticwellness.com who use DoTerra essential oils and whose distributors are notorious for making illegal medicinal claims.

LH: Queen Homeschool Supplies provides their own line, *Essential Vitality*, that was in our first round of testing for Myrrh essential oil. They were rated the best out of 5, ahead of YL and DT. As stated on all of our testing pages, the essential oil tested reflects that oil from that batch only, and does not speak for the whole company and/or any other products they may provide. I am sure Sandi Queen can speak for herself regarding the statement(s) you made about her and her products.

MW-reply: Every aromatherapy supplier has to purchase many of their oils from the same world source producers as everyone else. They buy those of you middlemen some of which are notorious for adulteration of the oils. The analysis question gets back to who did it and their experience and training.

LH: To reiterate, we do not endorse products from ANY company. I get asked A LOT which diffuser I recommend. I always recommend the SpaVapor! I looovev mine! <http://www.learningabouteos.com/spavapor/>

MW-reply: **Oh so that direct link to Amazon is not a recommendation?**

MW-orig: Another site Lea promotes is: aromaticsinternational.com who sell oils with absolutely no safety testing or credible therapeutic use data on the plants essential oil such as: blue tansy, ghandi Root, guava leaf, linaloe berry, palo santo and others. They sell rosewood oil which is a threatened species and comes under CITES regulations. *Note: Since that time the FDA prosecuted Young Living for using oil from this species.* Some of their medicinal claims for oils such as bergamot are the usual trade fabrications.

LH: I would not say that we "promote" any essential oil companies.

MW-reply: I would maintain that simply by proving links that your readers will assume this is an endorsement.

LH: Website/Companies are listed because we tested them. This does not mean we "promote" or endorse any of them. However, AI's tea tree did test "in compliance."

LH: I am sure Karen Williams would tell you that they provide GC/MS testing along with the reports for all of their oils and they do get their information from credible and reputable sources.

MW-reply: Oh come on, everyone claims that!!! I have been around too long to fall for such statements without further investigation.

MW-orig: Numerous cookies are being dumped into your Internet cache if you skip between the links on these sites which are nothing but spying tools for marketing purposes.

LH: I am unsure if you are referring to my website, but we don't spy on anyone and our website isn't about marketing.

MW-reply: I did not say you were spying, but cookies are used for that very purpose, try reading the latest re the NSA and cookies. When I jumped from one site to another using your links I found around 20 cookies in my cache.

MW-orig: Learning about eos is requesting donations for third party testing of essential oils. They provide no information about accounts for donations towards analysis. Is all the money being collected going towards its declared aim? Who knows except the site owner!

LH: As all donors and participants know, we kept running totals of donations in our Facebook Group, and it was updated with each donation.

MW-reply: Anyone can say anything on a blog such as facebook. Only accounts provided by a third party accountant can be reasonably relied on.

MW-orig: Learning about eos gives no information on the expertise & training of the analyst, neither is this information on the web site of pyrenenesses who do some of the work. Shipping essential oils from the USA all the way to France for analysis is ridiculous when the US has world leaders on essential oils. I expect it is because most in the aromatherapy world don't have the first clue about the REAL essential oil trade and its many experts.

LH: Information is on the analyst's website, and described on the Peppermint Essential Oil testing page under "Our Chemist" here: <http://www.learningabouteos.com/PMtest>

MW-reply: It gives no information on this analysts training it just says "Daniel Dantin is a world-recognized chemist". I have not seen any of his work published by the REAL essential oil trade. I am not saying he is not an expert, I do not know for sure, but if some information on his work is given to you know?

LH: There are probably only two or three chemists in the US who are not already tied to an essential oil company. We chose Pyrenenesses Labs because they are a highly respected lab and were recommended to me by several aromatherapy experts. We wanted the best, even if that meant sending the samples out of the country.

MW-reply: Then clearly your course has not given you much about the numbers of experts involve with quality controls in the **real** essential oil trades. People may wonder why I keep referring to the "real" essential oils trade. That is simply because aromatherapy is a drop in a very large bucket and many in the bulk oils trade consider it a minor part of their business. If you want to find out more go any horticultural University library and look for the journals of the flavour, fragrance and horticultural trades as well as associated trades.

MW-orig: I would suspect some of the oils claimed to be "not in compliance" are in fact perfectly genuine oils. Never forget, making an essential oil fit standards such as ISO, can be achieved via chemical manipulations of various kinds.

LH: Yes, that has been debated. However, adding synthetic ethyl vanillin is unacceptable. MW-reply: Agreed.

MW-orig: The essential oil trade has some fantastic analysts with a lifetime of trade knowledge dating back before aromatherapy was even thought about. It also has those offering analytical properties who rely on University databases. That data is often created by using lab distillation of plant materials. The resulting oils can vary significantly from commercial bulk distilled oils. There are other analysts who both test and sell oils and are known to doctor what they sell. Analysts who also supply oils are not going to tell people that an oil from one of their best customer is adulterated.

LH: Right. This is why I wanted a chemist not tied to a brand

MW-reply: But both people you used are associated with oil suppliers.

MW-orig: Most of these social media sites are being used to fool the public into purchasing poor quality products and services. The owners get friends and customers to constantly post messages about how wonderful the products and

services are. These can look incredibly convincing but the whole system is just marketing and most people are sucked in by it. Only old hands in the aromatherapy world know what these sites are like, newcomers do not have a clue that what is being sold is quack medicine cures and lousy courses at hugely inflated prices. Also some dangerous information is put on these sites by people with absolutely no training in anything to do with human health and often their information is gleaned from other web sites of dubious merit.

LH: I take issue with the libelous statements directed at me and my website(s). LAEO is not "fooling the public into purchasing poor quality products and services." We don't offer products or services. We are about education. We do not offer "quack medicine cures" or "lousy courses at hugely inflated prices." We also do not have "dangerous information"

MW-reply: I never said you supplied anything. I said you direct people via your links to such people. You even direct people to books you say have not read. You are most definitely NOT just about education as all these links prove.

LH: I do have training from a world-renowned school, Aromahead Institute, approved by both NAHA and AIA.

MW-reply: There we go again making these claims such as "world renowned" If you say it enough people believe it!!

MW-orig: Look to see if the individual running the blog gives information on what training they have had. Check the schools web site and see what claims are being made. Look in my articles archive and book reviews for information on common errors which give indications on if the training provider really knows what they are talking about, or they just parroting common trade myths.

LH- I give information on my training in several places. I am all about busting myths.

MW-reply: Again the comments were general ones aimed at bloggers.

MW-orig: Look to see if the blogger is giving replies on major health problems. If they are, question their training and origin of their knowledge. Do they have links to MM businesses - just that should warn you off.

LH: We do not endorse MLM businesses, and we do provide advice in our forum.

MW-reply: Again the comments were general ones aimed at bloggers.

MW-orig: In the case of essential oils sales look for things such as expressed bergamot & lime and/or cinnamon bark oils being sold without warnings. Look to see what medicinal claims are being made and bear in mind most such claims are illegal in the USA even though many still make them.

LH: Again, we do not sell any products.

MW-reply: Again the comments were general ones aimed at bloggers.

MW-orig: What prompted this update? Every few weeks I check the stats on my web server to see who is adding links to my site. I discovered that Lea Harris had added a link on her site to one of my articles on phototoxicity without asking me. On my home page it clearly states "do NOT link to this site without asking?". I wonder how many other links are on there without the owners knowing. I have no objection to someone trying to get some accurate information on aromatherapy to a wider audience. However, I have a huge problem when it is being done in such a way to make money via ad links; sending people to disreputable and dangerous suppliers and self promotion of those with a dubious knowledge base.

LH: I apologize for sending traffic to your website. I have removed the link. It was not done to make money (I don't believe we have an arrangement where you pay me for traffic to your website), and I didn't consider you a "disreputable and dangerous supplier." I stumbled on your page via google, and there is nothing on that page that states I need permission to promote it. However, I apologize, and the link has been removed.

MW-reply: The message not to link is on my home page. I do not intend putting that on every article on my site.

MW-orig: I apologise for getting your age wrong and that has been fixed. Every other comment I stand by.

[Back to article start](#)

[Back to index](#)

Safety issues page posted on August 5, 2013 from: learningaboutoils.com

Below is the information that was on the above site. It is typical of the incorrect and misleading pseudo science which originated over 20 years ago from 2 or 3 people in France. That wrong information has been parroted ad infinitum by other teachers. Their claimed therapeutic uses and safety are based on organic chemistry **not phytochemistry** (which these people knew nothing about). Their invented data is endemic in aromatherapy courses. The trade associations who approve teachers do not want it known that they are peddling garbage, but would rather students heads are filled with the fairy tales which unfortunately most therapists seem to desire.

Claims made on this site are marked with "..."
The incorrect or misleading information I have commented on in blue.

"Chemical Families, Therapeutic Properties, and Safety Considerations"

"Monoterpenes"

"This chemical family is made up of components which evaporate quickly and are considered 'top notes' as they are the first aromas to hit your nose in a blend".

"Monoterpenes generally are: antiseptic - great for cuts analgesic - relieves pain rubifacient - increases blood circulation decongestant - relieves respiratory congestion antibacterial (some also antiviral) excellent for diffusing - they kill airborne germs skin penetration-enhancers - great for getting deep into sore muscles, tendons, and ligaments".

This is ludicrous as there are at least 600 monoterpenes with vastly varying properties. Thus no reliable general properties can be attributed to them.

"Essential oils with more than 60% monoterpenes include: Bergamot, Black Pepper, Cypress, Frankincense, Grapefruit, Juniper Berry, Lemon, Opopanax, Sweet Orange, Ravintsara, Rosemary, and Siberian Fir". So what, that tells you nothing about their properties, look at the massive difference between bergamot & black pepper oils.

"Safety Considerations: Monoterpenes are prone to oxidation and have a shelf life of only 1-3 years. Once oxidized, they can cause skin irritation, and are best discarded (or diffused)". **This is dangerous advice as a & b pinene and d-limonene (common in many essential oils) can oxidise and develop sensitising chemicals within months.** Therefore, advising 1-3 years is hazardous.

"Sesquiterpenes"

"This chemical family's therapeutic properties are difficult to generalize". So don't generalise!!

"Here are some therapeutic actions and the Sesquiterpene-family essential oils associated with them:"

Anti-fungal: Myrrh, patchouli, spikenard
Analgesic: Black pepper, German chamomile, ginger, myrrh, ylang ylang" ++
+Analgesic means to relieve pain, but no indication is given on mode of use++
+.
"Antiseptic: Cedarwood, ginger, myrrh, vetiver".

Antiseptic is usually associated with a substance that kills most organisms capable of causing ill health. That is not something which most essential oils are capable of. Some are antibacterial, some anti fungal, some both, but the oils mentioned are not the best for such purposes. Also, the + signs are an indication of someone who has

"Anti-inflammatory: Cedarwood, German Chamomile, -Ginger-, Myrrh, Patchouli, Spikenard, Ylang Ylang". **Ginger is a rubefacient not anti-inflammatory, you can't have it both ways, it has to be one or the other.**

"Antispasmodic: German Chamomile, Ginger, -Opopanax-, Spikenard". **Opopanax is a skin sensitiser.**

"Relaxant: German Chamomile, Myrrh, Patchouli, Spikenard, Ylang Ylang". **Relaxant maybe but not sedative.**

"There are really no safety concerns with Sesquiterpenes other than they can be irritating if oxidized." **It is 100 percent wrong to make such generalisations based on broad chemical groups. That is not the way essential oils work. Each oil is a chemically complex individual substance and making such sweeping generalisations is not only stupid it can be dangerous.**

"They have a long shelf life of 6-8 years".
An incorrect generalisation, for example, black pepper can contain a lot of a & b pinene which degrade into skin sensitising agents. Delta 3 carene is also a skin sensitiser. Ylang oil is well recognised for its fast oxidation rate and loss of fragrance.

"Monoterpenols"

"The chemical structure of Monoterpenols are similar to that of Monoterpenes. The difference? A hydroxyl molecule. The location of this molecule determines the therapeutic property of the oil (Isn't that fascinating?)." **This is not correct. No single molecule can be held to determine the properties of an essential oil which can contain hundreds of different molecules. It is fundamentally unsound pseudo science.**

"Monoterpenols have a wide variety of therapeutic properties. Some of these often include: strong anti-infectious agents, such as terpinene-4-ol, a chemical component found in Tea Tree". **What the heck does anti-infectious mean?**

"antibacterial, antifungal, and even antiviral", thanks to linalol, a chemical component found in Lavender and Rosewood". **Linalool anti viral, I think not.**

"anti-spasmodic effects thanks to menthol, a primary component found in Peppermint
anti-fungal action found in Geranium" **Comments as for monoterpenols above.**

"Some of the essential oils highest in Monoterpenols are: Rose Absolute (93%), Rosewood (91%), Palmarosa (80%), Thyme ct linalol (61%), and Basil (56%)".

"The only safety consideration in this chemical family is menthol, which can irritate the skin. Menthol should be avoided on children under 5 years of age. Shelf life is 3-5 years". **Incorrect, both tea tree oil and lavender (mentioned above) are known to degrade and it can be less than one year. By the time tea tree is 3-5 years old it is likely to be a major skin sensitiser. There are dozens of oils containing this chemical family and it is preposterous to generalise on the activity of any of those.**

"Sesquiterpenols"

"The oils in this chemical family are considered 'base' notes, as they are physically heavier on a molecular level, and are the last notes to float out of a bottle when you are sniffing a blend. Sandalwood is 85% sesquiterpenols.

General therapeutic properties of Sesquiterpenols are:
anti-inflammatory
immune supporting
sedative
skin healing
antibacterial
antispasmodic
excellent tonic for lymph system as well as veins Ludicrous" **Classic beauty therapy hype.**

"There are no safety concerns with these oils. Shelf life is 6-8 years".
The question of safety depends on what other molecules occur in a specific oil that contains sesquiterpenols; the volumes of those other constituents and how easily they oxidise.

"Esters"

"This chemical family is not only highly antispasmodic, but are also often: sedative soothing analgesic anti-inflammatory and helps the body deal with stress

Some of the essential oils with the highest percentages of esters are Roman Chamomile (80%), Jasmine Absolute (52%), and Helichrysum (49%)". **Incorrect, many essential oils contain esters. Some of those oils are known to be insecticides such as peru balsam and tolu balsam. the longer they are stored the more they degrade.**

"There are only two components that are present in Juniper: methyl salicylate present in Birch, and sabinyl acetate present in Juniper oil. Methyl salicylate can be poisonous if used long-term on the skin, and sabinyl acetate can cause liver toxicity. Shelf life is 3-5 years". **See above.**

"Phenols"

"Phenols are very active and stimulating ' an excellent choice when you want to nip an aggressive infection in the bud.

Clove Bud essential oil is 67% Phenols and is the 'poster child' of Phenols. Excellent for combating infections, but should be avoided by people on blood thinners due to its high eugenol content.

Base notes, Phenols sticking around-phenol and making them more apt to irritate the skin. When using high-Phenol oils, dilute well. Use no more than 5 drops per ounce of carrier oil (1% dilution), to prevent irritation on mucous membranes and skin".

"Shelf life is 3 years".
Oils that are high in phenols tend to be powerful skin irritants. The eugenol in clove oil is a suspected sensitiser and its use is restricted in cosmetic products to below 0.5%.

"Aldehydes"

"Aldehydes are excellent for fungal issues. Melissa, and its near-twin, Lemongrass, are two oils right around 80% Aldehydes. Neral and geranial are two specific Aldehydes Melissa and Lemongrass share". **Generalise melissa oil is hugely variable in composition and you can't possibly generalise on the aldehyde content, it depends on which variety and from where in the world.**

"Aldehydes usually have the following therapeutic properties: anti-fungal antibacterial anti-inflammatory antispasmodic sedative **and can even reduce fever". That is total fabrication based on herbal medicine!!!**

"This is another chemical family where low dilution and short-term use is strongly recommended. Dilutions over 1% can result in skin irritation. Aldehydes are most definitely not recommended for internal use ever, even at low doses. People suffering with glaucoma or estrogen-related cancers should be particularly cautious". **There is not a shred of sound evidence for this warning, particularly as they say above: "Aldehydes are most definitely not recommended for internal use ever". There is absolutely no evidence that sufficient essential oil can get into the body via external application in massage to have any effect on cancers. lemongrass oil for example is a permitted food flavouring.**

"Aldehydes oxidize easily and have a shelf life of only 1-3 years". **More like 6 months - lemongrass oil is notorious for its fast rate of polymerisation.**

"Ketones"

"The primary reason to choose oils from the Ketone chemical family would be for respiratory infections, as they are very effective expectorants and mycolytics. Peppermint has more ketones than most other essential oils, although Rosemary, Vetiver, and Spike Lavender have an effective amount as well".

"Ketones are also generally: analgesic antispasmodic rubifacient cicatrissant wound healing

Although Ketones do have components which are non-toxic, there are very real concerns with camphor in particular.

Pinocamphone and isopinocamphone are also neurotoxic, and these components are found in Hyssop (Hyssop officinalis).

Also found in Hyssop (Hyssop officinalis), as well as Sage, Mugwort, Thuja, and Pennyroyal are pulegone and thujone, potential abortifacients. Do not use if pregnant or around children". **See my article on pennyroyal. Sage is another oil on which the aromatherapy trade still publish their nonsense about "thujone". I dismissed that many years ago as it depends on which isomer in which oil. However, this garbage is still taught by followers of the incorrect chemical theories of French origin.**

"Short-term use of low dilutions (1%) is considered safe. Shelf life is 3-5 years". **Doubtful.**

"Oxides"

"The most important Oxide component is 1,8 cineole, and activates the cilia found in the mucous membranes".

"Other therapeutic properties of Oxides generally are: antiviral 1,8 cineole - is not in vivo. Only in isolated cells tested in a lab. anti-fungal antibacterial can stimulate blood flow to the brain when inhaled"

"Eucalyptus is your best choice for an Oxide high essential oil, as it contains around 80% Oxides. Rosemary and Laurel Leaf contain around 40% Oxides and are also good choices".

"Although Oxides can provide relief to asthmatics, in some people it can set off an attack, and caution must be given. Other safety concerns are skin irritation due to oxidation of oils".

Oxides should be avoided on children under the age of 5. Shelf life is 1-3 years.

"Ethers"

Ethers have very effective antispasmodic properties.

Some popular ethers are: Anise, Fennel, Nutmeg, and Tarragon".

"Safety considerations for the Ether chemical family are high, so these are to be used preferably only when Esters don't work. These safety considerations are: influences toxicity, estrogen-like activity, neurotoxic effects, are psychotropic (influences mood and behavior, as well as affects the brain), and genotoxicity (interferes with DNA)". **This is absolute garbage. Aniseed and fennel oils are common food ingredients and permitted food flavourings. The mentioned effects are from cases where people have drunk the oil in excess, or from unreliable animal tests.**

"Specific Ether components and the safety questions they present are as follows:

"Apiole oral doses are poisonous, and can cause an abortion in pregnant women". **Sure if anyone drunk it.**

Methyl chavicol (estragole) ' carcinogenic in rats, likely to cause cancer in humans. High percentages of estragole are found in Tarragon, Hvozvo Biskis, and Tropical Basil. **Outdated garbage; these effects on humans were dismissed many years ago. Basil oil is a permitted food flavour.**

Methyl eugenol ' high doses are carcinogenic. **What does 'high doses' mean?**

Trans-anethole ' Avoid if pregnant or breastfeeding. This component is found in high concentrations in Anise and Fennel essential oils. **Both oils are permitted food flavourings with no cautions during pregnancy or breast feeding. This is probably again based on the French style pseudo chemistry. Indeed the hormonal effects of these oils are inconclusive and it is probably based on consumption of the seeds which might have a hormonal component not found in the oil.**

"Of all chemical families, Ethers present the most serious safety issues. This is concerning because many people see the names of herbs, such as Fennel, Basil, and Nutmeg and are less concerned with dosage due to their familiarity and often frequent use of these herbs". **This is a ridiculous statement bearing in mind that most of the oils she mentions are permitted food flavors. Everything depends on the volume that is likely to enter the body via external use. Also, the toxicity depends on which specific oil, you cannot generalise on these issues.**

Excerpt taken from the e-report, Using Essential Oils Safely. FREE when you sign up for our newsletter here". **No thanks!!**

[Back to article start](#)

[Back to index](#)

TRAINING & EDUCATION

Anyone considering a career in aromatherapy should study all the articles carefully. You will then have an idea on what to be on the lookout for, and how to avoid wasting your money.

Do I need to take a training course?
Minor updating 2014

Aromatherapy is no different to many other subjects in that it is only worth paying for a course **if the teachers know their subject.** Sadly this is rarely the case in aromatherapy and yet many schools around the world charge exorbitant fees.

I have been contacted by dissatisfied students of UK colleges. Huge amounts of what they teach are still based on the popular books (I call them notes-see reviews). The majority of these books are packed with errors, misinformation, corrupted science and sometimes dangerous advice.

This situation of courses run by the teachers who know little about their practice is endemic in aromatherapy. This is an appalling indictment of the Departments of Education and their lack of ability to monitor the quality of information provision. Their Civil Servants only listen to what trade association representatives tell them. Civil Servants have this strange idea that trade interests know best how to set standards and what is best to protect public interests! **That crazy concept has been shown time and time again to be contrary to protecting the public from rogues in any trade.**

The fact a course is "approved" by a so called leading trade association is almost meaningless. None of these organisations have ever undertaken an evaluation of the accuracy of what their members are teaching. **There are too many people making cash out of a gullible public to force change.**

A 'good' training course in aromatherapy should help improve therapists skills. It should maximise the effects they can achieve by using essential oils in a safe and effective manner.

If you want to use **massage**, then training is advisable because there are medical conditions where massage should not be used. A short course on massage is always worthwhile - in the UK there are many of those. In the USA the courses tend to be very expensive and lengthy, only worth doing if you want to become a professional.

In the USA, Canada, NZ, Australia, Japan, etc. there are so called "advanced" courses that can cost thousands of Dollars. However, the instruction on essential oils is mainly based around inaccurate aromatherapy books. These course providers pack their lessons with peripheral issues such as anatomy, chemistry, etc. simply because their knowledge on the important issues of essential oil use is so weak. Therefore, you are paying a high price for information that could be learnt better from other more expert sources. Many teach information based on the French aromatherapy system. A system that itself is packed with major errors and corrupted science. **To this day much of their information are theoretical considerations based on the major components found in the oils, NOT on research based on the whole oils - see the article 'Chemical-Families-effects' for more on this aspect.**

If you are an **essential oil supplier, or natural product maker**, then you should gain a deeper insight into what you are doing rather than just reading the popular books. This is particularly important over the safe and legal use of essential oils. **Anyone can set themselves up as a supplier with a fancy website without any training.** Many have done just that, even some of the suppliers who have been around a long time and are assumed to be very knowledgeable. In the UK I know businesses established by people who had no knowledge of the essential oil trade or how to use the oils. Some of these people visited other UK and French suppliers to gain what knowledge they could. Some are still around and run training courses based on the French style of chemical misinformation. **Talk about the blind leading the blind!!**

If you want to take a course simply to enable you to better use the therapy for your Family and friends, then a good short term course may be worthwhile.

If you want to study anything as a career then you should always keep pace with developments in your trade and continue learning for very many years. I could not hope to learn all there is to know about the subject of essential oils in my lifetime.

Consider why do you want to take a course?

If you want to become a professional therapist, then you should consider if after spending all that cash, "can I make a living"?

Only a few people can now make a living as a full time aromatherapist. This is because the market has become saturated with badly trained part timers. These people are still being churned out every year like a sausage machine. The trade organisations have never made any attempt to restrict the numbers being trained, this has resulted in professional full time work being all but eliminated.

There are still opportunities for those in the medical profession to utilise aromatherapy within conventional health care systems.

Many people in the Far East in particular, have been misled into thinking that certain beauty therapy companies are in fact approved examination councils. **In reality they are private companies whose prime motive is making money, not in providing sound education.** So try not to be fooled by people who claim their courses are: "approved by standard setting bodies or organisations". These organisations officials often know nothing about the trades they are setting standards on. All they are interested in is procedures and protocols, not that the students get sound knowledge on their trade.

In **Japan, China and Taiwan** there are schools set up just as money making businesses. They often try to get their courses endorsed by a well known author of aromatherapy books - sometimes the author does not know their name is being used to promote a course. See if you can contact the person to check. Some of these businesses do not care if what they are teaching is wrong, ineffective or dangerous. Overseas readers also need to be aware that certain UK based aromatherapy organisations continually lie about the true status of their organisation to their overseas clients. For example, I found out that publications in the Far East were carrying information saying that "the IFPA had merged with the IFA" this was one year after that merger failed!

Be wary of those courses claiming to supply "the latest scientific data". Some of these teachers are just copying articles from aromatherapy journals. Such journals tend to feature information which has not been published by reputable medical and scientific publications. In addition, they often use Internet based sources where the differences between herbal preparations and essential oils have not been clearly defined. A big error is they only use abstracts found on sites such as the USA's pub med site. Abstracts usually omit vital information on materials and methods used.

Scientific information is misused in an attempt to prove that an essential oil has the same actions as in the research on the herb. **This aspect is one of the biggest blunders made within aromatherapy as a whole.**

[Back to article start](#)

[Back to index](#)

WHERE AROMATHERAPY TRAINING WAS/IS GOING WRONG

Written and researched by: Martin Watt

Original version published in The Aromatic Thymes. Vol.3. No.1. **1995.** pp7,9,30. Article slightly revised 2012.

My response to criticism from the UK Aromatherapy organisations council of my article is [below](#).

Those training courses placing great emphasis on the actions of essential oils being caused by single chemicals occurring in the oil are wrong. Why? See also later articles on this issue as well as links to others with the same conclusion.

It is totally wrong to attribute potential actions and adverse effects of essential oils based on broad chemical classifications. Essential oils are complex mixtures of numerous natural chemicals. Many oils are so complex that they cannot be fully re-created by chemists. Many contain unidentified chemicals which by default have unknown actions.

It is often the trace chemicals that contain the most active fragrance and flavour molecules, and it is a fair assumption that many highly active therapeutic substances also only occur in trace amounts. Chemists can re-create the fragrance of many essential oils. However, such products do not contain the hundreds of trace chemicals (with their synergistic and perhaps potent actions) as the real thing.

I have seen the following in course notes from so-called 'reputable' & 'recognised' courses:

• **Alcohols:**
Frequently cited in course notes as "relaxant".

Note: When we look at the number of essential oils containing common alcohols such as linalol, in fact we see that they can have very different fragrances as well as actions. A good example is linalol type basil oil. The fragrance is still basil-like and some would say it is a mild *stimulant*. It is most unlikely that basil (linalol type) will achieve the same kind of mental *relaxation* as an ordinary lavender oil containing similar, or even less volumes of linalol.

Lavender **herb** has long been associated with relaxing treatments when given as a tea, or tincture, and yet the **fresh plant contains hardly any linalool**. Therefore, any relaxant action of the use of the herb, is NOT related to this crazy theory of "alcohols having relaxant actions where they occur in essential oils". All these actions found in books and on courses where the action of an oil is do to the major chemicals in it, must therefore be considered as ill evaluated and error laden theories.

Please see this link for confirmation that I was correct all those years ago: <http://phytovolatilome.com/essential-oil-chemistry-functional-groups/>

Aldehydes:
"aldehydes are anti-inflammatory, alcohols are relaxing, ketones are neurotoxic".

• Note: This classification system is still used on most aromatherapy training

courses, and yet it is extremely misleading and frequently potentially dangerous. As far as I can ascertain, the origin of these crazy concepts are just a couple of well known French therapists whose work has never been adequately evaluated.

"aldehydes are more or less skin irritants".

• Note: This is wrong. Some aldehydes are common food ingredients, while others such as cinnamic aldehyde are severe skin irritants. Aldehydes are a vast group of chemicals occurring in plants. When they occur in cinnamon bark oil for example, they are the opposite to the statement above. That oil can burn the skin so it is hardly anti-inflammatory.

Ketones:
Frequently cited in course notes as "toxic".

• Note: Our body makes ketones and they are also in most meats. The only time they cause a problem is if our decontamination mechanisms are disrupted through illness. They are commonly found in everyday foods and flavourings permitted under various National legislation. As with all such statements on toxicity, they are meaningless unless they are qualified by the **volume used**. For example, drink a bottle of sage oil and you may be poisoned, on the other hand, the oil used in the appropriate volume in massage or foods should not give rise to neurotoxicity. Misuse of almost anything will lead to problems but these pseudo science statements rarely take account of that.

Terpenoids:
"Terpenoid groups have particular therapeutic properties".

• Note: This is unbelievably silly, as terpenoids are a vast group of chemicals with widely varying properties occurring in thousands of plants and foods.

Compositional variation: Genuine natural oils can have colossal variations in their chemical make up, and yet there may be little difference in their fragrance. So again how can you possibly rely on therapeutic actions based on these huge variations in the chemistry of natural oils? The characteristic fragrance of an essential oil is often found in the minute traces of odiferous chemicals, and not necessarily in the major components. The food and flavour trades are well aware of this, and most of them only use the fractions containing the most potent fragrance or flavour molecules. Frequently these molecules only represent 0.5-5% of the whole oil.

Non specific chemistry: The natural chemicals making up essential oils frequently display isomerism. This is another reason that it is wrong to say that "because an oil contains thujone, that all oils containing thujone will therefore be toxic". Thujone does not exist as one chemical; it has isomers one of which is 4 times more toxic than the other. Some oils contain a lot of one isomer and other oils a lot of the opposite isomer. Therefore, you must know precisely which isomer exists in the respective oil, and what the precise actions of the different isomers are. Even then, you cannot be certain of the effects of a potentially toxic isomer due to the modifying effects caused by the numerous other chemicals occurring in the whole oil.

The lesson to be learnt from this is consider the known data on the actions of the whole essential oil first. Chemistry does have its uses when looking at essential oils, but it should always be secondary to the knowledge of the effects of the whole oil.

As stated above, students are being told that the action of particular oils are due to this or that chemical. However, most aromatherapy schools do not have a clue what the oil they are using actually consists of. How is it that some of these schools who are unknowingly using semi-synthetic oils such as lavender and geranium, still seem to get good therapeutic results? Is it perhaps because of utmost importance may be what the oil smells like, rather than its precise chemical composition? The client-therapist placebo effect is also of equal importance, but 'placebo' tends to be a rude word in complementary medicine.

