

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 may be UK **ise** or US **ize**.

Therapeutic use issues

Misleading claims about essential oils for Covid infections
Essential oils during pregnancy-myths and facts
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A trade rebuff to inaccurate articles on tea tree oil in 2007
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MISLEADING AND FAKE COVID CURES

By Martin Watt, June 2020

Since the coronavirus outbreak started there have been numerous quacks setting up prestigious looking web sites and blogs. The aromatherapy world has plenty of them. I expect the multi level sellers representatives are spreading the usual lies directly to their customers now after the FDA stopped them over Ebola. So a few things to watch out for:

Claims to be highly experienced clinicians. Are they really or they just claiming that? Check their qualifications and see if they are medical professionals or, for example, are they naturopaths some of which have poor training on essential oils. Some of their people still teach the long dismissed chemical group theories of Dr Penole and his followers. In addition, many of those therapists do not have what do be monitored by competent authorities in the same way as doctors. You have no way of knowing if their treatments are successful or cause more harm than good.

Claims to have treated thousands of patients: Can these people supply any statistics on the numbers of people they have treated and with what treatments? Never forget that anyone can claim anything on blogs and web sites, who is doing the checking of truthfulness? There is no central system in aromatherapy for collating clinical results.

Claims of antiviral activity of certain essential oils: In my surveys of significant volumes of research papers I have found only a few oils that have been clinically tested for antiviral activity and most of those are on rats and mice. Most of the testing has been laboratory tests which may not be replicated in tests on humans.

Many claims of antiviral activity are based on chemical groups theories rather than on tests on the whole oil. Never forget these chemical groups theories are just that and most have already been disproven - see other articles on this site.

If you see such claims for essential oils (or blends) look to see if there is a checkable reference. In most cases you will not find one, or it is to research of little relevance to the antiviral claims being made for an essential oil.

Volumes of essential oils being suggested: If you see someone suggesting that 10 drops of an oil (or undiluted blend) are applied to the skin up to 10 times a day, this ignores all the known dangers of using certain essential oils on the skin. For example, I have seen articles that state that cinnamon bark oil is democaustic - yes, it will burn the skin. However, the same article fails to say anything about the high risk of skin sensitisation (systemic) which this oil can cause. Therefore one has to consider if the writer really knows anything about known safety issues.

I have seen an article suggesting that children under 7 may have 0.5ml-2ml of undiluted essential oils put on the skin. This is shocking as it does not differentiate between a baby and a young child. No way should that volume of ANY essential oil ever be used on the skin of a baby.

Adding essential oils to the feet: The skin on the feet is the thickest on the body. I have never seen any verified evidence that essential oils can penetrate far enough to have any systemic effect. If you can smell an oil after using that method you are inhaling it!

Other claims you may see: "*Ceylon cinnamon leaves are uterotonic*". Possibly the leaf infusion in traditional medicine might be but certainly **not** the essential oil.

"*Clove oil is uterotonic*" As above. "*Palmarosa oil is uterotonic*" As above. All such claims lead me to suspect that the writer does not know the difference between herbal medicine and aromatherapy.

Summary

Certain essential oils can be very helpful for those that catch viruses affecting the lungs. Indeed that is one of the oldest uses for them as they are effective expectorants and anti- inflammatories. This is best done via the breathing air using appropriate diffusers. It is generally not via skin application - although a little oil may help via body heat evaporating the oil and the vapours are then inhaled. **That does not mean they can ride the body of the virus**, it simply means they can help with some of the side effects of the infection.

Also, beware of 'the latest news' articles on health food type web sites and blogs. They are notorious for corrupting scientific research in order to promote sales.

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Essential Oils during Pregnancy Myths Exposed & Some Facts

by Martin Watt 2013-14

Several ladies have emailed me about this issue. They have been scared about the effects on their babies after using essential oils while pregnant but only later reading about the danger. Below I am providing some **facts** to dispel the common aromatherapy nonsense on this issue.

Disclaimer: If someone believes what they read elsewhere on this issue, and the natural process of miscarriage happens. I cannot accept responsibility for such an event claimed to be due to following advice given below.

The use of most essential oils during pregnancy by means of massage, or in the occasional use of diffusers should be safe. That is as long as the inhalation is not constant or in badly ventilated rooms. As with everything **the key is volume used**. During pregnancy to use essential oils internally as medicine is not a wise move. However, to have them diluted in massage should be fine. By diluted I mean to around 2% of their original concentration. Likewise a few drops in a bath should be OK. Numerous essential oils are permitted food flavours under International regulations. If they are considered safe for ingestion in foods then they are even safer when used externally. **However, beware of the many 'novel' oils being sold that have not been tested for safety issues.** They may be safe, but without testing no one knows.

Beware of the dangerous and unscrupulous information on the many Young Living and DoTerra web sites, their distributors blogs and similar social media blogs, where they promote the use of undiluted oils. Ignore their claims of medical or other research, they take facts of **no relevance to aromatherapy** and then twist them to suit their marketing scams.

Ingestion of essential oils at greater levels than the small amounts allowed in food is risky for anyone but even more so during pregnancy. There are two main safety issues:

1. The potential for causing development problems in a foetus.
2. The high risk of consuming an oil that is not half as natural as the suppliers claim. As pointed out in other articles, adulterated oils can contain all kinds of dangerous chemical residues.

Other precautions: It is not unusual for mothers-to-be to develop hypersensitive skin during pregnancy. Skin application of essential oils in such circumstances may trigger a skin reaction. If the skin is too sensitive it may be that a little oil in a diffuser for relaxation can be tolerated.

General comments on the misinformation over essential oils in pregnancy.

Most of the claims you will come across on aromatherapy web sites and in books relating to the dangers of essential oils in pregnancy are either inventions or corrupted science. They mostly originate from known and suspected data on the consumption of the herb in which the oils occur. **The early authors had little to no knowledge of the fundamental chemical difference between herbal preparations and essential oils.** Therefore if a herb had a reputation as an abortifacient, they just assumed the oil from the same plant would do the same. That is one of the biggest blunders made in aromatherapy.

Another error is assuming that because an essential oil is toxic if consumed, that therefore using it diluted on the skin will also cause fetal toxicity. This gets back to the question of skin absorption. There is no sound evidence that enough of most diluted essential oils can penetrate the skin from massage as to cause systemic toxicity.

There are always exceptions to the above of course and **there is some evidence that wintgreen and birch oils may be absorbed in pregnancy volumes. Therefore, these should not be used during pregnancy.** Incidentally, neither of these products are "natural" in the same way as distilled oils. They are in fact chemicals made from processing plants.

Another common scientific error is in the testing of oils and their component chemicals. Frequently the oil to be tested is applied to a piece of isolated gut or uterus from a lab animal. Then when the tissue contracts they classify the substance as an "abortifacient" and build a whole story around that unsound science.

Numerous essential oils are classed as GRAS (generally regarded as safe) for food additives by the FDA. The World Health Organisation also classify many oils as food flavours. Most of the essential oils that aromatherapists are told "not to use on pregnant women", are in reality, in small amounts, permitted food flavourings. Please note though that GRAS status is not a passport to use the oil anyway you like. It is always related to the volumes in common use in the industries concerned and at the volumes they use. These volumes can be very low compared to what some aromatherapists use.

Dangerous natural chemicals in some oils.

There is a lot of misinformation around on the dangers of some chemicals in essential oils. This misinformation often comes from National consumer safety agencies who cannot be entirely trusted on such issues. Some of them list *d*-limonene as dangerous. Well we had all better stop eating oranges then or drinking orange flavoured drinks!! The scientific world is fed up with such misleading information.

Good examples of hyped dangers are:

1. **sabinyil acetate in Spanish sage.** You can test many chemicals occurring in essential oils and they will prove to be toxic when administered to mice in massive volumes. This way of testing for dangers is crazy but common. In the case of Spanish sage it is recognised as safe for human consumption as a plant extract (21 CFR section 182.20 [1982]).

Salvia lavandulifolia essential oil was tested with a sabinyl acetate content of 50%. However, the tests involved direct injection of huge doses of the chemical into the pregnant mice. Hardly surprising therefore that it caused maternal toxicity and thus abortion, but it was **not fetotoxic**. *Phytotherapy Research 2006. Volume 6 Issue 2, Pages 80 - 83.*

2. **Apiol in parsley seed,** Dill and Celery seed oils. These are commonly used in many traditional food dishes without any evidence of harm. Rarely do we hear of doctors advising pregnant ladies to avoid these foods, but of course to consume these oil during pregnancy would not be wise.

3. **Pennyroyal and Pulegone,** see the article "Pennyroyal" in the archive for greater detail.
4. **Rose oil** is listed by many aromatherapy sources as an "emmenagogue". There is not a shed of sound evidence for this and rose oil is a permitted food flavour. Indeed the ladies in Turkey who spend hours picking the flowers consider that rose makes for a happy and healthy child.

There are numerous similar examples of nonsense based on a complete lack of knowledge, much of this is taught to aromatherapists by "approved" course providers.

Toxicity is dose dependent. It is misleading in the extreme to say that because an essential oil contains a known toxic chemical that by default the oil it occurs in is also dangerous. You must know how much is in the oil and how much does it take to cause toxicity. If we always considered such matters we would die from starvation because nearly all natural foods contain chemicals which in isolation are toxic.

