

# In Essence

Journal of the International Federation of Professional Aromatherapists

**Addiction and  
aromatherapy**

**The aromadynamics  
of essential oils**

**Aromatherapy  
in clinical  
settings**

**The art of  
Ayurvedic massage**



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Riverhead Publishing  
[enquiries@riverhead.co.uk](mailto:enquiries@riverhead.co.uk)  
[www.riverhead.co.uk](http://www.riverhead.co.uk)

*In Essence* is published by the International Federation of Professional Aromatherapists (IFPA), IFPA House, 82 Ashby Road, Hinckley, Leicestershire LE10 1SN, United Kingdom.  
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# Editor's letter

## Spring 2016



Once Spring arrives new ventures, fresh approaches and positive thinking all seem possible again. Suddenly, there is the energy to tackle something new, take a fresh look at your professional or personal life, and pursue new ways forward.

Gabriel Mojay's article on page 9 will certainly inspire you to look at essential oils from a new angle. In it, he explores the therapeutic effects of essential oils according to established theories of vital energy. He introduces the fundamental principles of these systems, identifies key olfactory-energetic body-mind actions, and highlights the way contemporary research confirms the aromadynamic properties of essential oils.

A new approach also features in Lora Cantele's article on page 17. She explains how aromatherapy is used in clinical settings in the USA, looks at the changing landscape of the American aromatherapy profession, and calls for a new unity in the world of aromatherapy, both in her native country and internationally. She believes that the prospect of a global voice to support aromatherapy worldwide "may be just what is in order to have the practice of aromatherapy become a recognised and respected holistic healing modality."

New ways to tackle an enduring problem is the focus of Jane Buckle's article on page 21. She highlights the increasing international problem of addiction – to alcohol, drugs, nicotine, even to food – and asks whether aromatherapy can help to reduce the cravings associated with various kinds of dependence. In a comprehensive study of the issue she finds significant evidence to show that aromatherapy can have a positive role to play.

For Sue Jenkins (page 28) the 'shock of the new' came in the form of an adventurous trip to South India which began as a holiday and turned into a wealth of learning opportunities. Sue shares her experience of spending several weeks in an international community based on spiritual principles, and reports on the Ayurvedic massage and Yoga courses she attended there.

In her seasonal oils article Amanda Deards embraces Spring as a time of new beginnings, fragrance, and wonder (page 15). She highlights essential oils she uses in her practice to help clients emerge from winter lethargy into renewed energy and optimism.

In his regular feature (page 26) Ray Gransby of the Aromatherapy Trade Council explains how to look after your essential oils, carrier oils and hydrolats and why it is important to store them carefully.

We hope you enjoy a wonderful Spring.

Pat Herbert

Pat Herbert Editor



Gabriel Mojay, one of the IFPA's Founding Co-Chairs, is a practitioner of aromatherapy,

herbal medicine, acupuncture and shiatsu and Principal of the London-based Institute of Traditional Herbal Medicine and Aromatherapy. In this issue Gabriel explores the therapeutic effects of essential oils in relation to traditional theories of vital energy.



Jane Buckle is the founding director of RJ Buckle Associates, an international

company offering accredited training in clinical aromatherapy and the 'M' Technique®, and is the author of three clinical textbooks. Her article on addiction asks whether aromatherapy can help to reduce cravings.



IFPA member Amanda Deards ran a successful practice in Scotland for several years

before moving to Dorset where she has recently set up a new practice. Amanda previously contributed a business column to *In Essence* and has recently returned to contribute a regular feature on her favourite essential oils, season by season.



Cover photograph: *Salvia officinalis*, Len Price

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## LETTER FROM THE CHAIR



**A** warm welcome to this edition of *In Essence*. As I write, the first snow flurry has landed in Cambridgeshire but

Winter is nearly over, the daffodils are out, and it is time to look forward to a glorious Spring.

The IFPA Council has recently set up working groups on Conference/Asia, Education, and Research, drawing in expertise as needed. If you would like to join a group, please email your CV to [admin@ifparoma.org](mailto:admin@ifparoma.org). The Conference group is currently planning the 2016 UK conference and AGM (details to be circulated shortly) and a November conference in China.

I am pleased to report that our office systems upgrade, a priority to improve efficiency and provide modern standards of administration, is nearing completion. As a charity and a business we are duty-bound to have suitable technology and systems in place to run the Federation in the most cost-effective manner. This Customer Relationship Management will form the basis of the new website. Sadly, our new book-keeper and treasurer is unable to continue in post for personal reasons but we hope to fill this vacancy shortly.

I am aware that, although our schools have been busy with their IFPA courses, it has been two years since the last Schools' meeting. However, a meeting scheduled for 5 May 2016 will

be an excellent opportunity to propose new initiatives, gain feedback, and begin to work together again towards a better future, not only for schools and graduates, but for the overall vision of IFPA going forward.

Some weeks ago, the new guidelines on *Support in palliative care in adults* from the National Institute for Health and Care Excellence (NICE) came to my attention. Very few complementary therapy organisations have registered with NICE or as stakeholders in the various categories of guidance. With the help of former Council member Christine Stacey, the IFPA is now registered with NICE - I believe the only aromatherapy organisation to have done so - and we have taken stakeholdings in several guidelines (see page 6).

NICE will respond to comments made by organisations registered with them, so the IFPA commented on the new guidelines. I hope many of you will support us in registering for other appropriate stakeholdings. Several IFPA members made comments individually to NICE, and posted comments on our Facebook members' page.

Finally, we are pleased to announce that, due to changes in our VAT liability, we have been able to negotiate new membership fees which represent a significant saving across all membership categories. Thank you all for your loyalty and patience.

**Florance Notarius  
Chair, IFPA Council**

## IFPA Council

Chair: Florance Notarius  
Secretary: Jane Rothery  
Liz Bailey  
Jeni Broughton  
Louise Carta  
Dave Jackson  
Emily Song

**Council Working Groups**

The current composition of the new working groups is shown below. If you would like to join one, please email your CV to the IFPA office via [admin@ifparoma.org](mailto:admin@ifparoma.org)

*Conference/Asia*: Karen Turner, Sue Charles, Joon Wong, Julie Foster, Miki Hayashi

*Education*: Sue Jenkins, Julie Foster, Joon Wong, Julie Duffy, Sue Charles, Miki Hayashi

*Research*: Christine Stacey. Other members to be confirmed.

## Research conference

The annual CAMSTRAND conference, organised by the Research Council for Complementary Medicine (RCCM), provides a forum for researchers, healthcare professionals, therapists, practitioners and students to share their work and knowledge of complementary therapies for the strategic direction and development of integrated healthcare.

The 2016 event will be held at the University of Warwick on 9 June. The conference Chair will be Professor Sarah Stewart-Brown, Chair of Public Health, Warwick Medical School, and keynote speakers include health sociologist Dr Nicola Gale, University of Birmingham and Dr Charlotte Pateron, Honorary Senior Research Fellow, University of Bristol, an experienced general practitioner and a practitioner of acupuncture and Chinese medicine.

The event also features a pre-conference workshop on the *Application of qualitative methods in CAM*. This will be held on 8 June and facilitated by qualitative research methods specialist Dr Nicola Gale. For more information about CAMSTRAND 2016 and to book go to [www.rccm.org.uk/node/291](http://www.rccm.org.uk/node/291).

## IFPA 2016 Annual General Meeting

The IFPA Annual General Meeting (AGM) is your chance to hear how the IFPA Council has discharged its duties over the past year. The Council has announced that this year's AGM will be held in June (date to be confirmed). Further information and formal notices will be circulated nearer the time

of the meeting and posted on the IFPA website.

If you have any questions for the Council, or wish to submit notice of a proposed resolution/statement (or wish to find out how to do this), please contact the IFPA Charity Secretary, Jane Rothery, via the IFPA office (details on page 3).

## Prestigious American book award given to Jane Buckle

Warmest congratulations to Dr Jane Buckle whose book *Clinical Aromatherapy: Essential Oils in Healthcare* has been awarded the 2016 James A. Duke Excellence in Botanical Literature Award by the American Botanical Council (ABC).

The award, created in 2006 in honour of botanist and author James A. Duke, is given annually to books that make a significant contribution to the medicinal plant-related literature, and the fields of botany, taxonomy, ethnobotany, phytomedicine, and/or other disciplines. This is the first time it has been awarded to a book on aromatherapy.

*Clinical Aromatherapy*, published by Churchill Livingstone, is the first completely peer-reviewed and evidence-based book on the clinical uses of essential oils. It is intended for

health professionals who might be interested in what clinical aromatherapy could add to their practice and aromatherapists wishing to know more about modern research.

Commenting on the award announcement Jane Buckle said: "I am deeply grateful to the reviewers who gave their time and advice so generously and made the book what it is ... My aim has always been to put the 'clinical' into clinical aromatherapy. It is the chemistry of an essential oil that gives it its therapeutic properties and may indicate the safest way to use it.

"The book is intended to give an overview of research into the clinical use of essential oils and how they are currently being used in various hospital departments," Jane added.



## Hydrosols masterclass

An additional botanica2016 highlight has been announced. This is a two-day masterclass on *Hydrosols from plant to bottle* to be held 6-7 September. Led by world experts in hydrosol distillation, the event has been created especially for botanica2016 participants.

It will be held on an 80-acre organic farm and small batch distillery near Lewes in Sussex, located a few miles from the University of Sussex where botanica 2016 will be held. Low-cost transportation to and from the university will be arranged.

Masterclass participants will learn the key steps to distilling quality hydrosols/hydrolats as primary products and gain hands-on experience of plant selection, harvest, preparation, distilling techniques and recuperation of distilled waters. Also covered will be relevant botany, hydrosol chemistry, the influence of distilling fresh versus dry plant material, water quality, storage and handling. For more details go to <http://botanica2016.com>.

## IFPA registers as NICE stakeholder

As IFPA Chair Florance Notarius explains on page 5, the Federation is now registered with the National Institute for Health and Care Excellence (NICE) as a stakeholder for guidelines on: Low back pain; Depression in adults: treatment and management; Asthma management; Rheumatoid arthritis; and Post-traumatic stress disorder.

The registration letter states that the IFPA's name will now be included on the list of registered stakeholders for the above guidelines. It continues: "This list will be posted on the NICE

website during and after the development of the guideline/s. In addition, your full contact details will be sent to the National Collaborating Centres developing the guidelines for which you have registered so that you may be contacted at the specified points during the process."

In future, the IFPA will be invited to submit comments at the start of each NICE guidelines consultation period. Comments of all registered stakeholders are published on the NICE website at [www.nice.org.uk](http://www.nice.org.uk).

## Hypertension study

Can aroma massage help improve patient quality of life and maintain health as a nursing intervention in daily life? That's the question tackled by Korean researchers in an evaluation of aroma massage's effects on middle-aged women with hypertension.

The patients were assigned to either an aroma massage group (weekly essential oil massage and daily body cream), a placebo group (weekly massage with artificial fragrance oil and daily body cream), and a no-treatment control group, and the effects on home blood pressure (BP), ambulatory BP, and sleep were studied.

Blood pressure, pulse rate, sleep conditions, and 24-hour ambulatory BP were monitored before and after the experiment. The results showed a significant difference in home systolic blood pressure, diastolic blood pressure and sleep quality between groups after intervention. Free access to this paper at [www.ncbi.nlm.nih.gov/pubmed/23431338](http://www.ncbi.nlm.nih.gov/pubmed/23431338).

## Lavender massage for restless leg syndrome

Iranian researchers studied the effects of lavender oil massage on Restless Leg Syndrome (RLS) symptoms in 70 haemodialysis patients. Patients were randomly assigned to either an experimental group (effleurage massage using lavender oil) or a control group (routine care). Data was collected over three weeks and analysed.

Although the mean RLS scores were not significantly different in the two groups at the start of study, by the end they had significantly decreased in the intervention group while remaining relatively unchanged in the control group. Free access to full study at [www.ncbi.nlm.nih.gov/pmc/articles/PMC4733501](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4733501).

## Potential treatment for oral diseases

Antibacterial treatments can cause several side effects, and bacterial resistance to antibiotics is increasing, so alternatives are needed. A review, led by the Care Institute of Medical Sciences in Gujarat, India, investigated the potential of essential oils to be developed as treatments for oral diseases. It considered the oils' therapeutic properties, uses, and adverse effects.

A Pubmed literature search was performed for clinical trial studies and review articles on essential oils published up to February 2015 and 52 articles selected for the study. The researchers concluded that essential oils do have potential to be developed as preventive or therapeutic agents for oral diseases, but further clinical trials are required. See full review at [www.ncbi.nlm.nih.gov/pmc/articles/PMC4606594/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4606594/)

## Touch massage could help stroke recovery

Decreased sensorimotor function, anxiety and pain can remain one year after stroke, leading to impaired health and dependence. Touch massage (TM) has been shown to decrease anxiety and pain, and improve health-related quality of life so Swedish researchers recently investigated whether it could facilitate recovery after stroke.

Fifty stroke patients, randomised to a TM intervention or a non-active transcutaneous electrical nerve stimulation control group, had 10 half-hour treatment sessions over two weeks. Body function, activity, and participation were assessed at baseline, one and two weeks after treatment, and after two months.

The results showed that TM seemed to decrease anxiety and pain, increase health-related quality of life, and improve sensorimotor functions after stroke. However, evaluations of its effects during the sub-acute post-stroke phase are needed. Free access to full article at [www.ncbi.nlm.nih.gov/pmc/articles/PMC4743203](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4743203).

## Essential oils' antimicrobial activity

Research carried out at Debre Berhan University, Ethiopia, evaluated the *in vitro* antimicrobial activities of *T. schimperi*, *E. globulus*, *R. officinalis* and *M. chamomilla* essential oils against bacteria and fungi.

The results showed that *T. schimperi*, *E. globulus*, and *R. officinalis* were active against bacteria and some fungi. The antimicrobial effect of *M. chamomilla* was found to be weaker and did not show any antimicrobial activity. The minimum inhibitory concentration values of *T. schimperi* were <15.75 mg/mL for most of the bacteria and fungi used

in the study. The minimum inhibitory concentration values of the other essential oils were in the range of 15.75-36.33 mg/mL against tested bacteria.

The researchers comment that their study highlighted the antimicrobial activity of *E. globulus*, *M. chamomilla*, *T. Schimperi*, and *R. officinalis* essential oils and indicated that *T. schimperi* showed strong antimicrobial activity so could be a potential candidate for antimicrobial drug preparation. For free access to the full report see [www.hindawi.com/journals/ijmicro/2016/9545693](http://www.hindawi.com/journals/ijmicro/2016/9545693).

## Ground-breaking aromatherapy film project



American aromatherapy practitioners Kristina Bauer (pictured top left) and Angela Jensen Ehmke (bottom left) have launched an exciting documentary film project with the potential to change how aromatherapy is viewed around the world.

Between them, the duo have knowledge and skills that include research, writing, and film directing, in addition to their aromatherapy education and practical experience.

The full-length feature film will explore how essential oils are used

every day – in consumer products, by professional aromatherapists, and in clinical contexts – through interviews with leading experts and practitioners.

The participants signed up so far include well-known experts in the world of aromatherapy such as Rhiannon Lewis, Gabriel Mojay, Lora Cantele, Sylla Sheppard-Hanger, Robert Pappas and Robert Tisserand.

Kristina and Angela do not have conventional financial backing for the project. Instead, they are running a crowdfunding campaign and are asking aromatherapists around the world to help fund it. If you would like to know more about *Uncommon Scents* and how to support the fundraising campaign go to [www.uncommonscentismovie.com](http://www.uncommonscentismovie.com). Information can also be found on Facebook and Twitter.

## Reduced IFPA membership fees confirmed

The IFPA Council is pleased to announce that, due to recent changes in the Federation's VAT liability, it has now been able to negotiate new, reduced fees for IFPA members.

The new fees, introduced with immediate effect, are: Full UK members £88 (International Full members £80); Associate UK members £68

(International Associate members £62); Non-practising UK members £45 (International Non-practising members £42); and Student UK members £27 (International Student members £27.50).

These new fees represent a significant saving across all categories of IFPA membership.

# Around the regions

Membership of a regional group can help reduce professional isolation and provide valuable learning opportunities

**H**owever rewarding you find working with your clients, running a practice on your own can be professionally isolated. When you encounter a problem or a concern, whether it's to do with running your business efficiently, or how best to treat a client, who do you turn to for advice? Or perhaps you just struggle with the issue on your own?

One of the reasons why IFPA regional groups are so important is that belonging to one can help reduce the feelings of isolation experienced by many therapists. Meeting regularly with people who share your professional interests, and may have experienced similar concerns and problems to those you are encountering, can be a tremendous support and encouragement.

