

In Essence

Journal of the International Federation of Professional Aromatherapists

A close-up photograph of a bright yellow flower with many petals, likely a gerbera, set against a blurred background of other similar flowers and green foliage. The flower is the central focus of the cover image.

Aromatherapy
and CO2 extracts

Spotlight on
frankincense and myrrh

Look after yourself

Reducing stress with
essential oils



Our Story

Florihana was born in 1993 from the marriage of two cultures the French and the Japanese one. The Florihana Distillery is located in the Provence region of France, also known as the "French Riviera". The distillery can be found on the Caussols plateau, an area naturally rich in biodiversity.

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Essential oils, absolutes, hydrolats, vegetable oils, macerated oils and organic skincare products.

GCMS and microbiological analysis available online



Our Technology

Florihana developed a unique distillation process. This innovative technique allows the distillation to be performed at lower temperatures in order to preserve the characteristics of molecules very similar to those produced by plants.



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Editor's letter

Autumn/Winter 2020



Little did we imagine when our last edition went to press what lay ahead over the summer, or how dramatically the pandemic would affect the aromatherapy profession. But, ever ready to rise to a challenge, creative IFPA members found new ways of working.

On page 19 Bethany Lynbeck highlights the strategies adopted by the complementary therapies team at a major cancer centre to care for stressed medical staff, while Mandy Pitcher and Heather Holmes describe how they adapted their skills to continue supporting their clients/patients (page 18).

How much do you know about CO2 extracts? On page 9 therapist and educator Madeleine Kerkhof, who specialises in working with the frailest patients, explains what CO2 extracts are, how she integrates them with clinical aromatherapy, and their potential role in cancer care.

Care for the most vulnerable is also at the heart of articles by Kaman Cheung (page 21) and Catherine Connolly (page 38). Kaman, who works with cancer and end of life patients, suggests how aromapatches can benefit this client group, and Catherine charts her journey from volunteer aromatherapist to multidisciplinary team member at a Dublin hospice.

When Julie Bowles became involved with the work of a botanical 'hidden gem' in London she also began a journey of discovery. She describes how this led her to start running hands-on aromatherapy workshops (page 55).

Fans of Frankincense and Myrrh essential oils will be fascinated by Jamie Garvey's story (page 25). She chronicles the challenges of setting up a business importing and distilling frankincense and myrrh resins from Somaliland, and how the business is making a positive social impact.

There is significant evidence that aromatherapy can improve quality of life. On page 51 Sara Enock describes how just three treatments improved severe eczema, while Beth Thomas (page 44) shows how aromatherapy massage can reduce stress. But what if it is the aromatherapist who is stressed? On page 15 Christine Courtney suggests how therapists can look after themselves and protect their own wellbeing.

Contributions to our international feature come from IFPA members in China, Dubai and Barbados (page 23) while Vicki Kaufmann shares highlights of an aromatic tour of Australia and New Zealand (page 61).

Also in this edition, Ian Cambrey-Smith explains why plants make essential oils (page 42); Janice Dorn tells her aromatherapy story (page 33), Deborah Franks profiles Corn mint (page 31), Hazel Daniells reflects on pandemics past (page 48) and Kazue Gill reports on IFPA's virtual event (page 17).

Pat Herbert

Pat Herbert *Editor*

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Photo: *Calendula officinalis*
Thawornwong /123RF.com

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Letter from the IFPA Board

Since the last edition of *In Essence* much of the world has slowly emerged from lockdown, only for many areas to be re-subjected to lockdown restrictions. We know that the strain on your businesses, from not being able to work to navigating the government regulations required to re-open your practices, has been very challenging. We applaud you all for approaching the situation with the necessary seriousness and for persevering with the many regulations and recommendations.

Much of the IFPA Board's time has been spent interpreting government guidelines and communicating them to you. We know that our efforts have been gratefully received and we appreciate all your supportive messages. Similarly, it has been heart-warming to see the support you have continued to offer each other via our Facebook members' group, and in regional groups. We congratulate each of you for managing this crisis in the best way you could.