With skin application of most essential oils, chronic toxicity requires regular use at high volumes over protracted periods of time. Exceptions being wintgreen and sweet birch.

With inhalation, chronic toxicity could occur if is someone were foolish enough to sit in an unventilated room every day using diffusers constantly. Therefore that kind of exposure would **not** be advisable during pregnancy.

The Usefulness of Aromatherapy in Pregnancy.

Aromatherapy is an appropriate treatment for easing ailments during pregnancy. Aromas, as well as massage can help relieve backache which is common as the baby grows, as well as keeping the tissues in supple state. The fragrance of the oils alone can help reduce stress, improve sleep, relieve morning sickness, etc.

During pregnancy the use of essential oils should be treated the same as medicines, if you don't need them don't use them. However, for many of the ailments that can occur during pregnancy, essential oils are a safer alternative to chemical drugs.

Summary: To me safety is paramount, but they should look at sound evidence for an agent, rather than to old wives tales and myths. I am certain that most of the aromatherapy writings on the dangers of essential oils in pregnancy are mainly urban myths, mixed up weak knowledge on herbs and corrupted science.

Errors on Internet sites

After doing a search on 'essential oils in pregnancy' I found some appalling articles written by people who either got all they know from the popular aromatherapy novels, or low quality courses. Below is one article with the errors outlined. **The writer or web sites either cannot be contacted or their sites are no longer serviced but are still on the Internet.**

"..black text..." : Is all from their online article.

[Blue text: My comments.](#)

"Aromatherapy and Pregnancy"

"There are many essential oils that need to be avoided during pregnancy. The following list contains oils that should be avoided during pregnancy and oils that are recommended for use during pregnancy. Use of essential oils should be extremely limited or avoided during the first trimester of pregnancy, but has many wonderful uses in the last two trimesters and especially during labour."

"Oils to avoid during pregnancy"

"Basil, cedarwood, Cinnamon which one?, clary sage (during labor), clove, Cypress (after 5 months), fennel, hyssop, Jasmine (during labor), juniper, lemongrass, myrrh, parsley and pennyroyal." **No evidence of harm from external use of these diluted oils.**

Nearly all these claims are corruptions from herbal medicine when it is taken internally. Some are permitted in foods (at low levels of use). No limitations on the consumption of those flavoured foods during pregnancy are require nor warning labels. Therefore, **external use of the diluted essential oil at or below the same levels of use in, foods, should cause no foetal oil.**

"Oils recommended during pregnancy"

"The following oils will be comfortable for using during pregnancy. As always, use caution if you have allergies or a family history of allergies. If you feel you may be allergic to oil, do a patch test first. Good oils for pregnancy include:"

"Bergamot, chamomile, which one? geranium (after 5 mos.)-no valid reason for this, eucalyptus, frankincense, cypress (avoid in early pregnancy),-as above grapefruit, lavender, lemon, mandarin, neroli, patchouli, petitgrain, rosewood, sandalwood and tangerine. If you are currently pregnant and have been using any of the essential oils that need to be avoided, but are not experiencing any bleeding or cramping, then there most likely is nothing wrong. However, it is strongly encouraged you to consult your doctor or midwife and discontinue use of the "to be avoided" essential oils." **99.99% of Doctors know nothing about these issues.**

"Aromatherapy Benefits for Pregnancy"

"Listed below are some of the benefits and therapeutic effects of the essential oils recommended for use during pregnancy:"

Bergamot: Analgesic-not true, antiseptic, antidepressant, uplifting, and refreshing. Helpful for cystitis during pregnancy-not true.

Chamomile: which one? Antiseptic, analgesic-not true, anti-inflammatory and antispasmodic. Soothes pain from muscular aches, headaches, toothaches and indigestion-not true.

Cypress: (ok after 5 mos.)-no valid reason for this, Antiseptic, antispasmodic, astringent and diuretic. Helpful for Varicose veins, hemorrhoids and swollen ankles. **All nonsense based on herbal use NOT the essential oil.**

Eucalyptus: Antiseptic, antibiotic-not true, analgesic, anti-inflammatory, antiviral-not true, Helpful with respiratory congestion.

Frankincense: Antiseptic, astringent-not true, sedative, warming

Geranium (ok after 3 mos.)-no valid reason for this, Antiseptic, antidepressant, astringent-not true, refreshing, uplifting. Eases aching legs and is good for poor circulation-nonsense.

Grapefruit: Astringent-not true, digestive aid, lymphatic stimulant, helps with Water retention. **All nonsense.**

Lavender: Antiseptic, antibiotic-not true, analgesic, antidepressant, healing, relaxing, helps soothe aches and pains of pregnancy, encourages cell renewal and helps with fluid retention-that is total nonsense.

Lemon: Antiseptic, antibacterial, antifungal, astringent-nonsense, stimulant, tonic. Useful as an inhalant for morning sickness and in Massage for varicose veins-very Dangerous.

Mandarin: Antiseptic, refreshing, tonic, mild relaxant. Can ease fluid retention in leg and ankle massages. **The massage does that NOT essential oils.**

Neroli: Antiseptic, antidepressant, antispasmodic, anti-inflammatory, relaxing. Useful in pregnancy to promote healthy skin cell regeneration??? and for easing nervous tension. **OK**

Patchouli: Antiseptic, antidepressant, anti-inflammatory, nerve sedative. Eases confusion, indecision and apathy. **OK**

Petitgrain: Antiseptic, antidepressant, sedative, refreshing, tonic. Helpful in dealing with pre or postpartum depression. **OK**

Rosewood: Antiseptic, sedative-doubtful

Sandalwood: Antiseptic, anti-inflammatory, antidepressant, sedative. Helpful for cystitis during pregnancy. **No sound evidence and as most so called 'sandalwood oil' is adulterated, this is a hazardous suggestion.**

Tangerine: Antispasmodic, lymphatic stimulant-nonsense, calming, sedative. Helps to prevent stretch marks-doubtful.

Tea tree: Antibiotic-strong term and it is not, antiseptic, antifungal, antiviral-the oil is not, disinfectant. Can be used to treat thrush during pregnancy.

Ylang ylang: Antiseptic, antidepressant, aphrodisiac, sedative, lowers blood pressure-evidence? Restorative when overworked or tense.

Summary: You can see what a mash of sound and unsound information is on most websites such as this. In most cases it is because the authors of the sites have just copied their claims out of aromatherapy books and from other web blogs.

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THE USE OF HERBS DURING EARLY PREGNANCY SOME WARNINGS ABOUT INTERNET SOURCES

This article was mainly for USA & Canadian readers although it applies to anyone seeking information on the Internet. It was originally posted to some newsgroups in April 2005.

Readers should always remember that mechanisms for policing the accuracy of information on web sites is almost nonexistent. These sources are increasingly being used by unscrupulous marketers to their scam money out of people. **Some of these people do not care if their advice or products could cause harm.**

I became alarmed at inaccurate information on herbs for pregnancy finding its way onto newsgroups and websites (even medical ones). This information is often written by people who have no sound training in the subjects. Even the authors of medical research papers are using references on the traditional use of herbs taken from popular books. Many of those books are written by people with no formal training in herbal medicine, and very questionable "traditional experience".

Information is also frequently taken from old herbals, without a second thought being given as to **if modern knowledge has indicated particular herbs might pose dangers in early pregnancy.**

Some of the advice popping up on blogs has the potential to cause more harm than good.

POTENTIAL HARM OF WRONG ADVICE ON HERBS.

Some herbs when consumed as teas or as food supplements, might interfere with the development of a fetus in the first 3 months of development. Therefore, in the first 3 months of pregnancy, it is wise to avoid any nonfood herbs or herbs that:

- 1) **Have any known hormonal activity for example:**

Hibiscus tea has been shown to decrease male fertility - a hormonal action.

Fennel tea may be fine for breastfeeding, but it may have a mild hormonal action which in early pregnancy might be unwise.

Some **Native American herbs**, while being fantastic for gynecological conditions should not be used in early pregnancy. Indeed, in most cases, they were not used in early pregnancy in that culture; they tended to be reserved for much later in pregnancy after the early developmental processes in the fetus had ceased.

- 2) **Herbs which contain known hazardous chemicals, for example:**

Borage herb contains alkaloids that while probably having little effect on an adult, just might disrupt liver formation in an early fetus. Likewise **coltfoot** and **comfrey** also contain these alkaloids.

Sage tea (Salvia officinalis): While being fantastic to gargle with for a sore throat, should not be swallowed in any volume during early pregnancy.

- 3) **Hydrosols:** There are now several web sites (particularly Canadian) promoting hydrosols for internal medication. Whilst some should be safe, provided they are free of micro organisms which tests have shown some are not), some of the herbs being used do have safety issues over their internal use. Therefore, my advice is to **avoid drinking any of them in early pregnancy.**

The above is but a small sample of herbs that should be avoided in early pregnancy. Add to the above, herbs originating in countries where quality controls are suspect. For example, samples of Chinese herbs have been detected containing steroids. Samples of Indian herbs have been found to contain dangerous heavy metals as well as banned pesticides. Whilst not being a huge threat to adults, some of these substances should not be introduced to a developing fetus at the stage when complex biochemical developmental processes are occurring.

INTERNET BLOG & WEB SITE ADVICE.