Group members can often suggest helpful solutions or approaches that they have found, through their own professional experience, to be effective. Building a strong support network within your regional group and learning from the knowledge and ex-

pertise of your fellow members (both in aromatherapy and other therapies) can help to deepen and broaden your professional knowledge base.

If your group is active and outgoing why not consider getting together with other IFPA regional groups in your local area from time to time – to exchange ideas, practice and concerns and to learn from the specialist expertise within the groups.

## Developing the network

It may also be possible to organise joint meetings with invited speakers on particular topics, or combined visits to places of aromatherapy interest. This kind of joint activity could not only extend your professional networking circle but also help both groups to cut down on costs.

If the members of your group would like to set up links with other groups within the IFPA network, either at home or abroad, you can find all the contact details in the grid below. At present there are around 20 regional groups in the UK, one in

Hong Kong, two in Japan, and one in Shanghai, China.

If all the IFPA groups around the world started talking to each other (in person or via email or social media) the lively and effective network it would create would be buzzing with ideas!

Regional groups also have an important role to play in feeding back 'grassroots' opinion and comment to members of the IFPA Council. The Council needs to know the views and concerns of IFPA members at home and abroad to inform its strategic decision-making.

As you know, we regularly feature news from individual groups on this page. But we need to hear from you to be able to include it. So do let us know what your group has been doing - whether it's news about your programme of activities, an informative speaker, a special event, or a group day out. Please email your news (we welcome photos too) to Pat Herbert, Editor, *In Essence* via the IFPA office at [admin.ifparoma.org](mailto:admin.ifparoma.org) with **Regional Groups** in the subject line.

GROUP NAME / LOCATION	ORGANISER	TELEPHONE	EMAIL ADDRESS
Aberdeen Group	Beverley Skinner	01779 821051/07726 531498	<a href="mailto:enquiries@aromery.co.uk">enquiries@aromery.co.uk</a>
AromaForum, Stockport, Cheshire	Justine Jackson	0161 439 7453/07974 207033	<a href="mailto:justineking17@gmail.com">justineking17@gmail.com</a>
Aroma Network, Watford, Herts	Jayashree Kothari	-	<a href="mailto:jay@aromaclinic.com">jay@aromaclinic.com</a>
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Central Regional IFPA Group, Midlands	Victoria Sprigg	-	<a href="mailto:victoriasprigg@healthintended.com">victoriasprigg@healthintended.com</a>
Chinese Aromatherapists in UK	X Song	07738 704701	<a href="mailto:songxingyue@gmail.com">songxingyue@gmail.com</a>
Fragrant Grapevine, Edinburgh	New co-ordinator and contact details to be confirmed		
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# Aromadynamics: the Qi, Prāna and Pneuma of essential oils

**Gabriel Mojay** explores the therapeutic effects of essential oils in relation to theories of vital energy and distils them into a framework for improving and expanding clinical formulating



**T**he aromadynamics of essential oils refers in simple terms to their therapeutic effects according to established theories of vital energy; in particular, to traditional Chinese, Ayurvedic, and ancient Greek medicine.

This article will compare and contrast the fundamental principles that inform these systems, distilling them to elucidate several key olfactory-energetic body-mind actions: a rational-intuitive framework which aromatherapists can use to refine and expand their clinical formulating.

Crucially, it will also call attention to the fact that the energetic and scientific therapeutics of essential oils are by no means inherently divergent, and that contemporary research frequently clarifies and confirms their aromadynamic properties.

## **Qi, Prāna and Pneuma: the central role of breath**

Peter Holmes, in the *Energetics of Western Herbs*, writes that “the idea of breath (*Qi*) is paralleled in Greek medicine by the concept of *pneuma*, or by *ruh* in Arabic or *prana* in Ayurvedic medicine. These words describe a configurative force of cosmic origin whose function is to create and maintain all active physiological energies.” (Holmes 1989).

Pneuma was considered by ancient Greek theorists such as Plato and Aristotle to be the motive force of the body and mind. The ‘breath of life’ in Stoic philosophy, it was said to derive from inhaled air — transformed by the lungs first into a primary vital Pneuma (*pneuma zotikos*). Centered on the heart and infused with the blood, vital Pneuma circulated throughout the body, facilitating movement and sensation (MacDonald 2003).

At the base of the brain, vital Pneuma was transformed into a psychic Pneuma (*pneuma psychikos*), responsible for the proper functioning of the brain and nerves. Being closest to the *psyche*, or indwelling soul, psychic Pneuma formed the basis of consciousness, awareness and intelligence (Quin, 1994).

In keeping with the formation of Pneuma from air, the formation of vital energy (*Qi*) in traditional Chinese medicine (TCM) depends upon the vital force derived from the process of breathing. The *Qi* of air (*Kong Qi*) is united with a nutritive Food-*Qi* (*Gu Qi*) under the motive force of a constitutional Original-*Qi* (*Yuan Qi*) (Maciocia 1989). This alchemical-like process of metabolic combining and refining yields a form of *Qi* sufficiently fine to circulate throughout the body as a network of channels or *Meridians*.

This process is in turn similar to the biogenesis and movement of Prāna in Ayurvedic medicine: “The organism’s Prāna is replenished in two ways: ‘instantly’, in which the lungs during breathing absorb the Prāna found in air, and ‘delayed’ in which the intestines absorb the Prāna found in well-digested food... In the vital body Prāna moves through the subtle conduits and plexuses called Nadis and Chakras, respectively.” (Svoboda & Lade 1995).

## **Qi, breath and the brain**

The fact that the respiratory route of essential oil absorption is of such importance in aromatherapy means that volatile oils can exploit an immediate interface with the body’s vital energy system, because of vital energy’s close connection with breath. The effectiveness of the respiratory route has been shown to act via the circulatory system independently of semantic odour preferences (Ohmori *et al* 2007; Chioca *et al* 2013).

As a therapeutic methodology, respiratory absorption can at the same time be reinforced by the simultaneous

nasal absorption of nebulised essential oils. The olfactory transfer of aromatic compounds into the brain occurs through their slow movement inside olfactory nerve cells as well as through their faster transport, along the perineural space surrounding olfactory nerve cells, into the cerebrospinal fluid that encircles the brain (Mathison *et al* 1998).

In addition, the relatively complex composition of essential oils has been shown to enhance the transfer of certain components to the brain. Specifically, a study by a team in Japan found that, utilising four main components of *Alpinia zerumbet* (gettō) essential oil ( $\alpha$ -pinene, p-cymene, 1,8-cineole and limonene), the amount of  $\alpha$ -pinene in the brain was twofold greater after mixed-component inhalation than after single-component inhalation (Satou *et al* 2013).

The close association of Prāna with the brain, and with the hypothalamus in particular, (Lad 2002) means that the ability of essential oil components to penetrate the brain reinforces their influence on the body's vital energy system.

### **Energeia as functional activity**

In TCM, the concept of Qi is understood in two principal ways: as we have seen, it first indicates a refined vital essence, produced by the organs, that circulates round and nourishes the body. Secondly, the term *Qi* also refers to the functional activity of the internal organs. "When used in this sense, it does not indicate a refined substance, but simply a complex of functional activities of any organ. For example, when we speak of Liver-Qi, it does not mean the portion of Qi residing in the Liver, but the complex of the Liver's functional activities. In this sense, we can speak of Liver-Qi, Heart-Qi, Lung-Qi, Stomach-Qi, etc." (Maciocia 1989)

It is through this primarily *functional* understanding of vital energy, rather than through the notion of Qi and Prāna as purely *essential* or *vibrational* phenomena, that I propose to discuss the vitalistic therapeutics of essential oils. This does not, however, mean reducing their actions to only those of a physical nature — but rather appreciating the fact that the psychological properties of essential oils are inseparable from their functional ones.

"Greek and Chinese herbal medicine make no real distinction between the quality of a medicinal plant *per se* and its functional effects... In Greek pharmacognosy [qualities such as aroma, heat and coldness, moisture and dryness, sweetness, spiciness, sourness, bitterness, and so on] are called *dynameis*, and their functional effects, *energeia*... Today, the qualifier 'effective' is needed to show that these plant characteristics are not passive attributes, but rather active qualities with the ability to cause physiological changes." (Holmes 1989)

### **Revitalising effect**

Essential oils that possess a *revitalising* action have a stimulating, tonifying or restoring effect on Qi. Their application is indicated in cases where one of several TCM diagnostic patterns of deficiency has been identified — the key disharmony being *Qi deficiency*.

Qi deficiency correlates with the general Ayurvedic condition of *prāna kshaya* (decreased Prāna), and in terms of the three *doshas* (constitutional types) with decreased or disturbed *Vata* — the vital principle consisting of Elemental Ether and Air. Subtle, light, dry and mobile in nature, *Vata* governs movement: breathing, heart function, muscular coordination and nervous conductivity, etc.

Chronic lethargy is a common symptom of both Qi deficiency and depleted or disturbed *Vata* (*vata kshaya*), and from both therapeutic viewpoints involves physical or mental fatigue, or both.

A study conducted by a team at the Hyogo College of Medicine in Japan showed that, compared to massage alone, massage treatment with essential oils provides a stronger and more continuous relief from fatigue — especially mental fatigue (Takeda *et al* 2008). In terms of the respiratory administration of essential oils, a recent randomised, controlled pilot study suggested that inhaling the vapours of peppermint, basil and helichrysum oils reduced the perceived level of mental fatigue and burnout (Varney & Buckle 2013).

*Salvia lavandulaefolia* (Spanish sage) essential oil's neurostimulant action reflects its capacity for revitalising Qi-energy/Prāna. Re-energising deficient Lung-Qi and a deflated Bodily Soul (*Po*), it is indicated for lethargy, dyspnoea and despondency; while its ability to tonify the Spleen-Qi and Intellect (*Yi*) means that it counters nervous debility, and poor concentration and memory.

The nature of Spanish sage oil's revitalising activity is reflected in its green-fresh-camphoraceous fragrance energy, which is primarily awakening, revitalising and uplifting in nature, as well as stimulating and harmonising to the Qi/*Po* and breath/brain interface.

The neurostimulant effects of *Salvia lavandulaefolia* essential oil are supported by *in vitro* (Perry *et al* 2000; Perry *et al* 2001) and *in vivo* research (Perry *et al* 2002) demonstrating its ability to inhibit acetylcholinesterase — the enzyme that hydrolyses the neurotransmitter acetylcholine, and which thus terminates synaptic transmission. The essential oil's chemo-inhibitory activity is the result of a complex interaction between six of its eight main components — ie one that involves synergistic and antagonistic responses between 1,8-cineole, camphor,  $\alpha$ -pinene,  $\beta$ -pinene, borneol, caryophyllene oxide, linalool and bornyl acetate (Savelev *et al* 2003).

*Salvia lavandulaefolia* essential oil has also demonstrated antioxidant, anti-inflammatory, oestrogenic and CNS-depressant effects deemed relevant to the treatment of Alzheimer's disease — the clinical context informing much of the research into its neurostimulant and neuro-modulating properties (Perry *et al* 2003).

Internal administration of the essential oil has also been shown to enhance memory, cognitive performance and alertness in healthy young volunteers, (Tildesley *et al* 2003) as well as to improve mood (Tildesley *et al* 2005; Kennedy *et al* 2011). Many of the same effects on memory and mood were reproduced through exposure to the aromas of *Salvia lavandulaefolia* and *S. officinalis* essential oils, in a trial involving 135 healthy volunteers (Moss *et al* 2010).

Spanish sage oil's broad range of biological activities, the synergistic effects of its key components, and its effectiveness, whether delivered via an olfactory or oral route, reveals that its Qi-revitalising action stems from multiple factors signified by its green-camphoraceous fragrance energy.

### Regulating effect

Essential oils that possess a *regulating* aromadynamic action have a smoothing, harmonising effect on vital energy — improving the flow of Qi where there is *stagnant* ('stuck') Qi-energy and/or Blood.

Qi stagnation reflects a dysfunction in the Liver's core TCM energetic role of maintaining the regular and even flow of Qi and Blood — a dysfunction that can result in conditions involving nervous tension, spasm, distention and/or pain.

Qi stagnation is frequently, though not wholly, consistent with the Ayurvedic symptomatology of disturbed or increased Vata (*vata dushti*; *vata vrudhi*) — encompassing, for example, muscular stiffness and contraction, dyspnoea, insomnia, headache, and abdominal distention and pain, etc (Sudarshan 2005).

Qi stagnation can affect the harmonious flow of Qi in a number of body systems — in particular, the nervous, respiratory, digestive and female reproductive systems. Essential oils are therefore selected in practice to address the specific symptoms of the type of Qi stagnation involved.

The most important essential oils for conditions of Qi stagnation possess sweet-herbaceous, fruity or green fragrance energies, as well as evidence-based spasmolytic, relaxant and analgesic activities.

Regarding its impact on the nervous system and mind, Qi stagnation characteristically presents as nervous tension and frustration, and magnifies the effects of nonproductive stress.

The perception of work-related stress experienced by intensive care nurses in Fort Worth, Texas was decreased by the topical application of *Lavandula angustifolia* (true lavender) essential oil (Pemberton & Turpin 2008), while inhalation of the oil was shown in a recent Japanese study to negate the impact of stress on selective gene expression levels (Takahashi *et al* 2012). Further, the ameliorating effect of inhaled lavender oil on stress and needle insertion pain was also demonstrated by a clinical study in Korea (Kim *et al* 2006).

These activities reflect the capacity of lavender essential oil to regulate stagnant Qi in the nervous system — an action which contributes significantly to its tension-relieving benefits according to TCM. They also reflect lavender oil's antidepressive potential (Lee & Lee 2006; Dwyer, Whit-



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Spanish sage essential oil has revitalising properties

ten & Hawrelak 2011; Hritcu, Cionca, & Hancianu 2012; Conrad & Adams 2012) where Qi stagnation is involved — evident where depression is coupled with signs and symptoms such as nervous and muscular tension, frustration, moodiness, irregular bowel movements, irregular periods and PMS. "In Chinese medicine, stagnation (*Yu*) and mental depression (*Yu*) are almost synonymous, implying that depression is (at least initially) due to stagnation [of Qi]" (Maciocia 2009).

Further manifestations of Qi stagnation are spasm and pain: Lavender essential oil has demonstrated, together with its main components linalyl acetate and linalool, spasmolytic and local anaesthetic activities *in vivo* (Gheldardini *et al* 1999). Clinical research has shown, in addition, that the oil is effective in decreasing the duration (Ou *et al* 2012) and severity (Han *et al* 2006) of menstrual cramps — a condition which in terms of TCM is a direct outcome of Qi and Blood stagnation.

Lavender essential oil relieves premenstrual tension



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*Cooling, sedating and psychologically nurturing, Rosa damascena essential oil is the pre-eminent aromatic remedy for the Yin of the heart, and therefore indispensable for many clinical presentations of generalised anxiety disorder*

and dysmenorrhoea through regulating Qi and Blood in the uterus and reproductive system. It combines this action with a harmonising effect on the Heart and *Shen* (Mind, or consciousness), which in turn mollifies the perception of pain. Lavender oil's regulating-calming effects are intrinsic to its floral-sweet-herbaceous fragrance energy.

### **Sedating, dispersing and cooling effects**

While a tonifying, strengthening effect is required in the case of a deficient or *empty* condition, a sedating or dispersing action is necessary where a person presents with signs and symptoms of an excess or *full* condition. An excess condition is characterised, in general terms, by the presence of a pathogenic factor that requires dispersal or expulsion, as well as by a symptom that calls for sedation, such as nervous agitation.

Among the most common excess conditions in TCM are pathogenic *Heat* and *Fire* — closely-related disharmonies which, when affecting the Heart-Qi and *Shen* (Mind), can result in restlessness, agitation, anxiety, palpitations, tachycardia, insomnia, and depression. The difference between Heat and Fire is primarily a matter of degree — with Fire being the more severe of the two, and more likely to disturb the *Shen* and cause anxiety.

Pathogenic Fire should be distinguished from the *Fire Element* which, in clinical terms, most usefully represents the psychological and spiritual aspects of the Heart in TCM. In contrast, *pathogenic* Fire is a disharmony that ac-

crues from an excess of *Yang* — the body-mind's warming, transforming and protective functional energy; as opposed to its cooling, nourishing and calming *Yin* energy.

Although there are clearly differences, the *Yang* has much in common with the Ayurvedic *Pitta dosha*: "The Sanskrit word pitta comes from *tapa*. Tapa means to heat, to become hot... The word *pitta* means the energy that creates heat in the body... Principally made up of Fire and Water, pitta expresses itself as the body's metabolic system. It governs digestion, absorption, assimilation, nutrition, metabolism, body temperature — all transformations." (Lad 2002)

Like excess Yang, increased Pitta dosha (*dosha vrud-dhi*) leads to raised body temperature, profuse perspiration, hot flashes or feverishness, thirst, a craving for cold drinks and cool air, excessive hunger, inflammation and sensations of burning, insomnia, agitation, and irritability (Lad 2002).

