

AROMATHERAPY FOR ALL THE FAMILY

1993 edition. ISBN 0-946-982-06-6

by J. Kusmirek

Reviewed by Martin Watt.

SUMMARY

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

The therapeutic uses for which the oils are recommended, have in many cases been:

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

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

SPECIFIC ERRORS

Page 4. line 1. *"Aromatherapy is a natural treatment which uses the concentrated herbal energies in essential oils..."*

Herbal energies this is utter nonsense. Hot distillation is in fact a cooking process thus destroying any potential 'life force' in the plants and thereby in its essential oil. Such terminology is common among those people who wish to pander to the spirituality instincts of therapists. It is also frequently used to conceal an inadequate knowledge of the true science of essential oils.

Page 5. line 2. *"American Indians burn aromatic herbs to create smoke for their healing ceremonies".*

Yes they do, but that has little to do with aromatherapy using distilled essential oils. The compounds given off during the burning of herbs are substantially different to the aromatic compounds present in the vapours of essential oils, including numerous substances not present in essential oils. I believe this book is about essential oils!

Paragraph 2. *"In 16th-Century Germany, a physician Jerome of Brunswick documented 25 essential oils..."*

There is no reference given as to the origin of this information, and therefore no means of checking the authenticity of the statement.

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

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

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

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

Page 6. Paragraph 4, Line 6. *'All of them are to some degree antiseptics'*.

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

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

Paragraph 4, Line 8. *"Antibiotic"*.

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

Paragraph 4, Line 11. *"Many are detoxifying"*.

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

Page 7. Paragraph 1. *"Their physical properties penetrate the skin and reach the bloodstream..."* A generalized statement with no references to back it. While certain

chemicals in some essential oils may penetrate human skin, the matter is far from being definite. However, other chemicals in popular oils (said by some to be responsible for their actions) have been proven not to be absorbed. Therefore it all depend on which oil and it is incorrect to generalize.

Paragraph 1, Line 2. *"...to heal our muscles and organs"*.

Dermatological research has shown that if a particular chemical in essential oils does penetrate beyond the outermost layer of the skin, that it is also implicated in adverse immunological responses such as dermal sensitization. Therefore, this contradicts earlier implications, that by stimulating the bodies immune system, that this produces positive effects.

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

Paragraph 3, Line 1. *"A good essential oil will come from a named botanical species"*.

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

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

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

Paragraph 6. *"The best quality lavender oil is grown above 3000 feet...."*

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

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

levels of viable fungal spores, these can cause problems if they come into contact with damaged skin. Cold pressed vegetable oils are better for cooking as they have more flavour.

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

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

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

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

Paragraph 4. Baths, line 3. *"add a maximum of 7-8 drops of pure oil"*.

In the next paragraph the qualification on safety is extremely weak. A member of the public might assume that it was OK to use this amount of almost any essential oil. It would be hazardous to use this level of Thyme, Peppermint oil and several others.

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

Page 11. Paragraph 3. Hair rinse. *"Suitable OILS rosemary, geranium, rosewood for dark hair, Chamomile and lemon for fair hair"*

This is a classic aromatherapy error, while the respective water based HERBAL preparation can darken or lighten hair, there is no possibility that their essential oils could have this effect.

Page 12. ROOM FRAGRANCE. *"Infection"*.

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

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

Page 13. Line 5. *"For women, especially feminine oils,Marjoram....etc."*.

No definition as to which type of Marjoram oil is given.

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

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

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

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

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

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

ITEMISED LISTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SKIN CARE AND PROBLEMS

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

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

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

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

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

Page 26.

Fear:

* "of dying - Tangerine". Interesting, so out of all the beautiful oils that is the one!!

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

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

ESSENTIAL OIL MONOGRAPHS page 30>

CEDARWOOD. "Diuretic". It might be, but only if taken internally, not rubbed into the skin.

Eliminatory system. Every one of these properties attributed to this oil, are taken from the traditional use of the wood decoction or the use of the oil internally.

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

CHAMOMILE (*Anthemis mixta*).

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

CLARY SAGE.

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

CYPRESS.

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

EUCALYPTUS. *Cystitis and diarrhoea* are not going to be helped by the external application of this oil.

Burns and inflammatory conditions. Since eucalyptus is quite a powerful skin instant (rubifacient) it denies all logic how it can also help any inflammatory skin conditions. Certainly the KINO from eucalyptus trees used to be used for these conditions, but as mentioned before, water based solutions bear little relationship to the essential oil.

FRANKINCENSE.

Nosebleeds. To the best of my knowledge the essential oil does not inhibit a nosebleed, certainly that is not a traditional use for the oil. There is barely any traditional use for the essential oil, although of course the resin and solutions of it have been used since ancient times.

Indigestion. This has never been a use for the essential oil.

Cystitis. Not a use for the external application of the oil, particularly as the antimicrobial properties of frankincense are extremely unreliable.

Ageing and wrinkles. There is no evidence whatsoever that Frankincense can do anything to help these natural events. This is classic beauty therapy trade hype. In addition, there are many kinds of Frankincense oil with diverse properties.

GERANIUM.

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

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

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

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

JUNIPER.

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

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

Again we see the incorrect use of the term "cellulitis".

Hayfever: The inhalation of the oil might give transitory relief from nasal congestion, but that is about all it will do.

LAVENDER.

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

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

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

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

LEMON.

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

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

Digestion-eliminary-system: "balances acidity" Complete and utter rubbish.

Skin: broken veins. This is a total confusion of the reputed actions of the rutin found in lemon peel. Rutin does not occur in the essential oil. Typical beauty therapy trade error.

MARJORAM.

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

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

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

MINT *Mentha arvensis*.

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

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

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

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

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

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

ORANGE.

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

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

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

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

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

ROSEMARY.

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

Circulation: What on Earth is a "heart tonic"?

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

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

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

ROSEWOOD.

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

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

SANDALWOOD.

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

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

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

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

TANGERINE/MANDARIN.

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

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

TEA TREE.

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

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

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

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

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

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

YLANG YLANG.

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

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

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

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

OTHER READING.

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

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