So, why fill students heads with a lot of theoretical chemistry when logic tells us that in practice it can not be correct? I can answer my own question here; it is that the people providing such material on their courses have not studied the subjects they are teaching carefully enough. They follow trend-setters like sheep, and employ none specialist chemistry teachers who have never even worked with the oils trade. This is often done to fill time and have their courses 'recognised' by trade associations who provide fallacious validation.

Training in chemistry: The seemingly desperate need by training organisations to delve into areas of chemistry which are of little relevance to the use of natural essential oils is a terrible shame. It is leading us down the same paths that conventional medicine and the pharmaceutical trades have trodden. It would be more acceptable if real experts in the trades associated with essential oils were used in aromatherapy training. People such as scientists who have proved that synergistic action really does exist, dermatologists who work every day with cases of adverse reactions to products including essential oils. No, many course providers would rather stick to the pharmacists and others trained in the chemical sciences, who are not expert in the specific sciences of essential oils. "Well they are cheaper aren't they?" "we must bear in mind our training course in Hawaii is going to cost a lot". "we must get that other house in the south of France this year, and oh yes - don't forget we must go on the French aromatherapy holiday".

Latin naming of oils: Students from well-known schools tell me they were told: "you can't be an aromatherapist unless you know the correct Latin names". This is complete and utter nonsense as I have come across few schools that knows the correct botanical name of even a fraction of their oils. Most plants used for essential oil production whether they are wild, or cultivated crops, consist of numerous sub-varieties that can have wildly different chemical compositions. Therefore, if you are taught for example that tea tree oil must be "Melaleuca alternifolia" this is not strictly correct. There are a number of sub-varieties of alternifolia that are used for tea tree oil. This is why the Australian government standard for Tea tree oil does not just specify alternifolia but adds "oil of Melaleuca, terpinen-4-ol type".

Commercial developments in essential oil bearing crops have been going on for well over a century, with constant developments of commercially superior clones or natural varieties. Aromatherapy training schools and essential oil importers are often years behind such developments. The names oil importers give are simply the accepted trade norm and are not the actual botanical name of the plants used to produce the oil. It is common that even the large essential oil importers cannot find out what variety of plants are being used in the country of origin. Bear in mind that the large customers for essential oils are not particularly interested in such matters. They mainly want to know "what is the chemical composition", "how much is it per ton", "can you keep up regular supplies". For a long time, there has been a total separation between commercial oil production and end users. The producers will often grow their crops to meet the needs of their major customers in food, flavor and cosmetics trades.

Why has all this misinformation come about?

The reasons are complex, but there are a number of reasons.

1. Aromatherapy grew as an offshoot of the beauty therapy business. That trade is notorious for its misleading hype over the properties of their products.

2. Because of (1), most of the early practitioners trained in France. The tradition developed (as with so many beauty products), that if it has a French name or you did your training in France, then everything is wonderful. **No one bothered to check if the people doing the training really knew what they were talking about.** An unfortunate aspect of the French connection was not to bother to investigate the historical uses of essential oils in British, US or other countries medical professions and their flavour and fragrance trades. In fact there is a wealth of information from worldwide sources.

3. Many of the people who have established their businesses supplying essential oils, or in aromatherapy training courses, have had little if any relevant training in the science of plants, essential oils, or medicine. Therefore they have:

a) Trusted their suppliers statements about the quality of their oils.
b) Passed on to their students everything they got from suppliers. This is because they have such a weak knowledge of how to check the accuracy of such information.

c) Add to the above, the fact that with the Internet, anyone can set themselves up with a flashy looking web site and immediately make money without knowing anything about what they sell. That is why we are burdened with thousands of web sites selling oils that are dangerous, along with often illegal health care claims **just to sell product to a gullible public.**

4. People in the flavour, fragrance and cosmetics trades who are expert in the production and chemistry of essential oils, have tended to keep aromatherapy at arms length. Therefore, they have played little part in training aromatherapy teachers. When such experts have taken an active role, it has often been the cosmetic, fragrance and essential oil chemists, rather than the many other experts available on olfaction, dermatology, microbiology, psychology, etc.

5. No one in aromatherapy has been prepared to fund, or share funding, the large investment in time and money necessary to establish the truths or untruths underlying the products and services they provide. Instead, the general trend has been 'let's get qualified and set up our own school or a new association'. So again, they simply end up perpetuating the mythology to a new generation of students.

Qualifications - The History

The 'leading lights' established trade organisations, so that they could in effect validate their own courses. Organisations such as the old A.O.C. & the Aromatherapy Consortium in the UK; NAHA and the ARC in the USA; the CFA and BCRC in Canada, as well as numerous beauty associations around the world, had few members with real expertise on the subjects which they claimed to be setting standards on. The gullible public, as well as Government educational organisations, then assumed these organisations were evidence of expert training. Such organisations got very upset when people like myself started to question the whole basis of their knowledge, education, and validation systems. Anyone who did that was left out in the cold, or in the case of some organisations, the individuals removed from positions of authority.

The apparent success of these organisations in gaining recognition from governmental and educational systems has little to do with them providing evidence of accurate training standards. It seems that many governments seem to think that trades can adequately regulate themselves; such political dogma is extremely faulty-ridden. Historically, time and time again, many trades have had to be regulated by legislation in order to protect the public from dishonest traders and poor standards of service. It is extremely rare to find a trade association, which puts the general public before its business interests. So please, bear in mind, that the fundamental interests of trade associations are self-protection.

Aromatherapy misinformation continued - Part 2

A further problem with aromatherapy education is found in the therapeutic actions attributed to certain essential oils. Common examples are the so-called "diuretic effects" of fennel and juniper oils. In addition the "anti cellulite effects" of grapefruit oil, **(beauty therapy con trick!!!)**

There is no evidence, that essential oils when applied to the skin in the amounts commonly used in massage, can be absorbed into the systemic circulation in sufficient volume to cause any diuretic action. These claims originate from two main sources:

- 1) When these oils are given as internal medication they will stimulate & irritate the kidney thus causing the release of more urine.
- 2) The traditional use of water or alcohol herbal extracts which are also given internally.

On the other hand, there is sound evidence, that a diuretic effect can occur simply as the result of ordinary massage. Haemodilution following massage has been detected, which helps explain the common side effect following massage, of a quick trip to the bathroom followed by thirst and the need to have a drink. Ordinary massage has been shown to produce a number of physiological effects on the body such as increase in b-endorphins, which play a part in pain relief. There are also indications that massage can cause alterations in hormone levels. Therefore, **it may be seen that many of the claims made by aromatherapy writers for their therapy can in fact be explained by the effects of the massage, not by the effects of the essential oils used.**

So why are aromatherapy books full of so called "researched" information on the use of essential oils which does not stand up to scrutiny ? The answer is that few writers have had any education in the botanical and phytochemical sciences. Due to their weak knowledge of the subjects, they write about, they do not have the ability to differentiate between the use of an herbal extract and an essential oil. Numerous examples can be found in popular aromatherapy books of medicinal claims being made for an essential oil based on information gleaned from old herbals. Such herbal information being mainly on the internal use of water or alcoholic extracts. This type of extract contains hundreds of compounds that do not appear in the same plants essential oil. These water-soluble compounds can exert profoundly different actions to the essential oil.

The next myth is that an essential oil represents "the life force" in the plant. This is complete and utter nonsense, how can any life force reside in a product that has been processed and cooked to the degree of an essential oil? If that were the case, how is it that we do not benefit from the "life force" present in the huge volumes of animal fats that are extensively consumed? Any life force, which is inherent in plants, is much more likely to be found in herbs or vegetables eaten raw. This question of life force being transferable to humans is no different in principle, to the old tribal beliefs, that you could inherit the power of an enemy by eating his brain.

It must be "organically grown". I would always wish to support this method of production, and if you wish to pay the premium to support this method of production, then that is a fine thing to do. However, there are vast volumes of essential oils traded as being "organically grown" that are not. So, make sure your supplier can verify their sources, or you may be putting your money in the pocket of con artists. As with aromatherapy, there are many OG certification organisations which are simply trade associations. Some oil traders pay a membership fee, get a certificate, and use that to fool their customers into thinking the oils supplied are all organically grown - **beware of these scams and ask for proof of claims.** For example, ask the certifying authority what inspections they make of the growers at home and especially oils produced overseas. **If all they do is rely on documents do not trust anything they say.**

The oil is "field distilled". Any such crude methods of distillation will generally not produce such a good oil, as one that has been produced under the controlled conditions of a modern processing plant. There are of course always exceptions to this general rule, for instance plants such as peppermint and rosemary, where carefully controlled local water and steam distillation is preferable to avoid the volatile 'top notes' escaping.

"It is not an essential oil unless it has been steam distilled". This concept is based on outdated oil trade criteria and not on reality. The best quality essential oils are cold processed. Steam distillation can destroy or change many valuable components in essential oils. Certainly, the highly volatile chemicals that play an important part in the therapeutic effects of freshly gathered herbs are substantially reduced by hot distillation. There are only a tiny number of oils which require hot distillation in order to produce naturally derived beneficial chemicals such as azulenes.

The perfumery and food flavouring trade are well aware that hot distillation damages delicate chemicals in aromatic extracts. Due to this, they are increasingly turning to cold extracted essential oils, in particular carbon dioxide, or molecular extracts.

If the concept of "it must be steam distilled" is followed to the limits, then aromatherapists should not use; rose absolute (commonly sold as limes, then and jasmine absolute). In addition, according to their own doctrine, they should not use the floral absolutes originally produced exclusively for the fragrance trade, but which aromatherapists are constantly requesting from their suppliers. Absolutes may stand a marginally higher chance of producing skin irritation than the equivalent steam distilled oil. However, due to their price, most people can't afford to use them at levels that are likely to produce such a response.

So, compare what is written here, on which sound evidence exists, with what is said in aromatherapy books, on courses and in the verbal or printed literature from some essential oil suppliers.

© M. Watt 1994. Revised 1996, 2006, 2012, 2021.

An unpublished letter in response to a letter from the AOC, following the appearance of my article in The Aromatic Thymes. Vol.3, No.1. 1995 .

A.O.C.=Aromatherapy Organisations Council, UK. (Represented training schools).

A.T.C. =Aromatherapy Trades Council (Represents essential oil suppliers).

Dear Pam,

I have just seen a copy of a letter sent to you by the AOC in response to my article "where aromatherapy training is going wrong". This letter contains several misleading statements and still completely fails to address my contention that the AOC has totally failed to set adequate standards on the QUALITY of aromatherapy education.

Para 1. Para 1. Yes they did send a response to Aromatic Thymes, but that failed to address my challenges as stated above. In addition, I also made another reply to their letters in a subsequent edition.

The AOC assertion that "they represent the largest slice of the aromatherapy trade in the UK" is simply not true. Therefore, by default, it must be untrue that "they have achieved all embracing trade self-regulation". The largest slice of the aromatherapy trade is in fact those numerous courses run by none AOC organisations particularly those in the beauty sector. These appallingly poor courses are subsidised by the UK Department of Education because they are run in establishments built and run from the UK taxpayers pocket. Yet, the AOC claim they deal with the Dept. of Education on "setting trade standards", yes maybe, but for what proportion of the trade?

Para 4. The standards promoted by the AOC have been those accepted as the norm by the trade. That is where the heart of the problem lies in that "trade standards" do not by any stretch of the imagination represent truth or honesty in educational matters. They are simply standards that an extremely poorly educated (in aromatherapy) majority are happy to accept. Of course it was "trade interests" that set the standards, that is the very nature of the AOC, their members all run training courses, so is that not a trade interest?

The fact the UK Department of Education seem prepared to accept standards set by a trade body should be no surprise to anyone. Their civil servants have always had a proceeding to accept standards set by trade organisations, provided 'procedures and protocols' are followed! One must wonder how many students in their trades are similarly burdened with lousy quality of education because of trade standards being generally accepted as "good enough".

I would challenge the AOC that "their members are well-qualified in the art and science of our therapy". If their members were so well-educated, then why did many of their members need to purchase my safety data manuals, (around 2000 copies sold starting around 1992). Why was it (if their members were so well educated), that it was in fact a trade organisation that first asked me to research toxicity issues?

Why, if their members were so expert, was it that it was me writing about the dangers of cinnamon bark, expressed bergamot and verbenas oils, that persuaded many of their members to stop promoting those oils in their courses and in some cases suppliers from selling them. If their members were truly well-educated on essential oils, then all my work on safety issues would not have been needed. Regrettably, due to the huge fallout rate of therapists in the trade, many of those I helped educate have dropped out. **Due to this, we once again have emerging the kind of idiotic advice from trade approved teachers that I had hoped had been put a stop to years ago.**

Para 2. Para 1. All these quoted standards accepted by these various organisations can in no way be deemed to mean that the material being taught is accurate. The main activity of the AOC has been to promote procedures, codes of conduct, methodology, etc.

It has never examined in any depth if the teaching materials being used, or if the basic concepts underlying the therapy are founded in truth or fiction. Most are the later.

Para. 2. It is absolutely useless to insist that a teacher is trained in teaching if the material being presented by the teacher is packed with errors. Certainly this is the case with many of the members of the AOC and I have their course notes to prove it.

Para. 3. The ATC has historically never attempted to protect the consumer from the commonest form of fraud propagated in the trade, which is the sale of phoney essential oils. After many years of running their deceptions, it seems some kind of analytical scheme may now be up and dragging, but doubtless any results will be kept confidential and away from public scrutiny. They should however be applauded for insisting member companies packaging is adequate and safe, but that's about all. They claimed in their literature to be an appointed agent on behalf of the UK Medicines Control Agency to police the literature of essential oil traders. Yet, at one time, one of their leading members was making totally unfounded and illegal medicinal claims in her literature while at the same time telling other traders they could not do that.

Para. 4. The 1968 Medicines acts and subsequent legislation were in fact enforced by the Royal Pharmaceutical Society acting as agents for our Medicines Control Agency. Any "code administration" undertaken by the ATC is without any force of law behind it and can only apply to those companies in the ATC. Please don't forget that the vast majority of people selling essential oils in the UK are not members of the ATC.

Please note that it was not my doing in putting details about my training activities at the end of my article. All of my articles are always written as separate items and it is usually the editors of the respective journals who insist on providing a bibliography. The final part of this paragraph is scurrilous; I have never set myself up as an expert in essential oils or aromatherapy (I need five more lifetimes to be that). My activities are aimed at seeking out accurate verifiable information about our trade and then publishing it or teaching it. If that activity has proven what a load of rubbish is being taught within main stream aromatherapy, then I will do all in my limited means to disseminate that knowledge and expose the people teaching nonsense. If that means indicating a very large part of the trade, then so be it.

[Back to article start](#)

[Back to index](#)

Adapted from Kirkham K. & Burfield T. (2006) "Naked aromatherapy - the truth laid bare" Aromatherapy Today 36, 28-33, further updated in Cropwatch Newsletter August 2007.

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Pre-amble.

Many professional aromatherapists have become unwitting victims of a marketing ploy by essential oil suppliers, whereby 'approved therapeutic grades' of essential oils are advertised for sale. **Let us be quite clear about this - there is no such thing as a 'therapeutic grade essential oil', and no quality standards for the authentication or performance of essential oils specifically exist within aromatherapy per se. This latter situation results from the failure of professional aromatherapy organisations and aromatherapy essential oil trading associations to issue a comprehensive set of aromatherapy oil standards,** in spite of individual schemes being put forward (e.g. the initiative of Jones, 1998).

Cropwatch reviewed the disinformation on 'therapeutic grade essential oils' in 2006 and 2007 (see references), based on the marketing hype put out by the *Young Living Essential Oils* (YLEO) pyramidal sales organisation. To do this we checked out the claims made by YLEO with the certifying bodies AFNOR & ISO themselves which confirmed our initial view that their (YLEO) statements were inaccurate / misleading. It is not without some irony that the March 2006 edition of *Aromatherapy Today* carrying the very article disproving the existence of therapeutic grade oils, also carried a full back-cover advertisement for - you guessed it - therapeutic grade oils, courtesy of an Australian supplier (*Essential Therapeutics*).

Since 2006/7 the situation has worsened, such that staff at the National Association for Holistic Aromatherapy (NAHA) have forwarded details of further organisations marketing mythical "therapeutic grade essential oils" to Cropwatch, The advertising content seems not dissimilar to that originally put out by YLEO. We examine the progression of this trend below.

The situation has been further investigated by Elston (2009) on *Aromaconnection* who investigates *DoTerra's* registered trade mark for the mythical 'therapeutic grade essential oils' - this can be followed at www.aromaconnection.org Co-incidentally Cropwatch has also been looking at *DoTerra's* website claims (see below).

Existing Essential Oils Standards.

Over the decades, there have been a number of bodies that have laid down working standards for essential oils, often geared towards the needs of the pharmaceutical, food or fragrance industry sectors, but often these standards do not prove entirely suitable for essential oil quality monitoring in the aromatherapy, profession, since (for example) they do not consider appropriate chemotypes employed in aromatherapy best practice, or sometimes, they ignore preferred geographic origins of the essential oils commonly employed.

Essential oil standards for the pharmaceutical trade are drawn up, maintained and published in the form of National Pharmacopoeias. These Pharmacopoeias are exorbitantly expensive and subject to severe photocopying restrictions in some libraries (you may consult them, and take notes from them in most libraries however). The British Pharmacopoeia (BP), for example, is produced by the British Pharmacopoeia Commission Secretariat, part of the Medicines and Healthcare products Regulatory Agency. Many of the monographs for essential oils contain fairly exacting monographs including physical and chemical standards, thin layer chromatography and GC assay requirements. There are also pharmacopoeias for individual nations, such as the United States Pharmacopoeia), and of Germany, China, India, etc. It is important also to mention the widely consulted European Pharmacopoeia, now currently in its sixth edition.

Also in the US, a collection of monographs on individual essential oils (**EOA Standards**) were produced a number of decades previously by the Scientific Committee of the Essential Oil Association Inc. for use by the essential oil trade. The specifications for these older standards were geared in some cases especially towards US home-produced oils (e.g. those for peppermint oil) which has attracted some subsequent criticism from producers in other countries (India, Russia etc.) trying to produce commodities conforming to these specifications. In France, the Association Française de Normalisation (**AFNOR**) produces the standards for the oil trade. Australian Standards for essential oils (e.g. AS2785-1985 for tea tree oil) also exist, but since for example over 90% of Australian tea tree oil is exported, compliance to international essential oil standards is more relevant.

The Food Chemicals Codex V was produced at the request of the FDA and is widely used for guidance by the food flavourings industry. Many larger established flavour & fragrance houses have their own internal purchasing standards for essential oils, but perhaps the main independent certifying body is now the International Standards' Organisation (**ISO Standards TC 54**) which publishes universally accepted standards for individual essential oils. Again the cost of purchasing these individual standards may be insignificant for major essential oil producers, but is inhibitory for many small concerns.

It is not unusual in certain sectors of the food and flavourings sectors to modify or adulterate particular oils in order to meet the requirements of their corporate clients, but essential oils for use in aromatherapy should be produced by purely physical means and be 100% pure and wholly derived from the named botanical source.

So - one of the biggest so-far-unresolved dilemmas aromatherapists face, is how to tell whether a given essential oil fulfils the requirements of quality and purity. Many feel that they have to rely on the supplying company for information or 'word of mouth' testimonials. Inevitably certain companies play on the gullibility of their customers to make unsubstantiated claims.

Enter Young Living Essential Oils.

Young Living Essential Oils (YLEO) who promote themselves as a Christian-faith-based (pyramidal) sales organisation, headed up by the controversial figure of Gary Young, have been historically prominent in using the term 'therapeutic quality' in relation to the hyped marketing of essential oils. On therapeutic-grade.com (**2015 site dead**) we found the following YLEO definition of "therapeutic grade essential oils" (downloaded March 2006):

"In Europe, AFNOR (French Association of Normalization) and ISO (International Standards Organization), which has set standards for therapeutic-grade essential oils adopted from AFNOR) provide a set of standards that has been established, outlining the chemical profile and principal constituents that quality essential oils should have. These are widely regarded as the gold standard for testing essential oils. The AFNOR standard is most stringent, and differentiates true therapeutic-grade essential oils from similar Grade A essential oils with inferior chemistry. AFNOR standards state the percentages of certain chemical constituents that must be present for an essential oil to qualify as truly therapeutic-grade. As a general rule, if two or more marker compounds in an essential oil fall outside their proper percentages, the oil may not meet the AFNOR standards. These guidelines help buyers differentiate between a therapeutic-grade essential oil and lower grade oil with a similar chemical makeup and fragrance."

The website described above trying its previous factually indefensible content, and is now (Dec 2009) changed to persuade gullible essential oil buyers that "proper" cultivation, harvesting and distillation are necessary to produce these rare mythical "therapeutic grade essential oils" of theirs. The example of lavender oil production is given - but much of the content now simply relates to universally observed good manufacturing practice, sprinkled with a few trademark prejudicial and controversial scientific claims.

Cropwatch Investigates.

A spokesperson for AFNOR confirmed to Cropwatch (March 2006) that they (**AFNOR do not have a standard for therapeutic grade essential oils (and neither do ISO)** and so they do not differentiate between any 'Grade A' and 'therapeutic grade essential oils', as per YLEO claim. This situation with AFNOR policy has not changed since 2006, at the present date of writing (Dec 2009). Further, essential oils have never been classified in grades described as A, B, C as suggested by YLEO, and would surely not find any customers for grades less than A grade, even if they did exist! In reality, essential oils used by aromatherapists include minor essential oils, oils of differing geographic origins and specific chemotypes not covered by AFNOR or ISO standards. At the time of our investigation we were further informed that AFNOR would be writing to YLEO asking them to retract misleading statements re 'therapeutic grade oils', but the subsequent problem has been that a large number of other aromatherapy essential oil traders are also using these misleading descriptors.

As a further point of information, specifications limiting the presence of pesticides, heavy metals, dioxins, PCB's, MCP's, radionuclides and other hazardous materials are not normally included in recognised essential oil standards (although concentration restrictions for these items may figure in standards of intended use e.g. food flavourings).

Since the publication of Cropwatch's original article (2006), it has come to our attention that although the paragraph quoted above was still there in April 2007 and still appeared on many YLEO - related websites (e.g. at <http://raindropkit.com/therapeutic.htm>) no longer appears at www.therapeutic-grade.com (**2015 site dead**) a website run by Tom Anson of *Anson Aromatic Essentials* an Independent Distributor of YLEO. Instead we find a page entitled "Setting the Record Straight Concerning AFNOR" Correcting the misinformation perpetuated by some aromatherapy companies".

Anson subsequently issued the following statement on this site in 2007:

"Here is where the record must be set straight. For years, I was taught that the answer to "How do you know ... ?" was AFNOR. When I was first getting started with aromatherapy, my mentors told me that AFNOR certification is the most reliable indicator of an essential oil's quality. The only problem is: there is no such thing as AFNOR certification; AFNOR has no such program for certifying essential oils, based on its standards. Its standards cover all specifications for essential oils, but do not include any reference to therapeutic grade.

AFNOR (the Association French Normalization Organization Regulation) acts as a standards-setting body for a variety of products and services - not just essential oils. Contrary to what I had been led to believe, it is not a government agency - something like the USDA; it is a **private company**, and the name AFNOR is a registered trademark, and as such, protected property. And, while Young Living seeks to maintain a good working relationship with AFNOR, the two are completely separate business entities with no direct ties between them."

Unfortunately Anson did not seem able to let go completely of the concept of "therapeutic - grade" and still used the YLEO wording "What is it that can make one oil a therapeutic-grade essential oil while another is Grade-A, but not therapeutic-grade?" **Knock - Knock! There is no such thing as a Grade A oil!** No official body gives out certificates for Grade A oils - mainly for the reason that all oils should be Grade A - why would anyone buy a Grade B or a C essential oil!

An interesting development which Cropwatch attempted to pursue was that it was reported in 2006 that YLEO's Director of Research and Development and Quality, a certain William F. Poppin, managed to insert himself as chair of the USP Botanical Advisory Board. Cropwatch believed that this represented an outrageous development, since there is no way that YLEO has any mandate to speak or sit in judgement, for either the botanical or aromatherapy community. Further YLEO has elsewhere been heavily criticised for peddling essential oils on the basis of pseudo-science and hazardous practices, and we believe that Poppin therefore does not have the supported authority to retain this post (- supposing he's still in it). An initial communiqué from a USP official to Cropwatch (April 2006) indicated that the USP do not intend to define therapeutic / aromatherapeutic grades of essential oils, despite propaganda suggesting the contrary on YLEO-connected websites.

The Disinformation Campaign Spreads - Other Companies emerge selling "Therapeutic Grade Essential Oils."

The *DoTerra* company at <http://www.dotterra.com> sell "therapeutic grade" essential oils, repeat the mythical A, B & C grading of essential oils belief with this definition:

"Grade B essential oils are food grade; they may contain synthetics, pesticides, fertilizers, chemical/synthetic extenders, or carrier oils. Grade C oils are perfume grade and may contain the same type of adulterating chemicals as food grade oils. They also usually contain solvents which are used to gain a higher yield of oil."

DoTerra's view of essential oil quality is bizarre - Grade B essential oils contain fertilisers? Would that be ammonium nitrate, for example, making them potentially explosive? And which food standards authority would permit pesticides & fertilizers in essential oils to be used as food flavouring ingredients - It simply doesn't make any sense. We are further told that Grade C essential oils are perfume grade and "usually contain solvents" (?). Why does the author think that the perfumery industry would buy such inferior ingredients? Does he/she not realise that ingredient performance in product is directly related to ingredient quality?

According to advertisements seen by Cropwatch, *Essential Therapeutics* also sell the mythical therapeutic grade essential oils via seven listed outlets throughout Australia & Tasmania. *Elizabeth Van Buren Inc.* also advertises oils of the "finest & purest therapeutic grade". Other advertisements we have seen include those from *Mountain Rose Herbs*, *The Ananda Apothecary*, *Somatherapy*, *Anson Aromatic Essentials* (the presumed owner is mentioned above) and many others.

Conclusions:

Potential essential oil buyers should independently check out the marketing information provided by essential oil traders - do not be put off asking for any extra information or reassurances that you are legally entitled to if the situation is not absolutely clear cut. The professional aromatherapist has a duty to be able to provide all relevant safety information relevant to their clients' treatment(s) and therefore it is part of 'due diligence' to ask questions, require any stipulated proofs, request an MSDS, ask for compositional data & certificate of origin of the batch of oil purchased and have their eyes wide open to marketing ploys & scams of all types - including providing GC/MS print-outs and other information which relate to other batches of oils entirely, and, of course, describing essential oils as 'therapeutic grade'.

Good luck!

"In a time of universal deceit, telling the truth becomes a revolutionary act." George Orwell (1984).

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[Back to article start](#)

[Back to index](#)

WHAT IS AROMATHERAPY AND HOW DOES IT WORK?

A personal assessment by Martin Watt Cert. Phyt.

Various kinds of aromatic extracts from plants have been utilised for their health giving properties long before humans were around. Animals and insects can be powerfully affected by the smells from plants; just think of what catmint does to cats. For many insects and animals life revolves around smell.

I view aromatherapy as a system of helping the body to heal itself, by utilising the physical and emotional properties of aromatic plant extracts. These substances can be administered by a number of different means, for example, as part of massage, by external application; in baths or showers; as room fragrances and in food.

It must be considered when essential oils are used in massage if their effects are achieved by psychological pathways, by physiological means, or by both.

Directly connected to the above, we have to consider that many aromatherapists **have not been using 100% pure essential oils for years**. Despite this fact, aromatherapists seem to have achieved excellent results in relieving stress related ailments. Therefore, the question must be posed: how is it that despite using non-natural essential oils, these successful results have been forthcoming? The use of such adulterated substances, **must put a question mark over the claims made in aromatherapy books about the pharmacological effects of their oils via skin absorption**.

My opinion, (now backed up by a considerable volume of evidence from scientific trials), is that of paramount importance is how the olfactory system perceives a fragrance, rather than if the fragrance is of 100% plant origin.

I do not sanction the use of synthetic or reconstructed essential oils because I am aware of their potential side effects. However, the fact remains they have been widely and often unknowingly used to good effect on the emotions.

SO HOW DO THESE AROMATIC SUBSTANCES HELP RELIEVE SUFFERING?

The human sense of smell plays an important part in our **physiological processes**, as well as having **psychological effects**. Fragrance is a key part of everyone's lives, whether that smell is good or bad, and even if we are not conscious of the smell. For example, a lot of research has been undertaken on pheromones (animal/human natural fragrances). These odiferous molecules seem to play a key role in our own biological functions - particularly where fertility and reproduction are concerned. Perhaps it is not unexpected that many of the fragrance molecules found in plants also occur in insect and human pheromones.

- We all know the powerful effects exerted on our stomach and digestion by the smell of food.
- Many people have experienced a particular smell bringing back both good and bad memories.

- Research has detected changes in brain waves during sleep caused by the introduction of fragrance. Therefore, hospitals should think harder about the effects of fragrance on unconscious patients. The effects may be good or bad depending on the odour perceived by the brain.

- Experiments have been conducted on humans, where fragrances were administered at such low levels, that the subjects said "they could not smell them". Yet, brain waves changed, indicating that the fragrance molecules were still being detected by the olfactory apparatus.

- A new-born child seems to locate its mothers breast by smell (as do most if not all mammals). This is an area of odour perception deserving much greater scrutiny. The overuse of fragrant products by a mother might destroy their infants perception of who its mother is.

- Some researchers are suggesting that the reason women who occupy the same area tend to synchronize menstrual cycles, is because of minute traces of body pheromones. Rarely are these odiferous molecules consciously detectable, yet they are registered by our olfactory system and trigger real physiological processes. Many odour molecules in animals and insects are similar, or the same, as those in plants.

- Many essential oils have powerful antibacterial and antifungal actions, however, for major infections one must have a good knowledge because essential oils vary dramatically in these actions. That's not to say that if you have a secondary bacterial lung infection following flu, that you need a good knowledge to use essential oils, you don't. Several common oils like lavender and tea tree in some warm water and the vapours inhaled, are excellent simple home remedies for soothing bronchial tract infections.