In general, essential oils that are effective for conditions of excess Yang and increased Pitta are sedating, dispersing and/or *cooling* in nature.

To *cool* and clear Heat and Fire in TCM is a therapeutic action that can signify anti-inflammatory, detoxifying and/or sedating effects, as well as the more obvious capacity to cool hot flashes. Commonly indicated essential oils can possess floral, lemony and bittersweet-herbaceous fragrance energies, as well as evidence-based anti-inflammatory and sedative activities.

Essential oil of *Rosa damascena* (rose otto) is a prime example of a cooling-sedating aromatic remedy. In Ayurveda, "its cooling quality can reduce symptoms of high *pitta*; red tongue tip, agitation, palpitations and headaches behind the eyes... It clears *pitta* from the uterus and blood and is used in dysmenorrhoea and metrorrhagia." (Pole 2013)

The sedating effect of *Rosa damascena* essential oil was demonstrated when its transdermal absorption by 40 healthy human subjects was shown to cause significant decreases in breathing rate, blood oxygen saturation and systolic blood pressure, as well as a feeling of relaxation (Hongratanaworakit 2009). Inhalation of rose oil odour was shown, too, to have a relaxing effect on human subjects — through causing a 40 per cent decrease in sympathetic activity and a 30 per cent decrease in adrenaline concentration (Haze, Sakai & Gozu 2002).

*Rosa damascena* oil has also demonstrated an anticonvulsive activity, with a capacity to significantly retard the development of amygdala-kindled seizure stages (Ramezani *et al* 2008).

Perhaps the most clinically important dimension of *Rosa damascena* oil's calming, sedating action is its use in alleviating chronic anxiety — an indication which, in terms of TCM, reflects not only its ability to cool excess Heart-Yang, but to nourish and restore Heart-Yin. The Yin of the body-mind contributes greatly to maintaining mental-emotional equanimity: therefore, if the Yin, and particularly the Heart-Yin, becomes deficient, the *Shen* (Mind) can become unsettled and anxious.

Energetically *cool* and *moist*, psychologically pacifying and nurturing, rose essential oil is without doubt the pre-eminent aromatic remedy for the Yin of the Heart, and therefore indispensable for many clinical presentations of generalised anxiety disorder.

Once again, an essential oil's vitalistic property is clearly mirrored - indeed, clarified and confirmed - by its research-based pharmacological activity: in this instance, by studies that have demonstrated *Rosa damascena* oil's anxiolytic potential (de Almeida *et al* 2004; Tsang & Ho 2010; Conrad & Adams 2012). For example, researchers at the University of Central Lancashire found that, following an investigation into the effects of prolonged rose odour inhalation, the essential oil's profile was more representative of modern anxiolytics, specifically some serotonergic agents, rather than benzodiazepine-type drugs (Bradley, Starkey, Brown & Lea 2007).

Rose oil's vitalistic *cooling* action, too, is evident in contemporary pharmacological research: for example, in the anti-inflammatory activity of the essential oil's two main components, citronellol and geraniol (Katsukawa *et al* 2011), by geraniol's cooling effect (Behrendt *et al* 2004; Mahieu *et al* 2007) and by the anti-inflammatory properties of rose oxide (Nonato *et al* 2012).

Finally, rose essential oil's *moist*, Yin-preserving nature is apparent in an *in vivo* study that showed that the inhalation of rose oil inhibits the stress-induced activation of the hypothalamo-pituitary-adrenocortical axis — thereby preventing disruption of the skin barrier and epidermal water loss (Fukada *et al* 2012).

### **Example clinical application: revitalising effect**

A 72-year-old man came for treatment complaining of chronic lethargy, mild melancholic depression, occasional episodes of dyspnoea, and poor concentration and memory. His tongue was pale in colour.

Full body and acupressure massage including stimulation of acupoints BL-13, BL-42, Pe-6, Lu-7 and Kid-6 was administered, applying the following essential oil formula at two per cent dilution in 30 mls of base oil:

- 0.3 ml *Salvia lavandulaefolia*  
Tonifies Lung- and Spleen-Qi, uplifts the Bodily Soul (*Po*), revitalises the Intellect (*Yi*); general stimulant-restorative, neurotonic, antidepressive
- 0.2 ml *Picea mariana*  
Tonifies and regulates Lung-Qi, uplifts the Bodily Soul, tonifies Kidney-Qi; general restorative, nervous restorative-relaxant, antidepressive, anti-asthmatic
- 0.1 ml *Boswellia carterii*  
Tonifies and regulates Lung-Qi, uplifts the Bodily Soul, tonifies Spleen-Qi; nervous restorative-relaxant, antidepressive, anti-asthmatic

The essential oil formula was also employed in an inhaler stick and dispensed for daily olfactory self-administration.

### **Example clinical application: regulating effect**

A 37-year-old mother of two came for treatment complaining of nervous tension, frustration and irritability, especially premenstrually, and frequent severe menstrual pain. Her tongue was slightly purple in colour.

Full body and acupressure massage including stimulation of acupoints Liv-3, Pe-6, Sp-4, Sp-6 and Sp-10, was administered, applying the following essential oil formula at two per cent dilution in 30 mls of base oil:

- 0.3 ml *Lavandula angustifolia*  
Regulates Liver-Qi, relaxes the nerves, harmonises the Ethereal Soul (*Hun*); regulates Qi and Blood in the Uterus; nervous relaxant, uterine relaxant, analgesic
- 0.2 ml *Salvia sclarea*  
Regulates the Qi, restores and relaxes the nerves, harmonises the Ethereal Soul; regulates Qi and Blood in the Uterus; nervous restorative-relaxant, antidepressive, uterine relaxant, analgesic
- 0.1 ml *Chamaemelum nobile*  
Regulates Liver-Qi, relaxes the nerves, harmonises the Ethereal Soul; nervous relaxant, analgesic, uterine relaxant

The essential oil formula was also employed in a topical cream at 10 per cent dilution and dispensed for self-application to the lower abdomen, as required.

### **Example clinical application: sedating and cooling effects**

A 54-year-old woman came for treatment complaining of perimenopausal symptoms including anxiety, insomnia, hot flashes, and occasional throbbing headaches. Her tongue was red in colour.

Full body and acupressure massage including stimulation of acupoints Kid-6, Sp-6, Liv-3 and He-6 was adminis-

tered, applying the following essential oil formula at two per cent dilution in 30 mls of base oil:

- 0.3 ml *Rosa damascena*

Tonifies Heart-Yin and Liver-Yin, clears Empty Heat, supports and calms the *Shen*; nervous and neurocardiac relaxant, cooling, sedative, anxiolytic

- 0.2 ml *Lavandula angustifolia*

Regulates Heart-Qi, clears Heart-Fire, calms and clarifies the *Shen*; nervous and neurocardiac relaxant, analgesic, sedative, anxiolytic

- 0.1 ml *Citrus aurantium/neroli*

Tonifies Heart-Yin, regulates Heart-Qi, calms and uplifts the *Shen*: nervous and neurocardiac relaxant, antidepressive, sedative, anxiolytic

The essential oil formula was also employed in a rollette applicator at five per cent dilution and dispensed for self-application to specific areas and acupoints on the temples, neck, upper thorax and wrists, as required.

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Gabriel is in great demand as an international speaker and has lectured all over the world. He is co-author of *Shiatsu: The Complete Guide* and author of *Aromatherapy for Healing the Spirit*. The main focus of his work has been the application of Oriental diagnosis to clinical aromatherapy, including its integration with essential oil science.

# Seasonal oils

**Amanda Deards** shares her favourite essential oils for Spring, from fragrant oils for a post-winter energy boost to blends for seasonal allergies



Spring is a time of renewal. It's a time of new beginnings and new growth and in this hopeful season I am looking for essential oil blends that will bring a sense of all the wonderful things happening outside in my garden into my home.

I favour floral and citrus essential oils with their sweet, flowery, fresh and clean aromas and their uplifting and energising properties. Oils like Sweet orange (*Citrus sinensis*), Grapefruit (*Citrus paradisi*), Lemon (*Citrus limon*), and Petitgrain (*Citrus aurantium*) help to lift my mood and increase my energy levels after the dark winter months.

It is certainly a season when my diffuser gets a lot of use so, even if I can't spend as much time as I would like outside enjoying the spring sunshine, I can be reminded that the earth is coming back to life again. These are three blends that I find really put Spring in the air: Geranium/Grapefruit/Lime, Cypress/Lavender/Mandarin and Lemon/Petitgrain/Palmarosa.

At this time of year I often find clients coming to see me who have aspirations to get fit and improve their health and lifestyle. Perhaps they have started to spend time at the gym or they are getting out and about walking and cycling. A consequence of these very good intentions after the long winter months of inactivity can be muscle stiffness and soreness as lethargic bodies complain about increased levels of activity.

For these clients there's one massage blend that I find I come back to again and again because it sends them away in less pain, feeling looser and with an improved range of movement. That blend is Lavender (analgesic), Sweet marjoram (rubefacient) and German chamomile (anti-inflammatory).



Photo: Len Price

*Eucalyptus radiata* works well in a soothing blend to relieve hay fever misery

One downside to the new season is that Spring brings not just warmer air and longer days but also a range of poorly timed seasonal allergies. These can leave you stuffed up and irritated, unable to smell the beautiful scents and fragrances of the colourful spring flowers as they come into bloom. The miserable symptoms of allergic rhinitis, commonly known as hay fever, include sneezing, runny nose, swelling of nasal mucosa, itching and watery eyes, hypersecretion of mucus, and headaches.

In my experience aromatherapy can be helpful with this condition in a number of ways. A sinus steam can be beneficial, opening up the nasal passages and reducing inflammation. Another good option is an aromastick, which can be carried in a pocket or a handbag and used whenever needed. Aromasticks work on the same principle as the steam but are less potent.

Massage helps too. Massaging the sides of the nose, forehead and temples with a blend of appropriate essential oils can bring welcome relief. At night, which can be the worst time for allergy sufferers, adding a few drops of essential oil to the bath can help you breathe easier just before bed.

The blend I have had most success with in treating hay fever is *Eucalyptus radiata* (helps to open up the respiratory system and reduce inflammation), Lavender (calms and soothes irritated nasal passages, reducing sneezing and a runny nose), Peppermint (eases headaches) and German chamomile (its anti-allergenic properties reduce irritation and ease inflammation).

I hope that these seasonal tips will help banish wintry thoughts and put an energising Spring in your step and those of your clients too.

# News in brief

## Analgesic potential of essential oils

A research team from the Universidade Federal de Paraíba, Brazil recently investigated the analgesic potential of essential oils by reviewing studies involving the antinociceptive activity (inhibiting the perception of pain) of essential oils from 31 plant species. Their paper discusses botanical aspects of aromatic plants, mechanisms of action in pain models and chemical composition profiles of the essential oils. Their results show that essential oils do have analgesic potential for therapeutic purposes. Free access to the review at [www.mdpi.com/1420-3049/21/1/20/pdf](http://www.mdpi.com/1420-3049/21/1/20/pdf).

## Walks and talks

The 2016 talks programme at the Royal Botanic Garden, Edinburgh includes Greg Kenicer on *Medicine to Magic, Useful Plants of Scotland* on 12 April (10am – 12 noon). See [www.rbge.org.uk](http://www.rbge.org.uk).

On 12 May (10am-1pm) Dr Alison

Foster will present *Plants as medicines* at the Cambridge Botanic Garden. In this, she will explore the changing relationship between plants and medicines, identify key figures in the story of plant-derived medicines, and highlight recent plant-based medicines licensed for clinical use, with particular focus on anti-cancer drugs. See [www.botanic.cam.ac.uk](http://www.botanic.cam.ac.uk).

## Preventing stress and burnout with essential oils

A health promotion project, undertaken at the Otto Wagner Spital in Vienna, Austria, aimed to confirm the reduction of stress and burnout by the use of essential oils. The study participants were given a stress roll-on consisting of 12 essential oils, to be applied on the wrist pulse zones at least three times a day for one month.

The results showed that a large majority of the study participants were able to markedly reduce their

stress-associated impairment by the use of essential oils in the roll-on. No allergic reactions or incompatibilities were observed. The researchers conclude that selected essential oils of high quality may be recommended for the prevention and treatment of stress and burnout. For more details of the study and results see [www.ncbi.nlm.nih.gov/pubmed/26338021](http://www.ncbi.nlm.nih.gov/pubmed/26338021).

## Alternative therapies reduce nausea and vomiting

Postoperative nausea and vomiting (PONV) affects between 20 and 40 per cent of all surgery patients. A recent American study looked at the effectiveness of several therapies, including aromatherapy, in reducing PONV, and concluded that non-pharmacological modalities of treatment contribute to patient wellbeing, helping physical and emotional healing. Free access to the study at [www.ncbi.nlm.nih.gov/pmc/articles/PMC4679858](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4679858).

# News from the CNHC



Complementary & Natural  
Healthcare Council

## Change of leadership



Michael Watson, the new CNHC Chair, has a vision for complementary therapies “to become far more widely available as part of mainstream healthcare with properly trained, qualified and professional practitioners showing the difference they can make to people’s lives.”

He said: “I am really looking forward to taking CNHC’s work forwards with the team in the coming months... My belief is that if you have signed up to CNHC you have a competitive advantage over those who haven’t and I want to do all I can to support you with making the most of this.”

The key areas on which Michael plans to focus CNHC’s activities are: Support for the wellbeing agenda, Patient choice, Professional standards and Good research.

## Advertising update

In line with the statutory regulators, and following discussions with the Professional Standards Authority, the CNHC Board has agreed that the CNHC will no longer accept complaints concerning breaches of the Committee of Advertising Practice (CAP) Code.

All CAP Code complaints will now be directed to the Advertising Standards Authority (ASA). However, CNHC will continue to take account of any adverse findings by the ASA about registrants.

CNHC registrants must continue to comply with advertising regulations and sections C4 and C5 of CNHC’s Code of Conduct, Ethics and Performance (see CNHC website under ‘Publications’). For Advertising Codes details visit: [www.cap.org.uk/Advertising-Codes.aspx](http://www.cap.org.uk/Advertising-Codes.aspx)

## MYCAW evaluation tool

There is much debate about the evidence base for complementary therapies and the challenges of gathering

it. However, aromatherapists can use basic evaluation tools such as the MYMOP questionnaire to demonstrate the impact of their work.

The MYCAW (Measure Yourself Concerns and Wellbeing) tool was developed from MYMOP. Designed by a multidisciplinary research group to evaluate complementary therapies in cancer support care, it may also be useful in other settings. The research group aimed to provide a questionnaire capturing clients’ experiences of changes to their ‘concerns or problems’, rather than ‘symptoms’.

For more information visit the University of Bristol’s Centre for Academic Primary Care at [www.bris.ac.uk/primaryhealthcare/resources/mymop/sisters](http://www.bris.ac.uk/primaryhealthcare/resources/mymop/sisters)

For further information about the CNHC and how to register or renew, or about any of the items above – call 020 3668 0406, visit [www.cnhc.org.uk](http://www.cnhc.org.uk) or email [info@cnhc.org.uk](mailto:info@cnhc.org.uk)

# American aromatherapy: the struggle to find the middle ground

In the second of two articles on American aromatherapy **Lora Cantele** focuses on how aromatherapy is used in clinical settings and the changing landscape of the profession



In my first article I highlighted some of the major changes in aromatherapy in the United States and the role social media plays in the ever-changing American landscape of essential oil use. In this second article my focus is the use of aromatherapy in clinical settings in the USA and how the profession is changing.

## Aromatherapy in the US healthcare system

First, let's look at where aromatherapy fits within the American healthcare system. Many nurses are now becoming educated in aromatherapy but the training programmes they undertake can differ greatly. There are wonderful schools available in the US created by veterans of the aromatic community, such as R J Buckle Associates (Dr Jane Buckle) and the Institute of Integrative Aromatherapy (Laraine Kyle Pounds and Valerie Cooksley). Both programmes were developed by nurses for nurses and other healthcare providers.

However, there are some nurses working in hospitals eager to use aromatherapy who are not willing to do a full certification course. They tend to fall into one of two situations: they either find a short course (less than 30 hours) to learn some basics or they join an MLM (Multi-Level Marketing) group and utilise the marketing materials to get the product into the hospital system.

I spoke with a colleague in Minnesota who has recognised that this is happening. She reports that, since there are nurses who will use aromatherapy with or without the training, she has developed a short course with some of the basic oils currently approved for use in hospitals in America. In addition, she has developed a product that she is selling to the hospitals, and other clinical sites such as hospices and nursing homes, to allow nurses to use aromatherapy in a controlled and safe way.