The same thing has happened with herbs as happened years ago with essential oils. This is that many people think they can learn all they need to know from books; from taking low quality training courses, or from the Internet. Some of these people then come across as being very knowledgeable on blogs, or with their advice on commercial web sites. Often these people have not been taught how to evaluate the accuracy of what their teachers have told them, but instead have simply fallen for marketing hype.

In the USA in particular, you have a tradition of spreading herbal knowledge without its worth or **origin** being evaluated. With a lot of herbal medicine it is vital to know the medical and botanical sciences and to know the side effects of giving the wrong herbs at the wrong time, or for the wrong conditions. It is this aspect of the therapy which is often lacking in the training of some big name 'herbalists' in the US and Canadian scene. When I trained in the UK in the mid 80s, we had a few American and Canadian students who devoted 4 years of their life to train here. Reason they did that then was because back home there were few if any training courses that taught the sciences involved with herbs or medicine properly. Those good practitioners are now working in your countries, but they are few and far between. Fortunately, there are now some good courses in the USA, but equally there are still many taught by teachers who do not know their subjects in sufficient detail.

The Internet has engendered a culture of grab what information you can and don't bother getting professional help. In any profession one has to pay for sound advice due partly to the length of time it takes to train. Why do you think a REAL Shaman takes up to 10 years to train? You may not pay him or her in tobacco, but you sure do have to pay, either with a chicken, pig or a pouch of tobacco. **You cannot possibly expect to get professional advice from people who have done a few weekends courses, or worse, that have taken what they know out of books of suspect merit.**

I have seen some really bad advice on the Internet about herbs, but I usually don't jump in because in adults the advice wont cause much of a problem. However, with pregnancy this is another ballgame and you must beware of taking and giving advice on this subject. If you happen to be on any groups involving pregnancy feel free to repost this or issue your own warnings.

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SOME THOUGHTS ON THE ADVERSE EFFECTS OF FRAGRANCES ON HUMANS.

by Martin Watt.

Extracted from a lecture to the Society of Cosmetic Chemists, UK

I have long had a nagging suspicion that the overuse of fragrance in certain situations may have unwanted physiological effects. My fears are briefly as follows:

It is well documented that female rats can't get pregnant if they can't detect the male rats odour.

The fertility cycle of most animals is strongly controlled by scents emanating from both male and female. Just think about the way dogs, horses and other animals go sniffing around a female they think is ready for mating.

There is an increasing volume of research indicating that humans do have a functional vomeronasal organ. This is the receptor in animals noses that enables them to detect volatile chemicals, at levels which we think we can't perceive.

So, I ask you to consider how the prolific use of scents by humans might be influencing fertility. Could it be that our use of various kinds of fragrances in our food, on our skin, particularly in our washing machines, in the air, etc. could, under the right circumstances, prevent a female achieving a desired pregnancy? I do not know the answer, but am now very suspicious that this might be an additional factor behind our declining fertility rates.

I doubt the effects of these fragrances would be significant in couples of normal fertility. However, my advice to sub-fertile couples would be avoid the use of ALL fragrances for a while. It could be that the natural odours coming from the male play part in triggering the necessary hormones to prepare for fertilisation in the female. It is feasible that the odour from the female plays a key part in sperm production in the male. One thing is for sure; nature did not equip our body secretions with fragrances for fun. They are there for a purpose that I suspect is being strongly suppressed by our modern lifestyle.

Any therapists who treat sub-fertile people might like to consider this. It is fine to give the individual a massage using essential oils and indeed the stress relaxation alone may well help achieve a pregnancy. I know that following aromatherapy treatments, some couples have achieved a pregnancy after years of trying. This is mainly because of the **stress busting properties of the oils** and the treatment. However, in such cases I would advise that when trying for a baby, the environment should be as free of fragrances as possible. I would also advise sub fertile couples not to bath or shower for a couple of days at the times of peak fertility. Better to put up with a bit of body odour for a while and achieve what they want most, a baby.

Another area to be cautious about with using fragrances is with breast feeding mothers. Crucial natural odour messages from mother, forms part of the bonding process and should not be inhibited by other smells. Things like underarm deodorants, hair sprays, perfumes, fragrant soaps, fabric softener in particular. Be cautious with all such powerful fragrances. They can be useful, but think about possible side effects.

For lack of space, I have not given references here, but a lot of research on humans olfactory perception has been done and references are obtainable.

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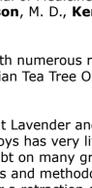
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The report below was in response to some dreadful quality research in 2007 claiming that lavender and tea tree oil promoted the growth of breast tissue in boys. Members of this same incompetent research team produced a similar report in 2018 (below) which was published around the world by newcasters.

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Wednesday, 21 February 2007

Call for Journal of New England Medicine to publish a retraction re the recent article: *Prepubertal Gynecomastia Linked to Lavender and Tea Tree Oil*. (published: New England Journal of Medicine 365 (5) pp 480-485 D. V. Henley, Ph. D., **Natasha Lipson**, M. D., **Kenneth S. Korach**, Ph. D., and **Clifford A. Bloch**, M. D.)

A critique after consultation with numerous research scientists by Christopher Dean, Chairman of the Australian Tea Tree Oil Industry Technical and Safety Committee.

The recent reports alleging that Lavender and Tea Tree Oil may be causing breast growth in very young boys has very little substance, is a product of poor reasoning, and is cast into doubt on many grounds. The following article challenges the poor conclusions and methodology, and calls on the New England Journal of Medicine for a retraction of this data and the unwarranted conclusions that give the impression that this has the endorsement reserved for thorough, well reviewed science. This article focuses on the Tea Tree Oil allegations in particular, which is the special knowledge area of the author.

Many researchers and scientist have looked at this article, and raised concern and alarm at the poor methodology and conclusions which are certainly not supported by science.

When such science is amplified by publication in a respected Journal, and the media beats up the story, it has damaging consequences out of all proportion to the facts. This article was uncritically reported around the world causing alarm and commercial impacts and fear. Is this responsible?

One doctor in one town reports 3 cases in close succession and promotes as a scientific conclusion that Tea Tree Oil is a causative agent – even though only one of the 3 had any, and that a very tiny, exposure to Tea Tree Oil. There is no good science to link this with the Gynecomastia, while there are dozens of other plausible hypotheses that are not even considered. From this poor reasoning this expert is able to make a claim and create a climate of fear that is responsible for causing millions of consumers to be fearful of what they are using and avoid an excellent proven therapeutic product which offers them major benefit. Bad science outcome indeed. The Tea tree industry around the world has a long history of documenting all adverse events reported – and two of the largest companies selling retail products, with global sales of over 150 million units of tea tree products over three decades, have never had a single instance of this bizarre side effect reported.

Let's review the facts:

This article does not provide the type of scientific reasoning which one might expect from a respected medical journal. It suggests an association but not a logical connection between prepubertal Gynecomastia and lavender and tea tree oils. **The application of lavender oil and of tea tree oil in the case studies is purely anecdotal. In only one case was tea tree oil involved even anecdotally.** This does not seem to fit with the title of the article or with the unsupported conclusion in the summary.

This paper consists of two separate parts which have no scientific connection. Part one describes three clinical case studies of prepubertal Gynecomastia. Part two describes a cell culture assay of the estrogenic activity of lavender oil and tea tree oil. In the summary we find the statement "We conclude that repeated topical exposure to lavender and tea tree oils probably caused prepubertal Gynecomastia in these boys." **No scientific basis for this conclusion is stated** nor can it be found in the article.

A scientific basis would require that dosages and routes of administration could be related to each other quantitatively. The cell culture studies show quantitative dosages for lavender oil and for tea tree oil. There are no quantitative dosages in the clinical case studies. The route of administration is defined in the cell culture study. It is by direct application to unprotected cell culture medium. The routes of administration for the case studies and even the materials applied in the three case studies are different.

They are only by applied by topical administration. In two of the case studies only lavender oil was applied. In one case a product containing untested amounts of lavender oil and tea tree oil was applied via shampoo and hair gel. In only one of the cases was any amount of any oil product applied via a leave-on skin topical treatment. In the other two cases only a rinse-off product was used. The quantities of oils used in the cell culture are vastly greater than would be possible to achieve by normal cosmetic application of products yet there is no acknowledgement of this.

Skin Penetration studies show that only 3 components of this complex mixture penetrate the skin when applied topically, and further that evaporation removes over 90%. 1 Even if the results seen in the *in vitro* MCF-7 test is correct (which it may not be), it is unlikely that a TTO mixture is able to cause estrogen receptor activation in the body since the TTO complex is altered following breakdown/metabolism on the skin. Skin penetration studies for Tea Tree Oil conducted at the University of Queensland by Dr Sheree Cross (unpublished) have clearly shown that only extremely small amounts of 3 of the over 100 components found in TTO have been found to penetrate the surface of the skin so that any oestrogen receptor activity by TTO *in vitro* is not relevant to topical application of TTO products. This may well be true with Lavender as well. There is nothing in the literature that indicates that these components (terpinen-4-ol, alpha-terpineol and 1,8-cineole) have estrogenic receptor activity *in vitro* or *in vivo*.