Although our Tokyo conference had to be cancelled due to Covid-19 we were really pleased that we hosted our first online conference in August, featuring many of the original speakers. Our thanks to everyone who contributed, attended and worked so hard to make our first digital conference a success.

Following a member request, we posted links to our webinars (hosted

on IFPA's YouTube channel) on our website, making them easier to find. If you have not watched them you can enjoy interviews with several experts sharing their knowledge on a variety of topics. Remember that you can earn CPD points from webinars and other forms of digital learning. In April we circulated home-based CPD guidance and a reflective practice journal.

Over recent months we have welcomed back Gabriel Mojay as Chair and thank David Wilson for his contribution. Our AGM is due to take place before the end of the year and we thank you for understanding that, due to current restrictions, its format will be entirely different. Since some Trustees have completed their terms of office we are now looking for enthusiastic members who are passionate about our profession, and have relevant skills, to join us. We encourage you to consider this important role – for more details contact the IFPA office.

Despite the pandemic-generated workload we have also assessed new school applications, reviewed school accreditation guidelines, and welcomed a new IFPA-accredited school. We continue to work towards registration with the Professional Standards Authority and contributing to the work of the Integrated Healthcare Collaborative. We hope that you will join us in looking forward optimistically to the future.

Working together to improve healthcare

The Integrated Healthcare Collaborative (IHC) brings together leading professional associations and stakeholders within complementary, traditional and natural healthcare. Its aim is to collaborate on common areas of interest, to increase access to these therapies, promote greater integration with conventional Western medicine, and improve patient outcomes. IHC's core members currently include nearly 30 leading organisations, including IFPA.

A key recommendation of the 2018 report *Integrated Healthcare: Putting the pieces together*, published by the All-Party Parliamentary Group for Integrated Healthcare (PGIH), was that "professional associations representing complementary, traditional and natural healthcare should work more closely together on common issues, to share knowledge and experience. A formal collaborative should be established which brings together major associations to take the field forward collectively."

IHC was formed on the basis of this recommendation and builds on over 30 years' work and collaboration between the former PGIH and leading organisations in the field.

During the pandemic IHC has lobbied parliament on a return to work date for complementary practitioners and for clearer guidance on how they are allowed to work. It has also advised IFPA on specific issues and drafted a return to work guideline template that helped to inform IFPA's own. More information on IHC at www.theihc.org.uk

Evidence shows that sense of smell affected by coronavirus

A study carried out from April-May 2020 with 57 Covid-19 patients recorded data on the presence and onset of smell loss, and other coronavirus symptoms. All participants first took a smell identification test. The study compared three groups: healthy controls; Covid+ patients with reported smell loss (Covid w/SL); and Covid+ patients without smell loss (Covid+ w/o SL).

Smell loss was reported by 40.4% of Covid-19 patients. Anosmia or severe microsmia was present in 11.1% of controls, 32.4% of Covid-19 w/o SL, and 87% of Covid+ w/SL. This provides evidence that olfactory dysfunction in Covid-19 is common and more prevalent than generally perceived. Free access to report at www.ncbi.nlm.nih.gov/pmc/articles/PMC7449134

Apologies

Our apologies to Louise Carta of The Aromatherapy Company whose company was inaccurately cited as Absolute Aroma in the article Letter from Haiti on page 56 of our last edition.

Enjoyable and inspiring virtual botanica2020

Botanica 2020, originally scheduled to take place in Slovenia in May, was held in September as a virtual event. A full report will appear in our next edition but here IFPA Trustee Emma Charlton shares her impressions: "I had reservations about spending three days at my laptop but botanica2020 gave us an exciting and visually attractive platform. Over three days 20 international speakers shared their passion and knowledge on aspects of clinical aromatherapy and herbal therapeutics allied to the theme *Efficacy-Safety-Sustainability*.

"The wide range of topics included: The efficacy of citrus oils on depression and the immune system; Autism Spectrum Disorder; obstetrics; contact dermatitis; sustainability issues and essential oil-drug interactions and many more. All lectures were recorded to enable delegates in different time zones to watch their lecture choices at a convenient time. I was particularly interested to hear the findings of a Salford University PhD researcher on the cytotoxic activity of *Boswellia sacra's* oleoresin, a topic about which there is much confusion and speculation.