For those who bring the MLM oils and protocols into the hospitals, there are as many authentic practitioners

fighting to keep them out. Armed with the White Paper (Barber and Gagnon-Warr, 2001), injury reports (Aromatherapy United, 2014), a paper on the safety and ethics of undiluted oils (Burfield and Sheppard-Hanger, 2005), and pages of research on the safety of some of the oils used in techniques like Raindrop Treatments, aromatherapists (with the support of organisations like the AIA [Alliance of International Aromatherapists [www.alliance-aromatherapists.org](http://www.alliance-aromatherapists.org)] and NAHA [National Association for Holistic Aromatherapy [www.naha.org](http://www.naha.org)] will contact nurse managers to enlighten them about such practices and offer safe alternatives.

The impact of social media is also being felt by practitioners reaching out to hospitals and clinical settings. With essential oil use becoming more widespread among laypeople and all the talk about safe and unsafe essential oils through social media sites, some hospital staff are scratching their heads about safety.

We hear professional aromatherapists advising against using specific oils and methods, presented in a black and white way—perhaps doing ourselves a disservice. The educated aromatherapist formulates for safety, taking into consideration dosage, duration, selection of oils for efficacy as well as how they interact with other oils in the blend, and the most appropriate method in which to use.

When seeing advice online suggesting a 'one-size-fits-all treatment,' we tend to jump in to counter the advice by simply advocating against it and not by using the opportunity as a teachable moment to illustrate the effectiveness of essential oils in a safe and responsible manner. So our response (our message) becomes black and white.

What we should be doing is remaining as objective, scientific and as non-emotional as possible. If you present yourself as antagonistic, it will be a barrier to productive dialogue. As we grow more accustomed to making blanket statements about safety and not discussing the whys and the hows of when, and when not to use essential oils, others don't learn and they start to formulate their own



*Essential oil of Sweet marjoram (Origanum majorana) is a popular clinical choice for the relief of abdominal distress and nausea, either on its own or in combination with Black pepper (Piper nigrum).*

thoughts and reservations about essential oil use.

Subscribing to the continued "fear mongering" in the "us versus them" being played out in social media in turn hurts us as practitioners. This is the message we are currently sending. Some staff at hospitals and other facilities will not consider the use of essential oils and blends unless there is "zero risk." Aromatherapists are being held to a higher standard than those in the hospital. For example, most hospital cleaning products are not evaluated in the same way essential oils are. On the flip side, there are other hospitals that are allowing the MLMs in (through the nurses), along with their methods of use. Rather than condemn, we should become more inquisitive. We should ask why someone would use essential oils in a specific way and then share with them a better and safe alternative.

### **Hospitals and other facilities doing it right**

Aromatherapy has gained wide acceptance in conventional medical care in some regions of the country. Aromatherapy in nursing is relatively new in the US, although some applications have been part of nursing practice for several decades (eg inhaled Peppermint (*Mentha x piperita*) for urinary retention) (Lillehei *et al.*, 2015).

According to Lillehei *et al.* (2015), "In conventional health care systems, Aromatherapy is most frequently provided as an independent nursing intervention. Aromatherapy is generally among the least intensive options used in patient care for symptom management." Essential

oils are used mainly to improve well-being and for symptom management. The most common symptoms addressed include anxiety, depression, nausea, pain, and sleep disturbances, although there is growing research on the use of aromatherapy with cancer, dementia, palliative care, and maternity care.

Many hospitals, nursing homes, and hospice programmes are now incorporating protocols using essential oils. The most common among them are Lavender (*Lavandula angustifolia*), Spearmint (*Mentha spicata*), Peppermint (*Mentha x piperita*), Ginger (*Zingiber officinale*), and Sweet Orange (*Citrus sinensis*).

"Protocols are designed to be responsive to the needs of individual patients within the institutional context in order to provide safe, appropriate, and consistent yet tailored interventions. Policy and protocols address who can administer essential oils, desired therapeutic action, application methods, and storage and safety. There is often a choice of application methods and essential oils for symptom management" (Lillehei *et al.*, 2015).

According to Halcón (2013), in each case the nurse selects the essential oil and application using knowledge and practice parameters and based on the intended therapeutic effect, the preferences and state of the patient, the timing of the intervention, and the chemical properties of the essential oil. As with any treatment given in this setting, information regarding the essential oil used, the protocol followed, patient reported outcome(s), and any

adverse reactions are documented and should be made available for audit.

## How aromatherapy is currently used in clinical settings in the USA

Application methods used in nursing practice generally include application by inhalation (eg one to two drops on a cotton ball or five to 10 drops in a diffuser) or topically (eg diluted to one to five per cent concentration in a carrier).

Essential oils topically applied have the advantage of incorporating touch and allowing absorption through the skin, olfactory system, and lungs (Tisserand and Young, 2014). In a pilot programme in Illinois, children with life-limiting illness received a weekly massage both two months before aromatherapy was introduced into the programme and for a year thereafter. The nurse/massage therapist reported that the benefit of massage was 50 per cent more effective when essential oils were used in the massage lotion than when massages were given using an unscented massage lotion (Cantele, 2013).

At the Shore Medical Center (350-bed medical centre) in New Jersey, the Aromatherapy programme began with nurses performing hand massages at the bedside using Lavender (one per cent dilution) in lotion. As the programme evolved, other essential oils were incorporated including Peppermint, Ginger, Mandarin (*Citrus reticulata*), Eucalyptus (*Eucalyptus globulus*), and Bergamot (*Citrus x bergamia*) (Gurdgiel *et al.*, 2015).

Texas Health Harris Methodist Hospital (726-bed hospital) is the largest hospital in Fort Worth, Texas. In 2002, an interdisciplinary committee was formed to explore complementary and integrated healing modalities, including aromatherapy and, in 2004, the initial Aromatherapy training was provided by Dr Jane Buckle. Now the hospital has five instructors who teach the course every 18 months.

The nurses have an aromatherapy kit that includes 33 essential oils. The primary method of application is through the use of personal inhalers (aromasticks) although, at a pinch, a nurse can place a drop or two of essential oil onto a cotton ball for the patient to inhale from. Topical application is provided by giving the patient a hand massage using essential oil in a carrier oil. The dilution is determined by the nurse.

The most popular use of aromatherapy is for stress/anxiety reduction using Lavender or Frankincense (*Boswellia carterii*). Other oils employed include Mandarin, Ginger and Peppermint for nausea, Sweet Marjoram (*Origanum majorana*) and/or Black Pepper (*Piper nigrum*) for abdominal distress and nausea. Other methods of use include footbaths or a five per cent topical application to the abdomen. A few of the nurses will use a 10 per cent dilution of Black pepper essential oil as a vasodilator to assist in locating a "hiding" vein for venipuncture (Scheidel, 2015).

## Aims to integrate aromatherapy into mainstream healthcare

The AIA serves as a resource for evidence-based aromatherapy research for its members, as well as healthcare professionals. Among its goals, the AIA desires to bring together conventional medicine and natural therapies,

with an emphasis on aromatherapy, into a more harmonious relationship. By providing educational opportunities for its members and others through international conferences, teleseminars, workshops and research articles, the AIA helps to equip its clinical members to integrate with the medical community.

The AIA Research Committee is currently conducting a research study, in cooperation with the Wake Forest Baptist Medical Center, entitled *Mapping Aromatherapy Use in the USA* to increase its understanding of how essential oils are currently being used in hospitals.

## The changing landscape

While writing this paper, the landscape of aromatherapy in the US went through many changes. American aromatherapists saw the rise and shift of focus of an essential oil trade association, warning letters from the Food and Drug Administration (FDA) to two of the largest essential oil distributors, a warning letter to a base ingredient manufacturer known for providing quality education on raw materials, and a lot of divisiveness—not only amongst essential oil users, but also amongst and within our aromatherapy organisations. We have also seen an increase in use of aromatherapy in clinical settings including hospitals, hospices, palliative care facilities, and nursing homes.

There has also been a shift in education. Aromatherapy in the US appears to be a blend of what is perceived as the 'British' and 'French' models of aromatherapy. Ten years ago aromatherapy was provided generally via inhalation, topical application, and the use of beauty products enriched with essential oils.

Over the years, more massage therapists began incorporating essential oils into their massage practices as "an enhancement." Massage therapists in the US require a separate license to practise and most receive no training in the use of essential oils and their safe application. Most spas provide a selection of essential oils to choose from, along with a laminated card with general indications for each oil, for your massage.

Many of these oils are not oils that an authentic aromatherapist would generally use without a full consultation. They include essential oils such as Clove (*Eugenia caryophyllata*), Wintergreen (*Gaultheria fragmentissima*), and Cinnamon (*Cinnamomum zeylanicum*). Often, one would find citrus or cineole-rich essential oils left uncapped throughout the massage allowing for oxidation of the oil.

Raindrop Technique and similar methods of application began to find their way into spas and massage businesses. Through social media we are now seeing more advice given for internal (ingested) use through the advice of the MLM's independent distributors. However, the advice given seems to be the result of information shared via "the telephone game," where one passes information through another, to another and so on until the information has become completely disconnected.

Due to these more intrusive methods of application and distorted information, we are seeing more educational offerings from those trained in Aromatic Medicine from other countries such as France and Australia. Additionally, there are more lectures and seminars that provide "myth-busting"



*Lavender (Lavandula angustifolia) essential oil is widely used in clinical settings to reduce stress and anxiety*

of common misconceptions with essential oil use. There is more emphasis placed on the safety of essential oils.

As these fine educators bring their teachings to America, I find that those in attendance are qualified aromatherapists and not necessarily those who might benefit more from the information (eg the independent distributors). Here again, divided camps. There are those who have tried to reach across the divide to engage with the MLMs to offer education. To date, these have been nothing more than a short meeting to introduce oneself and some effort to open the door to further dialogue, but it's a start.

## Conclusion

As aromatherapy use grows in the US, as well as the debate over how it is used, there is a need for standardisation and unification. This requires uniting organisations, at least on common issues, to present a unified front to the public. The two American organisations have remained very separate with no cooperation with the other. This is partly due to a misunderstanding from years back, but continues with veterans of each organisation being stuck in old history. While, on a couple of occasions, a board member of one organisation has reached out to the other (and vice versa), there has not been any movement to pursue collaboration.

It is this author's suggestion (and one shared by many) that the aromatherapy organisations in America need to come together over common issues and goals (eg educational standards for the various levels of aromatherapy training, standards of practice, code of ethics, and safety) to present a united front while delivering a clear message to the American public. Better still, a merger of both organisations. It was refreshing to see so many new people at the AIA's 2015 international conference. However, as the veterans of our aromatic community prepare for retirement, there is a need for younger, enthusiastic aromatherapists to step up and serve on the boards and committees of these organisations to ensure their continued existence.

Why stop there? Imagine how much stronger the voice of aromatherapists would be if there was one solid aromatherapy organisation in each country and they all worked collaboratively to create a foundation of professionalism and engaged in communication with other healthcare professionals and regulatory agencies for the betterment

of the aromatic community as a whole.

The prospect of a global voice to support Aromatherapy worldwide may be just what is in order to have the practice of aromatherapy become a recognised and respected holistic healing modality.

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# Addiction and aromatherapy

Addiction to a wide range of substances including alcohol, nicotine, and even food, is on the increase worldwide. Can aromatherapy play a useful role in reducing cravings? **Jane Buckle** looks at the evidence



**S**mell affects what we crave, what we become addicted to, what we find pleasure in, and even the will to live (Shepherd 2011). A familiar smell that has good memories allows us to feel safe.

"Addiction is a condition that results in significant harm to the individual and to society more generally" (Capps *et al* 2012). Society 'judges' addiction, feeling it to be a bad choice that an individual makes. However, recent brain research challenges that there is a *choice*, with the suggestion that addiction could be a brain disease (Rahman 2011) - a brain disease that could be treatable.

It is known that an individual's inherited genetic makeup can influence their addiction risk. A growing body of preclinical and clinical data appears to suggest that nicotinic acetylcholine receptors (nAChRs) in the human brain play a pivotal role in drug addiction, including nicotine and alcohol dependence (Rahman 2011).

Today's society is an addictive one, and it often rewards socially acceptable addictions like workaholism, accepts shopaholics and nicotine addiction, condones alcohol addiction, and prosecutes drug addiction.

Yet the ethos behind addiction - instant gratification - is at the very core of today's society. People want things instantly. Texting and emails have replaced letters, faxes and, to an extent, phone calls and we live in a world where people unable to cope with the pace of life are often isolated, ridiculed, or forgotten. It is hardly surprising that addiction is on the increase.

Results of the 2010 National Survey on Drug Use and Health (NSDUH) showed an estimated 22.6 million Americans (8.9 per cent) aged 12 or older were current or past month illicit drug users (Manchikanti 2012). There is a huge increase in adolescents (13 to 18 years) developing Substance Use Disorder (SUD) (Merikangas & McClair 2012). This increase in substance abuse is a global phenomenon and covers alcohol, nicotine, cannabis, and cocaine (Legendhardt 2008). This statement is supported by stud-

ies from Korea (Kim *et al* 2012), Taiwan (Wang *et al* 2012), Brazil (Madruga *et al* 2012), and France (Mura *et al* 2012), as well as many other countries.

In 2008, the number of deaths by poisoning exceeded the number of those dying in a car accident. Poisoning was the leading cause of 'injury death' in the USA (Warner *et al* 2011). A total of 90 per cent of deaths by poisoning were from drug overdose, with the vast majority being unintentional (Shah *et al* 2008). In addition, many illicit drugs, eg amphetamines, cocaine, ecstasy, heroin, lysergic acid diethylamide, marijuana and phencyclidine, have been linked to major cardiovascular events such as strokes (Esse *et al* 2011).

While there are many detox programmes available in the USA (Polsky *et al* 2010), and in other countries such as Canada (Li *et al* 2008) and Australia (McAvoy 2008), much



Photo: Oriordan Kirsch - [https://commons.wikimedia.org/wiki/File:Woman\\_smoking\\_a\\_cigarette.jpg](https://commons.wikimedia.org/wiki/File:Woman_smoking_a_cigarette.jpg)

*Evidence shows that the increase in substance abuse, including addiction to nicotine, is a worldwide problem*

**Table 1: RJ Buckle student studies on addiction**

Name	Year	State	Number	Method	Addiction	Essential oil
DaCosta	2000	MA	4	Inhaled	Nicotine	Three different oils*
Caldwell	2001	MN	5	Inhaled	Substance	Ylang-ylang
Newsham	2001	NY	170	Inhaled	Nicotine	Lavender plus acupuncture
Barrett	2002	WA	16	Topical	Alcohol	Lavender/Roman chamomile
Carino <sup>†</sup>	2003	NY	16	Inhaled	Alcohol	Bergamot
McMahon	2003	NY	7	Inhaled	Nicotine	Angelica/Black pepper
West	2003	MN	15	Inhaled	Nicotine	Three different oils <sup>†</sup>
Cordell <sup>§</sup>	2004	TX	20	Inhaled	Nicotine	Angelica/black pepper
Hood	2005	WI	30	Inhaled	Food	Mandarin/lavender
Chalifour <sup>†</sup>	2005	MA	8	Inhaled	Opiates	Peppermint
Gryniewski	2005	MN	10	Inhaled	Nicotine	Angelica
Romero	2006	MN	4	Inhaled	Nicotine	Angelica
Herring	2006	AZ	21	Topical	Food	Fennel
Drumm <sup>†</sup>	2006	NJ	10	Inhaled	Nicotine	Angelica/Helicrysum
Walker	2007	IN	20	Inhaled	Nicotine	Angelica
Paine	2008	NJ	10	Inhaled	Nicotine	Black pepper
Logue	2010	NJ	20	Inhaled	Nicotine	Black pepper/ <i>E. globulus</i>
Sirignano	2011	MA	11	Inhaled	Nicotine	Helichrysum/black pepper
Newsham	2001	NY	170	Inhaled	Nicotine	Lavender plus acupuncture
Katseres	2011	MA	5	Inhaled	Nicotine	Black pepper/lavender
Biesecker	2011		12	Inhaled	Nicotine	Black pepper

\* Three different oils: angelica, helichrysum, and lavender.

† Carino, Chalifour and Drumm carried out studies on in-patients in hospitals.

‡ Dr. Cordell's research was carried out on a college campus, and later published (2013).

§A mixture of three different oils: angelica, helichrysum, and German chamomile.

### Box 1: Protocol for Coming off Benzodiazepine or Night Sedation with Aromatherapy

Week 1	Choose aroma(s) from a selection of six. Choose touch or nontouch application. Apply oil in office. Give written instructions on when and how to use aromatherapy.
Week 2	Reduce medication by 25%.
Week 3	Reduce medication by further 25%.
Week 4	Remain on 50% medication.
Week 5	Reduce medication to 25%.
Week 6	Remain on 25% medication.
Week 7	25% medication alternate days.
Week 8	Remain on 25% medication alternate days.
Week 9	25% medication twice a week.
Week 10	25% medication once a week.

depends on the person being able to withstand the cravings, during, and after, withdrawal.