Yet despite the above facts, many doctors and scientists continue to claim aromatherapy is all placebo and no physical actions are possible. These idiots need to think a little before they speak!

Clearly, the sense of smell has growing importance. However, there is also an increasing body of knowledge showing that the aromatic constituents of essential oils are absorbed into the blood stream via the respiratory tract. Therefore, a dual effect looks highly likely as follows:

- 1) A pharmacological action by the absorption of aromatic chemicals via the respiratory tract.
- 2) An indirect, yet powerful effect on the brain via olfactory perception.

It may be seen therefore, that whether an essential oil is partly synthetic may not matter as far as olfactory perception is concerned. However, if there is also a pharmacological action via inhalation, then it is unwise to introduce to the body significant amounts of impure fragrance chemicals. The issue of impurities in synthetic fragrance chemicals cannot be overestimated. The chemicals used to compound perfumes are often only 'laboratory grade' and contain significant impurities. It is partly because of those impurities, that expert analysts can tell if an essential oil has been adulterated. We should also not forget that the volumes of these impurities may be only 1-2%, **but dioxins are hazardous in parts per billion**.

WHEN ESSENTIAL OILS ARE APPLIED IN MASSAGE WE HAVE A NUMBER OF BENEFICIAL EFFECTS:

1) The physical effects of massage has proven benefits:

- This is known to change levels of endorphins - our natural painkillers.
- Hormone levels have been shown to change.
- The blood is diluted slightly because of the lymphatic drainage effect.
- Muscles respond to the physical effects, and muscle spasms are prevented.
- Poor peripheral circulation is improved.

- Touch sensors in the skin are affected and these pass messages to the brain.
- Body energy flows may be stimulated in a similar manner to acupuncture.

2) Essential oils used with the massage:

- Increases the heat in the superficial layers of the skin. This is invaluable when treating muscle stiffness, joint pains and sluggish circulation.
- The fragrance of essential oils has a powerful effect on the brains emotional centres.
- The inhaled oil vapours have pharmacological effects such as: helping ease breathing; acting as respiratory tract antiseptics; and other beneficial effects.

3) The placebo effect:

This seems to be triggered much better with aromatherapy than with many other forms of treatment. The placebo effect is our most powerful inbuilt healing mechanism. It is so powerful that it can enable the body to cure itself of serious illnesses. Unfortunately, in complementary medicine the placebo effect tends to be looked on as a dirty word, rather than being recognised as our most potent healing mechanism.

Summary: Aromatherapy combined with massage, brings together several healing modalities for maximum therapeutic effect. The brain is bombarded with a mass of different signals from different sources. It brings a sense of being cared for and pampered which few other forms of treatment can approach. The use of essential oils is a vital part of the package.

The great benefit of essential oils is that almost anyone can use them. Highly beneficial results can be obtained from self-use of essential oils. Only a few oils are that dangerous in unskilled hands. Indeed many aromatherapy writers are guilty of leading the public towards the self-use of some of our most dangerous essential oils. Therefore, placing all your faith in so called 'professional aromatherapists' can be misguided. A few schools are good, but the majority are very poor indeed.

Essential oils do have many pharmacological actions. Many are antibacterial and antifungal in lab tests, and some in tests on humans. Some may be anti viral although that is far from proven in humans. Several essential oils are powerful anti-inflammatory agents. The internal use of essential oils can bring in another whole raft of pharmacological actions. However, this method of use is not generally advisable. Several essential oils still appear in national pharmacopoeias as medicinal agents. Eucalyptus and peppermint are the best examples.

HOW AROMATHERAPY DOES NOT WORK.

There is no sound evidence for the hypothesis that essential oils work by being absorbed through the skin, and thereby into the bloodstream. Indeed all the evidence points in the other direction which is that human skin presents an effective barrier to most whole essential oils.

It does not work because essential oils represent the 'life force of the plant'. This is poetic nonsense. Most essential oils are **cobbed** similar to foods, and therefore it is no different to saying your cabbage, potatoes, etc. when cooked contain life force. In addition, essential oils are only a limited representation of the therapeutic compounds that occur in plants. The water-soluble components of plants, which can contain potent drugs, do not appear in the plants essential oil.

The 'spirituality' ideas are often used by aromatherapy teachers as a mechanism to cover up their fundamental lack of knowledge on essential oils and how they work. When they introduce such ideas as an explanation for how the oils work, it is difficult to ascertain the origin of their concepts as they are often an uneducated mess of a variety of religious and philosophical belief systems.

[Back to article start](#)

[Back to index](#)

THE GROSS ERRORS IN AROMATHERAPY TEACHING in two parts

By Martin Watt

Published on the IDMA aromatherapy Internet newsgroup-years ago.

See also: IATA conference lecture by Martin Watt, which contains additional information on these issues.

There are major problems with the course notes sent to me below.

1. The confusion of teachers and authors between the therapeutic activities of the herbal extract compared to the essential oil.
2. The highly misleading, inaccurate and sometimes dangerous, generalisations of therapeutic activity based on single chemicals occurring in essential oils.
3. Most of these errors are also widely disseminated in the USA and Canada. I may be going over some old ground covered in previous articles, but when I see the same mistakes continuing to be taught, perhaps it is necessary to re-emphasise some points for the benefit of new readers.

The first page below contains extracts from the course notes of a well known figure in the UK aromatherapy trade who also served on standard setting committees! This is the same person referred to in another article who was making illegal medicinal claims in sales literature for her oils. The second page is compilations from commonly made claims by numerous aromatherapy teachers and authors. So much for the knowledge of leading trade teachers!

KEY:
Bold text are her claims.
Ordinary text my comments.
Red illegal and dangerous.

Page 1

CYPRESS OIL.

"low blood pressure; poor circulation; varicose veins and haemorrhoids; urinary problems and cellulite. It is diuretic excessive fluids in the body associated with edema and rheumatism."

Note: ALL of these actions could only be achieved via the use of the herbal extract. Since most essential oils increase capillary circulation, then the external application to varicose veins is more likely to cause irritation, rather than astringing them. On the other hand, the application of a herbal lotion containing tannins and other compounds **not occurring in an essential oil**, may have a cooling and astringent effect on the skin. Cypress oil for haemorrhoids may have a mild antiseptic and healing effect, but the traditional use was the application of a water-based solution, NOT the essential oil.

"Cypress to reduce excessive sweating".
How can it do that if a known warming effect on the skin of the oil does the reverse? Again a total corruption of the use of the herbal extract.

EUCALYPTUS RADIATA AND RAVENSARA.

"Good for HIV and AIDS".

There is no evidence that these oils can do anything in the body for these conditions. Both oils have not undergone any internationally acceptable testing for potential adverse effects. It is therefore unwise to use such substances on human skin and extremely unethical to use them internally.

FENNEL.
"Reduces obesity, water retention, urinary-tract problems, indigestion and babies' colic. Its oestrogen-like hormonal properties increase mother's milk".

To even suggest that the external application of fennel OIL can reduce obesity is ludicrous. The oil was not traditionally used for that problem. Any references in traditional medicine are to the internal consumption of either the seed or a herbal tea. Effects on the urinary tract resulting from the internal use of the oil are from causing irritation of the kidneys. The estrogenic effects of trans-anethol are still open to debate within the scientific community. It looks increasingly likely that it does not have this effect.

We must look at the traditional uses of this plant to find where all this nonsense has come from. The whole SEED is what was used traditionally to increase mothers milk. Seeds of course contain many nutrients in a highly concentrated form, ideal for helping mother to produce good quality milk. The seed may also contain other water-soluble substances that may affect the hormone system. Such chemicals may not occur in the essential oil.

MELALEUCA VIRIDIFLORA (quinquenervia) NIAOULI.

Useful for "coronary, endocarditis, viral hepatitis, gastro and duodenal ulcers, biliary lithiasis, cholera, tuberculosis, cancer of the rectum"??

It is **outrageous** that a leading aromatherapy figure should teach such utter nonsense to unsuspecting students. So, for those who can't work it out for themselves, I will go through this list below:

Coronary and endocarditis.
These are severe inflammatory conditions and **life threatening**. There is no evidence that externally applied niaouli oil can affect these conditions. More importantly, if someone was suffering such a condition they are likely to be in hospital and no aromatherapist would be allowed to treat it.

Viral hepatitis.
A very nasty illness and also potentially life threatening. What on Earth is Niaouli oil supposed to do? I have never seen any research papers proving niaouli oil to be an effective virocidic in-vivo. Most such information comes from obscure and unreferenced publications, and convincing **con artist teachers from France**.

Duodenal ulcers.
What on Earth is the external application of oil of niaouli going to do for that? Since it is now known that most gastric ulcers are caused by helicobacter pylori, the oil would need to be given internally to have any effect. I have not seen any data showing tests on this organism using niaouli oil.

Biliary lithiasis.
The suggestion that the external application of an essential oil is going to dissolve stones is just preposterous. Massage over such an organ is strongly contraindicated, because the potential exists to move the stone and impact it into the wall of the gall bladder. **This is quack medicine**.

Cholera.
I am not aware of niaouli oil having been proven effective in-vivo. We must always be most cautious in assuming that tests conducted in petrie dishes will have similar effects in humans. This is a serious infection and foolish (illegal in some countries) for anyone other than a registered doctor to treat it.

Tuberculosis.
I am not aware of niaouli oil having been proven effective in-vivo. This is a very serious infection and foolish (illegal in some countries) for anyone other than a registered doctor to treat it.

Cancer of the rectum.
This sort of dangerous nonsense is just what gets aromatherapy looked on as "quack medicine" by the mainstream medical profession. I could not believe my eyes when I saw this, I have seen some rubbish in aromatherapy course notes, but this really tops them all. This is **quack medicine and from someone who has taught nurses on her lousy courses!**

Some more from the same source:

ROSEWOOD.

The native South American tribes have no known use for this essential oil. This means that ALL the aromatic data hails from European practitioners. They largely based their therapeutic properties on the fact that the oil contains a lot of linalool. Since the isomers of linalool differ between species, one cannot possibly make a sound therapeutic judgement based on the occurrence of that chemical in an essential oil.

Various species of rosewood are on endangered species lists. Products from these protected species are banned under International trade agreements. Therefore, the importation of genuine rosewood oil may be illegal. Most rosewood oil is either synthetic linalool, or oil derived from the LEAVES of these trees. In which case it is a misleading trade description because a WOOD oil, can not be the same as a LEAF oil. See other articles on Rosewood on this site.

YARROW.
No varieties of yarrow oil have been adequately tested to ascertain if they are safe or not. Since fresh yarrow herb is a well-documented skin sensitiser, the potential for skin sensitisation for the essential oil can not be ruled out. Most of the claimed therapeutic effects are those of the herbal extract NOT THE OIL. Anti-inflammatory effects are those attributed to the azulene's in some oils. However, certain chemotypes of yarrow contain no azulene's (the clear oils). Even if the blue oil is used, the fact that one component may be anti-inflammatory is useless if the oil also contains low levels of sensitising agents. These sensitising chemicals can be so powerful, that they may overcome the anti-inflammatory effects of the azulene's.

"Ketones are known to be abortifacient".
There are no essential oils which can be legally purchased in Europe that are "known to be abortifacient". See article on Pennyroyal.

Some other therapeutic claims from various sources:

Anaemia.

Yes some aromatherapy teachers still say essential oils can treat this condition. Many plant medicines and foods contain high levels of iron as well as other chemicals that may influence the production or oxygen carrying capacity of red blood cells. However, these substances tend to be water-soluble and do not occur in essential oils. The suggestion that such a serious condition as anaemia can be influenced by the external or internal use of essential oils is appalling. **It could lead to life threatening illness** caused by ineffective treatments. Such a suggestion is beyond belief and defies all medical science as well as most traditional medicine knowledge.

Blood pressure high/low.

Since most aromatherapy course providers and authors have never been taught how to take blood pressure, how do they know what effects these oils may have? A group of nurses I trained in aromatherapy some years ago took the blood pressures of their clients before and after an aromatherapy massage. The tendency was a slight (3-4 mm) transient drop in pressure no matter which essential oils were used. This effect was probably as the result of the C.N.S. relaxation caused by the treatment. No increase in pressure was detectable due to the unloading of lymphatic fluid into the circulation from the massage.

Conjunctivitis.

"Eucalyptus species, lemon, melissa, myrtle in an eye ointment".
The suggested oils for this condition are very hazardous. **Such oils would cause very severe inflammation and pain if they got into the eyes.**

Diabetes.
Suggested oils-eucalyptus ssp, fennel, geranium, juniper, lemon, salvia lavandulaefolia.
Does anyone seriously believe that aromatherapy can cure or even relieve this condition? Once again a **serious medical condition** that aromatherapists should not attempt to treat without a registered doctors back-up. These claims on diabetes are more commonly seen in the US & Canadian aromatherapy scene.

Hepatitis.
Many plants used as herbal extracts have been used for this condition. However, there is not a scrap of evidence, traditional or otherwise, that the same plants essential oil applied externally can have the slightest effect.

Lymphatic congestion.
Since there is no sound evidence that externally applied essential oils can reach the lymphatic system, then how can they "decongest" it? Surely, it is the **massage** that does that, not the essential oils used.

Sperm insufficient.
Insseed, fennel, geranium, rose".
Wow, medical discovery of the Century!! Essential oils applied externally increase sperm production do they???

Vision poor.
"Lemon, black pepper, German or Roman chamomile, fennel, hyssop, aniseed, myrtle, rosemary". Well how do you use them and how do they work? I have used all these and still need glasses. Sounds like another medical discovery of the Century, or **quackery**, you choose which!!

"Absolutes should not be used for therapeutic purposes".

In fact several floral absolutes have been extensively tested on humans for adverse effects and are passed as safe if used in the appropriate amounts. Several absolutes are permitted food additives under EEC, FDA & WHO regulations. Solvent residues are subject to International regulations, and these levels are only a few parts per million if for food use. Therefore, the use on the skin in aromatherapy is perfectly safe, provided the maximum levels recommended by the **IFRA** (standards tab) are not exceeded. As absolutes are cold processed, they represent the perfume found in the living plant much more closely than the equivalent distilled essential oil.

"Distillation was invented in the 13th Century, or by Avicenna"

Wrong-in fact Al Kindi an Arab physician circa 870 AD writes extensively in his 'Medical Formulary' & 'Book on the Chemistry and Distillation of Perfumes' about essential oils and distillation. His knowledge of the techniques would appear to be of even more ancient origin.

"Fennel, peppermint and rosemary should not be used in pregnancy".
This statement is ridiculous, they are all permitted food flavours. Peppermint is of course widely used in confectionery and many other products. The volume of oil getting into the body from an aromatherapy treatment will be far lower than from that in numerous foods and drinks. For example, if this theory were followed then a pregnant mother must not eat curries while pregnant. Strange that those Nations whose prime diet is curry and spiced foods seem to be overrun with children!

Traditional Chinese and astrological attributes.

Several Herbs in some books & notes are given therapeutic and energetic properties based on Chinese traditional medicine, or astrological factors. However, when one looks in detail at the Herb's, surprising one finds that **some were unknown to the Ancient Chinese practitioners**. Therefore, any actions such as "regulates Liver-Qi-clears heat" cannot be of Chinese origin but are Western inventions based on a weak understanding of Ancient Chinese astrology.

Herbs such as eucalyptus were unknown to the Ancient civilisations in the Northern Hemisphere. It was mainly their observations over thousands of years, which resulted in astrologically based attributes given to plants. Any planetary signs given to plants unknown in the civilisations referred to, have been 'invented' in recent times by western practitioners and therefore have no historical basis whatsoever.

Summary: Some people will be aware that I have been saying for a long time that quality of education within aromatherapy is a lottery. And that membership of certain trade associations who claim to 'set standards' in reality is no evidence of educational quality at all. I thought until I acquired the material mentioned above, that I had enough evidence. However, now I have a new stack to justify my claims that some appallingly dangerous and highly misleading trash is being taught and by so called 'leading lights'.

People often say "well if you don't like what is being taught, why don't you work with these people to improve things". My reply is "me work with criminally incompetent con-merchants, you must be joking". **My definition of a con-merchant:** Someone who makes money by selling low quality, phony or dangerous goods and services, or giving the impression that they have a good knowledge of their subject when in fact it is very weak. People in the health care business that do this should be jailed for fraud.

[Back to article start](#)

[Back to index](#)

ESSENTIAL OILS THEIR LACK OF SKIN ABSORPTION, BUT EFFECTIVENESS VIA INHALATION

By Martin Watt

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Note: An extra article has been added [at the foot](#) of this one.

Introduction:

I am concerned that people do not misconstrue my articles as indicating that I don't think aromatherapy works. This is far from the truth as I wholeheartedly agree the therapy can have wonderful healing benefits. However, I am certain some of the traditionally held views on how it works are very misleading.

Please also take note of the original date of this article. In the intervening years I had only heard of a handful of research projects where adequate methods have been used to prevent the inhalation of the oil vapours. In 2021 I have still seen nothing to convince me that aromatherapy has got anything to do with the skin absorption of essential oils. Where a few so called 'essential oils' such as birch and wintergreen are known to be absorbed, they also present toxicological and immunological problems.

Beware of many scientific research papers where they cite some of the references mentioned here as evidence of skin absorption, in particular #10 below. That is a sure sign of one of the numerous papers written by trawling up references from the internet without bothering to check their relevance. Frequently this is a sign of University students preparing a thesis without really knowing the subject or caring as long as it gets them a degree or fame.

Aromatherapy can be a potent tool for:

- Unlocking the brains inhibition of normal bodily processes caused by various emotional factors.
- It is excellent for giving relief from many musculo-skeletal ailments.
- Essential oils can achieve spectacular results when treating some types of skin damage and infections.

However, much confusion and misinformation exists about two relatively separate forms of treatment:

1. Massage.
2. The use of aromatic oils with or without massage.

Therapeutic activity

Some of the essential oils used in aromatherapy do have well-documented therapeutic actions. However, many of the oils for which aromatherapists claim physiological medical activity, in fact possess no recorded historical medicinal actions. Oils such as: Moroccan chamomile, citronella, clary sage, geranium, rosewood, vetiver and ylang were originally produced solely for the perfumery and fragrance trades.

On the other hand, certain oils such as aniseed, cubeb, dill, fennel, peppermint, rose, sandalwood, etc. have been used over several hundred years for a variety of ailments. However, such oils were mainly used internally as medicinal agents. The majority of reports within aromatherapy about the therapeutic activity of these oils are based on information gleaned from the oral consumption of herbal remedies which differ a lot from essential oils.

Most aromatherapists claim explicit physical effects after massaging with oils, for example: "Fennel is diuretic," "Geranium regulates the hormonal system," "Grapefruit is good for cellulite." However, **none of these effects have been proven when these oils are applied to the skin during massage.**

One example of the misleading hype is found with fennel oil. It is well known for producing an increase in urine output when it is taken as a medicine. However, when the volume of fennel oil used in the average massage is applied, it is doubtful that enough can be absorbed through the skin to elicit any such diuretic action. If very large amounts are used on the skin, or it is occluded - such as with compresses - or the essential oil is used in hot humid environments, then I am prepared to accept some oil may get into the subcutaneous tissues. Diuresis has though been proven to occur following ordinary massage without the use of any essential oils. (1)

I believe the actions of essential oils used in aromatherapy are:

1. The psychotherapeutic effects of the oils on the olfactory system and the brain.

2. The absorption into the circulation of some of the oils constituent chemicals via the nasal membranes and lungs.

3. For muscular problems; if much higher percentages of essential oil than are normally used in massage are 'rubbed in' or applied on compresses.

4. Damaged skin can often benefit from using 'healing' essential and fixed oils. This form of treatment may not be strictly 'aromatherapy', but it is closely allied. This is because the essential oils can have a **direct** pharmacological action on damaged tissues, as well as **indirect** beneficial effects on the mind if the aroma is perceived as pleasant.

The effects of essential oils on the brain via the olfactory system:

This is the basis on which the perfumery trade functions, and is the way I believe most aromatherapy works. The fragrance trades have sponsored substantial research on the psychological effects of aromatic substances. It has been clearly demonstrated in animals and humans that brain wave patterns are affected to quite a remarkable degree when aromatic vapours are inhaled. It has even been shown that brain wave patterns are altered, when human subjects inhaled aromatic vapours at such a low level that they said: "they could not smell the substance that was being administered." This experiment in particular clearly demonstrates that the human sense of smell is much more acute than it is normally credited with.

Perfume manufacturers have based their business around the effects that certain perfumes can have on the emotional state of both the wearer and people they come into contact with. Therefore, businesses that worldwide are worth billions of dollars, are largely based on the psychological and emotional effects of fragrance. It is therefore somewhat peculiar that this most important aspect of the use of fragrant plant oils, is not the linchpin of aromatherapy. Rather, most courses insist on dogmatically sticking to the hypothesis that the oils achieve a pharmacological effect by being absorbed through the skin and into the circulation - a fundamentally flawed concept

Skin absorption of essential oils:

I remain extremely sceptical that this is a route by which significant volumes of most essential oils can enter the body. After years of looking at so called 'scientific' research, I have failed to find one trial where the methodology used has been adequate (2). Generally researchers have taken no precautions to prevent the inhalation of the volatile molecules. This is the critically important area that I have found time and time again being overlooked by researchers. They always fail to understand the fundamental nature of most essential oils, which is that they are **extremely volatile** substances. As such, they quickly find their way into the respiratory tract epithelium and thence to the bloodstream.

Currently a lot of **theoretical skin biology** is being taught in aromatherapy courses. Most tuition is based on theoretical models of how essential oils may be metabolised once they have gained access to the layers of skin where enzymatic reactions are known to occur. As a small number of drugs are now administered in the form of skin patches, this is promoted as being "conclusive evidence" that essential oils are freely absorbed in a similar manner. Yet, even hormone patches require the solution of the hormones in alcohol or other solvents in order to permit their absorption.

Scientific references supplied by various authors about 'evidence of skin absorption' frequently refer to experiments of little relevance to aromatherapy such as:

1. Individual fragrance chemicals (usually synthetic) are used - not the WHOLE oil with its hundreds of different chemicals.

2. The substance being tested has often been applied under occlusion (covered) (4), which **does** force the substance into the skin. However, this ignores the fact that when essential oils are used in massage, body heat will quickly evaporate the vast majority of the highly volatile chemicals away from the skin, thus permitting quick inhalation.

The use of a vegetable carrier oil probably makes little difference to the amount of essential oil absorbed by the skin. This is because the volatile chemicals in essential oils evaporate within seconds of application to a warm area. Also, the rate of evaporation from the skin is likely to be substantially enhanced by the heat generated by the massage. I have to remind you that even when using carrier oils you can quickly smell the essential oils used. **The mere fact that you can smell them means the vapours are gaining immediate access to the respiratory tract.**

3. Of Major importance, is the most fundamental error of all research that I have come across which is that **inadequate precautions have been taken to prevent inhalation of the essential oil vapours.** I have read all of the paper published by Rommelt et al in 1974 (5). However in the oft quoted 1974 paper, aromatherapy writers and some scientists, simply overlook the fact that **150 ml. of a Pine bark oil** was added to the bath of the subject, and no mention was made of how he breathed. It does not surprise me that he excreted a-b-pinene and camphene for several days. How on earth can anyone compare the effects of 150 mls. with the few drops of essential oils used in the average massage.

This team published a subsequent paper (10) on absorption of essential oil compounds from a bath, but this time inhibiting breathing of the vapours. They subsequently detected fragrance chemicals in the blood. However the use of essential oils in a bath is nothing like the same as their use in aromatherapy massage. In the presence of heat and more importantly humidity, the skin will absorb compounds. Again in this experiment far larger volumes of oil seem to have been used than are used in massage.

The same researchers indicated there might be some absorption of essential oils from ointments. Indeed, there may be a little absorption by this method, but I do not know if the inhalation factor was excluded in any trials. Ointments have an extremely ancient history of being used as local applications for musculo-skeletal problems, **but there is little sound data suggesting that the volume of essential oils so absorbed, can have anything other than a localised effect.**

I am not aware of any evidence suggesting that enough essential oil is left in the bloodstream to have any effects on other organs. Until experiments are conducted with the people being massaged having an air supply under pressure and from a remote source, then all these tests are unreliable. Interestingly no one in complementary medicine seems interested in sponsoring such a simple trial, I wonder why?

4. In fact, there is far more evidence to support the opposing view, which is that most essential oils are **not freely absorbed.** Human skin seems to more readily permit the absorption of a number of water soluble plant chemicals such as the nicotine anti-smoking patches - nicotine being a water soluble alkaloid unrelated to essential oils. Many National pharmacopoeias contain formulations for lotions, creams and ointments for painful conditions such as sciatica, neuralgia & arthritis based on water soluble plant alkaloids. There is however little evidence to support the theory that human skin will readily permit the passage of the lipid (fat) soluble portions of plants - barring a few exceptions. In traditional medicine we find few examples of plant oils being used for anything other than localised treatments. Fixed and volatile plant oils have always been used principally for cosmetic and skin care purposes.

Of utmost importance, is not if essential oils are absorbed into the superficial dead layers of the skin, as clearly this does occur. But, does sufficient find its way into the body via the skin to have any clinical effects? My investigations of dermatological literature have led me to the following conclusion: When a few natural chemicals in essential oils are absorbed by the skin, with a few exceptions, it is found that those same essential oils are well documented as causing adverse dermal and systemic reactions. This seems to me to indicate that many essential oils are alien to the immune system when they are taken into the body via the skin.

I offer the following evidence on skin absorption or the lack of it:

The monographs published by the **IFRA** provide the following unless indicated. There is insufficient space to give full references, but they are available in their monographs. I must add here, that even where absorption of volatile chemicals has been indicated, without exclusion of the inhalation factor the results must still remain questionable.

Note on the chemicals below: Frequently these are lab grade synthetic chemicals. Absorption tests are via the skin of animals, but of note is that human skin is far less permeable than animal skin.

CHEMICALS - ABSORBED:

Benzyl acetate, benzoic acid, camphor, d-carvone, cinnellandrene, coumarin, para-cymene, d-limonene, methyl salicylate, a-phellandrene, terpinol, a-b-pinene & camphene.

With d-limonene only 3% was absorbed in vitro across isolated human skin, while in rats the figure was 6%. (6). Note: One probably gets higher levels of d-limonene in the blood from eating orange flavoured drinks, candies, cakes, liqueurs, etc.

CHEMICALS - NOT ABSORBED:

linalool within 2 hours of application. (7) ***
d-pulegone in pennyroyal.
carvacrol in some thymes and mintzats.
eugenol, isoeugenol & methyl benzoin in clove, tuberose and ylang.
fenchone in anise, fennel & some lavenders.
geraniol in geranium & palmarosa.

WHOLE ESSENTIAL OILS - ABSORBED:

Cumin, Tansy.

WHOLE ESSENTIAL OILS - NOT ABSORBED:

Lavender (***)*see reference above on linalool), Tolu balsam oil, Copaiba balsam oil, Parsley seed, Patchouli, Pimenta berry and leaf.

The absorption of aromatic molecules via the nasal passages and lungs:

This method by which aromatic molecules in essential oils gain access to the body has been demonstrated: Rosemary oil vapours were introduced into the atmosphere of caged mice. It was shown that their blood contained a substantial proportion of one of the chemicals present in the inhaled essential oil. This proved the volatile chemicals in essential oils can gain access to the bloodstream in significant amounts if the concentration in the atmosphere is at an appreciable level. (9)

UPDATE: Since the time of writing, trials on humans have confirmed that indeed, significant volume of essential oils do gain access to the blood via the respiratory tract.

As the brain is a 'blood hungry' organ then clearly the first port of call for aromatic molecules absorbed via the olfactory epithelium is likely to be the brain. It is of course well known that certain drugs are known to act extremely quickly when they are sniffed up the nose.

CONCLUSION:

I believe it is likely that we get a complexity of effects when essential oils are inhaled:

- 1) A potential pharmacological effect via the blood supply to the brain.
- 2) An indirect effect via the olfactory nerve pathways to the brain.
- 3) The beneficial effects from the massage and the touch receptors.
- 4) The **powerful placebo effect**, caused by client therapist interactions.
- 5) Possibly, a regulation of body energy flows.

With that kind of bombardment, it's not surprising that aromatherapy can achieve such excellent results. The therapy is clearly potent at reducing the brains capacity to inhibit the body from carrying out its routine regulating and healing activities.

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- (3). Bronaugh et al. 1990. Fd. & Chem. Box. 28, (5), 369-373.
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[Back to article start](#)

[Back to index](#)

Cutaneous Absorption (or the lack of) of Essential Oils

by Sylla Sheppard Hanger and Martin Watt

This article was sent to the International Journal of Aromatherapy in April 1995 **but was never published.** It is a little dated but most points are still as valid today. At a later date, other articles by other authors, suddenly started questioning the concept of skin absorption!!

Do essential oils penetrate the skin into the bloodstream?

This is a very confusing issue in the aromatherapy literature as most sources say the skin readily absorbs essential oils into the bloodstream and this is the route by which significant volumes of oils can enter the body. They say this is not only because the skin is the largest organ, but also because some essential oils are extremely lipophilic in nature, and the molecular structure of essential oils is very small.

Research has proven the penetration ability of several drugs now administered in the form of patches, and it is assumed that essential oils are similarly absorbed. However, by investigating a wide range of dermatological literature, one can find much more evidence to support the opposite view. Whole essential oils are **not freely absorbed** and very few essential oil constituents are absorbed through the skin into the bloodstream. Most chemical constituents would be absorbed into the circulation in reasonably significant amounts via nasal membranes and lungs if the concentration in the atmosphere is at an appreciable level.

Human skin has developed as a highly effective barrier. Little evidence shows, with a few exceptions, that the skin will readily admit lipid soluble portions of plants. Almost without exception (an exception may be camphor), the small number of natural chemicals present in essential oils which are slightly absorbed by the skin, are also well documented as causing adverse dermal reactions. This would seem to indicate that a wide range of essential oils are **alien to the immune system when taken into the body via the skin.** Nevertheless, the important question remains whether sufficient quantities enter the body through the skin to have any beneficial pharmacological effects. And, yes, in spite of this, aromatherapy still works! It is just the method it is assumed it works by is not correct. Certainly it works symptomatically by external application on superficial skin layers (i.e., as antiseptic, anti-inflammatory, etc.) and more importantly in some cases, via the mind.