"Also evident was the legacy of past botanica events. An Italian and French research team

who met at botanica18 are now collaborating on a systematic review of scientific data on the antiviral properties of essential oils, and an excellent masterclass with Joy Bowles and Melani Kovac was also a collaboration forged through their meeting at a previous botanica.

"For me, conferences are an important career investment. At botanica2020 there were three fee options. All delegates had access to two days of live lectures (plus some pre-recorded talks) and access to the chatrooms and 40-strong virtual Exhibit Hall. By investing in the top-price option, I could also attend a third day of masterclasses, dip into a library of pre-recorded lectures, and fill my virtual goody-bag with resources donated by speakers and stall holders.

"By the final day my head was buzzing. The beauty of the conference was that I was able to take the final afternoon off, knowing I still had 30 days to view the lectures I'd missed. I do hope we can attend the next botanica, and the next IFPA conference, in person. In the meantime I'll happily participate in the next online conference, having thoroughly enjoyed and been inspired by my virtual botanica experience."

Kicozo education



Kicozo
Knowledge Institute for Integrative
& Complementary (Nursing) Care
www.kicozo.info

Kicozo, the Knowledge Institute for Integrative & Complementary (Nursing) Care, is the largest school for integrative complementary therapies for professionals in health care (facilities) in The Netherlands and beyond. It offers courses for nurses and other professionals, such as aromatherapists, massage therapists and holistic health care workers in direct contact with patients/clients.

Highly specialised in clinical complementary therapies and integrative nursing, Kicozo's fields of expertise include oncology, palliative and end of life care, care for the elderly and for people with psychogeriatric diseases.

Each year Kicozo offers a comprehensive study programme in English at its premises in the south-west of The Netherlands. The teaching venue features a skills laboratory, hospital beds, and a beautiful aromatic garden.

The Institute's work is not however confined to The Netherlands: it also offers expert speakers for conferences and workshops worldwide, runs short courses on request at clients' own venues; and online courses and webinars. Founder and global director Madeleine Kerkhof has taught extensively in the Far East, France, the UK and the USA. For more information on Kicozo's work and services, please visit www.kicozo.info

Research into smell

Harvard Medical School neuroscientists have described how the brain encodes relationships between odours. Their findings suggest a mechanism that may explain why we all have highly personalised smell experiences, and help improve our understanding of how the brain organises odour information. See <https://hms.harvard.edu/news/sniffing-out-smell>

Professional courses

Due to the pandemic lockdown most IFPA-accredited Schools and CPD centres have been unable to run continuing professional development (CPD) courses. Many are currently finalising their course programmes for the months ahead but, at the time of going to press, we had not received enough information to run our usual *In Essence* course listings.

As soon as course titles, dates and venues are confirmed the IFPA office team will circulate a list via email to all members. In the meantime, if you would like to make a course enquiry please contact Schools and CPD centres direct (details on pages 58-60).

Collaborative study

Eleven institutions in France, Switzerland and Canada collaborated on a study of alternative ways to prevent suicide. Participants were patients admitted to hospital or who had contacted a crisis line. After assessment, each received a crisis line number, interviews with psychologists or volunteers, phone calls (days 10-21, and six months later), and could choose two further interventions: body contact care with ylang ylang aromatherapy or intervention team visits. Over six months the combination of maintaining contact, visits and body care reduced the number of suicide attempts/suicides. Free access to report at www.ncbi.nlm.nih.gov/pmc/articles/PMC7479860

Relief for painful jaw joint problems

A recent study involving researchers from Turkey, USA, France and Switzerland investigated whether aromatherapy massage could have an effect on pain intensity and maximal mouth opening (MMO) in patients with myogenous temporomandibular joint disorder (TMD).