There are three stages to drug detox (Pravleen *et al* 2011). The primary stage is stabilisation, the second is withdrawal, and third stage is preventing relapse by improving wellbeing. Ernst (2012) debunks the idea of any alternative detox. However, it may be that some complementary therapies, such as aromatherapy, may help in the process.

According to studies carried out by R J Buckle Associates (RJBA) students in the USA, aromatherapy appears to reduce cravings (see Table 1 above). Aromatherapy alleviated the withdrawal process during the second stage. Aromatherapy can also improve wellbeing (third stage). However, there is no suggestion that aromatherapy should replace conventional drug detox treatment. However, for those wanting to cut down on cigarettes, inhaling essential oils (through a personal inhaler) might help reduce craving. For those wanting to cut down gradually on sleeping tablets, a protocol (that has been used successfully for the last 15 years) can be found in Box 1 opposite.

A similar protocol has also been used by Komori *et al* (2006). The mixture of essential oils (sandalwood [35 per cent], juniper berry [12 per cent], rose [8 per cent], and orris [6 per cent]) was first tested on rats and then on

42 outpatients with low-dose dependence on hypnotic benzodiazepines. Sedation was reduced by 25 per cent each week while the participant inhaled the essential oil mixture at bedtime: 26 participants reduced the dosage and 12 subjects were weaned off completely.

### **Nicotine addiction**

The idea that an olfactory stimulus might reduce craving for nicotine was explored by Seyette and Parrott (1999). They found that both negative, and positive, aromas decreased cravings against a nonodoriferous control, in nicotine addiction. The sense of smell is lessened in a heavy smoker. Nevertheless, aromatherapy has achieved some modest success. R.J. Buckle students have conducted several studies as listed in Table 1 opposite, page 22

DaCosta (1999) was one of the first RJBA students to explore the effect of inhaled essential oils as a means to reduce the craving of nicotine withdrawal. The three essential oils DaCosta used were lavender (*Lavandula angustifolia*), *Helichrysum italicum*, and *Angelica archangelica*. Four male subjects who smoked at least 10 cigarettes a day and had tried unsuccessfully to stop smoking in the past were recruited.

The periods immediately after breakfast, lunch and supper were chosen as those were the hardest times to abstain from smoking. The normal period the test subjects could wait before smoking (baseline) was minimal, less than 2 minutes. Each essential oil was then tested separately for five consecutive days, divided by a dry-out period of two days, and the subjects timed on how long they could last without a cigarette. Angelica root appeared to be the most helpful, with subjects able to wait an average of 53 minutes before having a cigarette. This was considerable improvement on two minutes, although inhaling angelica did not prevent them from smoking after 53 minutes.

Since then, 13 further pilot studies have been conducted by R J Buckle students. Most of them used inhaled essential oils. Many of them chose black pepper because of the study by Rose and Behm (1994). Rose and Behm hypothesised that clients needed to experience the respiratory-tract sensations that accompany cigarette smoking in order to quit successfully. They believed black pepper essential oil could simulate those sensations. When they tested their theory, they found "the vapor of black pepper essential oil, when inhaled, partially reproduces the respiratory tract sensations experienced when smoking, thereby reducing the craving for cigarettes."

In the RJBA studies, angelica appeared to make the craving more bearable and therefore the person could wait longer before smoking, or smoke fewer cigarettes. This essential oil is from the root of *Angelica archangelica*. I have found it extremely useful to empower people in difficult situations where they need to stay in control—for example at the funeral of a loved one. I am not sure how to describe that intrinsic property -but it does appear to work in addiction withdrawal.

Cordell explored the effect of inhaled aromas on a university campus. This study compared the effect of inhaling black pepper to angelica. What is interesting about

this study is that, while the subjects were all trying to quit tobacco, their use of tobacco ranged from smoking cigarettes to chewing tobacco or using snuff. Black pepper appeared to reduce craving across the board, but angelica allowed a longer period of time before using the tobacco product (Cordell & Buckle 2012).

Finally, aromatherapy appeared to enhance motivation during conventional nicotine dependence treatment (Koszwoski *et al* 2005). This would occur, even if black pepper or angelica or any other essential oil, did not reduce the actual craving itself.

### **Substance addiction**

Caldwell (2001) explored the effects of ylang-ylang (*Cannanga odorata*) in a small, controlled study of 10 women suffering from cravings following withdrawal from substance abuse. All the women were taking orthodox medication. The participants were randomly split into two groups: an experimental group and a control group. The experimental group was given essential oil of ylang-ylang to inhale and the control group received plain almond oil. Both groups were told that they were using something. The participants were self-selecting and limited to women dealing with chemical addiction. All 10 participants had either stopped using and were still experiencing cravings, or were trying to stop using and were experiencing cravings.

Each participant put two drops of the oil on a cotton square and put the square in her pillowcase every night for seven nights. The participants were also asked to put two to three drops of oil on a cotton handkerchief, carry the handkerchief with them for seven days, and smell it if they experienced a craving. The participants were asked to record the number of cravings, their intensity, and any other comments.

The results showed that the number of cravings for the essential oil group went down more than for the control group. However, ylang-ylang did not prevent cravings completely. Four out of five women in the experimental group believed "smelling the oil relieved the stress and anxiety of that moment." None of the participants using the almond oil expressed this feeling. Caldwell (2001) notes that ylang-ylang's positive effect might be enhanced by using a diffuser at night.

Chalifour (2005) looked at reducing the nausea experienced by inpatients who were withdrawing from opiate (and crack) at the Cooley Dickenson Hospital, Northampton, Massachusetts. Eight patients were given peppermint to inhale for nausea. Subjects rated their nausea using a CIWA form (Clinical Institute Withdrawal Assessment). This scale was used before meals (breakfast and lunch). Peppermint was given 30 minutes before meals. There appeared to be a 100 per cent reduction in nausea.

### **Alcohol addiction**

Olfactory loss is common in alcoholics (Shear *et al* 1992) as well as cocaine users (Schwartz *et al* 1998) and heroin addicts (Perl *et al* 1997). Loss of smell is not thought to affect the transfer of the volatile molecules, unless there is damage to the olfactory nerve. Loss of smell in addicts is thought to be due to damage to the cortical and subcorti-

cal brain regions (Shear *et al* 1992). However, it is possible that there is nerve damage caused by snorting or sniffing cocaine, heroin, and glue.

A search of the literature in 2013 produced only one piece of research on alcohol addiction withdrawal and aromatherapy (Kunz *et al* 2007). This randomised, controlled study compared aromatherapy to auricular acupuncture in alcohol addiction for five days. There were 99 participants: 54 randomised to the aromatherapy group and 55 to the acupuncture group. The main rating scale was assessment of alcohol withdrawal syndrome (AWS scale). There was a fairly high dropout factor. Only 36 patients completed acupuncture and 38 patients completed aromatherapy. Both groups appeared to have the same reduction in the craving and withdrawal symptoms. Thus aromatherapy was as successful as acupuncture in this instance.

Barrett (2002) explored the effects of aromatherapy on alcohol addiction withdrawal at the Highline Community Medical Center for her RJBA certification. This facility offers hospital-based treatment for chemical dependency at its Tukwila, Washington location and had been treating addiction for 40 years. HRS Highline operates 12 beds for medical detoxification and 18 beds for brief inpatient stabilisation. In addition, approximately 100 patients are treated concurrently on an outpatient basis.

Barrett created both protocol and policy and then introduced an aromatherapy programme to support the detox process. Participants rated their symptoms on a scale of 0 to 4 (0 = no symptoms, 4 = extreme symptoms). A medicine cup (containing five ml diluted essential oils) was given to the participant by a nurse at bedtime. The essential oils were five per cent Roman chamomile, lavender and ylang-ylang in sunflower oil. The patient rubbed the mixture into their throat and chest areas and the nurse documented the use of aromatherapy in the progress notes.

The following morning, participants ranked their symptoms again while the nurse took their vital signs (respiration, blood pressure). The nurse also noted any difference in mood the patient recorded. The study was carried out over a three-week period in 2002.

The scent of the mixture appealed to more women than men, and there was less compliance in the male sector. However, there appeared to be a positive change of more than 50 per cent in terms of feeling less restless. It also reduced their anxiety and increased their ability to go to sleep. Barrett's most recent thoughts are that inhaled aromas might be an easier method, especially now that personal inhalers and personal patches are available (personal communication, January 2013).

## Food addiction

Obesity, and its undisputed links to hypertension, diabetes and many other health conditions, is increasing rapidly. Currently, approximately 70 per cent of adult Americans are overweight or obese. This figure is replicated throughout much of the Western world. More British, South Asian, black African-Caribbean and white European children are becoming obese (Nightingale *et al* 2011).

Fast food has been named the culprit. As early as 2007, there was growing concern about corn syrup, with one

study even suggesting the intense sweetness of corn syrup was as addictive as cocaine (Lenoir *et al* 2007). Three years later, some researchers still felt there was no evidence that any food or food ingredient (including sucrose) was addictive (Benton 2010). Current research says that bingeing on food crammed with sugar/sweeteners (as fast food is) increases extracellular dopamine in the striatum, and this is what gives it an addictive potential (Fortuna 2012).

Dopamine plays an important role in addiction as it produces both feel-good and reward sensations (Saddoris *et al* 2013). When blood glucose levels rise, they increase absorption of tryptophan (through the large neutral amino acid (LNAA) complex). Tryptophan is then converted into serotonin, a mood elevator (Fortuna 2012). Today, medical systems worldwide are dealing with an epidemic of those wanting to "overcome food addiction and reverse proinflammatory states of illhealth" (Shriner 2012).

Interestingly, the olfactory cortex has been shown to be the site in the brain that monitors the consumption of essential amino acids in the diet (Shepherd 2010). If there are insufficient essential amino acids in the food presented to a rat, it will stop eating it (Gietzen & Rogers 2006). There is some evidence the same mechanism may act in humans (Neville & Haberly 2004, Wilson & Linster 2008).

Today's society expects large portions of food, even if they cannot all be eaten. Everything must be big. It is as though people feel too small in a world that undervalues them. It may be that people feel they have a 'hole in their wholeness' and are hungry for anything that will stop that feeling of emptiness. There have been various attempts to help people eat smaller portions of food. These have ranged from sprinkling food with crystals to make the food taste more filling, to a 'smart' fork that vibrates when you eat too fast.

These inventions may not be a bad idea but, if some food is addictive, there will be withdrawal symptoms. Inhaling an essential oil may help those withdrawal symptoms. The best method would be to use an individual inhaler or patch. RJBA students carried out two studies on reducing food intake.

Hood (2005) randomly allocated her 30 volunteers into three groups. Each volunteer was at least 10 pounds overweight and had been unable to lose weight. There were two experimental groups (mandarin or lavender) and one control group (grapeseed oil). The participants were asked to smell the oil (a) before meals and (b) when food cravings came. Participants were asked not to alter their normal eating habits and not to try to diet. The study lasted six weeks. The mandarin group had average weight loss of 2.4 pounds. The lavender group had average weight loss of 5.3 pounds. The control group had average weight loss of 1.2 pounds.

Herring (2006) chose fennel (*Foeniculum vulgare*) for her study. Her 21 volunteers were people who had been trying unsuccessfully to reduce their carbohydrate intake and thus lower their weight. Volunteers were randomly allocated to the experimental or control group. The experimental group applied diluted three per cent fennel to their wrists three times a day. (In addition, they could also apply it as necessary). The study lasted two weeks.

Participants recorded the number of times they applied the fennel mixture and rated their cravings on a 0 to 10 scale. Weight was recorded at the beginning and end of the study. It appeared that, as applications of the fennel increased, so craving decreased. There was no correlation between the control group application and craving. The average weight loss was 3.51 pounds in the fennel group and 2.81 pounds in the control group.

## Sleeping pill and benzodiazepine addiction

According to the British Freedom of Information Act, in 2011 approximately 15.3 million sleeping pill prescriptions were handed out by the NHS at a cost to the UK government of nearly £50 million. The most popular sleeping pill was zopiclone. It was prescribed to more than 5.2 million patients nationally, making it the most popular sleeping tablet. In the USA, one in 10 Americans take sleeping pills. Insomnia has a chapter dedicated to it in my recent book (see below for details) so it is probably easiest in this article to go straight to the protocol to enable patients to get off sleeping pills (see Box 1 on page 22).

Benzodiazepine addiction has the same protocol. There is a nice Japanese piece of research in the literature (Komori *et al* 2006) that used a very similar protocol. Forty-two outpatients from the Department of Psychiatry, Mie University Graduate School of Medicine, took part in the study. Initially, participants were asked to try to reduce their benzodiazepine dose by 25 per cent per week, without any essential oils: 29 subjects failed. These patients were then invited to retry, using essential oils. Participants inhaled a mixture of sandalwood (35 per cent), juniper berry (12 per cent), rose (8 per cent) and orris (6 per cent). Twenty-six out of 29 reduced their dose and 12 managed to come off the drug completely.

I hope that this article has been interesting for you and will prove useful in your practice as an aromatherapist.

*Note: This article is based on information in Jane Buckle's book Clinical Aromatherapy: Essential Oils in Healthcare, third edition, published by Churchill Livingstone, March 2015. ISBN-13: 978-0702054402. Price: £41.99 paperback.*

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# Storage of essential oils



In a two-part series **Ray Gransby** explains why it is important to look after your essential oils, carrier oils and hydrolats. In this first article he looks at carrier oils



**A**romatherapists typically spend a considerable amount of time choosing both their oils and their

oil suppliers in order to achieve the best results. But perhaps they give less thought to how they are going to store the oils they buy?

Carrier oils can and do deteriorate in storage. However, in most cases, these changes are small and we do not notice them, especially when the oils are used up quickly. But what about oils that have been left unused for a few months or even a few years?

What we are talking about of course is oxidation, the ability of oxygen in the air to attack carrier oils and to cause chemical changes. These changes can and do alter the composition of the oils, sometimes very considerably and, given favourable conditions, surprisingly quickly, certainly within the typical shelf life indicated by the suppliers.

At best, oxidised oils can pose a threat to health: at worst they become unusable. The variation in oils due to the way they are grown and manufactured is something we can do nothing about but we can do something about the post-manufacturing changes.

In this article we will identify some of the conditions under which oxidation can occur and suggest ways to reduce its effects so as to prolong the shelf life of our oils and, more importantly, ensure that they can be used safely.

Carrier oils mainly contain fatty acid acylglycerol esters. Typically, carrier oils such as sweet almond and grapeseed contain the same fatty acids but in different proportions. This is what gives the oils their particular properties and the supplier specification will give the proportions of the various fatty acids.

However, in addition there are a number of other chemical compounds present in carrier oils including free fatty acids, mono and di acylglycerols, metals like iron and copper, pigments like chlorophyll (greenish oils) and carotene (yellow/orange oil), and phenols such as tocopherol (vitamin E). Generally, the more unrefined the oil, the higher the amount of the additional compounds. As we shall see, these compounds can have a pronounced effect on the ability of the oil to withstand attack from oxygen.

## Oxidation process

Carrier oils can be oxidised in one of two ways: *autoxidation* from atmospheric oxygen in the triplet form ( $^3O_2$ ) and *photosensitised oxidation* from oxygen in the singlet form ( $^1O_2$ ). The important thing to remember here is that, for autoxidation to occur, both the fatty acids and the acylglycerols have to be in the form of free radicals and, as esters, they are not in this form.

It requires energy to break down the esters to release the fatty acids and glycerols so that they can be oxidised by atmospheric oxygen. The energy comes from light and heat so if you keep your oils in the dark (amber glass bottles), and keep them cool



*The fatty acids in carrier oils such as grapeseed give the oil its particular properties and characteristics*

(15°C), the process is slowed down considerably. For heat the rate of the reaction doubles for every 10°C rise in temperature.

Singlet oxygen does not require free radicals; it can directly attack the double bonds that hold the molecules together. The important point here is that saturated fats and oils do not contain double bonds and are therefore much more resistant to oxidation than unsaturated oils that contain one double bond (mono-unsaturates) and polyunsaturates which contain two or three double bonds. You can work out which is which from the fatty acid analysis.

Sweet almond contains stearic acid C18:0 denoting 18 carbon atoms in the molecule and the 0 indicating

no double bonds. It also contains oleic acid, also with 18 carbon atoms, but with only one double bond C18:1. Linoleic acid also has 18 carbon atoms but with two double bonds C18:2 while alpha linolenic acid C18:3 has three double bonds.

