

## Some thoughts on the controversy over the internal use of essential oils.

By Martin Watt

An advisory document first written for the New Zealand therapists association.

This issue of taking essential oils as medicines is a minefield, and I think it best to give an overview of the arguments for and against.

### THE QUESTION OF ESSENTIAL OIL QUALITY.

**1a)** The vast majority of pure essential oils are permitted food flavourings. Therefore, their internal use in the appropriate amount should not cause problems. Some have been used since the middle 1700s, by the medical profession in Britain the USA and other countries. This use includes listing in various National pharmacopoeias.

Despite the hype emanating from the followers of one or two French doctors, essential oils are **NOT** widely prescribed internally by their medical profession. However, clearly that method of use does have benefits, provided adequate medical diagnosis has been undertaken, and provided Internationally acceptable safety levels are complied with. Regrettably also not the situation with the followers the French style of internal medication with essential oils .

The big problem comes with the term "pure". The fact is that despite the marketing hype from aromatherapy suppliers, **huge amounts of essential oil adulteration do occur**. This can involve adding solvents like diethyl phthalate (possibly carcinogenic) and other solvents - natural and man made.

**1b)** So, even if a therapist is competently trained (another issue in itself), how do they know that the oil they are going to give someone is definitely the genuine article. The fact is in 99.9% of cases they **DO NOT KNOW WITH ABSOLUTE CERTAINTY**.

**1c)** I don't know about all aromatherapy insurance policies, but I do know that in Britain, the I.F.A. policy has a 'get out' clause for the insurers. This says the therapist must only use "pure essential oils". So if a therapist were sued by a client, and the insurers found the oil used was not completely genuine, then the therapist would be on their own with absolutely no legal assistance.

### What represents 'acceptable qualifications' to permit the internal prescription of essential oils?

I do not feel that any courses I have heard of provide adequate training on all of the peripheral issues surrounding internal medication using essential oils. Most doctors or pharmacists are not trained on how to use essential oils internally. Even the best trained Medical Herbalists are not adequately trained to use most essential oils as medicines - mainly because they can be misled by trade hype about sources of genuine oils.

With all my knowledge of essential oils and the trade, I would personally only ever use maybe 4 to 5 oils internally. Those I would only use if I knew the exact origin of those oils and could be certain they were genuine. Even with full chemical analysis, I would still not use the rest. I would not want to have anyone I advised, ingesting unknown contaminants which occur in fragrance chemicals **COMMONLY** added to essential oils.

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## Aromatherapists competence to prescribe internal use

I can say with a fair amount of knowledge on this subject, that few aromatherapists are what I would consider adequately trained in pathology and diagnosis. Those subjects are critically important, because if do not know how to differentiate between someone having a simple stomach upset, or a major gastrointestinal tract disease, then giving oils internally is playing with fire. Even on those courses that teach the internal use of oils, the subject of clinical diagnosis is appallingly inadequate.

In addition, on most such courses, the use of essential oils is taught on which there is no safety data available and on which there is scant evidence of therapeutic efficacy. I have here evidence on such matters from so called 'leaders in the field'. For example, a leading member of the British Aromatherapy Organisations Council (A.O.C.) said in her course notes, "Niaouli oil is good for rectal cancer, tuberculosis, breast cancer and genital herpes", no reference, no safety data, not even any unverified anecdotal information!!!

### Conclusion.

Aromatherapists are constantly being **fed hyped-up trash** during their training and afterwards. Therefore, one has to consider very seriously the implications of allowing them (via their codes of conduct) to experiment on people. If you can't prove that a particular essential oil has well documented clinical effects, then patients are being used as Guinea pigs. That is illegal in most countries unless the patient is given adequate warning that they are to be experimented on.

Certainly, the 'experience' of aromatherapy teachers is not an adequate method of ascertaining the usefulness or dangers of 'untested' essential oils. Aromatherapy has no system of monitoring either therapeutic effects or adverse effects. Therefore, 'experience' is a most unreliable method to rely on. It must always be remembered that aromatherapy as a profession is only about 30 years old. Therefore, with many essential oils, there is absolutely no traditional information that can be drawn on as a guideline on uses and side effects.

**So on balance, my opinion is that aromatherapists do not have anything like sufficient knowledge on essential oils or medicine, to be trusted to safely and effectively use essential oils as medicines.**

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