The paper discusses three case studies – only Patient 2 was exposed to TTO and only in a styling gel & shampoo. From the usage of styling gel, the possibility of skin absorption is very low (as the gel is applied to the hair, not scalp). The composition of the actual shampoo that was used is known – it is a well formulated product of less than 1% TTO (not a commercial secret – it is easy to determine by solvent extraction & GC of T4-O). The expected deposition rate of TTO from a normal surfactant based shampoo like that used by Patient 2 is very low – shampoos are, after all, designed to remove hydrophobic materials, not deposit them – so the likelihood of skin absorption of tea tree oil resulting from use of this shampoo is very low. Additionally, Patients 1 & 3 were exposed only to lavender oil, Patient 2 to lavender & TTO. Alternatively, all three cases may be due to some other material in these boys environment. The fraternal twin of one of the boys apparently using the same materials was not affected. Note that all 3 affected boys lived in the Denver area, yet no other environmental or health factors were considered.

When they received this information from Bloch, Henley and Kenneth Korach, both researchers at the National Institute of Environmental Health Sciences, performed test tube experiments of the effects of lavender oil on breast cancer cells. They also decided to test tea tree oil because of Dr. Bloch's request. They observed that both oils exhibited "estrogen-like" qualities on the cells. At the annual meeting of the National Endocrine Society held in Boston in June 2006, Henley reported the results of the research, which was subsequently published on February 1, 2007. What Henley's report failed to mention is that there are literally thousands of harmless natural oils and other natural plant substances that exhibit similar "estrogen-like" qualities when applied directly to a cell culture. Just a few common examples of products that have similar effects as essential oils in similar tests are: soy, hops, garbanzo beans, red clover, lentils, flaxseed, sunflower seeds, alfalfa sprouts, liquorice, and ginseng. Were these boys screened for liquorice consumption or garbanzo beans or one of these other hundred of suspect substances each?

Dr. Henley told a representative from Melaleuca Inc, a USA corporation selling Tea Tree oil products, that while he was being interviewed by reporters about the report, he had the definite impression that they were trying to get him to say that lavender oil and tea tree oil cause Gynecomastia so that they could publish a headline that these products should not be used. Scaring consumers about dangers of "safe" products sells papers (and gives exposure to scientific Journals in the face of their credibility). Mainstream Channel 10 news in Australia carried a 3 minute prime time segment on this article warning mothers of the risk of using tea tree oil products. Henley told Melaleuca Inc. that he was concerned about how the stories had come out as they just took portions of what he said instead of publishing everything he said. Henley emphasized that the research does not conclude that either lavender oil or tea tree oil are the direct cause of the Gynecomastia in the young boys – but that there "may" be a correlation. He pointed out that the only common ingredient among all of the products used by the patients was lavender oil and that only one boy had used a product that contained both lavender oil and tea tree oil. In his report Henley cautioned patients of prepubertal Gynecomastia to avoid repeat exposure to these essential oils, but in the phone interview he said there is not nearly enough evidence to indicate that people should stop using products with lavender oil or tea tree oil, even young boys.

It seems very odd to us that tea tree oil was even mentioned in this story. It appears that lavender oil is the only common substance identified as being used by the three boys in question. It appears that the only reason that tea tree oil was mentioned in the story was because the source of lavender for one of the three boys was a Tea Tree Hair Gel and Shampoo. There does not appear to be any evidence whatsoever that the symptoms of that one boy had anything to do with Tea Tree Oil. Industry records certainly support this conclusion. Over the past 21 years the two leading companies supplying tea tree products, Melaleuca Inc and TP Health Ltd, have sold over 150 million bottles of product containing Tea Tree Oil. Both companies maintain meticulous adverse event reporting records. At the time of writing there has never been a single case of prepubertal Gynecomastia reported to either company anywhere in the world in all those years.

In-vitro study – the second part of this flawed research. This is a unique protocol with no relationship to any other body of work. Apart from flawed technique, there is the absurd conclusion that to achieve equivalence in the human clinical situation would require 40 bottles of shampoo per dose for a 20Kg child (see below). No responsible scientist should draw conclusions on such grossly distorted comparisons.

The procedure for dosing the essential oils into the cell culture medium is not fully described in the article. It is stated that the oils were dissolved in dimethylsulfoxide before addition to the cell culture in the text. In the figures it is stated that the solvent control was ethanol. It is not clear which of these solvents was actually used. Nor is it clear whether the same amount of solvent was added to the cell culture at the different dose levels. Dismissing this discrepancy there is a technical problem with the cell culture studies in that the quantities of oils added to the cell cultures exceed the solubility of the oils in water and presumably also the solubility in the culture media. For example the addition of 0.01% of lavender oil corresponds to 100 mg/l of oil. This is a considerable quantity of free, insoluble oil. Thus the distribution of the components of the oils in the cell culture is not controlled and free droplets of oil would be floating around at the higher concentrations. The potential effects of this on the assays are unclear. It could certainly either add to the variability of the assay or possibly lead to unpredictable results. The authors note that lavender oil was cytotoxic at levels above 0.025% oil. They do not state whether they tested for long term cytotoxicity at the lower levels. By comparison the addition of nanomolar amounts of estradiol (0.28 micrograms per litre) would not lead to apparent physical separation.

If we attempt to equate the level of 0.01% lavender oil used in cell culture to a human dosage the quantity would be 0.01% of the body weight or a systemic dose of 100 mg/kg. The quantity of topically applied lotion or cream required to achieve this type of a systemic dose would, of course, be enormous. Even if the lotion contained the improbably high amount of 10% lavender oil and even if the transdermal delivery were as improbably high as 10% a 20 Kg child would require a single dose of 200 g of lotion.

In the case of a rinse off product such as a shampoo or bar soap the quantities become quite ridiculous. The maximum amount of tea tree oil which is practically incorporated into a shampoo or bar soap is about 1%. Further since these are administered as rinse off products the potential for transdermal transport is much less than for a lotion or cream. Let us estimate it with the improbably high figure of 1%. To achieve the 2.0 g systemic dosage required for a 20 Kg child via 1% transdermal delivery of a 1% product we would require an application of 20 Kg of product. Attempt to visualize this process. This would correspond to about 80 bath sized soap bars or 40 bottles of shampoo.

To summarize:

In only one of the case studies does the product claim to contain tea tree oil even qualitatively. The conclusion that Tea Tree is a causative agent with only one case study is preposterous. It ignores numerous other hypotheses.

There is no discernable dosage of lavender oil or tea tree oil in the three case studies.

The authors make no attempt to relate the dosages of lavender oil and tea tree oil in the case studies to the dosages used in the cell culture experiments.

The authors do not account for the improbability of transdermal delivery of oil components from a lavender oil lotion (Case 1) or from a lavender oil and tea tree oil shampoo (Case 2) or from a lavender oil soap bar (Case 3) Nor do they note that what transmits is very different from the whole oil mixture applied directly to a cell, and nor do they consider other materials in these products.

The actual components of lavender oil and of tea tree oil are almost totally chemically distinct from each other; it is unlikely that they would have similar effects. The paper claims the opposite.

The quantities of lavender oil and tea tree oil which elicited a response in the cell culture studies are vastly greater than the quantity of estradiol in the positive control treatment. The difference is a factor of 100,000 to 1,000,000. Thus if the studies do show any estrogenic activity it is at a level one hundred thousand to one million times less than that of estradiol, the positive control.

The amounts of lavender oil and tea tree oil which elicited a positive response are stated as concentrations as 0.01% to 0.025%. At these nominal concentrations these water insoluble oils will physically separate from water and presumably from the cell culture medium. Thus there will be droplets of pure oil floating around in the culture. It is incorrect to refer to these amounts as concentrations due to this fact.

The authors do not state exactly how the oils were added to the cell cultures. In the text they state that they were dissolved in dimethylsulfoxide before addition to the cell culture. In the figures they state that the solvent was ethanol. It is not clear which was used or whether the amounts of solvent added to the different concentrations were the same. In either case however one would expect physical separation of oil droplets at concentrations as high as 0.005% and above.

The authors make no reference to these huge differences in dosage and in potency or the physical difficulties in the cell culture experiments cited above.

There is no supporting field data from decades of actual exposure that supports this conclusion.
None.

In short the authors ignore numerous alternate possibilities and draw an unsound conclusion from non significant and very noisy data.

This publication is, to say the least, unscientific. The conclusion stated in the summary is not supported by the cell culture studies. The authors show no curiosity at all about the enormous difficulties in attempting to connect the cell culture studies with the case studies scientifically. It is disappointing to see the New England Journal Of medicine publishing such work uncritically, allowing such material to damage its own reputation and to create unwarranted alarm and commercial damage around the world. A retraction is warranted.

1. Cross S. and Roberts M. (2005). *In-vitro* human epidermal membrane penetration of tea tree oil components from pure oil and a 20% formulation. A report to RIRDC (Australian Rural Industry Research and Development Corporation).

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"Chemicals in lavender and tea tree oil appear to be hormone disruptors" Presented at the endocrine.org conference March 2018

Reviewed by Martin Watt

Once again we have inept research presented under the name of the same scientist who did the 2007 research: *Prepubertal Gynecomastia Linked to Lavender and Tea Tree Oil*. (published: *New England Journal of Medicine* 365 (5) pp 480-485 D. V. Henley, Ph. D., **Natasha Lipson**, M. D., **Kenneth S. Korach**, Ph. D. and **Clifford A. Bloch**, M. D. See article above.

The 2007 research was packed with errors and widely discredited by people who knew what they were talking about.