The more double bonds the easier it is for oxygen to attack, especially in the singlet form. Pigments like chlorophyll can absorb light energy and use it to drive the formation of singlet oxygen in the presence of atmospheric oxygen (just as in photosynthesis). However, in the dark these act like phenolic antioxidants (tocopherol) and the carotenoids to slow down oxidation by mopping up oxygen.

It is the free fatty acids and glycerols that are oxidised to form hydroperoxides which break down further (iron accelerates this process dramatically) to produce the 'off' odours typically associated with rancid oils. Unless the

oils are to be eaten the risk to health is minimal, although the essential fatty acids present in many edible and carrier oils can be destroyed in the process.

### Summary

Oxidation is initiated and accelerated in the presence of heat and light, so keep carrier oils in the dark and cool. Choose oils rich in saturated and mono-unsaturated fatty acids because they resist oxidation better than the polyunsaturates.

Choose refined oils rather than unrefined oils as they will have less of the free radicals, iron and copper and pigments such as chlorophyll which dramatically speed up oxidation. Choose oils rich in phenolic compounds such as tocopherols and carotenoids that act as antioxidants. Finally, keep the air out by screwing caps on tightly and, wherever possible, keep containers full.

Ray Gransby BSc (Hons) is the Administrator of the Aromatherapy Trade Council. He has over 40 years' experience in the cosmetics, toiletry, perfumery, flavour and fragrance, and essential oil industries with many leading multinational companies.

The Aromatherapy Trade Council (ATC), the trade association for the specialist aromatherapy essential oil trade, represents manufacturers and suppliers of aromatherapy products as well as the interests of UK consumers. It aims to ensure that its members market safe, good quality products and supply accurate information for consumers. For more information contact: Aromatherapy Trade Council, PO Box 219, Market Rasen, LN8 9BR, tel: 01673 844672, info@a-t-c.org.uk, www.a-t-c.org.

## Research notes

### Sandalwood aroma facilitates wound healing

Researchers at the Ruhr-Universität Bochum, Germany have discovered that skin cells possess an olfactory receptor for sandalwood scent. The Bochum team found olfactory receptors in keratinocytes, the cells that form the outer layer of the skin.

Their data indicate that cell proliferation increases and wound healing improves if these receptors are activated. This mechanism constitutes a possible starting point for new drugs and cosmetics. The team, headed by Dr Daniela Busse and Professor Dr Hanns Hatt from the university's Department for Cellphysiology, published their report in the *Journal of Investigative Dermatology*. For more details visit <http://aktuell.ruhr-uni-bochum.de/pm2014/pm00107.html.en>

### Orange essential oil helps reduce anxiety

Can aromatherapy with orange essential oil help reduce women's anxiety during labour? In an Iranian study women in labour were assigned to either an intervention group (exposed to orange oil) or a control group (exposed to distilled water). The women's anxiety levels and physiological parameters were assessed before and after the intervention.

Following intervention, reduced anxiety levels were found in both groups but a greater reduction in the orange oil group. The researchers concluded that aromatherapy is an effective method of helping women overcome anxiety during labour and that orange scent can help women experiencing stress in labour. Free access to full article at [www.ncbi.nlm.nih.gov/pubmed/26793249](http://www.ncbi.nlm.nih.gov/pubmed/26793249).

### Composition and activities of citrus oils

A recent Taiwanese study investigated the chemical composition and functional activities of cold-pressed and water distilled peel essential oils of *Citrus paradisi* (*C. paradisi*) and *Citrus grandis* (L.) Osbeck (*C. grandis*). Yields of cold-pressed oils were much higher than those of distilled oils. Limonene was the primary ingredient of essential oils of *C. paradisi* (cold 92.83 per cent; distilled 96.06 per cent) and *C. grandis* (cold 32.63 per cent; distilled 55.74 per cent). The *C. grandis* oils obtained were also rich in oxygenated or nitrogenated compounds which may, say the researchers, be involved in reducing cardiovascular diseases or enhancing sleep effectiveness. Full information on the free radical scavenging and antimicrobial activities of the four citrus oils studied is available in the full article – see [www.hindawi.com/journals/ecam/2015/804091](http://www.hindawi.com/journals/ecam/2015/804091).

### Head massage for cardiac regulation

In a study evaluating the effect of one short Chinese head massage on cardiac autonomic nervous system activity 10 participants randomly received head massage and the control intervention. Primary outcome measures were heart rate variability (HRV), including total power (TP), high frequency (HF), and heart rate (HR). The results showed an increase in TP for up to 20 minutes after massage. The effect on HF peaked up to 10 minutes post massage and HR decreased by more than three-fold compared to the control intervention. More details at [www.ncbi.nlm.nih.gov/pubmed/26562003](http://www.ncbi.nlm.nih.gov/pubmed/26562003).

# Ayurvedic adventure

**Sue Jenkins** reports on a challenging trip to an international community in South India where she found out more about Ayurveda, a system of natural healing with historical roots in the Indian subcontinent



**A**t the end of 2015 I spent a fascinating month in the state of Tamil Nadu in India. En route, I stopped off in Kuala Lumpur, Malaysia to do some teaching and examining

at the Issamay School of Beauty and to give two public talks. I will be reporting on that visit in a later edition of *In Essence*.

My home for the four weeks I spent in South India was Auroville, close to the regional capital Puducherry (formerly known as Pondicherry), which has strong French connections and a community of French speakers.

Auroville is an international community based on the teachings of Indian nationalist, philosopher yogi, guru and poet Sri Aurobindo and Mirra Alfassa (1878 - 1973), a spiritual seeker of Egyptian/Turkish parentage who grew up in France. She joined Sri Aurobindo in Puducherry in 1920 and stayed for the rest of her life. Sri Aurobindo recognised in her an embodiment of the dynamic expressive aspect of evolutionary, creative Force, in India traditionally known and approached as the 'Supreme Mother'.

## Change of plan

I travelled to Auroville for something of a holiday and possibly to do some social anthropology research for the next module in an evening degree programme I am undertaking at St Andrews University. Instead, I found myself drawn to doing a six-day Ayurvedic massage course. I had just completed an introductory course in Ayurveda with YogaScotland and was interested to learn more of the Marma therapy that I understood formed the basis of Ayurvedic massage.

I was quite nervous about doing the course because I had been in Auroville for less than a week and hardly knew anyone. Also I had no idea when I signed up who my fellow students would be or how many would be there.

I arrived a little late on the first day because I got lost on the way – Auroville is a community of around 2,400

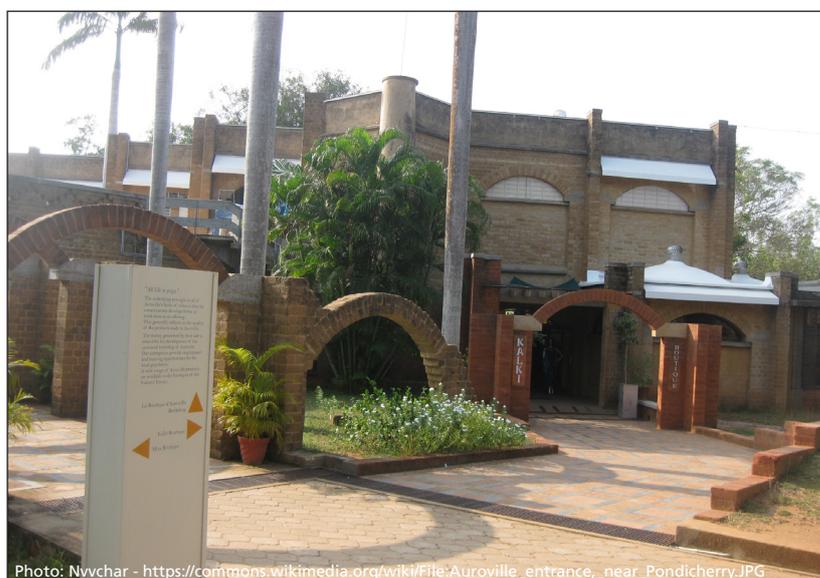


Photo: Nvvchar - [https://commons.wikimedia.org/wiki/File:Auroville\\_entrance\\_near\\_Pondicherry.JPG](https://commons.wikimedia.org/wiki/File:Auroville_entrance_near_Pondicherry.JPG)

*Entrance to the Auroville International village near Puducherry in South India, founded in 1968 by Mirra Alfassa*

people so it's a big place and you have to cycle or ride a scooter to get around. But at last I came off the main road and down a sandy track that led to Aurodam and the Harmony guest house, a charming place in a quiet garden setting.

The teaching space is in the open air (this part of India remaining warm right through the year). It has a beautifully clean marble-tiled floor, wooden frame walls and a pantile roof, and is set amidst jungle greenery and bird-song. Mesh protects students from any marauding mosquitos, but allows fresh air to circulate. At one end of the room there is a series of tiled and mosaic shelves holding a shrine, oils, cloths and various massage accessories, with a wash-basin in the corner. The toilet is outside.

The rest of the spacious room housed three simple massage tables, made locally of work wood, *Accasia auriculaformis*, quite wide and long, each padded and covered with a sheet. No need for lots of blankets in this climate.

Our teacher was a friendly bronzed Italian called Umberto Grippo who was, I realised by the end of the first day, a talented masseur and healer, and a gifted teacher.



Our Ayurvedic massage classes were held in this cool, light, open-air teaching space, set in quiet gardens

My fellow students were an Italian girl who was a short-term volunteer, an Englishman who had lived at Auroville since 1991 and was bringing up his two children there, and his French Algerian partner.

### Course structure and content

Once we were all assembled Umberto outlined the structure and content of the course. He explained that it would include the therapist's role, how to take care of ourselves, and the aim of the massage (to facilitate the healing - physical and spiritual growth - of the client).

He talked briefly about the five elements, the gunas, the doshas and the chakras, elaborating more on the latter, and then explained what Marma points were. He talked about these in relation to the chakras, energetic communication and transfer of information. He also explained that the course was certificated and we would, after completing the course and with appropriate insurance, be able to offer Ayurvedic massage in most European countries. The course I had signed up for was the first and most basic of three courses run by Umberto Grippo and I could already see myself coming back for more.

Umberto's opening remarks made a huge amount of sense to me and reminded me that, as an aspiring aromatherapist in 1988, I had been taught by Patricia Davis about care for oneself, grounding and centering in preparation for giving massage.

After the introductory lecture we had a break and were then joined by Umberto's partner Sonia, who was to be the model for him to demonstrate the massage.

### Massage technique

He began the massage by positioning Sonia supine on the couch. He then prepared himself, not standing at the head of the couch as I had been taught, but away from it, hands in prayer position, grounding and centering himself.

He began with Sonia's left foot and leg, having explained earlier that male and female energy is different and that the energy from both legs meets in the body at the sacral chakra, Swadhisthana, seat of creativity and well-being. The massage was quite vigorous and involved some shaking of the limbs and pressure on various points.

Umberto then moved on to massage the backs of the legs, arms, back and shoulders before turning the model again to massage the front of the body, neck, face and head. The massage finished, he moved away from the table to close the session and ground himself again.

After this demonstration Umberto asked us if we wished to continue the course – he gave us 10 minutes to decide. If we had chosen not to continue he would not charge us for the four course hours we had already attended. Of course, we all chose to continue and I was given permission to take some photographs for this article.

On the second day two of us were treated to a lengthy massage, with the other two working alongside Umberto to provide it. I really enjoyed the treatment and found myself feeling lighter and more spacious at the end, although Umberto had picked up on some energetic issues that were affecting my tissues.

He was spot on – as Carolyn Myss said “your biology is your biography”. The area below my right shoulder bore witness to an emotional turmoil of three years ago and my left leg documented some issues – perhaps from my childhood.

What I had considered the result of sitting long periods at the computer and a slipped disc at the age of 23 were actually disturbances to my energetic self. I could readily believe this since I had learned in Ayurveda that, for illness to manifest itself in the physical body, it needs to first affect the other bodies, such as *Pranamaya kosha* (energy body) and *Manomaya kosha* (mental body).

The third day saw me working, with guidance from Umberto, on one of the other students. Although some of the strokes were familiar, many were not and the pressure was much deeper.

I sometimes found it difficult to put aside the techniques practised over many years as a therapist in Britain, gradually began to learn not only the new strokes, but also their logic. As Umberto explained, the therapist does not heal, but allows space for the person to move through the healing process and this can take some time. He recommended around six treatments.

Again, it was interesting to see how the body mani-



*The Pitanga Cultural Centre in Auroville which offers a range of activities in the fields of physical education and culture, including yoga classes*

feels energetic blocks/injuries. I thought I would be as tired as I was after receiving massage but, although I had not slept well the night before, I was more lively after giving massage, emphasising the fact that the giving and receiving of massage is a two-way process.

The next three days followed a similar pattern, but with Umberto taking a less active part, just correcting and helping as necessary. At the end of each session he invited our thoughts on the session – sometimes anxiety, a need to get it right, sometimes frustration about flow or pressure – but throughout he was understanding and supportive of all four of us.

On the last day we had to perform the full massage with him just observing, although I must confess that I required a little input at times. I was quite nervous when I began, wanting to get it right but, by the end, I had really begun to relax and enjoy what I was doing – and feel that I was giving Mirabelle, my Italian model, space to release and relax. The massage itself was a mixture of working muscles, tendons, ligaments and joints, in addition to various chakras and marma points, which were worked mainly with thumb pressure.

The big difference for me was the massage of the front of the torso, something I had only experienced once before – 20 years ago when I had an Ayurvedic massage in Kerala. But of course it was very professional and there were no issues with any of us exposing our breasts. The breast tissue itself was not massaged, but being exposed allowed for a much better massage of the front - and the back - of the torso. No essential oils were used, but various carrier oils were discussed, with sesame and sunflower being Umberto's preferred choices. This course was about the massage rather than the oils used.

At the end we duly received our certificates and were sorry, at least I was, to come to the end of what had been a very intense and enjoyable learning experience. My thanks go to Umberto, both for his patience and for his skill as masseur and teacher.

If you are interested in finding out more about Umberto's courses - he teaches sometimes in Europe too, you can contact him via [umberto@auroville.org.in](mailto:umberto@auroville.org.in)

## Meridian yoga

My next sortie into complementary/alternative medicine was a half-day workshop on Meridian Yoga led by Yaor from Israel. He began by explaining briefly the five elements and their characteristics.

However, most of the workshop comprised a mixture of Do-in and Yoga style exercises designed to unblock the meridians. It was hard work, but very interesting to see and feel the similarities with Ayurveda.

In the afternoon of the same day I embarked upon an Iyengar yoga workshop. Although this was billed as a session for beginners, in reality it went much deeper. The first session was two and a half hours and I was very tired by the end of it. However, in the two sessions on the following day I was more energised and really enjoyed them. The teacher, Tatiana, was extremely knowledgeable on all aspects of yoga, including philosophy and chanting (her voice clear and melodious) as well as the asanas.

I found these classes very useful, particularly in the use of bolsters, blankets, belts and blocks. I shall certainly be putting some of what I have learned into practice now that I am back home in Scotland. After this workshop I continued with various Iyengar classes every couple of days, this time with Angela, another excellent teacher, and even one adult ballet class, which I found much more demanding. However, I have found that I am now much more aware of my body and, indeed, these sessions have changed my body shape and posture.

I am now more able to sit upright and bring my shoulder blades inwards towards the spine, lifting the chest and making more space for the breath. I am much more at ease sitting cross-legged (perfect posture) and also doing shoulderstands. I feel that my neck has elongated and my legs and arms are more lithe and strong, after doing lots of the *Ardo Mukha Savanasana* exercise, in addition to shoulder work, which included *Garudasana* and *Gomukhasana* sequences. I just hope my body can remember enough to continue now that I am back at home.

Just before the end of my stay in Auroville I had a nutritional and lifestyle consultation with Yaor. I suspected that, although I was not vastly out of balance, there would be some nutritional/lifestyle advice which would improve the flow of energy round my body. Since I have been home I have taken his advice and reduced my consumption of sugar, dairy and bread, and I am generally feeling much better for doing so.

This holiday has reminded me that health is about a combination of factors: exercise – for me in the form of yoga and cycling (and walking when at home), the food we eat (“we are what we eat”), and getting a regular massage (something I have not done for some time, and which I intend to do again soon).

An aromatherapy practitioner for over 20 years, Sue Jenkins BA (Hons), BSc served on both the ISPA and IFPA Councils, serving one year as IFPA Council Chair. She is currently Principal of the Edinburgh School of Holistic Aromatherapy, which she took over in 1995, and she is regular contributor to *In Essence*.