Based on theoretical models of how the skin is constructed and of how it should work, it is assumed that essential oils can pass through this tough barrier. Yet, skin absorption of whole essential oils has not been definitely shown. It is assumed, at least in theory that substances with low molecular weight will penetrate the skin. Essential oils and their naturally occurring constituents are mostly below 1000 m (m = molecular weight). It is also said that "due to their lipophilic nature", some essential oils and vegetable oils have an affinity to the skin, thereby allowing their passage into the bloodstream. It is also said that "due to this lipophilic nature, essential oils are soluble in fat and some fat-dissolving oils (high in ketones) are said to be able to dissolve the myelin sheath around nerves promoting "neuro" toxicity".

First of all, if essential oils managed to get into living cells in sufficient quantity to dissolve the fat then it would certainly also kill the cell(s). The advent of putting a drop of thuja on chicken fat and seeing it dissolve (as testified by some) is not considered "proof" and cannot at all be compared to use in aromatherapy (at least any more than watching a drop of lavender eat a hole in a styrofoam cup.

Citing patch medications and garlic applied to the feet (then detecting on breath) is also incorrect as evidence of penetration through the skin. Application of occluded concentrated chemicals cannot be compared to essential oil application in aromatherapy. And garlic has a chemical composition totally different to any other essential oil. Because of its fantastic volatility, inhalation is impossible to avoid (most people have to leave the room when a bottle is opened). Yes the oil gets in the body, but by being inhaled and then excreted on the breath for hours afterwards. In spite of all this, there remains no substantial evidence of whole essential oils having been detected in the bloodstream in clinically active amounts following skin application.

Secondly, we use carrier oils for skin application; the molecules of vegetable oils are much larger than essential oils, and in spite of their lipophilic nature, are also unable to pass through the skin (1). The theoretical model advocated is that skin is relatively permeable to fat soluble molecules and impermeable to water and salts; and because cell membranes have a lipid bilayer, it seems possible that fat soluble molecules can pass through. However, most vegetable oils (including essential oils contained within them) have been found to reside in the outer dead layer of skin without penetrating into the bloodstream. In addition, viscosity or degree of saturation of the vegetable oil plays a part in ability of penetration. Almond and olive oil were shown to penetrate the outer skin layer slowly (mono-unsaturates) in abdominal guinea pig skin, while linseed, rich in polyunsaturates, penetrated rapidly. Because of this fact, the external emollient qualities of vegetable oils cannot be denied, therefore they are highly suitable as carriers for essential oils.

What does penetrate the skin?

Because sensitisation reactions have been experienced, it seems some components of essential oils must pass into the skin. However, it is very difficult to find substantial scientific evidence that the absorption is of pharmacological significance (i.e., the amount absorbed causing systemic reactions such as diuretic). The whole oil does not appear to be absorbed into circulation through the skin at all. The main reference sources cited as evidence that skin absorption occurs have several areas of uncertainty that cannot be denied.

Certain constituents (i.e., a-pinene, camphene) are both absorbed in possibly significant amounts, as shown in tests with pine oil in a hot bath (combined with heat and humidity) and using a nose clip to avoid nasal inhalation. Both chemicals were found to be excreted in the urine for up to twenty-four hours later.(2). However, this experiment in a hot tub cannot be equated with an aromatherapy massage.

Benzoic acid (benzoin) is well known to be readily absorbed and has been used to test variability of absorption over the body. Inner forearms and back were found to be the best sites.

Benzyl acetate (jasmimine) has been recovered from urine 24 hours after neat application and both jasmine absolute and synthetic jasmine have been shown to produce irritation reactions. Benzyl benzoate (ylang ylang) and benzyl alcohol (up to 30% of Peru balsam) were absorbed within 24 hours.

Cinnamic alcohol (cinnamon leaf & benzoin), cinnamic acid (cinnamon bark), both severe sensitising agents, and saffrole (sassafras), a carcinogen, are also absorbed. Cinnamic aldehyde (cassia, cinnamon bark) was absorbed well following neat application and is not advised due to strong sensitising potential.

Methyl salicylate (sweet birch, wintergreen) is also freely absorbed, especially in the presence of water. The ease of absorption of the above constituents may be why they are irritants or sensitisers. However only a few molecules are required to trigger a sensitisation reaction.

Many of the skin permeability tests used occluded (covered) isolated concentrated synthetic aroma chemicals as the prototype for essential oils,(3) which cannot compare to the whole essential oil. And no studies found on skin absorption used a mask to prevent absorption into the bloodstream from breathing the volatile components in through the lungs; and with the exception of the pine oil bath test cited above (which inhibited nasal breathing and fails to state how the person breathed as there was no mention of oxygen apparatus in the methodology).

Some of the dermatological tests may be unreliable when compared to humans as they were unfortunately conducted on animals. Animal skin absorbs chemicals more readily than human skin.(3). Tests in vitro on isolated chemicals mentioned previously are unreliable when compared to the whole oil, and when compared to in vivo situation; however, care should be taken when using oils, which contain these chemicals in significant quantities.

In vitro studies on human (breast tissue, foreskin) and animal skin showed benzyl acetate was rapidly absorbed, creating a reservoir in upper dead cell layer. (4). This indicates that a major proportion of essential oils applied to skin may leave by evaporation, rather than passage through. Ethyl alcohol, a major part of perfumes, enhances percutaneous absorption and a recent study showed 75% of fragrance was absorbed through the skin when occluded (covered) regardless of the fragrance, as opposed to uncovered.

Testing with the whole oil (lavender) diluted (2%) and applied to human skin, still only showed a few individual chemicals (linalool and linalyl acetate) in the bloodstream. The test methodology did not indicate any other amounts detected or if other constituents were even tested for. (5). Again, no breathing apparatus was used to prevent lung absorption, thereby, not satisfying the question of skin absorption of whole essential oils. Note: Since writing a similar test was done using a single chemical and breathing apparatus. The volume of chemical in the bloodstream was of no pharmacological significance when related to the volume an aromatherapist would use in a massage.

In addition, because the skin is an important site of metabolism of drugs and solvents, essential oils may be changed before the permeable constituents can enter. Essential oils may undergo molecular transformation by skin enzymes (P450's). Benzyl acetate (jasmine) is broken down very effectively by esterase enzymes in the skin.

Increasing the permeability of the skin is possible and can be achieved by several means. It must be remembered that increased permeability can also mean increased irritation and sensitisation with any essential oil. Hypersensitive or atopic persons, (i.e., those suffering from hayfever, allergic rhinitis, eczema, asthma, wool or animal intolerance, or a family history of any of these) require greater caution. Caution is needed with irritating or sensitising oils when any of the following factors are present.

The following have been shown to increase permeability of the skin.
Temperature: skin (hence caution during or after exercise or sauna)
Therapy room
Therapists hands
Bath water
Humidity: presence of water - after soaking for a while the normally water-resistant skin becomes hydrated, thus more permeable.
Addition of detergent, soaps and solvents have been shown to increase permeability.
Damaged or abraded skin absorbs easier thus irritation and sensitisation reactions are possible (i.e., eczema, psoriasis, wounds).
Occlusion: covering the area aids penetration by preventing evaporation.

SUMMARY

It still remains to be shown that whole essential oils penetrate through the skin into the bloodstream, especially in any significant amounts, although single constituents may. Therefore, the statement that "whole essential oils pass into the bloodstream through the skin" is incorrect. They do enter the bloodstream very quickly through respiration, if the amount in the air is appreciable, therefore appearing in blood or urine. However, in the few constituents that may penetrate, besides being mostly irritant and sensitising, the amounts received in aromatherapy massage or needed to cause systemic pharmacological actions remains to be determined. It may be, therefore, that many of the actions claimed for essential oils may be due to inhalation, or to unreliable extrapolation of the internal ingestion (of oil or herbal extract) and may not apply to amounts absorbed through skin application. The question of VOLUME of oil or its constituent chemicals getting into the bloodstream via the skin is of critical importance because most people take in far more essential oils in food and drink.

Just because whole essential oils may not be absorbed via skin into the bloodstream creating a systemic reaction, does NOT mean beneficial skin effects and certainly the mental effects (relaxation) are very much possible with essential oil treatments. Skin treatments affect the external layers where many problems are found. The antimicrobial and anti-inflammatory properties, as well as others, have proven essential oils remain quite efficient at treating many minor complaints. And the relaxing mental effects produced from the joy of using a pleasing fragrance will never be denied.

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HOW TO SPOT HYPE AND CON ARTISTS IN AROMATHERAPY

By Martin Watt

A lecture written for a NAHA conference that ultimately I refused to attend. The following is a review of the misleading information endemic within aromatherapy.

All my efforts over the years have been targeted at trying to introduce truth into the trade. Unfortunately, there are many people who simply cannot tolerate truth. They are the ones who claw their way to influential positions of power where they actively suppress any dissent in the ranks. **These are the people that most of you support**, therefore my influence has had to be as a rat scurrying around nipping their toes from time to time. Which I should add I take the greatest delight in.

In the following, you will read some of the harshest condemnations of aromatherapy training and quality standards that has ever been publicly voiced. At the end of it you may get the impression that I think aromatherapy is a load of hyped up rubbish and has no use. Please, let me correct that before I start. I think aromatherapy is a wonderful healing therapy and for certain conditions there is no other therapy that is as effective. However, it is crammed to bursting with unjustifiable hype, as well as a good number of liars, cheats and even a few criminals.

Some historical facts which lead us onto examining how this trade has developed.

1. Aromatherapy as practised now, is a NEW therapy (around 30 years old), I emphasize **new** before someone says what about the ancient Egyptians? As far as we know they did not have distilled essential oils, or the highly concentrated aromatic extracts that are now used. Therefore, most of the material published in aromatherapy books is not based on a therapy that has any significant roots unlike herbal medicine.
2. The vast majority of the early writers on aromatherapy had little sound knowledge of the sciences or technical issues surrounding the manufacture and use of plant based medicines.
3. Few of those early authors had received any training in the medical sciences.
4. Very few - if any - had received any sound training in herbal medicine.
5. Several early authors were closely associated with the beauty therapy trade.
6. When ones studies the works of the early authors, the trained eye can quickly spot the numerous errors they make. This is particularly noticeable in relation to phytochemistry and the claimed therapeutic properties. The only early author in our trade I have any respect for is Gatefosse. However, even his book requires quite a good knowledge of essential oils chemistry to realise that most of the time he was using terpenelose oils, not the whole oil as most people think.

In reality, it is the beauty therapy trade that underlies much of aromatherapy teachings to this day. This means that the beauty trade, which is and has always been, packed to bursting with hype and lies, has placed a huge burden on aromatherapy.

Numerous expert dermatologists have stated that a cheap pot of cold cream is just as effective for moisturising the skin as a pot costing a small fortune. Yet, people still insist on purchasing the most expensive product. In other words, **most people like to live in a fantasy world.** That is what the beauty therapy, cosmetics and perfume trade panders to, as do many suppliers and educators in aromatherapy. They tell people what they know they want to hear **not the truth.** In other words, "tell them it will take 40 years off the age of their skin and we will make a bomb". Because of the beauty trade background of aromatherapy, that type of attitude is what pervades our therapy like an invasive, seemingly unstoppable cancer.

You people have been told a pack of lies by many authors and particularly the suppliers of your raw materials. Nowadays lies are called "good marketing". Sorry, but in my philosophy of life, lies are lies.

Now we must again look at the beauty trade. If you are told a particular product or treatment will make your skin look younger and it does not, OK it's a lie, but it will not cause you much harm other than to your pocket. We should never ever forget that aromatherapy is targeted at treating **health problems.** In my opinion, it is dishonest to suggest that certain essential oils can cure medical conditions, when there is not a hope of them doing what is claimed.

This kind of dishonesty is endemic in the aromatherapy trade. Sometimes it is just slightly misleading, but in other cases, it is criminally dishonest.

I can back everything I say, because for years, I have been collecting the course notes of some of the biggest names in the trade and some of the claims made are simply horrifying.

From the course of a leading figure present at this conference:
"Aldehydes are anti-inflammatory".

This generalisation is a potentially dangerous statement. While some aldehydes may have this property, certainly not all of them do. There are hundreds of aldehydes with widely differing properties. For example, cinnamic aldehyde in cinnamon bark oil is a powerful irritant and sensitising agent. Therefore, it can not possibly be considered anti-inflammatory.

From the course notes of a well known (in aromatherapy), French doctor:

"Alcohol's do not irritate the skin".

A far too general statement. What is important is which alcohol and in which essential oil. Cinnamic alcohol can be a very potent irritant, so how the heck can it be classed as non-irritant?

"Eucalyptol is well tolerated by the skin".

This chemical has only been tested on humans at up to 16%, it occurs at extremely high levels in common eucalyptus oils, and yet this writer advocates later in his notes the use of the **neat oil.** The variety E. smithii which he recommends; has not been subjected to any formal testing on humans for any adverse effects.

CINNAMON BARK OIL: The daily dose of oil recommended **rectally** in 'gellules' is equal to 1600 mg. this is equivalent to approx. 1440 mg. of Cinnamaldehyde.

The World Health Organisation recommends the average daily intake(A.D.I) for Cinnamaldehyde should not exceed 0.7mg./kg. For an average 70 kg. man this would equate to 49 mg. maximum daily. Martindales pharmacopoeia recommends a maximum dose of the oil as 200 mg. If given 3 times a day, this equals 600 mg.

Therefore, if this advice were followed of 1-200mg. administered up to 8 times daily, this would give a maximum daily dose of 1600 mg. of oil **equivalent to 29 times the maximum recommended safe level of the W.H.O. or 2.6 time higher than the maximum recommended dose in Martindale.**

HOW TO SPOT SOME OF THE CONS:

"I am a qualified nurse"

Many of you and the public, seem to think that this means the individual concerned must be extremely knowledgeable about medicine and aromatherapy. Not so, there are huge variations around the world in nurses training. I have even known people, who when it was checked, had only been ward assistants and had no nursing training at all. There are various grades of 'nurse'. Some of the lower grades involves very little training in the medical sciences, while at the top end you get nurse practitioners who are as competent as doctors. Which leads on nicely to:

"I am a doctor".

You should always ask a doctor of what? In aromatherapy, we have several people who use the title doctor, to give people the impression that they are medically qualified. Are they a doctor of industrial chemistry, I know of at least three leading names in our trade that are just that. Are they a doctor of philosophy, religion, politics, **or indeed have they any such qualification.** Yes, there are some leading figures in our trade that obtained a doctorate by attending a course for a few days in Sri Lanka which had nothing to do with aromatherapy.

Let's say for arguments sake that the individual did train as a medical doctor at some stage. Fine, at least they should have a knowledge of medicine, but that certainly does not mean they have an adequate knowledge of essential oils. In that regard, there are some well-known names in France whose course notes and writings indicate an appallingly inadequate knowledge of safety. The same individuals also clearly have not got a sound understanding of the chemistry of essential oils, or a sound knowledge of a significant part of their medicinal properties.

While I am on this subject, do not be misled by those that claim aromatherapy is widely practised by medical doctors in France, this simply is not true and is just another example of aromatherapy hype. My investigations have indicated that of the few doctors in France that use essential oils, most do it in private practice, not within the French health care system and without any outside supervision.

"I have a degree in aromatherapy"

Well that's news to me. In the UK, we have a degree course in complementary therapies run by Exeter University. This course was never intended to equip students to be practitioners of any one therapy. Instead, it was an introduction to complementary health care treatments. Other Universities may be offering degrees, but the quality of the education they provide on aromatherapy is highly questionable. This is because these Universities assume people they involve themselves with in our trade know what they are talking about. Sorry, but is NOT TRUE!

So, unless you want to be fooled, (many don't seem to care), do not accept peoples qualifications on face value, especially if you want them to teach your students.

"I learnt all my knowledge from French doctors".

If the individual who says this tries to give you the impression that they are therefore extremely knowledgeable on essential oils and medicine, this is possibly a sign of a con artist, but most certainly is a sign of someone who does not have the ability to assess the worth of what they have been taught. There are many people in aromatherapy who simply regurgitate everything they have been taught without a second thought. Indeed such people comprise the vast majority of aromatherapy teachers and authors.

"We grow all our own plants and distil them".

Classic sales hype that one. Since when did sandalwood trees grow in France, or ylang trees grow in the USA, or ravensara 'wild' grown in France? I have seen this all on the literature from certain essential oil suppliers. Where are the huge fields of aromatic plants that are needed to produce commercial quantities of most oils?

"We don't grow them all ourselves, but we inspect all the people that grow the plants for us."

I have a simple answer to that, it is hype!

"All our oils come only from organically grown or wild plants".

In the majority of cases this is hype. The International essential oil trade is a massive agricultural business. In any case there is no sound evidence that such organically grown essential oils are any better than those grown on a commercial scale. In many cases they will not be of such good olfactory quality if they have been stewed in old copper stills 'on the farm'. If you want to support organic growers, that is a very fine thing to do, but please do try and get some evidence that you are not just throwing your money into a con artist suppliers pocket.

Another good indication of someone who is out to mislead is a business card which is packed with impressive looking initials. This always sets alarm bells ringing in my head. Particularly so when you can't work out what the heck they mean.

Using religion to sell products, i.e., **Young Living and Doterra:** This is about the closest you can get to the old fashioned quacks who used to roam around the USA often selling phony cures. "I am an instrument being used by god to bring you his wonderful creations". As far as I am concerned such people should be locked up and the key thrown away. I am quite sure, if Jesus came to an aromatherapy conference, he would overturn the tables of the purveyors of sham products and seize the cash made by the money grabbing con artists.

The next one is not so much how to spot a con, as how to spot someone who does not have a clue about what they are selling. It is suppliers who sell lily of the valley, apple blossom, strawberry, musk, etc. and in their literature describe them as 'essential oils'. Many of you will of course know that these are all synthetic. If the musk is real then it will cost a fortune and the trade is illegal anyway.

[Back to article start](#)

[Back to index](#)

AROMATHERAPY ASSOCIATIONS

Most aromatherapy trade associations have desperately tried to improve their public image and sphere of political influence in the UK. This has been done by proclaiming publicly "our registered therapists have to abide by stringent codes of conduct". Yet, I have assembled a small mountain of evidence on leading members of British trade associations proving beyond doubt that they set rules for others but ignore the rules themselves. This even spills over into legal issues, these individuals have the nerve to advise others on how to comply with the laws associated with our trade, and then their own companies blatantly flout the law.

"We are setting high standards of education".

Well how can they do that when so few of their teachers have got the first clue about the subjects they are teaching?

"Being a member of our association protects the public against badly trained therapists and rogue sales practices".

This is HYPE-some of the most dangerous practices I can think of are undertaken by members of most aromatherapy trade associations and many companies selling phony goods and services are also members.

The real facts are that most therapists only join these associations in order to get cheaper insurance. The vast majority do not take part in the running or the organisation which has in turn led to some unsavoury characters gaining complete control.

AROMATHERAPY BOOKS AND COURSES

Look at any course notes you had during your training. Do they contain any **references** to a reliable text like: "Kerlens chamomile is anti inflammatory", "lavender is a laxant", "tea tree kills bacteria". If you see no references to scientific papers justifying such claims, then your course provider has not bothered to spend time and money on investigating their therapy before embarking on teaching the subject. Most of the course notes I provided were fully referenced, but I have masses of course notes from many so called 'leading schools' that do not contain a single reference on such major issues as safety and therapeutics.

Likewise with books-where are the references? are the references valid?

Are you given enough information to be able to go to a library, obtain original research papers yourself, and check what you are told? In this respect, we have had several books published where extensive references are given, but when checked, we find the references have nothing to do with essential oils, but are from research conducted on herbal extracts.

Now that people are running out of ideas on books just on aromatherapy, we are beginning to see people 'inventing' new concepts attempting to unite the use of essential oils with other more ancient therapies. Yet, when we look at the authors what do we find - they have themselves trained on 'jack of all trades, master of non' courses. Take for example Chinese herbal medicine; to do the most basic training takes a minimum of two years of dedicated hard study, plus clinical experience under the supervision of highly experienced practitioners. Yet, people are writing on this subject, whose knowledge-base on both Chinese traditional medicine as well as aromatherapy is appallingly inadequate,

Many of your icons have built their reputation on a constant flow of books, which are not much better than novels. Many course providers have then constructed their courses around these books. The aromatherapy organisations then base their examinations on them.

Again look at your course notes and see if in the bibliography you have a whole string of aromatherapy books listed, rather than books published on essential and fixed oils, plant chemistry, medicine, etc.

FINALLY:

People often said to me "well if you know so much, why don't you help these organisations set better standards". The short answer is I refused to associate myself with those I knew were con artists. All I could do was keep prodding at these associations until I hoped they might purge the career con artists deeply entrenched within them. Of course that has never happened mainly due to members apathy. Instead I went my own way and offered a course that ran for many years and was based on provable facts rather than trade fantasies.

Martin Watt
To the Aromatherapy Quarterly 1998 - Not published

Dear Editor,

Currently, certain individuals in the AOC and ATCs are squealing like stuck pigs because of mine and other people's recent articles in your journal. They are even attacking Alan BARKER for publicly declaring that his project failed due to the poor quality essential oil he was unknowingly using. How dare they attack such truthful statements, have they never heard of something called freedom of speech. I have always encouraged open discussion about the important issues surrounding aromatherapy education and essential oils quality.

At last with the advent of the internet (beyond the trades censorship), are aromatherapists beginning to realise what a lot of hype and nonsense has been promoted by leading individuals in this trade. All covered up and endorsed by the trade associations of course. Rarely in the various articles I have written in publications around the world, have any of my challenges in regard to poor quality of education in aromatherapy been adequately answered by the AOC in particular.

Recently in a letter from Sylvia Baker, I have been accused of putting forward my own business interests in my articles. I think your readers should therefore be made aware of the following:

1. I have not inserted the text on my business activities in any recent articles. The text has been inserted by the editors concerned, simply to let people know what I do, as is common practice.
2. My income from my research, writing and teaching activities is so low, that I have little to lose now if the traders boycott my publications. I mention this, because I know that due to the complete failure of the associations to restrict entry to this trade, that many therapists are in a similar position to myself only making a tiny income. Indeed many of my past customers have dropped out of the trade because they cannot earn enough money to keep afloat. This is mainly due to the market continually being flooded by 'certified' therapists from the numerous rubbish courses.
3. In comparison to the above, most of the individuals running the larger companies supplying essential oils, and several of the major training schools, spend weeks and in some cases months, swanning around the world to conferences and exhibitions. Who pays for that-you the aromatherapists with your low income do. So perhaps my next article should be on the subject of the high profit margins made by selling aromatherapy products and services of doubtful quality.

See other related articles. [Back to index](#)

Herbs and Essential oils - the differences in action and the errors in aromatherapy

By Martin Watt

The following three old newsgroup articles have been put into this article because aromatherapists are still not being educated on these vital issues. Indeed leading course providers and oil suppliers continue to promote essential oils based on facts gleaned from herbal medicine.

1) Date Aug. 1998
To: aromatherapy@idma.com

Herbs v oils

Some thoughts for Lowana and others:

Where the actions of a herb do correlate with the actions of the same plants oil this is frequently following the observed effects from ORAL administration of the oil and or herb. This is where aromatherapy authors and teachers make big mistakes in assuming similar effects from external application.

The **aroma** has rarely got much to do with the major components in most oils, indeed the characteristic fragrance of essential oils is often due to compounds occurring at only a few parts per million and occasionally only a few parts per billion. Therefore if one presumes that many of the effects of aromatherapy are due to the **smell** of the essential oils and their effects on the brain, then this has little to do with the major constituents.

In addition to this, we have the classic scientific error of attributing effects and side effects to only one or two chemicals out of perhaps hundreds in a given oil or herb. This concept is fraught with error, not least of which is because new novel compounds with unknown actions are still being found in our most commonly analysed plants.

One of your examples - aniseed is a good one to look at. Aromatherapists say applying this oil to the breasts promotes lactation. **I say nonsense!**

The traditional method reputed to promote lactation was/is the consumption of the whole seed. Seeds contain vitamins, minerals, protein, carbohydrate, etc., all necessary to produce milk. The whole seed may contain other unknown compounds that affect the hormonal system. However if trans anethol is a hormone precursor in vivo, is still very much open to debate within the scientific community. I believe it is not, all tests conducted so far are inconclusive.

Don't get me wrong, of course some of the actions of certain herbs do correlate with their content of essential oil, but the whole thing is extremely complex and always depends on the mode of use of the particular extract. Since I am convinced that aromatherapy does not work via skin absorption of the essential oils, then the observed emotional effects are much more likely to be due to trace compounds.

That is why so much aromatherapy teaching on chemistry is wrong. Again I have to return to the French system promoted by Franchemme, and Penel. It is the methods advocated by them that permeates most aromatherapy teaching, but these theoretical models are flawed in the extreme - **Please note the date of this post 1998 and see other articles on this issue.**

In the case of German chamomile, yes the azulene's and farnesene are acknowledged anti inflammatory. However, there are very likely other compounds that contribute to that effect, or contribute to a wider spectrum of activity than simply antiinflammatory.

Just look at eucalyptus, most say "oh yes it's the 1.8-cineole that is antibacterial". Yet, I have papers where the extracted cineol does nothing, and a few researchers believe the antibacterial action of this oil has nothing to do with the cineol **but is other "unknown compounds"**.

Most people are familiar with synergistic activity, that is the way most botanical extracts work, i.e. hundreds of chemicals working together to create an extremely wide spectrum of therapeutic (or poisonous) actions. After all that's what the living plant does, it has to perform a multiplicity of tasks to survive, requiring many different chemicals for many different purposes.

So much for the attribution of aromatherapy therapeutic activity based on major compounds, it really is childish simplistic chemistry. It is promoted by people who really do not have an adequate knowledge of the subjects that they teach.

Hope this gives you all food for thought. Martin.

2) **Herbal use versus essential oils**

A few weeks ago someone questioned my statements that; "therapeutic actions from a herbal preparation are frequently unjustified when the same plants oil is used".

This is a highly complex issue and not something the vast majority of aromatherapy writers have investigated properly. As most of you know by now, I am adamant that many of the properties that the authors and teachers give oils are not correct. This is because in the majority of cases they give exactly the same therapeutic uses for the externally applied oil as the herbal preparation given internally.

I will just give a couple of examples of traditional versus modern use.

JASMIN. The flowers have an ancient herbal use tradition as well as for their beautiful perfume. Jasmin is one of those plants that has had huge amounts of research devoted to all aspects of its horticulture, production and chemistry.

The chemistry varies dramatically between the growing flowers, the picked flowers and the absolute. For example, it has been found that flowers picked at night contain over 4 times more indole than in daytime picked flowers. Other chemicals only appear in the living or picked flowers and are absent from the absolute or oil.

In herbal medicine in the past, and still in some societies, a vital part of the training is education on when a herb is best picked to give the desired therapeutic or poisonous result. This is why a good deal of astrology was woven into herbal practice more in the past than now. Herbalists then were more aware of the importance of time; the moon and stars cycles and weather for when herbs should be gathered. Theophrastus recorded some of this ancient knowledge in his books. The Ancients knew that effects observed in practical use varied, although they did not know the chemistry.

So getting back to Jasmin. If the Indian herbalists picked the flowers at dawn, at night, or in the day, then the conditions treated may well differ. When these therapeutic treatments were recorded and then translated into English it is quiet obvious that important information such as gathering time was often omitted. We commonly find the same vital missing information in Chinese medicine and Native American medicine.

So not only do we get the difference between the traditional use as herbal infusions, etc. compared to the use of the essential oil/absolute externally, but we also get these huge differences in chemistry depending on when the plant is picked.

It is from herbal books that most aromatherapy authors get much of their information. A few (a very few) included information from the old pharmacopoeias for the use of essential oils, but these uses were generally for the internal consumption of the oils.

In some cases the general actions of herbs versus oils do correlate for a limited number of conditions. For example a drop of peppermint oil will calm a minor stomach upset as also will a cup of peppermint tea. However, the many other actions of the peppermint tea such as an astringent action on the gut lining which helps calm diarrhoea cannot be expected from the essential oil. Therefore, when I see it suggested that rubbing a bit of peppermint oil on the skin in massage will cure diarrhoea, it tends to make me feel sick!!

3) Date Aug. 1998

Reply to Lowana re herbs/oils

Yes, I do make generalisations because it would be impossible to go through every incorrect statement made in every aromatherapy book. The number of claims made of therapeutic properties for essential oils, which are wholly based on **the traditional use of the herb,** is vast.

Lowana, you are certainly not someone I wish to have a go at, but I do find it amazing that a University educated scientific worker like yourself, seems to accept the statements made by these people who barely have the first clue about the subjects they write and teach on.

Now as to specifics you mentioned. I am not giving references as they are to be found in any serious study of the history of herbal medicine.

Clary sage - no traditional uses of the essential oil. The **herbal infusion** was given to expel the afterbirth or dead child - see **culpepper**.

Cajuput - extensively used as **herbal infusions** in Vietnam and surrounding areas.

Any of the citrus oils - not much as traditional medicines, mainly for **food flavourings**.

Eucalyptus - yes, was used extensively as a herbal preparation and **the infusion** is mentioned under the term 'kino' in several pharmacopoeias.

Frankincense - yes, the **resin** extensively used internally and externally - see my book Frankincense and Myrrh by M. Watt and W. Sellar.

Lavender - was extensively used in many parts of Europe as a **herbal infusion** for many problems and still is used by herbalists as an infusion.

Melissa - there is absolutely no traditional use of **the essential oil**. All the aromatherapy information is based on the plants long history as a **herbal infusion**. With maybe one exception, in that the oil is proven antibacterial.

Neroli or orange blossom - widely used in the Mediterranean area as an **infusion of the dried flowers** for treating depressive type illnesses as well as the distillation waters for skin conditions and other conditions.

Patchouli - not much known on its herbal use, but neither is there hardly any accurate aromatherapy therapeutic use. **An oil always primarily for the perfume trade.**

Pelargonium - **no traditional uses of the oil.** Native South Africans used the **herb as an emmenagogue** (meaning to start menstruation which can stop due to malnutrition).

Pines - the **herbs and resins** have been used for thousands of years in various kinds of preparations.

Rosewood - the heartwood was never used by the natives of South America. **All aromatherapy uses are 'invented'** based on this oils chemistry which is mostly wrong anyway.