This new (2018) research fails to mention that the chemicals they are claiming are "hormone disruptors" **are all permitted food flavours under FDA and other regulatory authorities**. Some of them such as *d-limonene* also occur in our natural daily foods. So why do they not mention that drinking orange juice includes the consumption of *d-limonene* or other research suggesting that this chemical has an anti cancer potential in the diet? (1)

Details - purple text mine:

(AFA) = Individual chemicals and the whole oils that they occur in. Approved food additives by the FDA and other regulatory organisations around the world.

"Four of the tested chemicals appear in both oils":

- eucalyptol (AFA)
 - 4-terpineol (AFA)
 - dipentene/limonene (AFA)
 - alpha-terpineol (AFA)
- The others were in either oil:
- linalyl acetate (AFA)
 - linalool (AFA)
 - alpha-terpinene (AFA)
 - gamma-terpinene (AFA).

"Using *in vitro*, or test tube, experiments, the researchers applied these chemicals to human cancer cells to measure changes of estrogen receptor- and androgen receptor-target genes and transcriptional activity".

The report fails to mention:
1. The essential oils containing these chemicals are all permitted food flavours.
2. The herbs bearing these essential oils are classified as safe in foods.

The report fails to mention that the volume of these chemicals likely to be absorbed into the circulation via the skin are minute compared to when ingested in food.

The report fails to give any references to the claim that "a growing amount of cases" are being seen?. What cases???

The report fails to provide any information on the chemicals used for testing, for example, were they lab grade which are known to contain manufacturing impurities or were they extracted from the essential oils concerned.

Most essential oils contain numerous natural chemicals. To assume that the action of the whole oil will be the same as a single chemical in it, is fundamentally flawed science.

Lastly, when the publishers and sponsors of such dreadful science are contacted, they fail to respond. In my opinion that is evidence that modern science does not like it when it is proven that they sponsor and publish inaccurate research.

1. <http://personalcaretruth.com>
Monoterpenes: Essence of a Cancer Cure. May 22, 2014 by Cindy L.A. Jones, Ph.D.
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Frankincense essential oil and claims for its cancer curing activity made by distributors of Young Living and DoTerra.

By Martin Watt

Update Sept. 2014: Since writing this article there has at last been some action from the FDA over the illegal medicinal claims made on the distributors sites of Young Living and DoTerra.
<http://www.fda.gov/ICECI/EnforcementActions/WarningLetters/2014/ucm416023.htm>
<http://www.fda.gov/ICECI/EnforcementActions/WarningLetters/2014/ucm415809.htm>

This article has been hard for me to write. This is because I know that many years of research have shown some herbs do have anti cancer activity. Some essential oils might also have such activity if they are used as medicines. Therefore for me to be critical of research on plant extracts does not come easy. Despite this, I have been horrified to see the outrageous and illegal claims made on the web blogs of Young Living and Do Terra distributors. They are promoting Frankincense oil as a treatment for **cancers** (2). These claims are made on the basis of research of dubious merit and uncontrolled, unevaluated administration in humans.

I have no problem with fundamental research into plant extracts giving scope for further investigation. What I have a problem with is when that research is grossly distorted **in order to sell products**. It is especially important to know that the research below is sponsored by Young Living, a company notorious for giving their distributors false information during their seminars. Those distributors then repeat and disseminate dangerous and baseless claims.

Specific research papers cited below:

- 1) Extraction of biologically active compounds by hydro distillation of species gum resins for anti-cancer therapy.
<https://www.oapublishingindia.com/article/385>
 - 2) *Boswellia sacra* oil suppresses breast cancer cells
<http://www.biomedcentral.com/1472-6882/11/129>
- Update Sept. 2014:** The scientific studies reported above, were clearly not evaluated by experts or they would have noticed several flaws. The Peer reviewers in scientific journals are often asked to check research papers on subjects that they know nothing about. Hence the reason there is so much fake research floating around even in so called "reputable" publications. It is like getting blood out of a stone trying to get them to publish retractions.

Problems with the published research.

Expertise or lack of:
The research papers above have the names of Gary Young and CL Woolley on them. Gary Young is qualified in nothing but being a quack, yet he has managed to get his name into scientific research papers. This is a concern because it will enhance his apparent credibility with other science publications. CL Woolley has a degree in chemistry but has no experience within the main essential oil industries or in their analytical expertise. He works for Young Living and seems to have a background in nutrition, not essential oils. Anyone can learn to use a GLC machine, but to be able to interpret the results takes years of experience within the trade.

Methods:

All of the research contained in the above papers is conducted on lab cultured cells. While this is normal procedure, any promising results cannot be assumed to be the same if treating humans with the same substances. Such experiments in drugs trials cannot progress until animal trials are undertaken, toxicological, embryological and other adverse effects are studied. This has to take place long before use in humans is permitted. With true traditional medicine we do not have that level of trials but rather depend on generations of acquired knowledge. **The use of this Frankincense oil is certainly not traditional medicine.**

Unlicensed human trials:

The authors of both the trials above state: "safety and toxicity studies of the oil and pre-clinical validation of the *in vitro* results will be required." Ignoring this, several Young Living and DoTerra distributors (5) have indicated on blogs that humans may take the essential oil internally for cancer. There is no indication that human trials have been approved by any medical or University ethical committee. Instead, Young Living seems to be conducting the trials privately under the heading of "traditional use". It is disturbing that the company's founder Gary Young, who was charged with practicing medicine illegally, is involved with this research. He was also involved with a clinic in Ecuador where on the blog of a participant, she stated that: "essential oils were administered to her as **intravenous drips**". 3. A therapy that has absolutely no basis in historical or modern medicine. Such activity is among the worst type of dangerous quack medicine one can come across.

Toluene:

In the analytical data of 2 above, I noticed **Toluene was contained in this oil at 0.1 percent** which equals **1000 parts per million**. This is a concern due to the known neurotoxicity of that chemical.6 There are numerous research papers that have been published on this chemical due to its past widespread use in industrial processes.

It is not uncommon for 100-250 ppm of toluene to be seen in essential oils, but 1000 ppm is extreme. The researchers claim that the toluene is a naturally occurring constituent of some essential oils; for example, it has been found following dry distillation of tolu balsam. However, if it was the result of degradation changes during processing, or as a result of contamination of the source material, is unknown. I was extremely sceptical about it being a natural source and so contacted two essential oil analysts and a leading world expert in essential oils analysis. In all cases they confirmed that they had seen trace amounts of toluene in some essential oil samples. What they did not know was if it was a natural occurrence, or **a contaminant from cleaning procedures, paint coatings, water used, even in tobacco smoke**.

As frankincense resin is gathered from wild trees by tribes in the area, the potential for contamination from several of these sources is feasible, even possibly smoking as sacks are being filled. The water used in distillation is also a potential source as it has been found contaminating groundwater. It has even been found in water from wells 265 feet deep. A search using the term "toluene" here will produce numerous references:
<http://nlquery.epa.gov/epasearch/epasearch>

The volume of oil being taken internally by customers of Young Living and DoTerra distributors is not clear. Therefore their exposure to toluene is also vague. **In the case of pregnancy this oil should not be taken internally.** Smokers will dramatically increase the levels of toluene in their blood if they also consume this oil.

Toluene is a restricted chemical in most countries due to its **toxicological effects at low doses, foetal toxicity and abortive activity**. (1) See also: <http://www.cdc.gov/niosh/docs/90-101/>

A study of workers routinely exposed to toluene found "**a clear genotoxic effect associated with toluene exposure**". (4)

American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Value (TLV) (2007) is 20 ppm. **Female reproductive system damage and pregnancy loss are the main risk factors.**

The Occupational Safety and Health standard exposure limit for toluene in workplace air is **200 ppm averaged over eight hours**. However, the American Conference of Governmental Industrial Hygienists (ACGIH) recommended limit for toluene in workplace air is 50 ppm. **Ingestion would give a far higher rate of exposure.**

Botanical names:

Another issue with this and other related research are the Botanical names given to the oils tested. In this case it is named as *Boswellia sacra*, yet it is well known by expert botanists that Frankincense trees are notoriously variable. Therefore, to give a precise botanical name is unreliable due to interspecies variability. One tree may be identified by a botanical expert but a tree a hundred feet away can be substantially different, especially in chemical profile. The resin is gathered from these wild trees and is mixed for commercial resale. It is a fundamental problem with all the published research on Frankincense type oils **that the researchers have little real idea on the precise botanical identity of the resins they use.**

Other research on Frankincense:

There have been many studies over the years on the therapeutic effects of Frankincense. Several researchers have indicated that they believe Boswellic acids are responsible. However, this group of chemicals is usually obtained by extraction with solvents such as alcohol. There may of course be other anti cancer substances in the different types of resins which have yet to be identified. If so the research on boswellic acids cannot be directly applied to the use of the essential oils **as is being widely claimed**.

Conclusions:

With the research being promoted by Young Living and DoTerra distributors, we see **preliminary** studies on a particular oil being seized and hyped in order to sell products. Academic research on essential oils is rarely taken forward to controlled clinical trials. That is necessary in order to establish if preliminary research is sound, or if the substance is safe for use as recommended.