# Bookshelf



## Aromatherapeutic Blending

**Author:** Jennifer Peace Rhind

**Publisher:** Singing Dragon 2015  
Paperback

**Price:** £22.50

**ISBN-13:** 978-1848192270

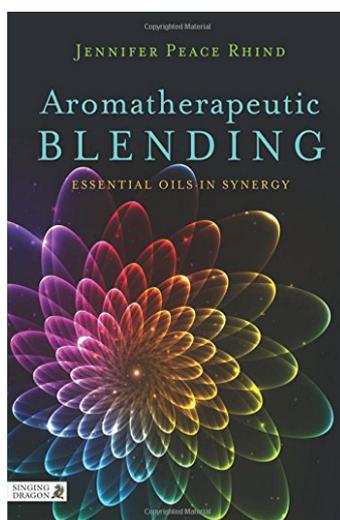
I understand from Jennifer Peace Rhind that she originally planned to produce a set of cards for use as a blending tool. However, it soon became obvious to her that there was just too much information to explore on the subject of blending and that it would be more effectively shared in a book.

After reading Jennifer's last book and loving the way she writes I was looking forward to reading this one. When it dropped through my letterbox I knew after just a few pages that I was not going to be disappointed.

This comprehensive book is divided into three sections: Principles and Practice, Essential Oils and Absolutes, and Aromatics.

Part I: Principles and Practice begins with a question that we have all asked ourselves at some point 'why do we use a mixture of oils instead of a single oil?'. Jennifer then explores the concepts of both synergy and antagonism in depth, all richly supported by research. She also explores what happens when we use different ratios of essential oils in the blend and how these blends react with combinations of drugs.

At the end of each chapter there are points for reflection. These would make excellent journal prompts for students and practitioners to reflect deeper into their choice of oils and blending methods. Do we stick to the same method of blending for each client and situation and is this appropriate in our practice?



This first section also explores Marguerite Maury's concept of blending for the individual prescription, and the effect of using different methodologies when undertaking the task. Jennifer looks at the importance of the therapist knowing the essential oils and aromas, not only from sniffing them but by inhaling them and meditating on them so as to become familiar with the oils at the deepest level.

Jennifer also highlights the importance of the client being involved in the choice of oils in the blend as well as the optimum number of oils. Part 1 concludes with a case study to illustrate the points she has made in the section.

The second section covers Essential Oils and Absolutes and the author comments that "In Part II the actions and evidence are presented in a series of short chapters and reference tables, with the essential oils listed in alphabetical order, and by common name."

This is the interesting section for me since it includes chapters on Pain and Inflammation, Health Maintenance and Enhancement and the Psyche. It is packed with information on chemical constituents and

actions, and provides easy-to-use reference tables. As with the rest of the book, it is richly referenced.

In Part III: Aromatics the author focuses on the essential oils themselves and provides signature profiles for over 60 oils. These include information on odour, constituents, main actions, indications, and blending suggestions with notes on expanded practice. Some of the oils mentioned are not commonly used in aromatherapy but I feel that use of them would expand and enhance the repertoire of any practitioner. The next chapter provides abbreviated profiles as well as more oils for you to consider and, in my case, to add to my ever-growing wish list.

The final part of the book includes a glossary, an appendix featuring fixed and macerated herbal oils used in aromatherapy, along with a huge section of referencing.

This book is a must for any therapist who wishes to take blending to another level. Everything you need to know is covered in depth and the reflection points at the end of the chapter really do make you think about your own practice and how it can be strengthened, the importance of selecting the oils, the methodology of blending and how to allow the oils to reach their ultimate potential.

With this book Jennifer has built on her previous publications, leading us deeper into the world of essential oils. She has given depth and science to the act of blending in a therapeutic manner, substantiating it with rich referencing and examples. The book is accessible for aromatherapists practising at all levels and has certainly been added to the essential reading lists of my students.

**Anita James**

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Los Angeles  
CA, 90045  
Contact: Tomoko Holmes  
E-mail: tomoko@aromaticstyle.com  
Web: www.aromaticstyle.com  
Tel: 310 968-3016

### The Institute of Spiritual Healing & Aromatherapy, Inc

PO Box 32097  
Knoxville  
TN  
37930  
USA  
Contact: Margaret Leslie  
staff@ISHAhealing.com  
www.ISHAhealing.com  
Tel: 856-357-1541

## Wales

### Cardiff Metropolitan University

Cardiff Metropolitan University  
Cardiff School of Health Sciences  
Llandaff Campus  
Western Avenue  
Cardiff CF14 5NH  
Tel: 02920416755  
jduffy@uwic.ac.uk

## HAVE YOU MOVED?

If you have recently changed your personal or business contact details do make sure you let the IFPA office know.

Whether you have a new postal address or have just changed your phone number or email address the office staff need to know - so that they can keep their records up to date and you continue to receive important information from the IFPA.

You can contact the IFPA office by post at IFPA House, 82 Ashby Road, Hinckley, Leicestershire LE10 1SN. Or phone 01455 637987, fax: 01455 890956, or email at admin@ifparoma.org

# CONTINUING PROFESSIONAL DEVELOPMENT

## April

- Aromatherapy skincare and facials, full day workshops £100, half day workshops £60, distance learning £70, with Debbie Brettell, West Lothian, free club membership, phone for details AHT
- 9 Saturday club, with Louise Mac, Hinckley, Leics, FREE, PPA
- 9 Saturday club, working with hydrolats, with Alix Davies, Chalice College, S. Yorks, FREE PPA satellite school
- 9-10 Lymphatic drainage massage, Dublin, €200 OBUS
- 9-10 Indian head massage, with June McEnroe, Neal's Yard London, £250 NYR
- 11-14 Reflexology diploma module 2, with Helen Jennings, Hinckley, £400 PPA
- 12 Aromatherapy for headaches and migraines, with Alix Davies, Chalice College, S. Yorks, £100 PPA satellite school
- 13 Thai foot massage, Dublin, €125 OBUS
- 13 Aromatherapy for respiratory conditions, with Alix Davies, Chalice College, S. Yorks, £100 PPA satellite school
- 13 Tsuboki: Japanese foot massage, with Anne Parry, Ash, nr Aldershot, Surrey, £120 (+ £15 for instructional DVD & £10 for ridoki steel roller) SEED
- 13 Hand reflexology, with Helen Jennings, Hinckley, Leics, £100 PPA
- 14 Tsuboki: Japanese face massage, with Anne Parry, Ash, nr Aldershot, Surrey, £120 (+ £15 for instructional DVD & assessment) SEED
- 14 Aromatherapy and stress, with Alix Davies, Chalice College, S. Yorks, £90 PPA satellite school
- 15 Tsuboki: Japanese hand massage, with Anne Parry, Ash, nr Aldershot, Surrey, £120 SEED
- 16-17 Reiki 2a, with Julie Moran, Stour Row, Dorset, £21 SEED
- 16-17 Indian head massage, Dublin, €225 OBUS
- 16-17 Stress release massage, with Heather Dawn Fields, W. Yorks, £65 HDEH
- 18-20 Lymphatic drainage massage, with Alix Davies, Chalice College, S. Yorks, £300, PPA satellite school
- 18-22 Aromatherapy diploma module 2, with Kate Nellist, Hinckley, Leics, £500 PPA
- 19 Aromatherapy for the elderly, with Jane Rose, Stour Row, Dorset, £105 \*DL SEED
- 19 Soft remedial massage, with Jane Rose, Stour Row, Dorset, £120 \*DL SEED
- 20 Hands free massage, with Jane Rose, Stour Row, Dorset, £105 \*DL SEED
- 20 Soft tissue dysfunction & muscle energy technique, with Jane Rose, Stour Row, Dorset, £120 \*DL SEED
- 20 Deluxe facial, Dublin, €125 OBUS
- 22-24 Aromatherapy practical days 1-3, with Jane Rose, Stour Row, Dorset, £575 (cost of 5 days) SEED
- 23-24 Adapting head massage for hospice & cancer Care, Manchester, £140 ITTU
- 23-24 Hearts facilitator raining (new course), Manchester, £140, ITTU
- 24 Fertility reflexology (new course), Dublin, €125, OBUS
- 25 Aromatherapy for pregnancy, with Sandra Oram, Hinckley, Leics, £100 PPA
- 26 Pregnancy massage, with Sandra Oram, Hinckley, Leics, £100 PPA
- 27 Babies, children and aromatherapy, with Helen Jennings, Hinckley, Leics, £100 PPA
- 27 Baby and child massage, with Helen Jennings, Hinckley, Leics, £100 PPA
- 29 Anatomy and physiology module 2, with Alix Davies, Chalice College, S. Yorks, £200, PPA satellite school

## May

- Aromatherapy and the menopause, full day workshops £100, half day workshops £60, distance learning £70, with Debbie Brettell, West Lothian, free club membership, phone for details AHT
- 3-4 Business studies, with Sandra Oram, Hinckley, Leics, £200 PPA
- 3-6 Aromatherapy diploma module 5, with various tutors, Hinckley, Leics, £400 PPA
- 4 Aromatherapeutic facial, with Anne Parry, Ash, nr Aldershot, Surrey, £110 SEED
- 5-9 Clinical aromatherapy module 3, with Alix Davies, Chalice College, S. Yorks, £500 PPA satellite school
- 6 Practical and theory examinations, Hinckley, Leics, £100 PPA
- 6-8 Advanced massage techniques, Dublin, €300 OBUS
- 7-8 Mindfulness MRE workshop 2, teaching MRE to clients in 1-2-1 sessions, Manchester, £140 (£150 if not a member) ITTU
- 8 Business and marketing for practitioners, with Melanie Dean, Neal's Yard London £150 NYR
- 8 Crystal (clear quartz) workshop (2 students only to allow individual tuition), with Lesley Taylor Bristol. £100 LT
- 9-10 Ayurvedic facial & marma-point massage, with Jane Rose, Ash, nr Aldershot, Surrey, £245 (including starter pack) \*DL SEED
- 12-13 Ayurvedic Indian head massage, with Jane Rose, Ash, nr Aldershot, Surrey, £225\*DL SEED
- 14 Open day (various), Hinckley, Leics, price TBC PPA
- 14 16<sup>th</sup> Clinical Reflexology Conference. Theme: cherishing the feet, Manchester, £99 ITTU
- 14 Saturday club, oils for muscles and joints, with Alix Davies, Chalice College, S. Yorks, FREE, PPA satellite school
- 14 Taking control with positive words & affirmations, with Heather Dawn, W. Yorks, £65 HDEH
- 14 Reflexology in cancer care, Dublin, €125 OBUS
- 15 Reiki level two, Dublin, €125 OBUS
- 16-18 Lieciantiate diploma module 2, Hinckley, Leics, £300 PPA
- 18 Hopi ear candling, Dublin, €125 OBUS
- 18 Hopi ear candling, with Anne Parry, Ash, nr Aldershot, Surrey £105 +9 materials SEED
- 20 Sitting back massage, with Anne Parry, Ash, nr Aldershot, Surrey £120 \*DL SEED
- 21 Posture for therapists, with Debbie Gannon, Hinckley, Leics, £100 PPA
- 21-22 Remedial & sports massage days 1-2, with Jane Rose, Stour Row, Dorset, £440 (cost of 4 days) \*DL SEED
- 21-22 Dynamic deep tissue techniques, with Elaine Tomknis, Neal's Yard London £250 NYR
- 21-26 Aromatherapy diploma module 1, with Kate Nellist, Hinckley, Leics, £500 PPA
- 23-24 Chemistry for aromatherapy, with Alix Davies, Chalice College, S. Yorks, £200 PPA satellite school
- 24-25 Remedial & sports massage days 3-4, with Jane Rose, Stour Row, Dorset, £440 (cost of 4 days) \*DL SEED
- 25 Understanding carrier oils, with Alix Davies, Chalice College, S. Yorks, £100 PPA satellite school
- 25 SPA therapies, Dublin, €125 OBUS
- 26 Understanding hydrolats, with Alix Davies, Chalice College, S. Yorks, £100 PPA satellite school
- 27-29 Massage for cancer care, Dublin, €300 OBUS

## June

- Aromatherapy and Alzheimer's disease, full day workshops £100, half day workshops £60, distance learning £70, with Debbie Brettell, West Lothian, free club membership, phone for details AHT
- 1-5 Clinical aromatherapy diploma module 2, with Alix Davies, Chalice College, S. Yorks, £500 PPA satellite school
- 4 Aromatherapy study day at Kew Gardens, 1-day certificated field study day, with Dr Viv Anthony, Surrey £125, Early bird £115, ITHMA
- 6 Soft tissue dysfunction & muscle energy technique, with Jane Rose, Ash, nr Aldershot, Surrey £120 \*DL, SEED
- 6-10 Aromatherapy diploma module 4, with Kate Nellist, Hinckley, Leics, £500 PPA
- 8 Tsuboki: Japanese foot massage, with Anne Parry, Ash, nr Aldershot, Surrey £120 (+£15 for instructional DVD + £10 for ridoki steel roller) SEED
- 8 Aromatherapy theory refresher, with Kate Nellist, Hinckley, Leics, £100 PPA

# CONTINUING PROFESSIONAL DEVELOPMENT

- 9 Trigger point massage. with Jane Rose, Ash, nr Aldershot, Surrey, £120 \*DL SEED
- 9 Neck and shoulder massage, with Kate Nellist, Hinckley, Leics, £100 PPA
- 10 Aromatherapy massage refresher for PPA & SPA qualified students, with Kate Nellist, £100 PPA
- 10 Soft remedial massage, with Jane Rose, Ash, nr Aldershot, Surrey, £120 SEED
- 11 Saturday club, with Louise Mac, Hinckley, Leics, FREE PPA
- 11 Saturday club, with Alix Davies. Topic: Lesser known Apiaceae, Chalice College, S. Yorks, FREE PPA satellite school
- 11-12 Abdominal detox massage, with Heather Dawn, W. Yorks, £65, HDEH
- 12 Crystal (clear quartz) workshop (2 students only to allow individual tuition), with Lesley Taylor, Bristol. £100, LT
- 15 Aromatherapy for hormones and menopause, with Alix Davies, Chalice College, S. Yorks £100 PPA satellite school
- 16 Aromatherapy and pregnancy, with Alix Davies, Chalice College S. Yorks, £100 PPA satellite school
- 17 Aromatherapy for babies and children, with Alix Davies, Chalice College, S. Yorks, £100 PPA satellite school
- 17 Thai foot massage, with Sandra Oram, Hinckley, Leics, £100 PPA
- 18 Chemistry of essential oils, Dublin, €150 OBUS
- 18 Maternity reflexology (new course), with Christine Courtney, Dublin €125 OBUS
- 18-19 Adapting relaxation & creative imagery for individual & Groups, Manchester, £140
- 19 Aromatherapy for healing skin problems, with Christine Courtney, Dublin, €125 OBUS
- 20-23 Reflexology diploma module 3, with Helen Jennings, Hinckley, Leics, £400 PPA
- 21 Ear reflexology, with Helen Jennings, Hinckley, Leics, £100 PPA
- 21 Health assessment techniques, with Jane Rose, Stour Row, Dorset, £105 \*DL SEED
- 22 Pregnancy reflexology, with Helen Jennings, Hinckley, Leics, £100 PPA
- 22 Hands free massage, with Jane Rose, Stour Row, Dorset, £105 \*DL SEED
- 22 Chinese foot massage using Tui-Na techniques, with Jane Rose, Stour Row, Dorset, £110 \*DL SEED
- 24-26 Aromatherapy massage – 5 days + DL module – days 1-3 with Jane Rose, Stour Row, Dorset, £650 (cost of 5 days) SEED
- 25-26 Holistic facial, with Ines Willis, London, £250 Neal's Yard NYR
- 30 Aromatic creations – essentials, with Louise Mac, Hinckley, Leics, £110 PPA