Sandalwood (ground wood) was used in India as a paste applied to the head to reduce a high temperature and **decoctions of the wood** were used to treat urinary tract disorders.

Tea tree - the aboriginal peoples of Australia used it as **an infusion** as did the later European settlers.

Ylang ylang - no traditional medicinal uses that I am aware of, but neither is there any accurate aromatherapy therapeutic uses.

On the chamomiles you are correct to a degree. However, never forget that new compounds are constantly being discovered in herbs and essential oils which have been analysed over and over again. **Therefore, attributing therapeutic activity based on current knowledge of given compounds can be most unreliable.** This is the major problem that the French aromatherapy teachers seem to fail totally to comprehend. Anyway that was not the issue we were talking about. My point was that most of the **oils** you mentioned did not have any evidence whatsoever of having a physical emmenagogue action, while several have been used as **herbal preparations** for that problem.

I am NOT saying these oils do not have therapeutic uses, but by and large most are not well documented. What I am absolutely certain of though, is that most of the claimed physical effects in aromatherapy are based on the **past use of the herb**, which may or may not have similar actions to the oil. Certainly in many cases the compounds occurring in the herb have a far wider spectrum of therapeutic activity than those occurring in the same plants essential oil. A classic example of this is peppermint oil, a powerful CNS stimulant, whereas the herbal **tea** has a short lived CNS stimulating action, followed by a longer lasting sedative effect caused by the water soluble compounds which do not occur in the essential oil.

[Back to article start](#)

[Back to index](#)

BOTANICAL (Latin) NAMES FOR ESSENTIAL OILS

'Aromatic Sense' the IATA newsletter, Summer 1996. Revised 2006

Over the years there has been an enormous push for utilising scientific terminology in aromatherapy. Unfortunately, few of the people promoting the use of Latin terminology have a working knowledge of the essential oil trade, or for that matter botany, horticulture and phytochemistry. Therefore, much misleading hype has become entrenched in teaching.

I have been told by students from two well-known British aromatherapy schools that they were told: "You can't be an aromatherapist unless you know the correct Latin names of the essential oils". This is utter nonsense, as I have not come across any aromatherapy school that knows the genuine botanical origin of even a fraction of their oils.

Botanical names are unreliable when applied to essential oils because: Most plants used for essential oil production - wild, or cultivated - consist of numerous sub-varieties, cultivars, hybrids and clones. These can have massively variable chemical compositions, but can still have similar fragrances.

In the case of 'wild crafted' (this means plants gathered from the wild), the chemical profile of their essential oils is unreliable. This is because in nature, wild plants exhibit enormous genetic variations. This genetic diversity evolves in nature as a species survival mechanism. If a disease breaks out, only some of the plants will be susceptible and die, while others with slightly different genes will survive. Many researchers have analysed essential oils from plants in the wild. Even when the plants only grow a few feet apart and may have common parents, the chemicals produced varied enormously in both volume and type. This is partly due to wind pollination where genes from different plants intermingle.

Very few essential oils come from 'wild crafted' plants'. In fact, this subject of gathering wild plants for commercial exploitation is something International Conservation organisations are in most cases, quite rightly, vehemently opposed to.

If you want to see what a nonsense it is applying Latin names to a given essential oil, then get hold of the following report. I use this in my classes to illustrate how botanical variants from a given species or variety make a nonsense of Latin names for essential oils: '*Preliminary Analysis of some Lavender and Lavandin Cultivars*'. Tucker A. *Et al. Perfumer & Flavorist Vol. 9. Aug./Sept. 1984. pp. 49-52.* In this report, they analysed the oils yielded by 12 cultivars from *Lavandula angustifolia*. Each cultivar is given its commercial name such as L.angustifolia, variety Nana alba, or L.angustifolia, variety Mitchum grey. The composition differences between these cultivars is massive, e.g. liminal acetate in Hidcote variety is 56% but in Graves variety it is only 8%. Similarly huge variations can be found in most of the other chemicals.

Due to the above, if you are told that an essential oil is "Lavandula angustifolia", it tells you nothing other than that the oil is from that particular species. **It tells you absolutely nothing about potential therapeutic activity.** As an example, in the report above, some oils have a similar profile to what the trade would consider lavandin, yet the plants are not hybrids like lavandin, they are true lavender.

If you are taught that for example, "tea tree oil must be *Melaleuca alternifolia*", this is not strictly correct. There are a number of sub-varieties of *alternifolia* used for tea tree oil. This is why the Australian Governments standard for tea tree oil does not just specify *alternifolia* but adds "oil of *Melaleuca, terpinen-4-ol type*".

Citrus trees are one of the better illustrations of the nonsense of Latin names applied to the products they yield. Most citrus trees **are grafted** in the same manner as **roses and jasmine**. Therefore, you have one variety as the head and another as the root. So what's the correct name for the oil or the oranges? When I was in Tunisia, we saw the way the trees were propagated; they simply cut the fruit in half, laid it on the sand and waited to see what came up. The resulting seedlings were then grafted using traditional knowledge; each tree will of course be slightly different. Anyone who has experienced a range of REAL neroli oils, will know how the fragrance varies a lot between crops and from one location to another.

So what can be made of all this:

If aromatherapy suppliers and teachers want to be pedantic about Latin names, **then ask them to get it right.** The oil should say something like *Lavandula angustifolia, variety Nana alba, cultivar x, clone y*. Of course, this will never happen for reasons given later.

Horticulturists and plant geneticists developing commercial crop plants do not like genetic diversity. This is because farming is now very much a mathematical science. They need to know what yield and quality they are going to achieve for all their hard work. In addition, many of the trades using the products from those crops insist on standardised materials. This standardisation of materials from commercial crops is not just applicable to your wheat, rice, carrots, etc. but applies equally to most commercially grown essential oil yielding plants.

Commercial developments in essential oil bearing crops have been going on for well over a century, with constant developments of commercially superior cultivars, and more recently clones. Aromatherapy training schools and the essential oil importers are years behind such developments. **The names they give oils are simply the norm in the trade and may not be the actual botanical name of the plants used to produce the oil.** It is common that even the large essential oil importers cannot find out what variety of plants are being used in the country of origin. Bear in mind that the large customers for essential oils are not particularly interested in such matters. They want to know "what is the chemical composition", "how much is it per ton", "can you keep up regular supplies". For a long time, there has been a total separation between commercial oil production and end users. Producers will grow their crops to meet the needs of their major customers in the food and fragrance trades, **not** aromatherapy suppliers.

Numerous aromatherapy suppliers will tell you that: "all our oils are grown by organic farmers, so we know what the plants grow are". There are indeed a small number of genuine growers that sell these oils, but the vast majority of such statements made by suppliers are lies.

It is well known by essential oils traders, that for example, the French export something like 10 times the amount of lavender oil they actually grow. Instead, they blend their oils with imported lavender, or more commonly with chemicals. So if the oil is blended, how on Earth can its Latin name be accurate?

In Egypt, which produces fabulous essential oils, it is common practice to blend oils from different parts of the country. This is done so that an acceptable fragrance is produced. The variety grown in one part may not be the same as in another part. The resulting blends are great, but the Latin naming again becomes almost meaningless.

So if the Latin name is not accurate how can I tell what is in the bottle?

The only answer to that one is 'buyer beware'. The only way to tell if what is in the bottle is what it should be, is with proper chemical analysis. Certain chemical characteristics in essential oils can tell which geographical location it has come from. Other characteristics can tell you the age, others can tell if synthetic chemicals have been added.

So, what can we do to get suppliers to give accurate names to their oils? I have not succeeded in stopping many in the trade calling ho leaf oil, "ho wood oil". The reason I was given was "well that's what they have called it for the last hundred years". So, if they won't bother to get the origin of the oil right, i.e. wood or leaf, what hope is there that they will give you accurate botanical names? Answer: **none**.

If the Latin name tells you little, what should the name on the bottle say? As far as I am concerned, all the bottle needs to say is "Lavender oil", unless the oil is from a well-documented variety such as Lavandin. In EU countries that would be illegal due to the idiots in the INCI names committees who don't even get the Latin names correct themselves! The INCI lists are misleading and inaccurate and it is a disgrace that such poorly constructed information has become part of European law. Such grossly inaccurate information emanating from EU trade committees has become part of National legislation.

In the case of oils with significantly different chemotypes, then this should be verified using chemical criteria such as: Rosemary 'cineol type', rosemary 'verbenone type', rosemary 'borneol type'. This chemical classification is particularly important for oils like thyme or oregano where significant hazards could be associated with using the wrong oil.

How many times have you seen in popular aromatherapy books and web sites things like: 'cinnamon oil' **without defining whether it is bark or leaf**. It is interesting that these people who are now so insistent on the use of Latin names, sometimes don't even bother to define whether they mean cinnamon bark or cinnamon leaf oil. It is relatively common to find such gross deficiencies in literature, and sometimes even on essential oil bottles.

Unfortunately, we have a trade that is overflowing with ill-educated people (on essential oils), who are constantly jostling for positions of influence and power. This is frequently done using phoney science, rather than good sound knowledge. Insistence on the use of misleading Latin nomenclature is but one example of their hype.

[Back to article start](#)

[Back to index](#)

Lecture to the Royal College of Nurses conference on complementary medicine in 1992 by Martin Watt cert. phyt. medical herbalist.

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

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

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

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

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

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

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

How I got involved with seeking correct information.

During my herbalist training it soon became apparent that a lot of the herbal materia medica we were being given was very lacking in references as to where the information originally came from. We were expected simply to learn it without being able to check if the information was correct. This I could never accept, and it forced me to start looking around for more accurate sources of information. This led me to the science reference libraries and other libraries in London, where I soon realised that extensive and more accurate information on plant extracts, and their traditional uses in medicine around the world was available.

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

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

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

Now truths and untruths in complementary medicine.

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

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

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

Oils supply.

There are some suppliers of essential oils who are well aware that they are not selling pure oils and do not care. There are others who say their oils have been analysed when they either have not, or they have not been subjected to the full range of testing procedures. These suppliers are still back in the days when aromatherapy was an offshoot of the beauty business and if oils were cut with fragrance chemicals "so what they are not used externally". Why do you think most suppliers put 'do not ingest' on labels, and yet essential oils are common food flavours, and so because they can't rely on their oils being free of fragrance chemicals and is they are playing safe.

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

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

Therapeutic effects.

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

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

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

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

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

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

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

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

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

END OF LECTURE NOTES

[Back to article start](#)

[Back to index](#)

AROMATHERAPY FOR THE MEDICAL PROFESSION A USEFUL THERAPY, BUT TRAINING QUALITY AND SAFETY STANDARDS ARE A LOTTERY

By Martin Watt

Significant inroads into the mainstream clinical environment have been made in recent years by various forms of complementary medicine including aromatherapy (1). Therefore is the time not overdue for the medical professions and regulators to critically evaluate the **quality** of education provision, as well as examine the trades true ability to self regulate?

The UK Ministry of Education, Department of Health and Department of Trade and Industry have all been involved in discussions with the aromatherapy and essential oils supply trade organisations. Yet, the very people these Civil servants are having discussions with, are the ones responsible for oiling the trades hype machine over many years. Examining in detail if what their therapists are being taught is accurate always takes second place to establishing fallacious standards of conduct, ethics, procedures, etc. All the procedural niceties in the world are useless, if what some therapists may be doing (due to bad training) is dangerous or unhelpful to the conditions being treated.

Once trained, the methods of information provision to individual therapists has mainly been via trade journals and organisations (2). Any journal that relies on advertising revenue will of course not publish anything that their advertising customers will not like. Also **rarely will they publish anything that challenges the knowledge base of the trades teachers.** Such reluctance to publish controversial articles or letters, has resulted in an almost complete suppression of discussion on fundamental principles, education quality and trading practices. Only with the less censored medium of the internet, have a small body of people started challenging accepted trade norms. **Note: The later has now been overtaken by the numerous awful quality internet blogs.**

Over the years, huge efforts have been made to try and make some of the leading therapies and their leaders look respectable (3). The tendency has been for individual therapies to form themselves into centralised bodies who then supposedly "set standards" for training, codes of ethics, etc. However, adequate analysis of the effectiveness and quality of education provision seems to have taken second place to empire building and political manoeuvring.

Since the medical profession revolves around numerous so-called 'professional' organisations (4), the complementary world has been forced down that same road. Once these trade organisations became established the medical and education establishment seemed quite happy to accept they were capable of regulating their respective trades and setting standards - NOT SO. The lack of effectiveness of trade self regulation was bought into question over the UK General Medical Council and its perceived weaknesses. In addition, in the UK, a 'Health Which' report (February 2001 pp 18-20) exposed the trades inability to police the sale of fake and misleading essential oils.

Trade associations (with a few exceptions), have rarely been a significant force for setting adequate standards of quality of education and trading practices. Because of that consumer law has become increasingly used in recent years. However, health care officials seem happy to *assume* that because a particular aromatherapist, or even nurse aromatherapist, is a member of the respective trade body, that they must be adequately trained and safe to practice - NOT SO.

Below are some examples of malpractice and misinformation propagated by different aromatherapy trade associations and their leading lights.

1. Therapeutic attributes of the essential oils.

(a) Many of the therapeutic properties attributed by aromatherapy authors to essential oils, are a corruption of the activity attributed to the herbal preparation. For those that do not know, an aqueous or alcoholic herbal preparation contains a significantly different mixture of chemicals to those in the same plants essential oil. Indeed, the water soluble chemicals responsible for a range of known therapeutic activities of herbs, do not occur in most essential oils at all. An example is the difference between peppermint oil and peppermint tea. The former is an acknowledged stimulant of the CNS, whereas tests have shown that the later has an initial excitant action followed by a long lasting sedative effect (5).

(b) Few (if any) of the early aromatherapy writers had knowledge on the differences between the oil phase and the water phase of a plant. Therefore, when they came to write their books they were packed with totally incorrect therapeutic actions and numerous other errors. This information has been proliferated ad infinitum by numerous subsequent authors. **The majority of aromatherapy training courses still recommend students to use such books as "recommended reading"** (6).

2. Safety.

Despite there being publications on the market containing researched safety data (7), many aromatherapy suppliers (particularly in the USA and Canada) continue to sell dangerous essential oils without adequate warnings. We even had/have a few here in the UK using illegal medicinal claims. Therefore, if you come across a website with explicit medicinal claims please report them via the MHRA (UK) web site: <http://www.mhra.gov.uk/> or in the USA the www.cpsc.gov

Despite the clear evidence of certain oils having harmful effects, the IFA (UK), published articles promoting very hazardous oils. For example, in the Autumn 1999 edition, it carried an article promoting the use of Verbena essential oil. The author a well-known figure in the trade, states that this oil "used sensibly is safe". This advice flies in the face of all well-documented evidence proving this oil should never be applied to the skin. The International Fragrance Research Association (IFRA) that advise the International fragrance trade on safety issues say: **"(1998-12-18) Verbena oil should not be used as a fragrance ingredient based on test results showing sensitising and phototoxic potential"**.

In the Summer 2000 edition of the IFA journal, there is an article written by one of their teachers, promoting the use of Tibetan Acorus Calamus oil. She even recommends this oil is used as a gargle. Yet what do The International Fragrance Research Association (IFRA) say: "**(1998-12-18). Essential oils containing cis and trans-Asarone (e.g. calamus oils) should not be used at a level such that a total concentration exceeds 0.01% in consumer products**". Calamus oil can contain up to 80% of asarone's but the oil in question is believed to contain around **40%** of these potentially carcinogenic chemicals (8).

Most aromatherapy journals have articles promoting the use of essential oils on which there is either no known safety data, or on which there is sound safety data, but the authors fail to point out hazards. The readers are mainly qualified therapists who will presume writers in their journals are knowledgeable and would not promote dangerous practices. Clearly not the case.

Other aromatherapy organisations promote the use of little known essential oils. Most of the information on these oils is derived from just one or two therapists mainly based in France. No adequate safety data is provided and in some cases the internal use of these oils is recommended. As the 'Health Which' February 2001 pp 18-20 article has proven, the practitioners just do not know what they are giving people with the internal use of many essential oils. The students on courses that advocate internal use of oils are free to purchase their oils from anyone. As some of us know, the most clever con artists in the trade tend to be the ones these therapists buy their oils from.

3. Skin absorption.

This is a subject which many aromatherapists are adamant about, i.e. that their oils work by being absorbed by the skin and thence to the bloodstream. Sound scientific evidence simply **is not there** to support such a mode of action. Therefore, the claimed clinical effects on internal organs, attributed to skin absorption, cannot be justified. On the other hand, there is now a substantial body of sound scientific evidence that the vapours from essential oils do indeed get into the bloodstream, but they get there because the highly volatile gases are inhaled (9).

Clearly the psychological effects of fragrance can be potent (10) and massage can have significant physiological benefits (11), but that does not validate most of the claimed effects from dermal absorption of essential oils.

4. The supply of essential oils.

Many in this trade are well aware that a lot of so called 'essential oils' are not half as natural as the sales hype suggests (12). It is a sad fact, but many essential oils are low grade, adulterated, or occasionally totally synthetic. Therefore, if a perfume compound is used for certain therapeutic applications, then anticipated advantageous effects may not occur and indeed adverse effects are possible. It is known that at least one clinical trial failed because of the researcher being supplied with an adulterated oil (13).

This adulteration of essential oils is a great concern now that we have therapists being trained on **their internal use**. If members of the medical profession attend such courses, and then purchase their essential oils from dubious sources, they are playing with fire. Such courses also teach the use of certain essential oils on which no sound adverse effects testing have ever been undertaken. For example ravensara, niadouli, kanuka, yarrow, Moroccan chamomile, etc.

So you may ask what is the trade doing about all this? The short answer is not a lot. The trade as such has no control on what individual authors write (freedom of expression). The publishers of aromatherapy books don't care much about the accuracy of their publications, as long as they sell tens of thousands of copies. Trade organisations have little influence over competing organisations; few if any discipline their own members for breaking their own rules.

Examples of hazardous information taught to many nurses.

Benzoin essential oil.

Commonly recommended on many aromatherapy courses and in most books, as ideal for application to wounded skin.

FACT: This oil can be a powerful skin sensitiser. The I.F.R.A. recommended member companies do not use the unrefined grades in cosmetic products for application to the skin. To make matters worse, **there is no such thing as a natural essential oil of benzoin**. To make this resin pourable it must have synthetic solvents such as DPG added. This process negates the whole principle of 'naturalness' of aromatherapy.

Bergamot essential oil (expressed).

The use of the dangerous unrefined oil is still promoted in aromatherapy courses. A few aromatherapy authors still recommend its use rather than the safe FCF processed version. The advocates say that "as long as the client is not exposed to sunlight there will be no problem". However, what initiates a reaction is ultra violet light which can be strong even on dull days, and particularly at high altitudes. Not a problem maybe in the UK, but what about places around the world such as Arizona many parts of which are 7000 feet high! Also of course the problem of photosensitisation caused by sunbeds. See *separate articles*.

FACTS on bergamot: It is a very powerful photosensitiser, restricted in the cosmetic and fragrance trade for many years. Espersen E. 1952. Acta. Dermatovener. 32, 91, reviewed the literature and noted that Kuske H. 1940. Dermatologica 143, 137, had found more than 100 papers published on this subject.

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Wormseed essential oil (Chenopodium).

The sale of this essential oil (other from registered pharmaceutical premises) was prohibited under the UK 1968 Medicines Act.

FACT: Until the middle 1990s this oil was offered for sale by leading UK aromatherapy suppliers. Therefore, **it was being sold over 25 years after its sale to the public was banned**. One supplier was a leading light in the aromatherapy trade organisations and advised them on legislation - what a joke!

Summary:

Fragrance has been proven to have wide ranging effects on the brain (14). The popularity of a good aromatherapy treatment is clear by the numbers of people practising it and their clients reporting beneficial effects. If it were more widely used by the medical profession drugs bills would be lower and clinical results improved. A significant volume of sound scientific data exists on the known and potential uses of essential oils from plants. This is available to those that care to spend the money and time seeking it out, as well as evaluating its potential worth. Unfortunately, Very few aromatherapy courses provide students with **sound referenced material**.

So nurses and doctors; beware of clinical efficacy claims made by aromatherapists, **ask for references** and check those references are valid. Beware of what products are used on your patients.

Never assume that membership of trade organisations represents a stamp of quality on your therapist, **it is no such thing**. Ask any medical organisations that you have influence on not to automatically assume that leading members of the complementary medicines organisations know what they are talking about. Often these people are simply good salespeople or political animals, the true depth of their knowledge is frequently highly debatable. Most aromatherapy organisations have not attempted to ascertain if their member schools are teaching accurate information. Instead they rely on unmonitored useless codes of conduct and course guidance documents.

Finally, beware of aromatherapy books written by nurses, often they are little better than the popular novels on the subject. These nurses - who seem so well qualified - have often learnt all they know from the trades biggest con artists.

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[Back to article start](#)

[Back to index](#)

Some thoughts on the use of Complementary therapies within Government controlled health care services.

By Martin Watt

Mainly UK but can apply to other countries.

A letter (May 2006) from Professor Michael Baum and other leading doctors in the UK, suggested that complementary therapies should not be used by our health service. Their reasoning was that there was little evidence that these therapies were effective. This call was (they claim) partly because cash for effective conventional treatments was limited.

While some of their comments I am in broad agreement with, I do not believe that they should throw out all therapies without further investigation. Therefore, here I will present some facts from an inside but critical view of Complementary medicine.

What are Complementary therapies?

This is an abused terminology. Medical and scientific people side step the fact that many mainstream medical treatments grew from traditional medicine. Examples:

Physiotherapy developed from a background of traditional manipulative body treatments.

Pharmaceutical drugs are still made from plant extracts or are synthesised to emulate potent natural drugs. Some of our most powerful drugs in the future are likely to be based on naturally occurring substances in man, plants and various creatures.

Wound care is thousands of years old and some of the Ancient treatments have only become recognised and used again in recent years. So could the use of leeches and maggots to deal with wounds NOW in hospitals be considered "Complementary" treatment? Could the use of strips to join wound edges instead of sewing be considered "Complementary"? That was exactly the method used by Ancient physicians BCE.

These advocates of "tested", conventional medicine also side step the fact that numerous nursing techniques, older medicines and even surgical techniques have often never undergone any kind of formal evaluation. It is simply accepted by the medical profession that experience shows they work. Non-evaluated "experience" is something I have long castigated in aromatherapy, yet the same lack of evaluation certainly holds good for many medical practices.

What is the difference between main and complementary medicine?

The main difference is this thorny question of sound clinical trials. All modern drugs have to undergo extensive testing, however, despite their tests, many dangerous drugs have been withdrawn from use. This question of trials is where there is a vast gap between conventional and complementary treatments. The International medicines organisations do have reporting systems in place to monitor adverse effects from drugs. When such effects are proven, then the drug can be ordered off the market or changes made to the way it is used. This is the one big factor that does not apply with most Complementary therapies. Any adverse effect reporting is ad hoc and rarely are any substances found to represent health risks banned by the plethora of largely incompetent complementary therapies organisations.

In practice, herbal medicine tends to be the closest to the pharmaceutical monitoring systems. If certain herbs prove to have significant dangers this gets reported in the International phytochemical journals and National authorities will act to restrict the availability of the herb. In some cases the herb is banned, in others it is restricted to herbal practitioners. Therein lies another minefield as standards of practitioner training and competency around the world are very much open to question. With other therapies such as aromatherapy, the thousands of incompetent teachers continue advocating the use of dangerous extracts despite these dangers being known.

Training and quality control of complementary practitioners.

In many cases this is a complete mess. Whereas herbal practitioners have been around for millennia with a vast knowledge base to draw on, as have some of the body manipulation therapies, some of the more modern therapies are **commercial inventions** without any traditional background. Many can be tracked back to one individual who created a "new" therapy in order to sell the idea and make cash. An internet search can find numerous quack medicine therapies with thousands of web sites promoting them. Hundreds of thousands of web sites have sprung up where the owner has no formal training on the substances they sell and indeed many are simply clever confidence tricksters. This is a very serious situation for Complementary medicine world-wide, yet no organisation has attempted to do anything about it.

The fact that therapies such as herbal medicine have such an Ancient background does not mean their treatments do not need evaluation in the light of modern knowledge. For example, some herbalists still use some of the sensitising resins despite it being known they can cause problems. If someone is in the jungle and gets a wound, and no modern medicines are around, then fine use the traditional treatment as a side effect may be better than gangrene. However, to use such a hazardous material when safer pharmaceutical treatments are available is foolish and I believe disreputable. Yet it is common to see such traditional treatments promoted on Internet newsgroups. I have also come across many flashy looking websites selling such traditional products and masquerading as "helping native populations" by selling the stuff.

What are the problems using Complementary therapies in health services?

The authors of the above report are correct in that there is insufficient evidence that many therapies are effective. We then have to consider what they mean by effective. For example, if a physical effect is claimed but cannot be proven, then perhaps that claim is baseless. On the other hand, many complementary therapies are used by people simply because it makes them feel better. There is now some evidence that just feeling better does improve immune function and therefore one has to take this factor into account. In my opinion, the placebo effect is initiated far better by several Complementary therapies than by conventional medicine, and the placebo effect is a REAL healing effect.

In which act the above is no different from the use of conventional drugs, many of which really act as placebos. In addition, after long term use, some drugs no longer have the expected effect, yet the medical profession continue prescribing them without a second thought. So questioning the effectiveness of treatments works for all, not just Complementary therapies.

We do need much better evaluation of the effectiveness of Complementary therapies, yet many of our trade associations have failed miserably for over 20 years to address this issue. Several of the older therapies have had training clinics for years where no real attempts were made to ascertain the treatments that worked best. The real facts are that most Complementary therapy associations are there simply as a method to gain insurance for their members; to put the leading lights on advisory committees, and to put them into positions where the public are fooled that any books they write must be the real deal. Member apathy is rampant and therefore disreputable figures easily gain control of the organisations and use them for self promotion and financial gain. Hence the reason we have some real con artists on the advisory committees, particularly in aromatherapy although doubtless in others.

Does the above differ from the medical and scientific establishment? No, some of those people are just as much con artists as in our sector. We have numerous University Professors appointed to advisory committees who then pontificate on subjects they have no experience or training in. These "experts" often are there simply to obtain Government funding to keep their universities in business. We have had numerous examples of supposed experts causing unnecessarily economic damage as the result of their lack of real expertise. I give as but one example the mad rush to build up stocks of medicines against bird flu. On the advice of supposed experts, yet based on **theoretical considerations** not real evidence. Millions have been spent on an exercise which may end up being a huge waste of resources, resources that could have been put into the health services. So do the doctors who wrote this letter consider that the facts behind this huge International effort on bird flu are based on good evidence?

Conclusion

There is clear research evidence that certain herbal medicines are effective for certain health problems. Also evidence that essential oils can be effective as antimicrobial agents and that massage helps certain conditions. These doctors who call for restrictions would serve their patients far better by calling for adequate research funding for extensive clinical trials. That way at least we will know for sure what is cost effective and what not. Until so-called complementary therapies are given some decent funding then things can only continue in the current haphazard fashion. One plea I have though is that Prince Charles needs to take his head out of the arse of University trained academics and instead support real therapists. In the last 10 or so years the academics who have allowed their way into Complementary therapy organisations have contributed very little to the advancement of the effective therapies, and done nothing at all to inhibit the useless therapies. Come back Henry the 8th who intelligently realised the academics of the time were useless-little changes!!

Martin Watt

Qualified Medical Herbalist, but never joined the TRADE associations and therefore soon may no longer call himself a "Medical Herbalist"

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[Back to article start](#)

[Back to index](#)

Letter from Institute of Comp. Medicine on UK organisations.

This letter below from the late Michael Endacott of the ICM, may seem out of date, but in some respects it remains valid. Particularly in relation to trade associations accepting LOWEST standards for qualifications. I intend therefore to continue hosting his letter so that newcomers can see a bit more of the history of our trade from someone other than myself. Michael was also very anti some of the trade representatives he had to work with, he knew what an inept bunch they were (are). I respected Michael more than most in Complementary Medicine, and his death in 2005 was a great loss to our cause.

THE BRITISH GENERAL COUNCIL OF COMPLEMENTARY MEDICINE

20th April 2010. TO:

Essentially Oils, Charles Wells
IFA, June Gilbey,
Raworth College, Maria Raworth
Essential Oils Trade Association, Michael Van Moppes
Butterbur and Sage, Bernie Hephurn

The December 1999 issue of Essentially Oils Newsletter contained an article by Bernie Hephurn that highlights the need to speak with one voice and evolve regulation. There is also a report on the possibility of ISPA, the RQA joining with the IFA under the common title of International Federation of Aromatherapists.

The prospect of unity through a common register has been tried by a number of therapists but it is a concept that can only work where the different levels of skill and competence are identified for registration within the profession. This is the approach of the BRCP -Aromatherapy Division (and all the other autonomous divisions). Therefore, to the professional observer it is hard to see practitioners qualified to the IFA and BRCP standards agreeing to appear on the same listing as those accepting more limited qualifications such as the Aromatherapy Organisations Council.

The National Occupational Standards (NOS) for Aromatherapy have been rejected by the ICM/BGCCM, the British Register of Complementary Practitioners (Aromatherapy Division) and the International Federation of Aromatherapists because they reflect the **LOWEST LEVELS of competence**. However, it is just these NOS that **have been accepted** by the Aromatherapy Organisations Council, the British Complementary Medicine Association and the Independent Care Organisations (ICO) which is now part of the Training Organisations for the Personal Social Services.

The BRCP and IFA require BEST PRACTISE. Practitioners must have the knowledge and skill to diagnose within their competence. Other Registers may be prepared to accept the lowest common standard but the ICM does not believe this is in the public or professional interest.

In 1993 the ICM launched a plan for three distinct levels of practise and registration but those involved with NOS did not act on this proposal. The standard of 'best practise' comes at the head of a career pathway common to most professions. For a single national register like the BRCP to serve both public and practitioners alike, the variations must be created with the different services in mind and each level of service identified accordingly.

The Qualifications and Curriculum Authority (QCA) was aware of the discontent and had accepted the ICM/BGCCM suggestion of a review of the NOS in Aromatherapy, Reflexology and Hypnotherapy. The QCA stated in a letter that it hoped everyone would co-operate with the review so that a consensus could be achieved.