Chewing Frankincense resin has an Ancient history for treating a variety of illnesses. When chewed it contains a different combination of chemicals to that found in the distilled or extracted oils. It also contains chemicals not found in the oils. In addition, it is known that saliva in the mouth can cause chemical changes in substances. Therefore, the fact that an unrefined resin or herb has acknowledged medicinal activity, does not mean that a refined extract such as an essential oil will have the same activity.

Hot distillation is man-made chemistry. Heat changes the chemicals of essential oils occurring in plant tissues. This means that any traditional medicinal use of the herb should be subject to fresh evaluation when the distilled essential oil is used instead of the herb. Heat can create both beneficial as well as hazardous substances. In the case of the research above, we see a possible example of this effect with toluene.

While I accept that using the toxicological data of a single chemical in an essential oil can be misleading due to the synergistic activity of all the other chemicals, in this case we just do not know if the toluene is a natural chemical or a contaminant. If it is a contaminant, then using this oil for treating cancers is unwise. The effects of the whole oil may be beneficial in the short term, **but the long term effects of the toluene are sinister**.

I have always (with a handful of exceptions) advised against the internal use of essential oils as medicines because I know what can be in them. In the case of the research on Frankincense oil there now remains a question about the claims of "therapeutic quality" frequently made by both Young Living and DoTerra for their oils when compared to other suppliers.

Acknowledgements: With my thanks to Mynou De Mey for her assistance with the wording of a complex subject.

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FAKE AND EXAGGERATED RESEARCH

By Martin Watt

Fake news has been talked about a lot so I thought it opportune to let my readers know that it is not just in the media and politics. The aromatherapy community and aromatherapy suppliers have always been responsible for spreading invented health claims. The problem has grown a lot in recent years with people coming into the trade, setting up blogs, and then trying to justify their health claims by using scientific references. As I still get people asking me about claims that they have found for certain essential oils, I thought it would be good to give some guidance on what to be on the lookout for. Many of these items are in other files, but here I will try to bring together as much as I can.

Scientific references used to justify claims such as "anti cancer", "antiviral", "anti aging".

It has become fashionable for many sites and blogs to add references they find on the PubMed website ncbi.nlm.nih.gov/pubmed. That site mainly contains **abstracts** of scientific research papers. If the whole paper is obtained, vital pieces of information can be found which are not in the abstract. Also, having contacted PubMed in the past, I was informed that they do not review the validity of what they publish.

On the site below you can find articles about fake and inadequate scientific research:

<http://retractionwatch.com/2015/12/18/in-more-faked-peer-review-news-10-papers-pulled-by-hindawi> References to these articles are now being used by suppliers from health foods to essential oils as a method to promote sales. Rarely do suppliers check the whole research document to ascertain if the research is valid for their product or even if it is genuine.

Examples of what to look for with research claims:

(a) Is the article of any relevance to aromatherapy? Is the research distinguishing between the use of an herbal extract or an essential oil? Never forget that probably 80 percent of therapeutic claims found in aromatherapy oils are taken from the traditional use of a herbal extract, not the essential oil. Reasons for that are explained in other files on this site.

(b) Is research on **antiviral activity** all done in lab petri dishes? Research on antiviral activity of essential oils in humans is extremely weak or none existent despite the numerous claims on aromatherapy blogs. For example: I have often found the methods used by labs killing virus infected cells. In addition, the fact that an essential oil may kill cells in vitro cannot be assumed to give credibility to its use as a therapy in humans. The volume required to kill infected cells in the body may be so high as to be toxic or damaging. Also, it has to be considered how the oil can be administered to have an effect? Sometimes internal use is advocated but then we must consider the widespread use of essential oils that are adulterated. See other articles on this site on **'internal use'**.

(c) Has the tested essential oil been produced via laboratory stills? These will often produce a chemical composition different from the oils produced and sold commercially. If so the research may not hold good for the oils purchased by the public.

(d) Does the research paper provide an analysis of the oil they used and is that analysis done in-house or provided by the outside supplier? This information is critical to knowing if the research results can be extrapolated to oils purchased from various suppliers.

(e) Claims on **anti cancer activity**. See the file on Frankincense for more on that. It is not uncommon to find that scientists conducting such tests have no or a weak knowledge of the different types of oil/s they are testing. They can make huge errors over the chemical components that they **think** are responsible for the actions they observe.

(f) **Anti aging claims**: This is beauty therapy hype and lies. Certainly the skin can be kept supple by using cosmetic creams and other formulations but any essential oils are just going to give a nice fragrance. Some essential oils can be wonderful for healing skin damage and infections but that is not an anti aging action.

(g) Are the researchers **a group of students doing the research in order to get a degree?** In such cases you will often find that their supervising professors know nothing about the subject being investigated. The students will frequently take references from sites where the references may have little to do with the research they are conducting. I have even seen many papers with the references to claims made in popular aromatherapy books. Another thing that I have found is modern students can be very lazy over their literature research, if it is not on the internet they presume that their research has not been done before. That can lead to them claiming their work is "new" when it has been known about for 50 or more years. Many of the essential oils and fragrance trades as well as cosmetics and perfumery have trade journals going back to the early 1900s. Those old journals can contain invaluable research on essential oils, but you need to get the paper copies. Too much hard work for most University students it seems, they might have to put their smart phones away for a few hours - tragedy!!

(h) Another common problem - even when the research is genuine - is that researchers can make huge guesses on therapeutic activity based on particular chemicals in an oil. The better researchers will extract the chemical from a range of essential oils in order to ascertain its activity. However, that does not mean that the use of the whole essential oils will have a similar effect. Most oils contain hundreds of natural chemicals which all contribute to their activity. It is known that some of these chemicals can be active at a few parts per billion, therefore to assume that because an essential oil contains a large volume of a given chemical, that the action of the whole oil will be similar to the chemical, is fundamentally bad science.

(i) Look to see if a company has sponsored any research referred to. For example, the research below had the name of Gary Young of Young Living in the list of authors. The research was packed with errors and yet it was published in one of these journals where you pay for publication. www.biomedcentral.com/1472-6882/11/129

Multi level aromatherapy companies are notorious for providing customers and their distributors with fake or inapplicable research references. If you see such a company or one of their scientific advisors named in the paper, be cautious about its validity.

Lastly, a major problem with the publishers of research articles is that they rarely publish criticisms of the quality of the research. That has caused many articles which are fundamentally flawed to be floating around on the internet forever. A good example is the atrocious piece of research about lavender and tea tree oil causing gynecomastia in boys. Despite that report being taken apart by real experts, the original is still floating around and has been referred many times without the articles criticising it being mentioned.

So fake and poor quality research references beware. Also, beware of 'the latest news' articles on health food type web sites and blogs. They are notorious for corrupting scientific research in order to promote sales of supplements some of which may contain essential oils.

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REFINED ESSENTIAL & FIXED OILS COMPARED TO CRUDER EXTRACTS FOR TREATING WOUNDS

The man credited with some of the founding research on the clinical value of essential oils Rene-Gattefosse, did not think that the terpene content of natural oils was beneficial for the skin. He makes reference to this in his book and in the 1950s he produced several articles for the perfumery trade where he re-emphasised this belief.

UNREFINED FIXED OILS

Many modern aromatherapists recommend crude wheatgerm oil for damaged skin. However, this crude extract can contain viable fungal spores. Any such unrefined plant materials will contain fungal spores because they are present in high concentrations in old barns, the air, or are naturally present on the plant materials. These spores are inert in the fixed oil, but as soon as water and humidity is introduced - such as occurs in wounds or cosmetic formulations - then these spores can and do come to life.

Crudely prepared fixed oils can contain bacterial toxins. Garlic infused in fixed oil and ingested was responsible for a number of deaths in the USA and as the result laws now require such oils are pasteurised. Such toxins applied to **intact** skin should not cause a problem, but it would not be wise to apply them to broken skin.

With already traumatised tissue, the introduction of irritating substances such as viable fungal spores, is likely to produce over-granulation of the wound. This is because the body is trying to protect itself against the invading organisms.

UNRECTIFIED ESSENTIAL OILS

Removal of some of the terpenes from distilled lavender oil has a number of advantages:

1. The terpenes are probably of little therapeutic value.
2. The odour components are frequently found in the minor non-terpene fractions of essential oils.
3. Any trace chemical compounds with therapeutic actions will become concentrated by the reduction of terpenes.
4. Rectification and redistillation tends to "clean up" the naturally occurring irritating or sensitising chemicals present in essential and fixed oils.
5. Natural does not always equal safe or beneficial

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A.I.D.S. H.I.V. & AROMATHERAPY

By Lyn Gardenchild and Martin Watt

Originally published many years ago in 'TAI CHI & Alternative Health', issue 1.

Note to Overseas readers: This was originally written for UK readers only.

Massage and aromatherapy can provide valuable supportive care to people suffering from A.I.D.S. related illnesses, or if they are suffering the mental anguish of being pronounced H.I.V. Positive (1). However, people who work with such illnesses do require some specialist training, and there are several organisations which can provide advice and training on the following:

- a. Risks of contracting the disease.
- b. Risks of infection from pathologies associated with the syndrome.
- c. Developing the caring skills necessary when working with people who may be suffering the emotional problems resulting from; anger, despair, isolation and ostracism.

Health authorities, Social Services, etc. can provide further guidance.