Ninety-one patients were randomly assigned to one of three groups: Group L (aromatherapy massage with lavender oil, test), group P (massage with sweet almond oil, placebo), and group C (control). Participants were evaluated before the intervention, immediately after the intervention, and at a two-month follow-up.

Data were analysed using one-way ANOVA, Tukey's HSD, and Kruskal-Wallis tests. The results showed that aromatherapy massage with lavender oil achieved the greatest maximal mouth opening and lowest pain both immediately after intervention and at the two-month follow-up.

The researchers concluded that aromatherapy massage with lavender oil was effective in the management of painful TMD conditions and limited mouth opening. See <https://pubmed.ncbi.nlm.nih.gov/32893748/>

Lavender and sweet orange reduce fatigue

Can inhalation and massage aromatherapy with lavender and sweet orange reduce fatigue in haemodialysis patients? A study with 96 patients, allocated to control, inhalation aromatherapy, or aromatherapy massage groups, showed that it could.

Although there was no significant difference in fatigue level between the groups before intervention results showed that, at eight and 16 weeks post-study, fatigue levels in both experimental groups were significantly lower than the control group, and aromatherapy massage was more effective than inhalation aromatherapy. See <https://pubmed.ncbi.nlm.nih.gov/32463382>

Haitian relief clinic's continuing care



In 2010 flower essence practitioner and master herbalist Julia Graves founded the Naturopathic Earth Quake Survivor Relief Clinic in Haiti. Already

struggling with poverty, Haiti now faces rapidly rising levels of Covid-19, as Julia reports:

"It is very hard to make statements about how the coronavirus is affecting Haiti, since there is close to zero testing, no access to free healthcare, the hospitals have shut down because staff refused to work with the virus around, and there is no accurate information about infection rates.

"Since our clinic was forced to shut down for all but two hours every morning staff advertised their phone numbers so that people in respiratory distress could call and ask for a home visit.

"Similar to Africa, Haiti has not seen significant numbers of

cases of acute respiratory distress. This is possibly because, due to a 'third world'-type diet and lack of pharmaceutical drugs, people do not have so many underlying conditions. For example, widespread malnutrition means that diabetes and cardiovascular diseases are rare and, to our knowledge, the only young adult who appears to have died of the virus had juvenile diabetes.

"On home visits our staff, wearing masks, found people struggling to breathe and cyanotic. They gave one drop of eucalyptus or peppermint essential oil shaken in a one-litre bottle of water, to be sipped. In every case, the sick person could immediately breathe much more freely, was soon no longer cyanotic and began to recover. As we are all aware, both oils are antiviral, open the bronchi, and reduce fever, and the plants they derive from have been used for viral respiratory infections and breathing difficulties for millennia."

More information about Julia Graves's work in Haiti at <https://haitinaturalclinic.org>

Peppermint oil shown to relieve nausea

A recent American study aimed to find out whether inhaled peppermint essential oil could help relieve nausea and vomiting (N/V) in hospitalised patients. It compared the effects of inhalation aromatherapy to those of combined aromatherapy/antiemetics, or antiemetics alone.

The participants were 103 hospital in-patients; all were offered a choice of options to control N/V so that none was denied either the essential oil or antiemetics. Patients rated nausea 0 to 10 on the Edmonton Symptom Assessment Scale at the onset of symptoms and within 60 minutes of the intervention.

Since only three subjects chose the antiemetic-only option, this was eliminated from the analysis. The study results showed that

the mean nausea score improved significantly for the aromatherapy or aromatherapy/antiemetic intervention groups. The patients who chose aromatherapy had significant improvement in nausea compared to those who chose combined aromatherapy/antiemetic. It was notable that 65 per cent of patients used peppermint essential oil alone.

The study concluded that peppermint essential oil is an effective modality for relieving N/V in hospital patients and that research designs incorporating patient decision-making should be considered for studies in which placebos do not contribute to holistic care. See <https://journals.sagepub.com/doi/10.1177/0898010120961579>

Around the regions

Throughout the lockdown, regional groups provided support and encouragement to their members

The Isle of Man regional group, established five years ago, has proved to be a valuable platform for group/therapist support and ongoing CPD, a fact emphasised in March when the island closed its borders and the population went into lockdown.