The general problems which must be overcome are exemplified by Aromatherapy. The International Society of Professional Aromatherapists (ISPA) used to support the ICM/BGCCM and was aware of the review of the NOS but ISPA Chairman, Ian Smith advised the ISPA Council to withdraw. Had ISPA agreed to take part in the review, it would have meant that the structure and contents of ISPA courses and the qualifications of its teachers would have been compared with other registers such as the BRCP and IFA. It is understood that ISPA is trying to upgrade its standards at the moment. However, the ICM has had experience of examining ISPA applicants wishing to join the BRCP and, whilst a few have been successful, the majority have not. The review would have been a time to clarify the ISPA position.

For a long period of time the ICM has turned to the Aromatherapy Organisations Council (AOC) and the Aromatherapy Trade Council to find answers on questions of policy and management with special emphasis on quality assurance. **So far, neither organisation has answered any questions satisfactorily.**

Future professional standards.

Aromatherapy as either a beauty therapy or a medical treatment must have standards appropriate to the services provided and practitioner status. This is why the failure of the AOC and all those involved with the Independent Care Organisations to ensure that the Functional Map was agreed and published prior to proceeding with the NOS has caused so many problems. The fact is, Healthwork UK has admitted the Functional Map was never agreed or published and this is why the standards created from it must be treated with caution. In fact, every discipline and therapy will need to develop an education and career structure that is a correct reflection of the Functional Map for the Complementary sector. This is one aspect of the ICM/BGCCM review.

The ICM/BGCCM currently has nearly 1,000 courses, colleges and organisations including 79 registers co-operating with the review. There may be others that feel, like ISPA, that they do not wish to take this path but that is for them to decide. However, everyone is welcome to try the proposed ICM programme and evaluate the benefits. The proposal which surely cannot work, is the AOC approach with a single listing including all names irrespective of qualifications.

EU Directive R65 – Hazard warning of hydrocarbon content in essential oils.

It has been said that essential oils must carry hazard warnings if the product contains 10% or more of hydrocarbons. Enquiries suggest this may not be correct.

It is understood that R65 requires companies selling potentially hazardous substances to 'self-assess their products' to determine their response. The British Essential Oil Trade Association has issued a booklet to its members laying down guidelines on how to interpret the new regulation. Members of BEOTA deal with the transportation of large quantities of essential oils whereas retail suppliers of aromatherapy products selling to practitioners and the public deal with small sealed bottles. It is hard to see this latter group feeling the need to designate a very small bottle as a hazard even if it contained 10% of hydrocarbon.

Contacts with pharmaceutical businesses retailing essential oils suggests they consider aromatherapy products are outside the regulation.

House of Lords Enquiry.

The ICM has submitted a proposal to regulate Complementary Medicine as a unified profession that treats the vital force and spirit of both man and animals. This makes it different from the NHS. The ICM proposal for a single Act would place Complementary Medicine into a similar professional category as Dentists and NHS funds should be available to purchase treatments whether given in the hospital or private Complementary clinic.

The ICM approach also means that multi-discipline practitioners pay one registration fee for any number of qualifications and one payment for insurance. The Osteopaths are to pay £750 annual membership of the General Osteopathic Council and the British Acupuncture Association are believed to be charging £400per annum.

Imagine a Naturopath who is registered to practise Homeopathy, Reflexology, Aromatherapy, Diet, Nutrition, Bach Remedies, Herbal Medicine, Massage, Traditional Chinese Medicine and Counselling. **This would involve ten different Acts under the current proposals and the annual payment would have to be £7,500 according to the Osteopathic scale.**

The BRCP expects to charge about £100 per annum plus one payment for insurance irrespective of how many disciplines are practised.

This seems to be the most cost effective and sensible way to regulate and develop the unified profession of Complementary Medicine. Each division can retain its autonomy but be part of a united voice when appropriate.

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[Back to article start](#)

[Back to index](#)

A phone interview with Martin Watt for an aromatherapy journal in the USA in 1997 (Journal name lost)

Reporter: Martin, you have spent many years investigating scientific research related to essential oils and aromatherapy. I wonder if you can help us clear up some ideas which are commonly promoted by certain authors, but on which we can find no evidence.

Martin: Yes, I will tell you what I can, although the subject of essential oils is huge. I can't possibly know everything about them.

Reporter: Is it true as reported by some teachers, that essential oils can increase the oxygen going to the body's tissues?

Martin: That's a strange idea; I always thought it was the hemoglobin in our red blood cells that transports oxygen to the body's cells. I have never seen any research proving that essential oils can increase oxygen uptake of cells. The idea is ludicrous because **the great enemy of essential oils is in fact oxygen**. This is because oxygen tends to destroy the useful chemicals and change them into sensitizing substances.

Reporter: It is claimed by some writers that Dr. Valnet was the first to investigate the clinical uses of essential oils, is that true?

Martin: Certainly not, many essential oils were being used in the UK and the USA long before the turn of the century. Indeed the chief Physician of Guys hospital W. Hale-White wrote a book in 1901, which contained in-depth clinical references to many essential oils. They used essential oils internally for a variety of ailments and also used them externally, mainly for musculo skeletal problems.

Reporter: Is it true that essential oils are very good at killing viruses.

Martin: No this is not correct. Most research into the antimicrobial properties of essential oils has concentrated on their antibacterial and antifungal properties. Very little research has been done on their antiviral effects. A few trials have tested oils in vitro (in lab dishes) and found highly variable effects depending on the oil chosen. However, that work certainly cannot be assumed to have any relevance to their potential to kill viruses once they are in our body. A few trials have been done on the effects of some

obscure essential oils given in capsules in massive amounts. However, this has little relevance to the use of these oils in aromatherapy. The vast majority of the reports quoted by aromatherapy authors, are in fact reports of tests conducted on the water-soluble part of the plants. Generally this has nothing whatsoever to do with the essential oil from that same plant. A lot of plants do have antiviral properties, but these are invariably due to the water-soluble portion of the chemicals, not the oil. Hence the use of herbal teas to treat many ailments. If essential oils were antiviral we would have had a cure for the common cold years ago.

Reporter: Have you ever come across any research that says a virus causes scoliosis, and that essential oils can cure it. The reason I ask is because Gary Young says in his book that the neat application of essential oils can cure the problem.

Martin: Well I find such a statement beyond belief. Scoliosis is caused by a misshapen vertebral column, often of congenital origin. Once the individual vertebrae are formed into an irregular shape, nothing short of surgery can correct them.

The only other form of treatment that might help a little is osteopathy or chiropractic, but even that will not cure the problem. There is no evidence whatsoever that the condition is caused by a virus. Certainly there is no way that any essential oils have the ability to physically change the shape of bones. To suggest the use of neat essential oils applied down the spinal column flies in the face of all internationally accepted safety information. To suggest this method of use "burns the virus out of the body" is crazy quack medicine practiced by people who should be in jail for fraud, and it also has the potential to cause severe skin damage.

[Back to article start](#)

[Back to index](#)

Letter to The Aromatherapy Quarterly

Nov. 1997.

By Mike Van Moppes

Thank you AQ for having the courage to publish Martin Watt's probing article, **The Pure & the Natural (AQ 54)**. Those who are familiar with Martin's work will know that for years he has been concerned about the proliferation of misinformation regarding the properties of essential oils. He is also a leading campaigner for Legally defensible definitions for aromatherapy.

Until recently his thoroughly researched articles were met with disbelief and sometimes downright hostility. For many aromatherapists, the Truth was just too difficult to stomach. Thankfully, things have changed. Aromatherapists are increasingly speaking out about malpractice within our profession. A word of warning: we are in for a bumpy ride.

For instance, Teddy Fearnham (Chairman of the ATC and acting Chairman of the AOC condemns AQ for printing spiteful and Vituperative items (AQ 55). One so-called offensive piece is the letter from Alan Barker. Regular readers will know that Alan Barker is a highly respected clinical aromatherapist working within the NHS. He was forced to abandon a clinical trial because the essential oil he obtained from an apparently reputable source was adulterated. It seems that the self-crowned 'authoritative' bodies would like to see every concerned aromatherapist gagged, lest she/he should damage the reputation of the trade.

Incidentally, readers may be interested to learn that I too have been cautioned (in private) by certain significant individuals. Apparently, by 'going political' I risk tarnishing my good reputation. After much heart searching I've decided to speak openly on this issue

ATC prides itself on being a self regulatory body. For years unsuspecting aromatherapists took this to mean that ATC ensured that its members sold pure unadulterated essential oils. We now know that virtually anyone can join ATC so long as they pay the membership fee and label their bottles according to ATC's specifications. But how can members be certain that they themselves have not been hoodwinked by unscrupulous distillers? Indeed, essential oils are often adulterated at source. EOTA, the second largest trade association, carries out random GLC testing of essential oils, thus keeping it's members on their toes.

Despite criticism from the IFA and other aromatherapy organisations, the majority of aromatherapists are deeply grateful to EOTA compiling the Readers Survey and for campaigning on our behalf. With or without the support of certain significant bodies. I believe we will eventually get clear definitions for our therapy, definitions approved by Trading Standards, and be given the protection of the law. I look forward to a time when suppliers will no longer be able to promote synthetic aromatics, modified essential oils, BP grade oils (or otherwise adulterated products) in the name of aromatherapy.

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[Back to article start](#)

[Back to index](#)

The Aromatic "Thymes" Vol-3 #3 1995 page 4.

Dear Editor,

In response to the letter from Sheryll G, Ryan in your last issue, I find it peculiar that someone would consider cancelling such an excellent journal simply because they did not agree with the views of a single writer.

"Bent on discrediting 90% of aromatherapy teachers," not true, but yes for some leaders in the trade as I have the **evidence** that some have been promoting dangerous and misleading information for years. Several have established their 'credibility' by such methods as clever marketing, churning out poorly researched books and setting up trade associations, rather than by their depth of knowledge. I feel very sorry for the people who have paid them hard earned cash in return for education of extremely doubtful merit, and furious when ill people are parted from their money, by being misled into thinking that the external application of essential oil can help cancer, diabetes, anemia, etc. Oh yes, I have the **evidence** from 'recognized course providers.' **Note: since this old article, some of that evidence has been put in other articles in this file.**

The aromatherapy trade has indeed made great advances over the last 10-15 years, but so have several other forms of complimentary and mainstream medicine who made that progress on the basis of honesty and integrity. You know the saying "You can con some of the public all of the time but not all of them all of die time." That saying may at last be coming home to roost in aromatherapy.

I did NOT say that the chemical information on chemotypes was "useless information", but I am adamant that chemotypes should not be used in aromatherapy until such time as they have been tested by the IFRA and similar organizations. Dermal testing is even more important when the chemotypes have no history of use in traditional medicine.

Years ago, I gave up trying to help trade organizations and journals uncover the truth about aromatherapy services when I realized that the teachings of the gods and goddesses were "not open to discussion." Ever heard of "vested interests?" I also suggested to the U.K. Research Council for Complimentary Medicine, some years ago, that they should set up a scheme to peer review books on complimentary medicine because so much dangerous rubbish is being churned out. **I never got a reply.** Misleading literature compromises public safety and can lead to our useful therapy having to suffer over-reactions from pharmaceutical industry interests.

The information in my reference manuals which attempts to correct some inaccuracies, has been around for over 30 years. Yet, over that period, how many aromatherapy authors and course providers have spent time and money on adequately establishing if the essential oils they recommend can cause adverse reactions? Oils like Verbena are still being recommended and, yet, IFRA has advised their members not to use the untreated oils for around 20 years!

As to the pennyroyal case, anyone using **any** essential oil or conventional medication for such long periods could end up getting liver damage. Incidentally, this case, to the best of my knowledge, has never been reported in the medical literature and it is exactly such unsubstantiated anecdotal reports that abound in aromatherapy and lead to so much misinformation.

Yours sincerely, Martin Watt, England.

[Back to article start](#)

[Back to index](#)

Letter to Aromatic Thymes

published Fall 1997 Vol.5, No.3

Dear editor,

I am writing to say how much I enjoyed reading the thoughtful article written by Kurt Schnaubelt in the last issue. I particularly liked his comments about "pseudo science" yes, aromatherapy is absolutely crammed to bursting with that.

Legal issues: Of course, what is legal in one country may not be in another. However, we must exercise a degree of commonness on such issues. It seems sensible to me, that if a particular essential oil is Internationally regarded as hazardous **for the intended use**, then we should respect that view. However, if we can prove that the data the decision is based on is incorrect, then we should do everything in our power to get the law overturned. Badly evaluated judgements of potential consumer hazards are currently becoming a real problem. This is because of the massive International attempts now being made to restrict the free availability of many herbal extracts. I am happy to accept such restrictions when they are based on sound evaluated scientific evidence, but this is far from the case at the moment. Some countries are placing restrictions on essential oils based on extremely unsound science, or even sometimes on unevaluated scientific opinion. "Well our expert advisers DRs x,y,z, are eminent professors of x,y,z, so they must know what they are talking about". **Not so**, frequently they operate on their biased belief rather than on sound facts. The fact that these supposed 'experts' are in the employ of, or get research grants from, the major pharmaceutical giants has of course nothing to do with their judgements!!!

On the question of what is illegal in one country may not be illegal in another. I have noticed that those essential oil traders who sell some of the most hazardous essential oils known, use this argument as a means to justify their continuing to sell dangerous oils. In fact all they are really interested in is making a few more bucks and to hell with the consequences on the individuals who suffer as the result.

Traditional uses: I disagree with suggestions that "cultural ties" to a particular essential oil or method of using it, should be given high priority. **Unthinking and unevaluated culture and tradition are the curse of humankind.** Firstly, you have to establish how long has this particular activity been going on. Nowadays it seems if you have been doing something for 10 years some people say "this is part of our culture". Secondly, as far as natural medicine is concerned, the fact that something has been used as traditional for even thousands of years does not inevitably mean that it is safe or effective.

Unfortunately within aromatherapy many ill informed people try and use the so called "traditional" use of essential oils to give the impression that the therapy is thousands of years old. **It is not**, it really is only about 30 years old (at *time of writing*). Please study the history of this trade as a specific therapy. It really started with the publication of M. Maury's book in 1961. This was followed by the English edition of Robert Tisserand's book. The vast majority of this trade in the early days was founded around those two works.

Yes, essential oils have been used as traditional and mainstream medicines for hundreds of years. However, assuming that you can equate their mainly internal use, with its use now via massage, is the most fundamental error made by aromatherapy. As a herbalist I take account of the traditional use of herbs, but even then not without bringing to bear my knowledge of science in order to evaluate if the traditional use was correct or safe. Interestingly, as I am so interested in the Ancient uses of herbs, I have researched ancient texts and found many instances of major corruption for their uses in the last 100 years. Even such significant differences as the parts of the plant used in the past, are not always the same that are now used. This is generally not because modern herbalists have found new uses for the different parts, oh no, it is because some writer has made a mistake about 100 years ago and this has been copied and proliferated ad infinitum. You aromatherapists should think very carefully about that one in view of the numerous errors in modern aromatherapy books. Perfumery eye, a very ancient history. Massage yes, an extremely ancient tradition. Applying highly purified and concentrated essential oils to the skin with massage **what tradition?**

Life force: As some of you know, I do not agree with Dr. Buchbauer on his experiments on skin absorption, however I wholeheartedly endorse his comments denigrating so called "life force" in essential oils. Can someone please explain how it is, that essential oils which we commonly take into our bodies in our food, can have special "life force" properties? If that were the case why don't we have a wonderful healthy population? Yet it is just those highly processed fast foods that we are told are bad, that are likely to contain more of those flavors made using essential oils. Why is it then that these foods are supposed to be so bad for you? Could it perhaps be that the animal fat energies fight a battle with the plant energies? If every essential oil is "energies" then how on earth can you attribute any degree of accurate therapeutic properties. Does this really mean that a Basil grown in Egypt will have totally different properties to one grown in Hungary? Now if you want to talk about the therapist somehow having some energetic, healing interaction with the essential oil, then I am prepared to listen. However, it is the **therapist** not the product they are working with.

Skin absorption: It is easy to perform a test to establish if that is a method by which significant amounts of essential oils get into the body via that route. I am now totally convinced that this is **not** what aromatherapy is all about. In the UK we tried to get funding from the Research Council for Complimentary Medicine for such a trial. However they felt unable to support it as "they had other important projects". Being the eternal sceptic, I wonder if just might have been because if we were right, that it would have knocked a big hole in most aromatherapy training courses and the pronouncements of the trades founders. The question is not if aromatherapy works, but if the methods widely taught as fact are correct or not.

Safety: I agree with Kurt's ideas that it is wrong to say that certain oils "Should not be used at all". However, you can't possibly expect the public or indeed many therapists, to know enough about hazardous essential oils to be able to exercise their own judgement. Therefore it is better to be safe than sorry. This point is made even more valid, when within our own trade, we have all these therapists who continue to use such oils with an extremely sound track record of hazardous effects such as: benzoin, cinnamon bark, tansy, sassaparilla, verbena, etc. let alone a whole range of oils whose adverse effects are totally undocumented. I have nothing against the use of any of these oils, but it must only be with the proviso that it is made crystal clear that they must not be applied to the skin. One drop of cinnamon bark oil in an apple pie, but on my skin, no way. So how do you balance public and therapists safety? Unfortunately many of the people who vehemently oppose these restrictions on certain oils, do it not because they want everyone to have freedom of choice, but rather because they don't like it that it becomes public knowledge that they have been writing about and promoting hazardous practices for years.

In regard to the last paragraph, I can but draw your attention to the recent tobacco industry settlement. In other words don't think just because you changed to safer practices in the last few years that you are off the hook. My guess is, that if a court found that a practitioner had caused harm to a client because they had used substances which another far bigger trade had deemed hazardous for around 30 years, you would not have a leg to stand on. You can bet your life that any support from your insurance company would evaporate overnight in such circumstances.

So in conclusion, it's not a question of science versus aromatherapy. It is a question of using **good** science to help clean out the crap burdening a wonderful useful therapy.

Martin Watt (UK)

[Back to article start](#)

[Back to index](#)

Sent to a Russian blog site in 2006 following a request. The exact group name I have lost.

Dear Nika,

I would like to take the opportunity to explain to those who only speak Russian, some information on others and myself that has been discussed on English language newsgroups. I am sure many of you are not aware of the extensive exchanges on these newsgroups going back years.

I have been involved with the aromatherapy trade for around 15 years. I also learnt the **real** truth in essential oils from big oil importers and essential oils. The big oil traders supplying the food and fragrance trades were around long before aromatherapy was invented. For example, some of the nicest Silver fir oil comes from Russia in Tonne lots, not in 10 ml. Bottles! Most aromatherapy suppliers started off as kitchen sink operations with almost no prior knowledge of the subject. **In those days most aromatherapy suppliers were sold fragrance blends as real oils and many still are.**

During my early days I got to know some leading figures and also had the opportunity to evaluate their writings. What is clear is that the vast majority of aromatherapy books are semi fictitious works. The authors had no sound training in what they wrote about and few had the abilities necessary to evaluate any research they came across. The whole of the aromatherapy world has evolved around the works of semi fiction and the writings of these authors have been accepted as facts - far from it!

My early work was to introduce to the trade some facts on essential oils safety. This was at the request of a UK oils trade association. It was during the research for that work (Plant Aromatics) that I soon realised how inaccurate most aromatherapy education was. I decided to follow up on this by carefully investigating the claims made by various authors. The attached article on skin absorption was part of that investigation. Despite many theories being discussed since that was written, no one has come up with conclusive evidence that essential oils can be absorbed by the skin in clinically effective volumes in the way they are used diluted in massage.

Worse was to come when I started investigating therapeutic uses and found there was no evidence to support many claims, and most were in fact the known effects of herbs taken internally. The anecdotal or so called traditional use claims were often badly flawed or none existent. The claims made based on the chemical profile of the oil were pure invention based on incorrect chemistry from certain French tricksters. Yet even worse, were the convincing professional confidence tricksters I discovered in the aromatherapy trade organisations and among oil suppliers. These are people who got into the trade in the early days simply as a way of making money from gullible people. This trade has grown on the basis of hype and misinformation and that continues throughout the world today, it is **being made worse by dishonest multi level marketing techniques.**

I would like to point out here that I am a trained herbalist and have the highest respect for Shamanism. However, due to that background, I know that many of the claims made for aromatherapy are not based on true traditional medicine but are modern inventions. I have to go back here to the fact that most of the books you may have read are not written by people trained in traditional medicine and therefore their fundamental knowledge on what they wrote about was very weak. Those works have been taken to be accurate information written by experts - sorry not so.

Aromatherapy can be superb either with massage or on its own, but often not for the conditions you will find in the books. People in the greater Russian area have used the therapeutic properties of aromatic plants for thousands of years. In some cases the traditional knowledge in that part of the world has come down in a purer form than in Western countries. Also some of your scientists have done superb investigations on aromatic plants. So please do not assume the West is your best source for information on aromatherapy, much of the good stuff is in your backyards.

Martin Watt (UK)

[Back to article start](#)

[Back to index](#)

A warning to people in Canada seeking a training course.

By Martin Watt Certt Phil. Yt.
Medical Herbalist & Essential oil educator, UK.

Dec. 2003

Also see the second file 'Canadian claims+general errors'

Yes this is old stuff but I can assure you that a lot of this trash is still being taught on Canadian courses 15 years after I first wrote this.

Beware of web sites where it is claimed the teacher has "20 years experience in aromatherapy", that can mean little in a trade which has no sound quality control mechanisms, that's assuming the statement is even true!

What follows below is an illustration of what **all aromatherapy students need to be wary of**. These course notes from Canada were sent to me by a worried student who wanted another opinion on what he was being taught.

About a year before the article below, I had an email from the author of the course suggesting I "stop my disparaging remarks about the CFA" as I was "misinformed" about their standards. Perhaps the course review below, coming exactly a year after those comments, will now fully vindicate my disparaging remarks.

The get-out clause below used to be on the CFA website 'instructors' page. Now (2006) a similar one is to be found in their code of ethics page: **"Neither the Canadian Federation of Aromatherapists (CFA) nor members of its board of directors assumes any responsibility for the actions and/or activities of an instructor/educator in conforming with the Code of Ethics and Standards of Practice"**. Therefore, if an instructor breaches the CFA's codes of conduct, the organisation may not take any responsibility, expel the teacher or make amends to their students. Such a clause gives rogue elements a free hand to do whatever they like.

I have 5 separate sets of course notes sent by worried students from Canada. Most of these notes have the same mistakes as are itemised below.

Be aware that certain Canadian schools were putting out misinformation verbally and sometimes in their literature about the status of their Aromatherapy organisations. People are told that these organisations are either "working with the government" or "are close to getting government recognition". In both cases these statements are designed to mislead people into thinking schools in these organisations are the best.

In the case of the Office of Natural Products, the CFA & BCA made submissions in the same manner as other complementary medicine associations, likewise so did IATA.

In the case of the BCAA they now claim recognition from the British Columbia Government. Please refer to my page on 'Incorrect safety' for just a taster of what this Government department have approved!!

Some of the worlds worst aromatherapy schools and teachers are based in Canada. Many teach information based on the French style of aromatherapy much of which is dangerous and inaccurate.

A report on essential oil monographs in a course approved by the CFA. Also the author claims approval by NAHA in the USA.

Notes supplied Feb. 2003.

General impressions:

Since most of the therapeutic uses below are taken out of popular aromatherapy books/novels, this review can also be applied to those books, most of which themselves contain gross errors.

These notes prove that the CFA and NAHA were **incompetent** at assessing the **quality** of their approved training courses. This is particularly relevant when the objective of that training is for therapists to help people with a variety of health problems. Even if the problem were of a minor psychological nature, essential oils and the methods employed have potential to cause harm. If someone is emotionally vulnerable and they get skin damage as the result of these therapists activities, then that can be sufficient to tip them over the edge to suicide attempts.

There has been no attempt to distinguish between the uses of the plants as herbal medicines in a water or alcohol base taken internally, compared to the use of the same plants oil used in massage.

There has been no attempt to distinguish between effects that can only occur from the internal use of the oil versus its external application.

There has been no attempt in these notes to distinguish between the historical uses of a particular extract, or that it should not be used nowadays for that condition, i.e. Gonorrhoea. Likewise no attempt to explain any legal restrictions on what a complementary therapies practitioner can and can't do, or claim.

KEY:

Text with quotes and **bold** are the Canadian teachers notes.

Blue text are my comments.

Red text are extremely dangerous claims.

BAY OIL

"Active: phenols-monoterpenes"

Both terms are generic covering thousands of chemicals. Without knowing exactly which chemical is being referred to then the information is next to worthless. The indications from all these notes is that the author simply does not know the chemical profile of most of the oils she is writing about.

"Uses: Wound healing-use before scarring"

I have never seen any traditional or modern use for such a condition using bay oil. Also, as most therapists are advised not to put essential oils onto fresh wounds, I find the statement contradictory.

"Pneumonia"

A serious and life threatening condition. Is she seriously suggesting this oil can be used to treat such a major illness? This is dangerous quack medicine.

BENZOIN RESIN IN A SOLVENT

"Active: 70% esters"

No attempt to define volumes or explain the huge differences between the different species yielding benzoin or that the solvents are often synthetic.

"Uses. Urinary tract-stimulates flow of urine"

This is taken from past traditional uses of benzoin tincture given internally. It most definitely does **not apply to the oil when used in massage.**

"Circulation"

Comments as previous sentence.

"Expels flatulence"

Comments as previous.

"Skin rejuvenation; dry, cracked, redness, itching, dermatitis"

To use a known sensitising agent on such damaged skin is **reckless and irresponsible**, particularly as most pourable benzoin resin contains a variety of petro-chemical solvents.

BERGAMOT OIL

"Active. Esters and alcohols"

Comments same as Bay, useless information and potentially dangerous if it implies that all alcohols are soothing.

"Main properties. Antiviral"

It is NOT.

"Uses: TB"

This is serious stuff, if she is suggesting this oil can treat that condition. Possibly illegal as well - it certainly is in the UK.

"Cautions"

The information provided is totally inadequate.

BLACK PEPPER OIL

"Main properties: antiviral"

I am not aware of research indicating that the essential oil is antiviral in vivo.

"Stomachic"

This is taken from internal use of pepper as a digestive herb.

"Uses: Flatulence; antiseptic to urinary tract"

Both only achievable from internal use.

"Intermittent fever"

Clearly a term from an old herbal.

"Tonic to the spleen"

Likewise an ancient concept of herbal medicine, nothing at all to do with essential oils.

"Caution may irritate the kidneys"

What when used in massage????

CAJEPUT OIL

Incorrect name copied over and over again in aromatherapy books.

"Being tested as a natural pesticide"

Probably she means the use of an aqueous extract of the leaves rather than the essential oil which would be far too expensive to use this way.

CARROT SEED OIL

"Characteristics-vit A;C;B1;B2 "

What have the nutritive effect of carrots got to do with its essential oil which contains no vitamins?

"Main properties: hormone like"

What does this mean? Internal use or does it do that via massage; strange since essential oils are not absorbed by the skin!

"Antiaging"

Classic beauty therapy hype and nonsense.

"Uses: rejuvenation"

As above comment.

"Aids digestion"

How?

"Jaundice":

A serious and life threatening condition which no aromatherapist is competent to treat.

"Accumulation of toxins"

Classic beauty therapy hype and nonsense.

"Urine retention, diuretic"

Again the traditional use of a tea taken internally, NOT the use of the oil rubbed in externally.

"Tonic to hormone production"

How?

"Aids conception"

Oh boy what rubbish! Carrot seed oil has never been used in traditional medicine.

"Lowers blood pressure"

Since most aromatherapy writers have never taken a blood pressure, I wonder how they know?

CEDARWOOD OIL-ATLAS

The chemical composition is wrong.

"Uses: lymph tonic".

How on earth does it do that?

"Cellulite"

Beauty therapy hype.

"Glandular system"
Meaningless.

"Urinary infections"
How?

CHAMOMILE GERMAN OIL

"Active-sequiterpenes, oxides, alcohols"
Meaningless chemical groups with no composition data.

"Uses: Female disorders: painful or irregular periods"
As a qualified medical herbalist I can say with certainty that these are the effects caused by the herbal tea, not the essential oil.

"Excessive loss of blood".

This is highly dangerous advice to give to students and the oil will NOT have such an effect.

CHAMOMILE ROMAN OIL

"Active. Esters"
No attempt to define which.

"Main properties: Emmenagogue"
This is herbal use **not the essential oil**.

"Uses: Diarrhea"
This is herbal use **not the essential oil**.

"Other disorders: dissolves kidney stones"
THIS IS QUACK MEDICINE and there is not a shred of evidence to back such a claim. It is doubtful for the herbal use and is not correct for the essential oil.

CINNAMON LEAF OIL

"Main properties: anti viral"
I know of no research in humans to justify such a dubious claim.

"Uses: sluggish digestion; digestive spasm"
Both are internal uses.

"Diarrhea; constipation"
Comment as previous.

CLARY SAGE OIL

"Main properties: Lowers blood pressure"
No evidence specific to this oil.

"Caution: Hormone related cancers"
Why since not enough oil gets into the body via the skin to have any such pharmacological effect?

CLOVE BUD OIL

"Main properties: Raises blood pressure"
No evidence specific to this oil.

"Uses: Balances thyroid problems"
This is highly dangerous advice and is nonsense anyway.

"Uterine tonic"
How, by what method; herbal use perhaps?

CYPRESS OIL

"Main properties: Vasoconstrictor"
This is the classic aromatherapy nonsense based on the traditional use of a water based herbal decoction, which is nothing like an essential oil.

"Uses: Ovarian disorders; endometriosis (heavy bleeding)".
This is **highly dangerous advice** to give to students. These are the therapeutic uses of herbal extracts as previously mentioned. However, most medical herbalists are trained for several years in medical diagnosis, pathology, etc. Aromatherapists get no such vital medical training.

EUCALYPTUS (various) OILS

E. globulus. **"Uses: Diabetes (lowers high blood sugar)".**
This is highly dangerous advice and utterly ludicrous anyway.

FENNEL OIL

"Uses: Sluggish digestion"
Internal use only, not in massage.

"Tonic to liver and spleen"
Herbal medicine maybe, but seriously out of date.

"Kidney stones"
This is highly dangerous advice and utterly ludicrous anyway.