WAYS TO UTILISE THE HEALING & COMFORTING PROPERTIES OF ESSENTIALS:

- a. Inhalation of the oil's vapours using room diffusers, oil burners or from warm water.
- b. Adding the oils to baths, footbaths, sitz baths and douches
- c. Direct application (when diluted in a solvent) for skin ailments
- d. Diluted in a massage medium for use over the whole body, or just for individual areas of the body.

PHYSICAL BENEFITS OF MASSAGE:

Massage alone will tone flaccid muscles, reduce muscle spasm and improve circulation. It has also been demonstrated that massage releases endorphins the body's natural pain killers (2). The techniques of massage can be either stimulating or calming depending on the experience used. There are contraindications to massage, for example people being given anti-coagulant drugs (massage causes haemodilution). Therefore, some basic training is essential for anyone massaging people suffering from medical conditions.

THE POWER OF ESSENTIAL OILS:

Essential oils can have potent emotional effects and are ideal mood changers. Some oils uplift the spirits while others relax or calm. The same oil can produce different effects depending upon the emotional state of the individual at the time. Choosing the appropriate oils for an individual does require a certain amount of training in order to optimise results. However, even without training, excellent results can be gained from self-use. Simply adding a few drops of Lavender oil to a bath is, in reality, "Aroma-therapy". Some care must be taken with the choice and amount of oils used, but safety information is readily available.

Natural essential oils when given internally as medicines do contain beneficial pharmacological agents. However, they do not represent the full range of therapeutic properties of the plants from which they are extracted. Furthermore, due to the unreliability of their origin, i.e. **natural or semi-synthetic**, essential oils should not be used internally except under expert guidance. Aromatherapists do not receive detailed training in medical diagnosis or on the suitability of oils for internal use.

HOW ESSENTIAL OILS WORK:

There is little evidence that most essential oils, when applied to the skin in the amounts used in aromatherapy massage, can be absorbed into the body in sufficient volume to have any systemic medicinal activity. However, there is now a body of evidence indicating that essential oils can gain access to the circulation **via inhalation**. Essential oils are highly volatile substances, and as soon as you can smell an oil you are taking into your body elements of that fragrance. It is well documented that certain drugs can achieve significant systemic absorption via the nasal passages.

In Martin's opinion, H.I.V. positive patients stand more chance of deriving medicinal benefit from plants by extracting a Medical Herbalist, who will be able to prescribe a variety of plant extracts internally. Plants contain hundreds to thousands of natural chemicals and many have recorded pharmacological activity. Thousands of these compounds are still unidentified and their activity therefore is unknown to chemists.

The combination of aromatherapy and herbal medicine is ideal treatment for H.I.V. They may not be able to cure it, but will certainly will provide a lot of physical and emotional support enhancing the body's ability to fight disease and possibly delay the onset of symptoms.

A.I.D.S. ASSOCIATED PATHOLOGIES WITH SOME OILS THAT MAY PROVIDE RELIEF:

Candida of the oesophagus, trachea and lungs.

Inhalation of the vapours of Tea tree, fennel, cajuput, German chamomile and lavender, (amongst others) may help provide some relief.

Vaginal and rectal candida.

Pessaries or suppositories containing Tea tree oil can be effective.

Oral candida.

A mouthwash using some of the oils mentioned above, but they **must be well diluted** in a solvent such as full fat milk in order to prevent irritation.

Respiratory tract bacterial infections.

Certainly are worth attacking by the inhalation of essential oil vapours. Many oils have some degree of anti-bacterial actions and as research has shown that parts of some oils can gain access to the bloodstream via inhalation, a systemic anti-bacterial action is at least feasible.

Bacterial and fungal infections of the skin.

Blends of oils like lavender, tea tree, fennel, Roman and German chamomile in a cream base, or just diluted in fractionated coconut oil can produce a broad spectrum of healing actions.

Herpes simplex virus.

Essential oils like tea tree, bergamot, eucalyptus and cajuput should ideally be diluted slightly in alcohol such as gin or vodka. This solution can then be gently applied to blisters, if stinging is too intense then wash the area with cold milk or water. A good herbal remedy is **fresh lemon balm** leaves crushed and applied - research has indicated anti-viral complexes in the water-soluble portion of this plant.

Karposis sarcoma.

All citrus oils except F.C.F. bergamot (furocoumarin free) should be avoided on skin cancers. terpenene lavender, F.C.F. bergamot, tea tree, German chamomile are all highly recommended.

Fungating cancers.

Great emotional relief can result from the use of essential oils. They enhance the self-image of severely ill patients by covering unpleasant body smells, and some oils may also provide relief from itching and soreness.

Brain tumours.

Aromatherapy may well help to control vacillating moods; depression; irritability and lethargy.

Care of the terminally ill.

We strongly believe that relief from stress and pain at any cost is paramount, therefore ANY essential oil or other plant extract that can provide relief is worth using, (provided it does not result in further discomfort). Morphine and cannabis remain some of our most potent pain relievers despite the wonders of the pharmaceutical sciences, and we should never forget they were traditional **herbal medicines**.

The Carers: Aromatherapy for terminally ill people helps relatives and partners when they realise that 'something is being done' to help their loved ones, rather than just letting them lie in bed slowly dying. Surrounding the patient with the wonderful scent of fragrant plant oils helps everyone cope with emotionally charged situations. Carers may feel 'more involved' if they obtain some education in how to use essential oils for palliative care.

TRAINING IN THE CLINICAL USE OF ESSENTIAL OILS:

Only a few aromatherapy courses provide sufficient training in the **verifiable** adverse or therapeutic effects of essential oils, and few aromatherapists are trained in any of the medical or botanical sciences. It is lamentable that training **of teachers in particular** has not kept pace with the exacting requirements of using of this therapy within a clinical setting.

TRADE CODES OF CONDUCT AND PRACTICE:

We hear a lot about how they "protect the public", but in fact, who are of little real protection. They are not enforceable in law, and anyone who watches the B.B.C. television "Watchdog" programme will have seen time and time again how ineffective such trade codes of conduct can be. These codes are there to protect the trades concerned and to hoodwink the public, they give no realistic protection in aromatherapy.

BASIC SAFETY ADVICE:

Many Aromatherapists and some training organisations maintain that essential oils are "only safe in their hands". They use this marketing ploy to promote their often overpriced and inadequate courses. In fact the vast majority of essential oils have been passed as "safe for retail to the public other than in a pharmacy" by the UK Dept. of Health. However, a few oils ARE unsafe and some are still retailed to the public by unscrupulous suppliers without adequate warnings.

- Don't use any citrus oils except F.C.F. Bergamot on skin cancers or on damaged skin.

- Don't use essential oils which could cause photosensitisation on anyone being treated with drugs that also cause this problem.

- Don't use verbena oil on the skin.

- Don't use benzoin on the skin (there is no such essential oil).

- Use all essential oils cautiously and extremely well diluted on anyone who has very thin or fragile skin.

To summarise: aromatherapy can have wonderful benefits as a supportive role in the treatment of individuals with H.I.V. **but please be wary of all the hype**, use lots of common sense and study any safety guidelines carefully. If you have just read this and you know someone with an A.I.D.S. related illness, or who is H.I.V.+ , buy them a bottle of lavender or geranium oil. Then advise they use 6-10 drops in a bath, or in a room diffuser. Their sense of well being will soon improve, due to the beneficial effects of plant fragrances on the emotions.

1. R1-9 pages 15 & 29 National Aids Manual Centre for disease control and prevention U.S.A.
2. Kaada B. & TorsteinØ O. 1989. Gen. Pharmac. Vol. 20. No. 4. 487-489.

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SOME PLANTS USED IN ANCIENT EGYPT WITH THEIR POTENTIAL MEDICINAL PROPERTIES

By Martin watt

Written for the benefit of the participants on an aromatherapy trip to Egypt.

Important note: When this was written it was mainly an article about the herbs. Therefore, do not assume all the comments are applicable to a distilled oil.

CHAMOMILES: There is evidence that some varieties were available in the region of the Nile, but precisely how they were used is still uncertain. However, it is clear from ancient texts that many medicinal plants were widely grown, as well as imported into ancient Egypt. It is therefore likely that some of the medicinal properties of the chamomile's were known and appropriate use made of them.

Modern research has shown that a hot water extract of *Matricaria chamomilla* has an antibacterial effect. It completely inhibits the growth of *Staph. aureus*, *Streptococcus* strains, *Leptospira* and *Trichomonas*. *Leptospira* are particularly nasty organisms, they are carried by rats and can enter the body through skin abrasions when working in contaminated water. Due to the extensive irrigation networks in Egypt, it is very likely to have been a common illness and perhaps they knew how to treat it.

Matricaria oil can exert a strong anti-inflammatory effect due to the a-bisabolol present in high amounts in some oils, this compound has been proven to exert a powerful anti-inflammatory effect on damaged skin, especially when the skin has been weakened and cracked by exposure to strong sunlight.

Anthemis nobilis oil has been confirmed as having powerful anti-inflammatory actions as well as exerting a strong sedative effect when administered internally.

CELERY seed and stem: The stem has been found to have anti-inflammatory activity when consumed as a food, and the research team suggested it may be helpful for rheumatic disease and arthritis (prevalent in pyramid builders). The seed oil has been shown to produce a mild increase in urine flow when used internally in tests on dogs. Herbalists have traditionally used alcoholic extracts and whole celery seeds for arthritic problems, but it is nice to get modern confirmation that we were correct. Celery seed OIL is only mildly active against a few bacteria, but when combined with other oil bearing plants it has a cumulative effect in enhancing food preservation.