## July

- Aromatherapy practical blending day, full day workshops £100, half day workshops £60, distance learning £70, with Debbie Brettell, West Lothian, free club membership, phone for details AHT
- 1 Aromatic creations – advanced, with Louise Mac, Hinckley, Leics, £110 PPA
- 1-3 Introduction to traditional Chinese medicine (TCM), with Christine Courtney, Dublin, €300 OBUS
- 2-3 Aromatherapy for pregnancy, with Jo Kellett, London, £250 Neal's Yard NYR
- 4-5 Return to aromatherapy or massage. with Jane Rose, Ash, nr Aldershot, Surrey, £210 \*DL SEED
- 6 Aromatherapeutic facial, with Anne Parry, Ash, nr Aldershot, Surrey, £110 SEED
- 7 Strain/counterstrain techniques, with Jane Rose, Ash, nr Aldershot, Surrey, £120 \*DL SEED
- 8 Aromatherapy for the elderly, with Kate Nellist, Hinckley, Leics, £100 PPA
- 8 Aromatherapy for the elderly, with Jane Rose, Ash, nr Aldershot, Surrey, £105 \*DL SEED
- 8-9 Advanced massage cupping level 1. with Christine Courtney, Dublin, €300 OBUS
- 9 Saturday club TBA, with Alix Davies, Chalice College, S. Yorks, FREE, PPA satellite school
- 9 Saturday club, with Louise Mac, Hinckley, Leics, FREE PPA
- 9 Aromatherapy for babies & children, with Jo Kellett, London, £110 FTS
- 10 Magnet micro cupping, with Christine Courtney, Dublin, €150, OBUS
- 11 Tsuboki: Japanese hand massage, with Anne Parry, Ash, nr Aldershot, Surrey, £120 SEED
- 11-15 Aromatherapy diploma module 3, with Kate Nellist, Hinckley, Leics, £500 PPA
- 11-15 Clinical aromatherapy module 1, with Alix Davies, Chalice College, S. Yorks, £500 PPA satellite school
- 13 Acupressure for common ailments, with Anne Parry, Ash, nr Aldershot, Surrey, £105 SEED
- 13-14 Aromaflexology, with Kate Nellist, Hinckley, Leics, £200 PPA
- 14 Through the towel: additional techniques (Shiatsu, pulsing, craniosacral+), with Anne Parry, Ash, nr Aldershot, Surrey, £105 SEED
- 15 Aromatherapy massage refresher for PPA & SPA qualified students, with Kate Nellist, £100 PPA
- 16-17 Hot & cold stone massage, with Christine Courtney, Dublin, €225 OBUS
- 16-17 Hearts process, Manchester, £140 ITTU
- 18-22 Aromatherapeutic body massage, with Alix Davies, Chalice College, S. Yorks, £500 PPA satellite school

- 20 Tsuboki: Japanese face massage, with Anne Parry, Ash, nr Aldershot, Surrey, £135 SEED
- 23 Hand reflexology, with Christine Courtney, Dublin, €100 OBUS
- 24 Introduction to the chakra system, with Christine Courtney, Dublin, €100 OBUS
- 27 Sitting back massage with Anne Parry, Ash, nr Aldershot, Surrey, £120 SEED
- 26-27 Aromatherapy practical days 4-5, with Jane Rose, Stour Row, Dorset, £575 (cost of 5 days) SEED
- 29-30 Ayurvedic facial & marma point massage, with Jane Rose, Stour Row, Dorset, £215 (inc starter pack) \*DL SEED

## August

- 2-3 Aromatherapy massage – 5 days & DL module – days 4-5 foot reflex, with Jane Rose, Stour Row, Dorset, £650 (cost of 5 days) SEED
- 7 Crystal (clear quartz) workshop (2 students only to allow individual tuition), with Lesley Taylor, Bristol. £100 LT
- 10-12 Anatomy and physiology module 1, with Alix Davies, Chalice College, S. Yorks, £300, PPA satellite school
- 8-11 Remedial & sport-injuries massage, with Jane Rose, Ash, nr Aldershot, Surrey, £440 \*DL SEED
- 13 Saturday club, with Louise Mac, Hinckley, Leics, FREE PPA
- 13 Saturday club, TBA, with Alix Davies, Chalice College, S. Yorks, FREE PPA satellite school
- 13-14 Aromatherapy in cancer care, with Christine Courtney, Dublin, €250 OBUS
- 15-17 Lymphatic drainage massage, with Alix Davies, Chalice College, S. Yorks, £300 PPA satellite school
- 17 Hands-free massage, with Anne Parry, Ash, nr Aldershot, Surrey, £105, \*DL SEED
- 17-19 Lymphatic drainage massage, with Sandra Oram, Hinckley, Leics, £300 PPA
- 18 Pregnancy massage, with Anne Parry, Ash, nr Aldershot, Surrey, £105, \*DL SEED
- 22-26 Aromatherapy diploma module 2, with Kate Nellist, Hinckley, Leics, £500, PPA
- 27 Aromatherapy for pregnancy and babies, with Christine Courtney, Dublin, €125 OBUS
- 31 Aromatherapeutic facial, with Anne Parry, Ash, nr Aldershot, Surrey, £105 SEED

**\*DL:** Course also available as distance learning

**NOTE:** Contact details for all IFPA schools and IFPA approved CPD centres are shown on page 36.

### Offers on FEA courses:

- book any two £75 CPD and pay £130
- book all three Aromacosmetology CPD courses @ £150 each and pay £399

# Contact details for IFPA schools and centres | First Aid Courses

## IFPA-Schools CPD

- APA** Asia Pacific Aromatherapy  
Tel: 00852 2882 2444  
info@apagroup.com.hk  
www.aromatherapyapa.com
- CAA** Cossi Academy of Aromatherapy  
Contact: Susan Cossi-Burgess  
Tel: 403 872 7662  
susan@holisticteachings.com  
www.holisticteachings.com
- ETHOS** Education, Training, Health and Online Services Ltd  
Tel: 01388 451886  
info@ethos.uk.com  
www.ethos.uk.com
- ITHMA** Institute of Traditional Herbal Medicine & Aromatherapy  
Tel: 020 7708 2626  
info@aromatherapy-studies.com
- LT** Lesley Taylor  
Tel: 0117 378 9013  
lelibeth@blueyonder.co.uk
- OBUS** Obus School of Healing Therapies  
Contact: Christine Courtney  
Tel: 00 353 1 6282121  
info@obus.ie  
www.obus.ie
- PPA** Penny Price Aromatherapy  
Tel: 01455 251020  
info@penny-price.com
- SEED** The SEED Institute  
Tel: 01963 362048 /  
Mob: 07761185630  
info@theseedinstitute.co.uk
- TAC** The Aromatherapy Company  
Tel: Louise 01455 441961  
info@thearomatherapy-company.co.uk
- TACC** The Aromatherapy Company – Japan  
Tel: 01455 441961  
japan@thearomatherapy-company.co.uk  
www.thearomatherapy-company.co.uk
- TWR** The Well Retreat, Caren Benstead  
Tel: 07921 956535  
info@divine-therapy.co.uk
- THI** The Holistic Institutes  
sunita@theholisticinstitute.org  
www.theholisticinstitute.org

## IFPA-approved CPD Centres

**Aroma Here and There (AHT)**  
Audavlen House, Bridgend, Linlithgow,  
West Lothian EH49 6NH  
Contact: Debbie Brettell  
Tel: 01506 834520 or 07834 525065  
enquiries@aromahereandthere.co.uk  
www.aromahereandthere.co.uk  
For course dates see page 34;  
tailor-made courses see website.

**AT Aromatime Centre**  
Woodbridge  
Suffolk IP12 4NY  
Email via website  
www.aromatime.co.uk

**From the Seed (FTS)**  
Contact: Jo Kellett  
Tel: 07970 773030  
jo@fromtheseed.co.uk  
www.fromtheseed.co.uk

**Heather Dawn Elemental Health (HDEH)**  
Traditional Therapy Training  
Gothic Cottage, Ackton Lane, Ackton  
Pontefract WF7 6HP  
Tel: 07931 222414  
info@elementalhealth.net  
www.elementalhealth.net

**Integrative Therapies Training Unit (ITTU)**  
The Christie NHS Foundation Trust  
Wilmslow Road  
Manchester M20 4BX  
Tel: 0161 4468236  
joanne.barber@christie.nhs.uk  
www.christie.nhs.uk/pro/cs/comp/training.aspx

**School of Facial Energy Release (FER)**  
13 Charlcombe Way  
Lansdown, Bath BA1 6JZ  
Tel: 07973 732842  
Contact: Caroline Josling  
caroline@carolinejosling.com  
www.carolinejosling.com

## Building up CPD points

When you are planning your personal CPD programme remember that attendance at IFPA events not only gives you the chance to develop your knowledge of aromatherapy and network with fellow professionals but earns you valuable points too. If you attend the IFPA Annual General Meeting you can earn **four** points while attendance at an IFPA conference earns you **six** points. The IFPA Council would also like to remind you that, if you attend or organise an IFPA regional group meeting with a speaker, this counts as CPD activity worth **two** points per meeting.

## E-Learning CPD Centres

The IFPA Council has approved a new category of CPD provider – those offering e-learning courses. The first two providers are shown below. Others will feature in this list as they are signed up.

**Essential Training Solutions (ETS)**  
PO Box 5116, Badby, Daventry, Northants,  
NN11 3ZB  
Tel: 01604 879110  
info@essential-training.co.uk  
www.essential-training.co.uk

**The S.E.E.D Institute – Surrey Courses Therapeutic Division,**  
4 Church Street, Henstridge, Somerset,  
BA8 0QE  
Tel: 01963 362048/Mob: 07761185630  
info@theseedinstitute.co.uk  
www.theseedinstitute.co.uk

**Essentially Holistic**  
Somercotes, Derbyshire, DG55 4ND  
Contact: Anita James  
Tel: 07951 701406  
essentiallyholistic@gmail.com  
essentiallyholistic-onlinetraining.com

## Sharing experience

There is a wealth of knowledge, expertise and experienced practice within the IFPA membership but few members currently share their professional experience through *In Essence*.

We would be delighted to hear from you if you have an article or case study to contribute or shorter items such as news stories, letters or reviews. Editorial assistance in organising your work is available and a small fee is paid for feature-length articles.

Please contact editor Pat Herbert via [admin@ifparoma.org](mailto:admin@ifparoma.org) for further information.

## FIRST AID COURSES

The courses listed below are run by IFPA-accredited schools - for contact details see opposite.

### April

- 20 First Aid for practitioners, with Sandie Ennis, Neal's Yard London £100 NYR

### May

- 5 First Aid, with Skillbase training, Hinckley, Leics, £100 PPA  
7 First Aid (FHT accred) – 3 year certificate - with additional complementary therapies, with Mark & Nina de Pina Perou (registered with Ofqual), Stour Row, Dorset, £100 SEED

### June

- 25 First Aid training, Dublin, €125 OBUS

### July

- 28 First Aid for practitioners, with Sandie Ennis, Neal's Yard, London £100 NYR

### August

- 24 First Aid (FHT accred) – 3 year certificate - with additional complementary therapies, with Mark & Nina de Pina Perou (registered with Ofqual), Stour Row, Dorset, £100 SEED

In addition to the courses listed above, the IFPA website offers a list of Health & Safety Executive-approved First Aid Training Providers – see <http://ifparoma.org/public/firstaid.php>

**Please note:** A valid First Aid certificate is no longer a condition for all practising IFPA membership. While the IFPA Council strongly recommends that members keep their First Aid certificate up to date, it will no longer enforce this as a membership requirement.

NOTE: Courses run by the schools and centres listed above and in adjacent column can be found on pages 34-35.

# Events

## May

**11-15** Second International Conference on Mindfulness, Rome, Italy. Aims to provide an international forum for clinicians, contemplatives, researchers, academics, teachers, students, politicians, communities, and practitioners to strengthen this process. Visit [www.cmc-ia.org/icm-2016rome](http://www.cmc-ia.org/icm-2016rome)

**12-15** 4<sup>th</sup> International Massage Therapy Research Conference, organised by the Massage Therapy Foundation, to be held in Seattle, Washington, USA. Brings together massage and manual therapy practitioners, educators, researchers, allied health professionals, and others interested in massage research. Details: [www.massagetherapyfoundation.org/research-conference](http://www.massagetherapyfoundation.org/research-conference)

**14** 16<sup>th</sup> Clinical Reflexology conference, The Christie Hospital NHS Foundation Trust, Manchester. Only reflexologists or students/researchers may attend. Details: [www.christie.nhs.uk/media/701684/Course\\_Brochure2015-2016\\_update\\_06.01.2015.pdf](http://www.christie.nhs.uk/media/701684/Course_Brochure2015-2016_update_06.01.2015.pdf)

**17-20** International Congress on Integrative Medicine and Health (ICIMH), Las Vegas, Nevada, USA. Convened by Academic Consortium for Integrative Medicine and Health, in association with International Society for Complementary Research, Integrative Health Policy Consortium, Academic Consortium for Complementary and Alternative Health Care, and Academy of Integrative Health and Medicine. Visit [www.icimh.org](http://www.icimh.org)

## June

IFPA Annual General Meeting. Date and venue to be confirmed.

**4** Aromatherapy Study Day at Kew Gardens: Rediscovering aromatic plants and their essential oils. Led by Dr Viv Anthony. Aims to revitalise your knowledge of aromatic plants, their essential oils and how to use plants to energise your aromatherapy business and interest in natural therapies. Details: [www.aromatherapy-studies.com/kew.htm](http://www.aromatherapy-studies.com/kew.htm)

**8-9** CAMSTRAND, Warwick, UK. This event provides a forum for researchers with a range of experience as well as health professionals and therapists/practitioners/students with an interest in complementary medicine research to share their work and knowledge with fellow professionals. Details: [www.rccm.org.uk/node/291](http://www.rccm.org.uk/node/291) or see page 6 of this edition.

**9** *Food – the forgotten medicine*. College of Medicine 2016 conference. Venue: The Royal Society of Medicine, London. For details visit [www.collegeofmedicine.org.uk](http://www.collegeofmedicine.org.uk)

**10-11** 9<sup>th</sup> European Congress for Integrative Medicine - The future of Comprehensive Patient Care, Budapest, Hungary. Details: [www.ecim-2016budapest.com](http://www.ecim-2016budapest.com)

## July

**1-3** 3<sup>rd</sup> International Congress on Naturopathic Medicine 2016, Barcelona, Spain. Details: <http://icmnaturopathy.eu>

**3** *Panic and phobia: in-situ skills to interrupt & overcome*. Designed for complementary therapists, health care workers or clinical hypnotherapists wishing to learn about approaches and techniques for, and panic responses to, distressing medical situations Visit [www.christie.nhs.uk/media/272233/course\\_brochure\\_2015-2016\\_update\\_29092015.pdf](http://www.christie.nhs.uk/media/272233/course_brochure_2015-2016_update_29092015.pdf)Facilitators

## September

**2-5** Botanica 2016 conference, celebrating plant therapeutics and clinical aromatherapy, to be held at the University of Sussex, near Brighton. Botanica2016 will feature 25 speakers from 14 different countries and an expanded Trade Show. UK speakers will include Jane Buckle, Jo Kellett and Tanya Moulding. For full programme of topics, speakers and post-conference masterclass, and to book go to <http://botanica2016.com>.

**12-14** 6<sup>th</sup> International Conference and Exhibition on Traditional and Alternative Medicines, Amsterdam, Netherlands. Theme: *Promoting &*

*Navigating the Future of Traditional Medicine*. Details: <http://traditional-medicine.conferenceseries.com>

**14-17** International Council of Reflexologists 16<sup>th</sup> International Conference, Taitung, Taiwan. Details: [www.icr-reflexology.org](http://www.icr-reflexology.org)

**24-25** camexpo. Major annual exhibition for complementary and alternative medicine (CAM) sector. Open to therapists, healthcare professionals, health retailers and students studying CAM-related subjects. Venue: National Hall, Olympia, London. Features include: exhibition of products and services, keynote lectures, taster workshops and business clinic. CPD points available for attendance at educational sessions. Register your interest in this event at [www.camexpo.co.uk](http://www.camexpo.co.uk)

## October

**24-25** Ilkley Autumn Complementary Medicine Festival, King's Hall, Winter Gardens, Ilkley, W.Yorks. Details: <http://icmf.co.uk>

## November

**3-6** British Homeopathic Congress - Homeopathy: healthy patients, healthy practice. Belfast. Details: <http://facultyofhomeopathy.org/british-homeopathic-congress-2016>

**12** Transactional analysis. One-day course for therapists and health professionals to help develop therapeutic skills. [www.christie.nhs.uk/media/272233/course\\_brochure\\_2015-2016\\_update\\_29092015.pdf](http://www.christie.nhs.uk/media/272233/course_brochure_2015-2016_update_29092015.pdf)Facilitators

**If you are involved in an aromatherapy or complementary therapies event in your area, and would like to see it featured on this page, do let us know about it. Send your information to [admin@ifparoma.org](mailto:admin@ifparoma.org), marked for the attention of In Essence editor Pat Herbert.**

# ADVERTISING OPPORTUNITIES

*In Essence* is distributed to all members of the International Federation of Professional Aromatherapists worldwide and is a valued and respected resource for professional aromatherapy practitioners.

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## ***In Essence*** **Summer 2016** **Volume 15 Number 1**

Publication date: 7 July 2016  
Editorial and advertisement deadline: 22 April 2016

*In Essence* welcomes editorial contributions. These can be short items such as news, letters, or reviews, or longer contributions such as case studies or feature articles. Please send submissions to [admin@ifparoma.org](mailto:admin@ifparoma.org), marked for the attention of Pat Herbert, Editor.

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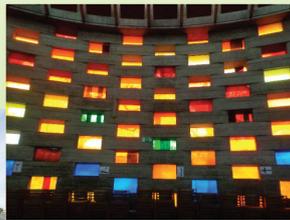
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