FRANKINCENSE OIL

"Uses: Gonorrhoea"
Probably illegal even in Canada. Taken from ancient herbal uses of the resin given as a medicine, not the oil.

"Disorders of the uterus"
What disorders and how?

GERANIUM OIL

"Origin. Island in the Indian Ocean"
Such a comment indicates a complete lack of knowledge of the International trade in essential oils.

"Uses: Stimulant to liver and pancreas"
"Diabetes – jaundice"
This is highly dangerous advice and utterly ludicrous anyway.

"Uterus (pregnancy)"

To do what?
"Heart conditions (Angina)"
Comment as above.

"Kidney stones"
This comes from the error made years ago by a popular aromatherapy author in attributing the herbal properties of the herb called Herb Robert, to geranium oil. A major blunder copied continuously since.

GRAPEFRUIT OIL

"Main properties: Circulatory"
Nonsense.

"Diuretic"
how???

"Uses: Tonic for lymphatic system"
Nonsense.

"Cellulite; obesity"
Both beauty hype designed to capture gullible minds.

"Liver problems; breaks up gallstones".
This is highly dangerous advice and utterly ludicrous anyway.

HELICHRYSUM OIL

"Active"
The usual nonsense on chemical groups.

"Main properties: anti-hematoma; anti-phlebitis".
This is highly dangerous advice and utterly ludicrous anyway.

"Liver and pancreatic stimulant"
Traditional use of the herbal preparation, not the oil.

"Gallstones"
Seriously dangerous advice and is nonsense anyway.

"Uses: Hepatitis; cirrhosis".
This is highly dangerous advice and ludicrous.

HYSSOP OIL

"Main properties: Emmenagogue".
Only if used internally, but mainly herb use.

"Uses: TB"
This is highly dangerous advice and probably illegal.

"Urinary stones"
Just ludicrous.

"Regulates Blood pressure".
How used?

"Multiple sclerosis"
I know of no research suggesting this essential oil can do anything for this condition. In addition, since Hyssop contains a lot of ketones which are supposed to be "neurotoxic" this advice is contradictory to all earlier advice about the dangers of such essential oils. With MS the myelin sheaths are damaged, therefore should one use an oil that is reputed to have nerve-damaging effects????

JASMINE absolute

"Active-54% esters, 24% alcohols"
Ridiculous chemical groups again with no compositional data.

"Uses: Stimulates milk production".
NO IT DOES NOT, this is another aromatherapy book error. Clinical trials have proven the opposite action. *Shrivastav P. et al. 1988. Aust. NZ. J. Obstet. Gynaecol. 28. 68-71. Abrsham M. 1979. Ind. J. Med. Res. 69. 88-92.*

JUNIPER BERRY OIL

"Main properties: Diuretic"
but only from internal use.

"Uses: excretes uric acid"
What via skin absorption??

"Arteriosclerosis"
how used?

"Cellulite"
How come since no oil is absorbed via the skin into the fat beneath?

"Urinary stones"
Crazy, this was a past use of juniper berry herbal infusion which is not the essential oil applied in massage.

LEMON OIL

"Uses: Urinary and gallstones"
A total corruption of the traditional uses for lemon JUICE and a classic error of most aromatherapy authors.

"Stomach ulcers"
Seriously dangerous advice and utterly ludicrous anyway.

"Great for the liver"
What the juice or the essential oil applied to the skin??

"Hemorrhage (nasal gastric, intestinal, renal)"
This is crazy and anyone promoting such dangerous advice should be prosecuted for fraud.

LIME OIL

"Lymphatic system stimulant"
What by external application?

MANDARIN OIL

"Lymphatic system stimulant"
What by external application?

"Obesity; water retention"
Two completely different conditions neither of which mandarin oil used externally or internally is likely to do anything for. Indeed the fragrance of most citrus fruit oils will stimulate the stomach juices to demand more food not less.

MARJORAM SWEET OIL

"Main properties: Antiviral"
I know of no evidence for this claim.

"Emmenagogue"
A very old herbal reputation, nothing to do with the oil.

"Lowers blood pressure"
Unlikely.

MELISSA OIL

"Active"
Chemical groups again, clearly the author has not a clue on the real chemistry.

"Uses: Heart tonic"
Classic herbal use, not the essential oil.

"Herpes"
Research has shown this plant has anti viral activity in its water soluble phase, but this does not occur in the oil phase which is antibacterial rather than antiviral. There is no published skin safety data on this oil and it is not allowed in skin care products.

MYRRH OIL

"Main properties: Antiviral"
No evidence and unlikely.

"Uses: Urinary tract antiseptic"
Only if used internally.

NIAOULI OIL

"Main properties: antiviral"
No evidence and unlikely.

"TB"
Dangerous and probably illegal advice.

"Recommended for serious conditions such as AIDS and non-hormonal cancer".
Dangerous and probably illegal advice. This oil is not the subject of any published skin safety data.

NUTMEG OIL

"Characteristics: Uterine tonic"
What the oil in massage, could that be the herb in water perhaps??

"Uses: Chronic diarrhea"
Classic use of nutmeg POWDER not the oil!!

ORANGE bitter OIL

"Main properties: Cell regenerator"
Beauty hype again. Since d-limonene in orange oil is a powerful degreaser, the most likely effect of exposing living skin cells to this oil is to kill them, not "regenerate" them.

"Uses: Liver stimulant; lymphatic stimulant"
Since there is no evidence that essential oils can get through the skin into the circulation, then these claims are foolish and unjustified.

PALMAROSA OIL

"Main properties: Strongly anti viral"
See previous comments, no evidence.

"Cell regenerator"
Likewise no evidence.

"Uses: Cystitis"
What external application?

"Assists childbirth"
How?

PATCHOULI OIL

"Main properties: Anti viral"
It is not.
"Diuretic"
That is ridiculous as not even the herb was used for that.

"Uses: Tissue regenerator"
Evidence?

PEPPERMINT OIL

"Main properties: Anti viral"
There is no evidence whatsoever that peppermint OIL has such an action although the herb tea might.

"Uses: Ulcers"
Dangerous advice and is nonsense anyway.

PINE OIL

"Main properties: Diuretic"
How?

"Uses: Urinary diseases; prostatitis".
Seriously dangerous advice and utterly ludicrous anyway.

"Antiseptic for the liver; Gallstones; good for adrenals"
All nonsense.

ROSEMARY OIL

"Main properties: Antiviral"
There is no evidence whatsoever that rosemary OIL has such an action although the herb tea might.

"Diuretic"
This is a herb tea.

"Uses: Adrenal tonic; Induces and regulates periods; Heart tonic"
What the heck does "heart tonic" mean?

"Liver disorders"
While rosemarys as herbal medication has many uses, those listed cannot be achieved via the external application of the essential oil.

ROSEWOOD OIL

All therapeutic uses for this oil are **the inventions of modern aromatherapists**. It has no traditional use. The trees are severely endangered and there is no such thing as the **wood** oil from plantation trees as many suppliers claim.

SAGE OIL

"Main properties: Anti viral"
Only in vitro, not in the body.

"Emmenagogue"
The oil is not, only the herbal infusion might be.

"Uses: Regulates menstrual flow"
What external use of the oil ???

"Gets rid of lactic acid"
How?

"People who sweat a lot"
A classic aromatherapy error taken from the use of the **herb**. The oil cannot possibly do that because if anything it heats the skin and therefore opens pores, whereas the herb is highly astringent and closes pores.

"Purifies blood"
Wow, better let the blood transfusion service know then!

"Diuretic"
Yes if the oil was taken internally, externally no.

"Digestive problems"
Yes if the oil was taken internally, externally no.

SANDALWOOD OIL

"Uses: Antiseptic to the urinary tract"
Yes if the oil was taken internally, externally applied-no.

"Fluid retention"
Maybe if the oil was taken internally, externally no.

"genito urinary conditions"
As above.

"Diarrhea"

TEA TREE OIL

"Main properties: Anti viral"
It is NOT only the water soluble components are.

"Uses: Genital Herpes"
It is illegal in many countries for a complementary medicine practitioner to treat this condition.

"Vaginal infections (tampons)"
Outrageously dangerous advice.

"Black widow and funnel web spider bites"
Maybe if you were in the bush with no medical attention and miles from a hospital, otherwise highly **dangerous advice** and anyway tea tree oil is NOT an antivenom!!

"Less irritating than most oils"
It is not, there are many less irritating oils. Also tea tree can be a skin sensitizing oil.

THYME OIL

"Uses: Intestinal infections, parasites"
Only if used internally, otherwise nonsense.

VETIVER OIL

"Main properties: Stimulates blood flow"
How??

"Emmenagogue"
It is not.

"Promotes pancreatic secretions"
If that advice was given to a diabetic it could have **serious consequences**. It is nonsense anyway.

"Coronary arteries, veins (stimulates blood flow)".
This is just plain crazy!

YLANG OIL

"Uses: Intestinal infection"
What used externally or given internally. Since a lot of ylang essential oil is adulterated with synthetic chemicals the consequences of advocating its internal use are **mind boggling**.

Summary: A shameful indictment of the level of education approved by organisations such as the CFA in Canada, NAHA in the USA and even some courses in the UK. Such errors are commonplace throughout this trade. Also a shameful indictment of Government departments who allow such dangerous trash to be taught in their colleges.

[Back to article start](#)

[Back to index](#)

More examples of the unceasing hype and nonsense on Canadian Internet sites about the properties of essential oils

First written in 2003, **but some is still being taught to this day**. You will still find such errors on many web sites, in the books and course notes of people validated by the trade associations.

The below is from a Canadian website. They claimed on their home page to be a source of "quality information". See what you think of this claim.

KEY:

Text in black between quotes"... " are their claims.
Text in blue are my comments.

WHITE GRAPEFRUIT OIL

"Medicinal properties":

"Anti bacterial, anti septic" - unreliable, may not have any such effects.

"astringent" - the property of the juice maybe, but certainly **not the oil**.

"detoxifying" - classic beauty therapy hype. How the heck can the application of an essential oil to the skin, which does not then penetrate the skin, possibly have any effect on our liver or kidneys which are the main organs responsible for eliminating so called "toxins". There is **no traditional medicine use of grapefruit oil**, it is in fact a 'modern' fruit.

"diuretic" - more beauty trade hype and comments above also apply.

"Primary uses":

"Cellulite, water retention, obesity" - beauty therapy hype to lure those gullible people who are seeking magic bullets.

"Some therapists recommend grapefruit as part of a detoxification program when one is struggling with addictions (drug & nicotine)" - I don't know any reputable therapist who would suggest such a **physical action** for grapefruit oil. Clearly its effects on the olfactory system may help with the emotional trauma of being weaned from drugs.

LEMON OIL

"Medicinal properties"

"anti- toxic" - what the heck does that mean? Does it mean if someone has got poisoning that lemon oil applied to the skin will cure them, or could it again be a corruption of the internal use of **lemon juice**?

"anti – microbial, bactericidal" - unreliable, same comments as for grapefruit.

"diuretic" - **beauty trade hype**, same comments as grapefruit.

"carminative, depurative, vermifuge" - possibly if the oil were consumed, but otherwise **no way**.

"anti – anemic" - **This is dangerous advice and is wrong!!!**

"hermestatic" - it is NOT.

"Primary uses":

"Stimulating for liver" - that is the traditional use for lemon JUICE.

"weight loss, water retention, cellulite" - beauty trade hype.

"Brittle nails" - what a joke!

"anemia" - **This is dangerous advice and is wrong,**

"varicose veins; high blood pressure; dyspepsia (flatulence, acid reflux, & nausea)" - most of this for the essential oil is hogwash.

SWEET ORANGE

"Medicinal properties"

"anti inflammatory" - no way! If anything the reverse as it is an irritant, you can't have it both ways.

"anti septic -bactericidal-fungicidal" - unreliable as are all citrus peel oils.

"astringent" - that is ludicrous, see 'anti inflammatory' comments above.

"choleric; digestive" - ridiculous claims with not a shred of evidence and mainly based on herbal medicine, not the external use of the oil.

"Primary uses":

"obesity and water retention, toning, wrinkles" - just beauty trade hype again.

"Constipation, digestive complaints, nausea, bronchitis, cold & flu, upset stomach, diarrhea". - None of these claims have anything to do with the external use of the essential oil.

PINE

"Medicinal properties":

"hypertensive" - this means it increases blood pressure, I have no idea on how it does that and have never seen a validated research reference suggesting this. If true it means those with high blood pressure should avoid household cleaners, soap, aromatic baths and perfumes where the maximum reported use level is 1.2%.

"Historical uses":

"Has been used in the past to deter fleas & lice and by Native Americans to prevent scurvy". - Native Americans did not know how to produce distilled essential oils. This information is a corruption of the traditional use of water based herbal medicines; the use of pine resin or the use of pine smoke on fires.

"Primary uses":

"Urinary tract infections" - corruption from internal use of the herbal tea, or possible internal use of the oil. External use could not possibly cause such an effect.

"adrenal stimulant" - I'm not sure of the advantage of this since most people's adrenals are already overworked from drinking coffee and other stimulants. What gain is there in further stimulation? In any case this could not possibly occur from external use of the essential oil.

"water retention" - beauty therapy hype again.

ROSEWOOD

A highly threatened species; most therapeutic uses are 'inventions'.

See other articles on this oil in my Articles Archive.

TEA TREE

"Medicinal properties":

"anti biotic" - this is a misleading term to make the oil seem more potent than it is.

"anti viral" - the evidence I have seen indicates that only water based extracts have in vitro antiviral actions. Most essential oils are **not** effective antiviral agents. This is again a corruption of the traditional use of herbal teas by authors not trained in herbal medicine, or ignorant of the differences between herbs and essential oils.

"parasiticide" - without qualifying which parasites and where, it means nothing. I just hope the readers are not misled into thinking this means gut parasites.

"History":

"Use of this oil dates back hundreds of years" - The native Australian tribes **did not know how to distil essential oils**. That knowledge was only introduced by European settlers. The true traditional uses of the various types of so called 'tea tree' were as water based extracts.

"Safety":

"may cause slight sensitivity in some individuals" - clearly this author is confusing the term sensitivity with sensitisation... a far more serious problem. Tea tree oil is well documented as a cause of "sensitisation" particularly in the case of old or oxidised oil.

ROSEMARY

The **author lists** the various chemotypes of rosemary, but then lumps all the oils together under the therapeutic uses section, yet their composition varies hugely. The writer also does not state that safety data is available only on the cineole chemotype of rosemary and not on all the others.

"hypertensive" - this is urban myth without any sound evidence.

"arteriosclerosis" - I doubt this from external use of the oil. Rosemary is known to dilate capillaries, but that does not equate to the removal of the deposited atheroma plaques in arteries. Also no aromatherapist has the training or equipment to detect such an action, therefore how does any aromatherapist know?

[Back to article start](#)

[Back to index](#)

INCORRECT SAFETY

Examples of the lack of knowledge of Accurate aromatherapists and some of these people now run training courses!!

The list of contraindications below was circulated to interested parties in Canada on behalf of the British Columbia Alliance of Aromatherapists - around 2002/3. It is a proposed list of oil contra indications to be presented to their Governments Office of Natural Health Products. They were subsequently advised not to present this list. I am leaving this on my web site despite it being out of date. The reason is to illustrate how badly informed most aromatherapy organisations were despite their claims of representing "best trade practices" They never were and many are still not. The information presented is so inaccurate that I feel that it deserves a wider audience. **Such nonsense continues to this day in many parts of the world.**

It is shocking, that despite sound safety data being available on some of these oils since the 1960s, that certain aromatherapy teachers continue to ignore this. Instead they prefer to believe what the popular aromatherapy novelists and teachers say based on undocumented and unevaluated "experience". Also, the lack cannot be considered as being 'better safe than sorry', instead it is a prime example of those who prepared the list not knowing the correct safety information. **If you are taught any of this on a course I suggest I suggest you ask for your money back as clearly the teacher is ignorant of accurate information resources.**

The plain text is the British Columbia Alliance of Aromatherapists comments.

The blue text are my comments, not just my opinions, but based on known facts.

ANISEED - Pimpinella anisum

"Avoid during pregnancy". **Why, it is a permitted and common food flavouring?**

"Stupefying with large doses". **What are large doses and what relevance is that to external use?**

"May irritate sensitive skin". **Possibly.**

"Do not use on children under 5 years". **Then why is it used in (sweets) candies, biscuits, etc.?**

BASIL - Ocimum basilicum

"Avoid during pregnancy". **There is not a shed of evidence of harmful effects from external use.**

"May irritate sensitive skin". **Yes possibly, but so can most oils used inappropriately.**

BENZOIN - Styrax benzoin

"May irritate sensitive skin". **Benzoin is a recognised skin sensitising agent not just an irritant. Its use in cosmetic products is restricted by the IFRA.**

BERGAMOT - Citrus bergamia

"Increases photosensitivity". **Only if expressed oil is used. FCF grade is safe.**

"May irritate sensitive skin". **Yes possibly, but so can most oils used inappropriately.**

BLACK PEPPER - Piper nigrum

"Avoid with severe kidney disease". **Complete and utter nonsense; where on earth do they get this from as this oil is a permitted food flavouring!**

"May irritate sensitive skin". **Yes that's fine.**

CAMPHOR - Cinnamomum camphora

"Avoid during pregnancy"

"Avoid with seizure disorders"

"Avoid with high blood pressure"

"May antidote homeopathic remedies"

"Do not use on children under 5 years or animals"

"Avoid with asthma"

Most of the above are references to pure crystalline camphor. Camphor essential oil is mostly linalool and so the safety considerations for crystalline camphor do not apply.

CEDARWOOD - Cedrus atlantica

"Avoid during pregnancy". **No evidence that external use poses any threat.**

"May be a potential allergen (if allergic to cedar)". **Also applies to all other oils?**

"Do not use on children under 5 years". **Why?**

CHAMOMILE, ROMAN - Anthemum nobilis

"Avoid during first trimester of pregnancy, use in low dilution thereafter". **There is no evidence for such a claim if use is external only.**

"May cause skin irritation on some people". **So do most other oils.**

CHAMOMILE, GERMAN - Matricaria chamomilla

"Avoid during first trimester of pregnancy, use in low dilution thereafter". **As above.**

"May cause skin irritation on some people". **So do most other oils.**

CINNAMON - Cinnamomum zeylanicum. **Which - bark or leaf?**

"May irritate sensitive skin". **The bark oil is a major skin sensitising agent and should not be used on the skin.**

"Avoid during pregnancy". **Avoid on everyone!!**

Cinnamon leaf oil is similar to clove and safe in the appropriate dilution.

CITRONELLA - Cymbopogon nardus

"May irritate sensitive skin". **This oil is a potential skin sensitiser particularly in humid conditions.**

CLARY SAGE - Salvia sclarea

"Avoid during pregnancy". **Why, what evidence?**

"Avoid with low blood pressure". **Most aromatherapists are not trained in taking a BP?**

"Avoid with heavy menstrual flow". **Evidence please, not anecdotal hype?**

"Avoid with alcohol - increases impairment". **Fine.**

"Avoid when concentration is required, i.e., driving, operating equipment". **Possibly.**

CLOVE BUD - Eugenia caryophyllata

"Avoid during pregnancy". **Evidence please? It is a permitted food flavouring!!**

"Use in low dilutions - may irritate sensitive skin". **Fine**

CORIANDER - Coriandrum sativum.

"Can be stupefying large doses". **No more than many other oils - what does large doses mean?**

CYPRRESS - Cupressus sempervirens

"Avoid during pregnancy". **Nonsense; no evidence of harm from external use.**

EUCALYPTUS GLOBULUS, smithii and radiata

"Avoid during pregnancy". **Why, what evidence please?**

"Avoid with seizure disorders". **Why, what evidence please?**

"Avoid with high blood pressure". **Nonsense.**

"May antidote homeopathic remedies". **What's that got to do with public safety?**

"Do not use on children 5 and under or animals". **It is used in many O.T.C. products.**

What about Toxicity? If consumed, death has been reported at 5mls.

FENNEL - Foeniculum vulgare

"Avoid during pregnancy". **Why it is a permitted food flavouring? Any hormonal effects are unproven?**

"Avoid with kidney disease". **Complete nonsense from external use.**

"Avoid with seizure disorders". **Even more nonsense!**

"Narcotic in large doses". **You gotta be kidding - what like a gallon!!**

GERANIUM - Pelargonium graveolens

"May irritate sensitive skin". **So can any essential oils.**

"Causes wakefulness in large doses". **What taken or rubbed in?**

GINGER - Zingiber officinalis

"Slightly increases photosensitivity". **Such a mild photosensitiser it is hardly worth mentioning.**

"May irritate sensitive skin". **Yes.**

GRAPEFRUIT - Citrus paradisi

"Increases photosensitivity". **Incorrect, especially for the distilled oil.**

"May irritate sensitive skin". **So can any essential oils.**

HYSSOP - Hyssopus officinalis

"Avoid with high blood pressure". **Nonsense, there is no such evidence.**

"Avoid with seizure disorders". **Evidence weak apart from consumption.**

"Avoid during pregnancy or breast feeding". **Pregnancy no evidence - breastfeeding maybe.**

"Do not use on children under 5 years" **Why?**

JASMINE - Jasminum grandiflorum

"Avoid during pregnancy until labour commences". **No evidence for this.**

There are a couple of published papers proving the smell of jasmine inhibits lactation and yet most aromatherapy authors claim it promotes lactation.

JUNIPER - Juniperus communis

"Avoid during pregnancy". **Why, it's a permitted food and drink flavouring?**

"Avoid with kidney disease". **Nonsense only if you drink the stuff in excess.**

LAVENDER - Lavendula officinalis or angustifolia

"Avoid during pregnancy". **Complete and utter nonsense.**

"Avoid with low blood pressure". **Utter nonsense.**

"May be sensitising if over used". **So may all oils.**

LEMON - Citrus limonum

"Increases photosensitivity". **No, particularly not the distilled oil.** "May irritate sensitive skin". **No more than most oils.**

LEMONGRASS - Cymbopogon citratus.

"May irritate sensitive skin". **No more than others, but is a weak sensitiser.**

"May exacerbate auto immune disorders". **Complete and utter fantasy!**

"Increases photosensitivity". **Possibly**

"Do not use on children under 2 years". **OK**

LIME - Citrus citrata or aurantifolia

"Increases photosensitivity". **Expressed lime oil is a potent photosensitiser and not suitable for skin contact. Distilled oil is OK.**

"May irritate sensitive skin". **No more than most.**

LINDEN BLOSSOM - Tilia europaea.

No such essential oil, only an absolute - most is fake!

"Avoid when concentration is required, i.e., driving, operating equipment"

"May irritate sensitive skin" **There is no known safety data on this material and it is commonly adulterated.**

LITSEA CUBEBA - Litsea Cubeba

"Increases photosensitivity". **May do slightly.**

"May irritate sensitive skin". **May be a weak sensitiser in hot humid conditions, (not an irritant).**

MANDARIN - Citrus reticulata

"Increases photosensitivity". **Incorrect.**

"May irritate sensitive skin". **No more than most.**

MARJORAM - Oreganum marjorana

"Avoid during pregnancy". **Why, it is a permitted food and drink flavouring?**

"Avoid with low blood pressure". **Nonsense!**

"May deaden emotions". **What on earth has that to do with safety??**

MANUKA - Leptospermum scoparium

"None noted". **That's because the oil is a relatively new introduction. No formal dermal safety testing has been undertaken on humans.**

MELISSA OR LEMON BALM - Melissa officinalis

"Avoid during pregnancy". **Why?**

"Avoid with prostate problems". **Oh my goodness don't they like fantasies!**

"Avoid with glaucoma". **As above**

"May irritate sensitive skin". **IFRA advise it should not be used in cosmetics, due to inadequate skin safety data.**

MYRRH - Commiphora myrrha

"Avoid during pregnancy". **Nonsense - no evidence of any kind.**

MYRTLE - Myrtus communis

"May irritate sensitive skin". **Similar to clove so OK in moderation.**

NEROLI - Citrus aurantium

"None noted". **Incorrect, although skin allergies to this are very rare.**

NIAOULI - Melaleuca quinquiflora or Melaleuca viridifolia

"Avoid on small children". **Why?**

No formal skin safety trials have been published so nobody knows.

NUTMEG - Myristica fragrans

"May irritate sensitive skin". **No more than most.**

"Avoid during pregnancy". **No evidence and improbable unless consumed.**

"Stupefying with large doses". **Yes if you drink the stuff in excess, not in massage.**

"Avoid with cardiac disease". **Nonsense.**

ORANGE - Citrus aurantium or Citrus sinensis

"Increases photosensitivity". **Unlikely unless expressed oil is use, even then it is weak.**

"May irritate sensitive skin". **Slightly but not much more than most. The problem is with sensitisation, not irritation and that only occurs with oxidised oils. They didn't understand the difference and yet this organisation trains therapists!!!!**

PALMAROSA - Cymopogom martini

"Avoid during pregnancy". **Nonsense!**

"Use with care with menstrual problems". **Nonsense!**

"May irritate sensitive skin". **Far less than most oils.**

"Increases photosensitivity". **Unlikely**

PATCHOULI - Pogostemon patchouli

"May cause appetite loss". **Who says so? So what's the problem?**

"May irritate sensitive skin". **No more than most.**

PEPPERMINT - Mentha piperita

"Avoid during pregnancy". **It is a permitted flavouring and in many products!**

"May antidote homeopathic remedies". **That's not a safety warning.**

"May disrupt sleep patterns if used late in day". **That's not a safety warning.**

"Do not use on children under 5 years or animals". **They better not eat candies then!**

PETITGRAIN - Citrus aurantium or vulgaris

"May irritate sensitive skin". **No more than any others.**

"Increases photosensitivity". **Incorrect.**

PINE NEEDLE - Pinus sylvestris

"May irritate sensitive skin". **OK.**

"Increases photosensitivity". **Rubbish!**

"May cause allergic reaction to those sensitive". **Old oils are sensitisers.**

"Avoid with prostate cancer". **Rubbish - typical corruption of herbal medicine!**

RAVENSARA - Ravensara aromatica

"None noted". **This oil has no aromaticity or any skin safety or toxicity trials.**

ROSE - Rosa Centifolia or Rosa Damascena or Otto

"Avoid during first trimester of pregnancy; in very low dilutions thereafter". **Utter nonsense. It is a safe food flavouring - traditionally advocated in Turkey to produce happy and healthy babies!!**

"Do not use on children under 5 years". **Why?**

"May irritate sensitive skin". **No more than any other oils, more likely the reverse.**

ROSEMARY - Rosmarinus officinalis

"Avoid during pregnancy". **Complete nonsense - it is a permitted food flavouring.**

"Avoid with seizure disorders". **No sound evidence, it's all aromatherapy hype!!**

"Avoid with high blood pressure". **No evidence whatsoever.**

"May antidote homeopathic remedies". **Not a safety issue.**

"Do not use on children 5 years and under or animals". **A sweeping statement - evidence??**

ROSEWOOD - Aniba roseodora

"None noted". **A severely endangered species, see other articles on this site. Major questions on various countries enforcement of C.I.T.E.S. endangered species laws.**

SAGE - Salvia officinalis

"Avoid during pregnancy or breast feeding". **Corruption of internal uses of the herb.**

"Stupefying with large doses". **What are large doses?**

"May be toxic even in low doses". **No evidence unless consumed.**

"Avoid with seizure disorders". **Nonsense as with Rosemary.**

"Avoid with high blood pressure". **Nonsense - most aromatherapists can't take a BP?**

"Do not use on children 10 years and under or animals". **A sweeping statement - evidence?**

SANDALWOOD - Santalum album

"Avoid if severely depressed". **What a heap of trash!**

SPIKENARD - Nardostachis jatamasi

"Avoid during pregnancy". **Nonsense if use is only external.**

"Stupefying with prolonged use". **What does prolonged use mean?**

No safety testing has been undertaken on humans.

TARRAGON - Artemisia dracunculis

"Avoid during pregnancy". **Certainly internally, but externally no problem.**

"May irritate sensitive skin". **No more than most.**

TEA TREE - Melaleuca alternifolia

"May irritate sensitive skin". **OK.**

"May induce sweating in higher doses". **Where did they dredge this junk up from!**

"May be sensitising if over used". **Old oil causes sensitisation.**

THYME - Thymus vulgaris

"Avoid during pregnancy". **Nonsense a permitted food flavouring.**

"Avoid with high blood pressure". **Nonsense no evidence whatsoever.**

"May irritate sensitive skin". **It will irritate anyone if not well diluted.**

VERBENA - Lippia citriodora

"May irritate sensitive skin". **Stupid, it is an extremely powerful skin sensitising agent.**

"Increases photosensitivity". **It is a strong photosensitiser.**

This oil is extremely hazardous and the IFRA recommend it should not be used in cosmetics.

YLANG YLANG - Cananga odorata

"Avoid with low blood pressure". **Rubbish!**

"May cause headaches and nausea". **Hmm, might also cure them-not a safety issue.**

Conclusion: The above is an indication of the lack of real knowledge endemic in the Canadian aromatherapy scene some years ago. From reports that I have had not much has changed. This kind of appalling lack of knowledge is also being promoted in New Zealand, Japan, Korea and doubtless most other countries.

[Back to article start](#)

[Back to index](#)

THE I.A.T.A. Conference Toronto, Canada. 1999

Presentations

Presentations below by:

[Rob Pappas](#), [Rachel Hertz](#), [Arthur Phillips](#).

[Butch Owen](#), [Robert Rogers](#), [Mikael Zyat](#), [Susan Renkel](#).

Below are **summaries** of papers presented.

Nothing in these papers may be copied for teaching or lecture purposes without the written permission of IATA and the individual authors.

Important Note: Some lecturers presented information on 'safety untested' essential oils. It is against the policy of IATA to recommend such extracts for use on the skin. IATA cannot take responsibility for the misuse of any information provided in these lectures.

Introduction to presentation

Dr. Robert S. Pappas research scientist, is owner of Applied Essential Oil Research Inc., an analytical testing laboratory and consulting company in South Bend, Indiana. The AEOR tests products for many different distillers, bulk traders and wholesalers from all over the world. As a result of this function, a large database of essential oil suppliers has been accumulated. Dr. Pappas lectures at Indiana University and researches essential oils and fragrant chemicals. He is past lecturer at Purdue University's International Training in Essential Oils Advanced Studies, the past two lectures held in February 1997.