CORIANDEr: This plants OIL has been shown to have mild anti-bacterial properties and moderate anti-inflammatory actions if applied locally. It has also been used as a carminative for spasms of the gastro-intestinal tract.

GARLIC: Its medicinal properties have long been recognised, some say the pyramids could not have been built without it. Certainly one of the first recorded labour strikes was among the tomb builders in the valley of the Kings. They marched on mass to the temples when hard times saw a reduction in their rations of which garlic was an essential part.

JUNIPER: Tests were conducted in Italy in 1987 to establish the anti-inflammatory activity of 75 plants used in traditional medicine. These tests showed that juniper berries **extracted in alcohol** (which was then removed) exhibited a 60% inhibition of inflammation against a 45% inhibition by the drug indomethacin.

Juniper was used to alleviate headaches in Egypt, usually combined with other water extracts of plants with known anti-inflammatory action. It is possible that since some headaches result from dilation of temporal arteries, that application of these mixtures would soothe the inflammation, reduce the dilation and thereby reduce or stop the headache.

a- & b-pinene & borneol, both constituents of juniper berry and leaf oils, are bactericidal.

ROSEMARY: Sprigs of rosemary were found in Egyptian mummy wrappings, perhaps as an offering for the afterlife, or as a token preservative? A component of rosemary has been demonstrated to have a powerful anti-oxidant effect (preservative). Rosemary OIL has mild anti-bacterial activity and Moroccan rosemary has been shown to have a moderate activity against pathogenic fungi.

WORMWOOD: The vapour of this plant was inhaled to stop a cough. Tests conducted in 1987 demonstrated that as well as possessing anti-bacterial activity; the OIL also has a very powerful anti-spasmodic activity. **It must be emphasised that the Egyptians did not - as far as we know - use distilled oils**, therefore the use of the plant in the manner described is safe, but inhalation of pure wormwood oil is not recommended as it could have toxic effects.

In 1988, research was undertaken in Iraq into the medicinal activity of Wormwood. This was because it was widely used in traditional medicine to treat diabetes mellitus. It was shown that oral administration of an aqueous extract did in fact produce a significant fall in blood sugar levels.

Wormwood extracts have long been used by Medical Herbalist's for their potent worm expelling properties. As infestation of the gut with parasitic worms is common in societies with primitive sanitation, then it is very likely the ancients were well aware of the effects of this plant.

Finally, there is not space here to go into great detail on all the medicinal, perfumery and culinary uses of the wide range of plants available to the ancient Egyptians. As more scientific investigations are completed, it is becoming increasingly clear that they had a sophisticated system of medicine and almost certainly were fully aware of the medicinal properties of a wide range of herbal remedies. Indeed, they may even have possessed some potent remedies, that even now science can not improve on.

Further reading:

"An Ancient Egyptian Herbal" by Lisa Marniche. I.S.B.N. 0-7141-1704-8

"An Enquiry into Plants" by Theophrastus of Lesbos 370 BC.

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Could Aromatherapy and Massage Help Survivors and Workers Recover from September 11?

By Martin Watt

First published by: The Journal Aromatic sage

People who do not know much about aromatherapy will think that it may be a nice relaxing massage with a nice smell, but that's about it. However, that alone give tremendous relief from physical and psychological stresses. Yet, in skilled hands, the use of massage and essential oils - separately or combined - can have many real medical benefits.

There are number of health problems associated with the Sept. 11 incidents and I will briefly discuss what aromatherapy and massage can do to relieve some of them.

Firstly massage: A magnificent operation was undertaken by the CERMT team of volunteers without substantial funding. They worked with fire service personnel and at the landfill site. They provided respite massages and gave out samples of oil blends.

Massage alone is excellent for relieving the physical strains on the body caused by heavy work in difficult surroundings. This will reduce the chances of those workers ending up with back strains and such like.

Massage given by a caring therapist can also have tremendous psychological benefits. It can allow someone who has been 'bottling-up' their emotions to release them in an environment where support is available. It can revive the spirit and give people a new zest for doing what they have to do. In the case of these workers the emotional benefits will carry over to their families and partners. This is because if the individual is de-stressed, their close friends and family will be less likely to suffer as the result.

There are many other beneficial effects of massage that I am unable for lack of space to cover in this article.

The use of essential oils: The obvious system to suffer as the result of being around Ground zero area is the respiratory tract. This is mainly from the volume of inhaled dust particles, but possibly also the inhalation of a variety of noxious chemicals. A noxious chemical might cause some lung damage, but generally the body will soon wash the chemical away and the lungs will repair themselves. That is unless it has carcinogenic potential which may or may not cause problems later in life. Long term damage may occur to the lungs if large volumes of a chemical are inhaled, but I do not think that the case with this incident. Some metal dusts can also cause problems in particular mercury and lead, but I doubt significant volumes of that are in the rubble. However, **the big problem is mineral dust inhalation**. If the dust consists of mixtures of insoluble minerals then the body has difficulty removing it. Some will be coughed up, but a lot will remain in the lungs for the rest of people's lives.

We know how bad the inhalation of asbestos is and that mineral must be the greatest cause for concern in this incident. As soon as I saw what had

happened, I sent a message to US aromatherapy contacts about the one essential oil proven to help expel mucus from the lungs - that oil was **Fennel**. There are several others that will help such as: Aniseed, pennyroyal and hyssop, but there is weak scientific data supporting their use whereas there good research on with fennel oil. *Boyd E. et al/ 1971. Pharmacology 6,65-80*. A few drops of fennel or aniseed oil should be inhaled from hot water - not boiling - for a few minutes, and done as soon as possible after the dust inhalation. This will trigger coughing and help remove some of the dust. If heavy chest massage can be performed - as is done for cystic fibrosis sufferers - that is also to be encouraged.

Once the dust has become encapsulated within the lung tissues there is probably nothing that can be done to remove it. In that case essential oils can be used to reduce the secondary effects such as irritation and soreness. There are many oils useful for this, but I would highly recommend this formula: 3 drops of Roman chamomile, 1 drop of German chamomile and 3 drops of lavender inhaled from hot water (not boiling).

If severe coughing occurs after dust inhalation, this should not be suppressed, as this is the body's way of eliminating a noxious substance. However, if the coughing continues (through the night for example) and starts causing chest soreness then this should be treated.

For a spasmodic cough good oils to use are: Basil, cajuput, chamomile German, cypress, fennel, frankincense, neroli, rose, rosemary and spearmint. You can mix up to 4 of these oils, but do not use more than 6 drops in total on the hot water for inhalation. It is a good idea to use an electric diffuser with some of these oils in a bedroom for half an hour before going to bed. Shut the windows and warm the room all night. A chest rub with some of these oils **diluted appropriately** can be a good way to calm a night cough.

Essential oils are perfect for treating minor physical traumas such as those demolition workers may suffer. Cuts and grazes can be treated using lavender, tea tree and German chamomile oils ideally dissolved in some Aloe Vera gel.

Another problem of working in hot humid environments is foot rot. I would suspect that workers at Ground zero are suffering from this because of the hot ground. Depending on what organism is becoming established between the toes, certain essential oils can knock them out.

Tea tree is the oil of choice for Candida (athletes foot) but it is a good idea to also add some healing oils such as lavender or German chamomile to help protect the tissues while the tea tree hits the bugs. It is difficult to generalize on this treatment because it will vary a lot depending on the severity of the condition. All I can add here is do not use any essential oils undiluted for such a problem or the irritation will be severe.

Psychological stress and the power of essential oils to relieve it.

Women suffering from severe emotional stress can stop menstruating. This proves how powerful emotions are in their ability to interfere with bodily functions. I expect this will have happened with some of the female partners of those lost on Sept. 11th and with some survivors. Emotional support is of course desirable, but is not always welcomed when people are grieving. Certain essential oils have long been used to kick-start the female reproductive system in such circumstances. There is more about that on my web site in the articles section-see pennyroyal.

The effects of fragrance on the brain have been demonstrated in hundreds of scientific trials. The effects are not always clear cut, but definite effects on brain waves following the inhalation of many essential oils have been demonstrated.

The effects of essential oils to relieve emotional trauma are far from being well-researched despite us knowing they do effect the brain. However, anyone who has had a massage with beautiful smelling oils will confirm this effect. We are self-healing organisms, and the key to healing lies with inhibiting the brains capacity to adversely interfere with bodily functions. With many ailments, including severe physical trauma to the body, you fix the brain and that in turn fixes the body.

Long term health care.

I find it frustrating, that little thought seems to be being given to the long term health problems that will be suffered by the heroic rescue workers.

As I am from the UK, I am used to a health care system that supports people from cradle to grave, no matter what their income. Okay, it is shaky at times but at least it is in place. In the USA you do not have such a co-ordinated health care system.

My fears are that in the future the fire and rescue service workers, truck drivers, dumper drivers, etc., suffering from long term health problems and needing expensive health care will be long forgotten by Joe Public. The media won't be interested and the funds in the charities will have been applied to purposes you did not give the money for.

So readers, I urge you to consider this and to demand that the charities sitting on the funds that you donated, do some long term health care planning. You should be able to take care of those that have given so much, in their time of greatest need.

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