Subject of Lecture:

Artemisia aborescens and chemical data on other oils.

Summary: There are literally thousands of essential oils and botanical extracts that are potentially very useful for aromatherapy as well as in the flavor, fragrance, cosmetic and pharmaceutical industries, of which only a tiny fraction are currently utilized on any kind of significant production scale. This report will highlight some lesser known essential oils as well as present a reinvestigation of more familiar ones.

Case 1: Artemisia Arborescens

• The domestic variety is one of the highest known chamazulene-containing essential oils. Chemical composition: Main peaks-Chamazulene 39.80%, camphor 16.71%, germacrene D 7.15%, Myrcene 5%.

Other Chamazulene yielding oils for comparison:

German chamomile (Matricaria chamomilla). 2-12%

Y

I will now demonstrate, through discussion and a few slides, just how we have built up a production system to be proud of and one that aromatherapists and related trades can have full confidence in. One that the rest of the world should follow.

The starting point for any growing enterprise is with the seed or baby plant. Propagation of the optimum species to suit the soil and expected climate conditions is a science on its own. Specialists in this field from both industry and the British government laboratories at Rothamsted have provided expertise and facilities for the growing of the modules. Trials in the intended sites over several years, including analyses of the essential oils on a weekly basis during the season provide us with a knowledge of the optimum variety of each species. The modules are produced under strict conditions and careful control of the system.

Slides of the planting processes and growing Melissa, Chamomile, Lavender, Sage, Rosemary, Peppermint and mint were shown. Many acres of planted land were shown.

The next stage of the process is harvesting. A special trailer that attaches to an agricultural tractor and called a tube is used for the storage, transportation and distillation of the harvested crop. It can be taken to the crop and then taken to the distillation plant without extra handling. It is then used directly in the distillation process.

Slides showing the various methods of harvesting including hand and machine processes were shown.

As soon as the crop is harvested the tub is taken to the distillation facility immediately and connected up. Steam is injected through pipes and after passing through the crop it is conducted to the still where the essential oil is separated. A proper boiler is needed to control the flow and pressure - no simple boiling vessel but a complex piece of electronically controlled equipment for absolute control and accountability every time.

A gas liquid chromatograph is often quoted by dealers in the aromatherapy trade. They quote it and they pretend it is some sort of authority in ensuring purity. **It is no more use in the wrong hands than a blow up doll is to a male hedgehog.** You have to know how to interpret a chromatogram and that takes years of training and a deep knowledge of the chemistry of the oils and their adulterants.

Our mass spectrometer coupled to the gas chromatograph enables the expert to identify the peaks. But still there is no guarantee that the peak you see is natural. Chemicals of synthetic origin are added to natural oils to cheapen them and the skill is to know and identify such adulteration. We are the experts in this subject and we know exactly how to analyse an oil. The whole point about our English production is the accountability from the baby plant, through the planting and growing to the distillation. There is no possibility of adulteration when you have total control and total records of the whole process. There are no middlemen to interfere and yet we still analyse everything and ensure full quality analysis on every batch.

The only way to do the job properly is to monitor the oil every week and to plot a graph of the chemistry of the oil. When the chemistry approaches the optimum you can extend the graph and choose the moment to harvest. There is much more to it than just the yield. To wait for maximum yield might result in a bigger quantity of an inferior oil. We analyse the oil for optimum composition using our knowledge of what it should be. We alert the grower and organise the harvest and distillation at the optimum moment. This takes careful planning from the planting onwards because it is not possible to distill everything at the same time.

Graphs were shown of peppermint oil chemistry against time. The inversion point of menthol and menthone in the oil were indicated. The optimum harvest time is between 5th and 13th September 1997 for this particular crop and year.

Graphs of Peppermint Oil chemistry were shown indicating the difference between the altitudes of the growers. One graph shows an altitude of 500m with the inversion point on 25th July. A second graph shows what happens at 800m with the inversion point on 1st September. The harvests will come shortly after inversion.

This kind of close scrutiny and close cooperation with the growers results in a thoroughly professional organisation and hopefully a very successful future for our beleaguered farmers.

More in the workshop later.

[Back to top](#)

Introduction to presentation

Ewell M. (Butch) Owen has degrees in Sociology and Psychology from Chaminade College and a MA in Education Administration from Pepperdine University, Los Angeles. He is a retired U.S. Army officer who has lived in Turkey for more than 18 years and now owns Business Services International (BSI) from which he exports Turkish hand-crafted products as well as essential oils. Turkish Rose otto and hydrosol are his specialties. He also owned Appalachian Valley Natural Products, Friendsville, MD, from which he retailed his products.

Subject of Lecture: Essential Oil Quality Control and Import and Export Facts.

Summary: Butch began his lecture with discussion on the dos and don'ts of international trade in essential oils. He pointed out that it is a risky business in that failure to deliver or receive payment was very difficult to overcome because most essential oils are produced in third world and emerging countries and the U.S. and Canada rarely have Reciprocal Enforcement Agreements with these countries. Thus, even a U.S./Canadian court order or decision would be next to useless to gain relief. He stated that some ways around these risks are as follows:

- Do not order FOB. Try to avoid paying cash in advance, though most sellers will demand this. Cash Against Goods is the safest way to purchase oils from an international seller.
- A Bank Letter of Credit, Irrevocable, and Payable after testing and acceptance.
- Use of an International Certifying Agency at seller's port.
- Use of one of the newly formed escrow agencies. These agencies hold the funds until the buyer is satisfied; they then release the funds to the seller.
- Travel yourself; it might be wise to travel to the country, take possession of the oils, test them in a local laboratory and then ship them.
- Hire a Western middle man - the American or Canadian contracts with a U.S. or Canadian based company for X amount of oils.

Mr. Owen then discussed the necessity for laboratory analysis of all essential oils and the problems associated with this when buyers only purchase in small quantities. In such cases, they should demand a copy from the wholesaler, who should in turn demand a copy from the bulk buyer. In many cases, the bulk buyer has received a GC test from the distiller - so why is this test not passed down?

He mentioned that there was one company selling a number of absolutes that were alleged to be Turkish - the problem was that these were not produced in Turkey. If the origin is misrepresented, it follows that one should question the purity.

The general opinion of the AT community is that there is a proliferation of adulterated oils on the market. If this is true, and considering that everyone says aromatherapy works, it leads one to a conclusion that either aromatherapy is a bunch of psychological hype or it matters not whether the oils are pure or not - we can't have it both ways.

Next, Mr. Owen touched on the issue of Organic vs. Certified Organic, and stated that he believed that enforcement of the discipline and rules involved in certifying the product was more a matter of luck. Aromatic plants in Turkey are either wild-grown or grown without the use of commercial chemical additives because the farmers can't afford to buy them.

Mr. Owen then conducted a slide briefing showing various aromatic plants in Turkey. These included wild grown Origanum vulgare, Origanum onites, Origanum marjorana, Origanum dubium, Rosmarinus officinalis, Myrtus communis, Larium nobilis and Salvia fruticosa. One interesting part of the briefing was a viewing of the Hittite city of Perge, founded in 1,500 BC. Throughout the city one could see wildgrown origanum and rosemary.

He went on to show slides of organic crops of aromatic plants, including the following: Pimpinella anisum, Foeniculum vulgare and Micromeria fruticosa (Turkish pennyroyal). Through this presentation, there were slides interspersed showing various still operations and the crews Mr. Owen worked with for distillation, as well as some of the beautiful natural scenery along the Turkish Mediterranean coastline.

Next was a slide briefing of the cultivation and production of Turkish Rose Otto - Anatolian Rosa damascena. This slide presentation began with the picking of roses in the field and continued through the entire process - transport to the stills, loading of the stills, the actual distillation process, emptying of the stills, and separation of the oils. During this presentation, all participants were given samples of Turkish Rose Otto to enhance the visual presentation.

[Back to top](#)

Introduction to presentation

Robert Rogers has been a student of medicinal plants for nearly thirty years. He is a professional herbalist and member of the American Herbalist Guild. He has written five books on the plants, the prairies, and continues to encourage organic herb and essential oil production throughout the Canadian Prairies. Robert and his wife, Laurie, run the Prairie Devo College of Aromatherapy, Phytotherapy, and Soul Tending, in Edmonton, Alberta. They have a store called Self Heal Herbal Centre and a line of nearly 300 essential oils and essences called Scents of Wonder.

Subject of Lecture: Distillation of Oils from the Canadian Northern Prairies and Saskatchewan.

Summary: Robert gave an informal lecture talking about the potential and actual production of essential oils on the Canadian Prairies. Slides of the plants were shown simultaneously. Some of the plants discussed were the commercial oils such as peppermint, spearmint, dillweed and dillseed, and caraway. Mentioned for potential in the future and already distilled in small scale, were Anise Hyssop, various Artemisia, willow and honey absolutes, paper birch, beta asarone free calamus root, diamond weed fungus (Haploporous odoratus), pearly everlasting, false indigo (Amorpha fruticosa), fleabane, sweet gale, goldenrod, wild ginger, gumweed, juniper berry, labrador tea, meadowsweet, wild mint, mock orange, parsnip, monarda (wild bergamot), wild rose, wolf willow, Russian sage (Perovskia atriplicifolia), Blue Sage (Salvia nemorosa), St. John's Wort, and sweetgrass.

On Sunday, Robert Rogers gave a workshop that looked at both essential oil possibilities and sun-infused carrier oils.

Among the plants discussed were Arnica, canola, borage, broomweed, burweed, buttercup, carrot, clematis, sweet flower, coltsfoot, cianthro, cow parsnip, red and black currants as absolutes.

Also examined were the capric acids from the seed oil of American Elm, for a variety of medicinal purposes. Bilaree, and true wild geraniums were examined for essential oils. Fireweed was discussed as an excellent anti-inflammatory that in laboratory studies is as good as hydrocortisone for various skin problems.

Also mentioned was Gas Plant (Dictamnus albus) essential oil, horsetail essential oil, Khella, or Ammi visnaga essential oil, labrador carrier oil, various lichens, lilac as sun infused; lomatium, hump as seed oil for nutrition and for creams and lotions. Robert Rogers also discussed mullein flowers as a carrier oil, as well as stinging nettle seed oil, oat oil, and parsnip root essential oil and its relationship to pheromones.

Both aspen and balsam poplar were discussed as essential and carrier oil potential. Purslane was mentioned as one of the highest omega three sources of fatty acids in the vegetable kingdom. Also mentioned were raspberry essential oil, radish essential oil, and CO2 rosemary being produced in Edmonton.

Sea Buckthorn and its potential were mentioned, both for the fruit and seed oil, as well as essential oil production. Self Heal, Senega root, Shepherd's Purse, and Smoke Tree (Cotinus coggygria) were reviewed as well. Tansy essential oil, Toadflax, and Yarrow were also mentioned.

[Back to top](#)

Introduction to presentation

Mikael Zayet is President of Quebec Essential Oil Distillers Association. He has had fifteen years of experience as a clinical aromatherapist and has been a producer of essential oils for seven years.

Subject of Lecture: Canadian essential oils such as spruce, pines, cedars.

Summary: Quebec produces some twenty essential oils. Most of them come from conifer trees. I tried them and found that they are very powerful and present less adverse effects than most imported oils. As President of the Quebec Essential Oil Distillers Association, I can assure you that the local distillers put all their efforts to producing the best quality essential oils possible. We produce oils from trees that are lumbered for their wood.

Balsam Fir is one of the most distinctive trees found in Eastern Canada. The essential oil from this tree is an excellent atmospheric antiseptic, especially useful in family reunions. When nebulised it purifies and perfumes the atmosphere, making it easier to protect oneself against infections. It is antitussive, expectorant and mentally stimulating.

Black spruce (Picea mariana) this wide-spread Canadian conifer offers a very invigorating essential oil. For bronchitis, chronic fatigue and rheumatic muscular pain.

White pine (Pinus strobus) this pine is the tallest conifer in Eastern Canada. It is the emblem tree of Ontario. Its essential oil is particularly recommended for bronchitis, sinusitis, asthma, and other bronchial conditions. In microdiffusion it helps disinfect the air and ease breathing.

Canadian Tsuga this is Canada's most graceful conifer. It can be distinguished from all other eastern conifers for its summit branch bending towards the east. Essential oil from this big conifer is physically and mentally beneficial. It is useful for people suffering from asthma and respiratory weakness.

Canadian Mint (Mentha canadensis). Last summer, we distilled two kilos of wild Canadian mint. This herb is rich in essential oils highly praised for their digestive qualities. A friend of mine who is a massotherapist, swears only by this oil for relieving headaches and clearing sinuses.

Other oils mentioned included: Arbovitae (Thuja occidentalis); Tamarack (Larix laricina); Goldenrod (Solidago canadensis); Yarrow (Achillea millefolium); Labrador Tea (Ledum groenlandicum). Details and references in full proceedings from the IATA office.

[Back to top](#)

Introduction to presentation

Susan Renkel, RN, graduated as a Registered Nurse in 1984 and has a varied and extensive nursing background. She has practiced in MH/IR and Behavioral Disorders, CCU/ICU, Geriatrics, Home Health, and Chronic Pain Management. She has been a hospice and clinical nurse specialist in Home Infusion and has worked as Health Promotion Coordinator with the Pennsylvania Department of Aging Health and Office of Human Resources. Susan has done a wide variety of course work at Omega Institute in Rhinebeck, NY and Penn State University. She now practices as a Natural Health Consultant/Nurse Healer with her own company, 'New Chapters Within'.

Subject of Lecture: Aromatherapy & Minimizing Stress: A Holistic Approach To Health.

Summary: What if I told you that you could possess the most powerful healing tool? I hope that when you leave here today, you will know that it is in your possession!

Other goals in this presentation are to provide a working definition of health and how it applies to a holistic practice in Aromatherapy and to challenge some of the views you might have on Aromatherapy as a Holistic Healing Modality.

PERCEPTIONS / REACTIONS TO "DOING SOMETHING" ABOUT STRESS:

Poll Results / 35 people responding.

- Perceived inability to cope with daily life.
- Character flaw or weakness.
- Feel so helpless and out of control already and nothing will make a difference.
- Simply not ready to face issues that might come up during meditation.
- Unable (willing) to commit to making any changes whatsoever in their life style even though they know changes are needed.
- Fear of being unsuccessful, and feeling even more like a failure if they try to do something about their stress.
- Know they are headed for disaster but unable to find the time.
- Frustrated because they tried at least one technique and it didn't get immediate results.

BENEFITS OF MEDITATION: Just as there are many misconceptions about stress, there are misconceptions seem to carry over into what people think meditation is all about. In reality, almost any highly focused activity can be meditation. Some produce more profound benefits than others. Meditation simply means focusing one's awareness. It can be a focus on simply clearing one's mind and "being in the moment," a particular thought, idea, sound, action, one's body, breathing, a scent, or a wide array of other things. The main thing is focused awareness.

- Oxygen consumption decreases, our breathing slows, heart rate slows, we enter what is called a hypo-metabolic state.
- Blood lactate levels decrease by about 40% in just 10 minutes.
- A third, but not final, benefit of meditation is an increase in alpha brain waves.
- Regular meditation can frequently lower blood pressure, but only if you have high blood pressure. Normal or low blood pressure is not affected.
- Regular meditation, (due to its physiologic effects) can boost immunity as well as aid in the control of symptoms for those suffering from at least some auto-immune dysfunction.

There followed a description of various meditation methods.

ESSENTIAL OILS USED WITH STRESS MANAGEMENT TECHNIQUES:

- Can help with memory and/or emotional connections.
- Assist in memory recall and potentially initiate an immediate relaxation response if coupled with frequent, regular meditation or other relaxation modalities.
- Enhance ability to focus, relax, or may have spiritual effects.
- Great deal of essential backing for oils such as lavender, roman chamomile, clary sage, rose, etc., to be soothing / relaxing.
- Incorporating behavior modification techniques / reward systems.
- Use in bath, shower, bedtime activities by creating a "self care ritual" which provides encouragement for client to continue, and dispend things they are currently doing to enhance relaxation.
- Use oils via an aromatic vial that is closed but can be opened easily, when in tense situations i.e. dentist, traffic jams, long lines, etc.

The bottom line is, meditation of any sort (that is going to be beneficial) does take practice. Lots of practice in fact, but it doesn't take a great deal of time. Just 10 minutes a day, that is all that is needed to reap some wonderful rewards! Please, don't expect to sit down, quiet the mind, focus on breathing (or a mantra, a sound or ...) and receive tremendous benefits from it the first few times. Would we expect to sit down at a piano and play like a master pianist after one or two lessons? Even learning to ride a bike, or drive a car or motorcycle takes some practice! The longer you do it, the harder you work at it, the easier it becomes. Regular meditation, 10 minutes a day is the key. If 10 minutes is too much, cut the time in half, just do it!

This lecturers notes contain substantial additional information to that above.

[Back to top](#)

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[Back to index](#)

THE I.A.T.A. Conference Toronto, Canada 1999.

Martin Watt

Subject of Lecture Quality Control of Aromatherapy Education.

Martin Watt is a qualified medical herbalist and has been researching essential oils for many years. He is the author of several aromatherapy publications and CDs and has co-authored several others. His speciality is offering training materials, courses and safety data. He has trained medical professionals in the UK, Canada, USA and Korea. His safety manual, called Plant Aromatics, is a great asset in aromatherapy practice and is used by many aromatherapists in the field.

Martin was the consultant on Education of IATA. He provides safety data and referenced monographs on essential oils for the training schools under the IATA.

I would like to thank Lynn Bosman for pushing ahead with this event despite numerous obstacles. IATA is not an organisation with big cash reserves and so it was a big gamble on Lynn's part to get this thing off the ground. I am delighted that we have managed to get some extremely knowledgeable people as speakers. Our conference is aimed at providing a good educational experience, rather than just a jamboree with the trades gods and goddess's as you get at most aromatherapy conferences.

Since 1985 I have been assembling what is now a small mountain of information on the uses and side effects of essential oils and allied products. Some of you are already aware of my involvement with IATA as provider of educational materials. I have always refused to allow teachers access to my information resources who simply want add-ons to the existing nonsense they teach. My only interest is in trying to help those that will accept a lot of what they have taught is wrong, and who are prepared to bite the bullet and move away from the organisations that promote the poor education **endemic in aromatherapy**.

Huge amounts of good information on all aspects of essential oils are out there if you know where to look. I get very annoyed when I hear people saying "well there is not much research on aromatherapy". The problem has arisen because the early writers and teachers had so little training in anything, that they did not have a clue on the vast amounts of research done by trades not associated with aromatherapy. The whole trade still tends to revolve around these early authors and the innumerable copying of their literature done since.

Many of the poorly educated teachers in aromatherapy say "who the heck does he think he is insisting on vetting what aromatherapy" fair comment, I do not approve of anyone setting themselves up as something above the rest unless they really are. So let me briefly next tell you about how I have tried to establish my own set of rules on how to sort out what should be taught and what should not. I had to develop my own system because no one else in this trade 5 years ago had attempted any kind of quality control of educational materials. Even now very few do and most don't have a clue how to do this. Of course if this occurred widely, it would forever expose the people responsible for teaching and writing the trash.

Below are my own quality control criteria, in a teachers tuition notes I ask:

1. On the items below, things are easily checkable and truths and untruths can be reasonably easily ascertained.

a) Is the material on the production, side effects and therapeutic effects of aromatics as accurate as it is possible to establish?
Safe use of the essential oils and other materials should always be number one priority. In IATA we do not permit the use of any oils on which researched safety data is not available. No other aromatherapy organisation in the world takes this stand. Only now are a few starting to contemplate it.

b) Are there any references and are the references valid?
Validity or relevance of scientific references is one of the biggest errors made in aromatherapy. One common error is that a scientist has tested the use of a single chemical **internally**. Aromatherapy authors - because of their lack of basic knowledge - then assume that any essential oil containing that chemical will do the same job when the oil is **externally** used. This is like saying if you find out what powdered cinnamon bark does when taken as a medicine, then applying it on your skin it will do the same job, that is plain crazy, but aromatherapy is riddled with those kinds of errors.

c) Are the botanical names correct?
The answer to this is frequently not, although at least this aspect has improved over the years.

d) Are the growth and habitat details given on the oil yielding plants correct?
Since essential oils are produced in many parts of the world this can of course be highly variable. However, when I see course notes that say for example: "Basil oil - country of origin France" then I know this person simply does not know their subject.

e) Are the details given on the oils chemistry and production correct?
Frequently I will find that the details on composition have been copied from an aromatherapy book rather than from a book or published papers on essential oils. Also the trade established concept that an essential oil can only be an essential oil if it is steam distilled is often repeated ad nauseum.

f) Are the safety precautions correct?
Frequently these are taken from aromatherapy books rather than from the original sources such as other referenced sources. Frequently a whole load of trash is included on things such as effects on blood pressure, pregnancy and epilepsys, again the source is the aromatherapy novelists.

g) Is the historical information reasonably accurate?
Here a little leeway can be given because of the problems associated with checking some historical information. However, when I see statements such as "Gattefosse and Valnet were the first to introduce the medical use of essential oils", then I know this is incorrect. Or I see that the Ancient Egyptians were the first to use aromatic extracts, then this is also not accurate.

2. Bearing in mind that a lot of the actions generally attributed to essential oils are unknown or poorly documented, then this has to be split further into areas that we can establish facts, and items where there are grey areas.

a) Is a precise physical medicinal claim made, for example "grapefruit oil cures cellulitis". Is the claim referenced and if so to what source. Is the claim justifiable or not.
This area is without doubt the most abused in aromatherapy. As I was trained as a herbalist I can look at a claim and know immediately if the claim comes from the traditional internal use of herbs. 9 out of 10 such claims made within aromatherapy are just that. In most cases the claims are totally incorrect.

b) Is a therapeutic claim made where the effects could only be achieved via the internal use of the oil. For example the many claims of actions on the liver.
c) Is the claim made one where the emotional state is a factor. For example relaxation, stimulation, etc.
Since such effects are notoriously difficult to pin down, then here a fair amount of leeway can be given. All that needs checking is if an essential oil happens to be a well acknowledged stimulant such as rosemary, then would it be advisable to recommend this for helping sleep. In such matters I always advise to not make hard and fast rules though.

3. Are the details on how aromatherapy may work as accurate as possible.

a) Does the writer (as is common) put all their eggs into the basket of "skin absorption" being the mechanism by which aromatherapy works.
b) Do they hedge their bets by also talking about the primary mode of action being on the olfactory senses, and then in passing mention skin absorption.
Fortunately I am starting to see the later become commoner. I take some of the credit for this as I have been trying to batter down these unsound concepts on skin absorption being the primary route of action for years.

c) Does the writer talk a lot about the emotional factors involved in a good aromatherapy treatment.
d) Does the writer talk a lot about how massage itself affects the physiology of the body as well as psychological factors.
e) Does the writer take a more holistic approach and say that many factors are involved in the therapy, rather than just one or two?
This writer would immediately go up in my estimation.

I also want to know who the teacher trained with?

That one factor alone tells me a lot about their levels of knowledge. This is because over the years I have been given copies of course notes from the biggest names in the trade. Therefore, I can check on what is being taught and on its accuracy. It is quiet surprising the numbers of students who feel unhappy about the quality of their training. They often ask me for my opinion and I will do them a written report for free as long as I see their printed course notes. However, when it comes to them doing something with what I have given them, nothing happens. I am truly amazed that by now no aromatherapy school has been sued for selling phoney goods and services as the evidence really is not difficult to find, but I am not aware of this happening.

If aromatherapy were like herbal medicine in the UK and you had to study for 3-4 years, then I would want the respective specialists to vet the courses. For example an expert in the chemistry of essential oils, a botanist, a specialist in distillation and extraction, etc. However, as aromatherapy stands at the moment, with its short courses, most teachers simply can't afford to pay for real experts. For those people at the head of the bigger training organisations, why pay for experts when you are making good money selling trash. Not good commercial sense, they certainly won't change their ways until the law gets involved.

It is critically important to the future of aromatherapy that the trade as a whole starts to properly evaluate its fundamental knowledge base. For the last 20 or so years it has grown as an offshoot of the beauty therapy trade and carried with it all the hype and lies promoted by that trade. However, this cannot continue for much longer. Legislators around the world, particularly in Europe, are starting to formulate restrictive legislation which will affect anyone offering any kind of medical services. There is also a big push by the EEC as well as bodies like the Codex Alimentarius committee to restrict the sale of "medicinal" botanical remedies which includes of course essential oils.

What needs looking at apart from the general accuracy of courses and literature?

Does aromatherapy work?

Most people in this audience will of course say yes it does. What I would say is; yes it works superbly for certain types of problems, but not at all for others, particularly the conditions often quoted in aromatherapy books.

So we need to know which conditions it really is good for and which conditions are better left to other therapists like herbalists.

We have to ask what the existing trade associations are doing on this. **Answer is not a lot.** They set standards on things like the number of hours that students are taught on the different subjects, some even insist that teachers take a course on how to teach. To me it is idiotic if a teacher is excellent at presentation, but their knowledge on the subject has been gleaned from aromatherapy or other suspect sources of information, **but regrettably that is the norm in our trade, nothing changes!**

The larger associations, if they chose, could organise small scale clinical trials of what their members do, but to date I can only think of one poorly conducted trial that has been done. All these organisations dare not undertake a root and branch evaluation, because if they did they would destroy the reputation of their founding members as well as many current leaders and teachers.

How does it work?

To me this is of far lower importance than **which conditions it works best on?** We should never forget that the "how does it work scenario" is far from black and white with many conventional medical treatments and drugs. However, what badly needs scrutiny is what is taught to students on how aromatherapy works. We need far more emphasis placed on the holistic nature of the therapy, (the package deal!), and far less placed on the skin absorption theories, or the fantasies about the energies in essential oils.

We need far more detailed differentiation on what are facts in this trade and what are unverified philosophical concepts. All of the course notes I have come across jumble this all up into a blend which only one student in a hundred is able to unravel. Regrettably few people nowadays are educated on how to think. Rather the emphasis is on "learn this then regurgitate it in your examinations and all will be well".

On many occasions people have said "well if you know so much why don't you help the aromatherapy organisations rather than keep criticising them". Fair comment, but my answer to this is; I do not sell essential oils, I do not write novels that sell thousands of copies, I do not run my own training school, and I no longer practice as a therapist. Therefore, my extremely limited income comes from my publications, a little teaching and from consultation work for companies. I have devoted years to gathering and evaluating information relating to essential oils and at huge cost in time and money. Most of the leading figures in these organisations have a long history of pirating information and incorporating it into their lousy courses and books. So I am not about to go helping confidence tricksters improve their standards at my cost.

This problem of people wanting free information is an epidemic in aromatherapy. People email me asking where they can find the kind of information I have. What they really mean is "where can I find this without paying much for it". Unfortunately, although the Internet is wonderful, in aromatherapy it is engendering a mentality of 'what information can I get for free'. I found time and time again on the IDMA newsgroup that even businesses were using it as a way of extracting information from experts. **Information that they should get by buying the appropriate reference materials.**

When I trained as a herbalist we had to purchase exactly the same textbooks that doctors use. Many of us had to suffer real hardship to do that, because these kind of books cost a fortune. In aromatherapy you will only find one person in maybe two hundred that will pay for good materials. The remainder shut their wallets sharp if something is going to cost more than say 50 dollars. In my opinion this can only be resolved if we can get people to appreciate aromatherapy as a proper profession. At the moment it is still a sideline or pin money for most therapists.

Finally, we need to try and stop aromatherapists from being jack of all trades master of none. So often you will see people on the Internet pontificating on nutrition, medicine, chemistry, biology, psychology, history, philosophy, etc. etc. without ever having studied any of these subjects. They have just picked up snippets of each subject from teachers on short courses or by reading popular books on the subject, rather than proper textbooks written for the respective disciplines.

I hope this does not all sound doom and gloom, I have just given a snippet of the problems we face in trying to get aromatherapy accepted as a useful and professional therapy. I will give more examples of the hype in the workshop tomorrow about what essential oils can and can't do (available in text from IATA).

[Back to article start](#)

[Back to index](#)

Stephie Cyr of Inner Insights, Canada A plagiarist and a Liar

Below is a message I posted to newsgroups in **2005**. The person concerned, **Stephie Cyr of Inner Insights Holistic School & Spa, London, Ontario, Canada**, subsequently informed me that she was ceasing offering aromatherapy training and thus would no longer use our copyrighted course materials.

It then came to light in March **2009** - four years after Stephie Cyr claimed she was ceasing aromatherapy training, that she has continued supplying her students with our materials in breach of copyright. This was discovered via some highly dissatisfied pupils of 'First Nation's Students'. Stephie Cyr had issued them (starting in September 2008), with notes copied straight from the course information belonging to Lynn Bosman of the Mississauga school of aromatherapy.

I have been supplied with copies of the notes supplied by Stephie Cyr which in many instances are word for word reproductions of my own and Lynn Bosmans materials. These are notes that I spent years researching and assembling at high cost to myself.

Stephie Cyr has copied our materials in order to line her pockets without doing the necessary research herself. In addition, I have had complaints in the past from her students over the lack of quality of her course.

What makes matters even worse, is that a leading member of the Canadian Federation of Aromatherapists (CFA) teaches at the school of Stephie Cyr giving it unjustified credibility to those who think that the CFA are a reputable organisation - see other articles on Canadian courses for more about them.

Please, if you live in Canada, make people aware of Stephie Cyr and Inner Insights and advise them not to take her courses. Beware of her web site claims, **they are spiritually orientated just in order to lure vulnerable people into her web of deceit**. It seems some other claims of educational validation of standards may also be false. More on that as investigation proceeds.

Martin Watt. April 2009

Date: Wed Jun 15, **2005**

Subject: We have a pirate in our midst!

This names a person in the Canadian aromatherapy scene, who despite legal warnings, has pirated information from the course notes that I license to IATA in Canada. I won't name this individual on this group for now, as that may be against group rules, but I would urge you to read the information on my site and see the name. Such nasty individuals need exposure to public scrutiny because they simply steal other peoples hard work and turn it into profit for themselves. This woman is not the only one doing this, but so far she is the first who has been foolish enough to push her luck with me. I hope readers here spread the word so that we can ostracize such people and point students away from their courses.

Thanks for any support you can give in spreading the word.

Martin Watt

[Back to article start](#)

[Back to index](#)

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