The group's co-ordinator Liz Bailey reports: "We arranged a virtual meeting as it became obvious that we all wanted to see each other. Lending a supportive ear to fellow members, we realised that we all had the same anxieties, shock and sense of loss/grief for 'normal life'. It was a tremendous comfort to share our thoughts and pool our wisdom about how we could move forward.

"Lockdown eased on the island ahead of any other jurisdiction and we were given permission to return to practice. With no other example to follow, we again found comfort and support in each other. We shared our combined thoughts and pooled our resources as to how we could return to practice safely, in a world learning to 'manage' Covid19.

"I personally found it overwhelming coming to terms with the enormity of the responsibility I felt towards my clients, myself and my family. Being part of a group changed all of that and, with peer support, courage emerged. As a therapist who works alone, the group means that I do not feel isolated. We all realised that technology could play a part in how we would work in the future, either as a group or with clients. But our great joy was in meeting in person recently and appreciating the gift of being able to be together physically."

From the Isle of Man to London where members of the West London Aromatherapy Network (WLAN) made

the most of technology to stay in touch with each other. Group member Natalie Fitcher explained: "This pandemic has been such a trying time for everyone and for aromatherapists, often working alone, having a support network has been so important.

"As a WLAN member it was really nice to have a friendly, open group who communicated frequently on WhatsApp, asking questions, sharing videos and links to useful webinars. You could ask any questions and people were so willing to share tips, advice, paperwork, forms. It was such a comfort to know you weren't on your own.

Using technology

"Mid-lockdown we held a meeting on Zoom (pictured) with an invited external speaker, a nutritional expert. The talk was fascinating, but it was also lovely to see each other's faces again.

"Once lockdown began to ease for therapists we held another Zoom meeting to discuss our thoughts and feelings, focusing on how we were going to manage working in this new environment. Knowing you are not alone going through this has made all the difference."

For Kate Sibileva, from Russia but living in London, there was support and encouragement from her aromatherapist friends in Russia. She said: "Since qualifying in the UK, I have become very interested in how aromatherapy is used in my homeland and I am passionate about helping to raise public awareness about the safe use of essential oils.

"My friends and I supported each other through the pandemic



via online meetings and regular WhatsApp messages. Although we are geographically separated, the lockdown restrictions on our personal and working lives were very similar. This regular contact was an important source of psychological support, encouragement and inspiration during a very stressful time.

"Out of our meetings also grew a collective desire to form a regional group of aromatherapy practitioners in Russia to promote IFPA values and the safe use of essential oils. Thus a new IFPA regional group was born!

"Our main purpose is to raise awareness of IFPA in Russia, improve aromatherapy standards there, and provide networking opportunities and support to fellow practitioners. We hope that, as a result, IFPA will become better known and respected by the general public, and by medical and aromatherapy practitioners in Russia. The group is looking forward to welcoming Russian-speaking aromatherapists and helping them to adopt IFPA ethics to inform their work."

If you would like to join an IFPA regional group you can find information and contacts for current groups on page 60.

Essential plant power for clinical applications

Integrating aromatherapy with CO₂ extracts can be extremely beneficial in a wide range of settings, says **Madeleine Kerkhof**. She explains what CO₂ extracts are and how she uses them alongside essential oils



Supercritical CO₂ extraction is a modern technology for the production of lipophilic plant extracts. Over the last century the technique has evolved from an experimental stage to the preparation of highly selective raw materials and products with great potency. As a therapist, formulator and educator, specialised in working with and for the frailest patients, I have seen the most amazing results in integrating CO₂ extracts in clinical aromatherapy and aromatic medicine.

Development

The first observations of the occurrence of supercritical phases, meaning the disappearance of the gas-liquid boundary when a liquid is exposed to a certain pressure and temperature in a closed environment, were made as early as the beginning of the 19th century. In the 1940s, 50s and 60s experiments showed that different solvents had different characteristics.

In those days organic solvents, mainly toxic, were known for their ability to extract lipophilic molecules from plant material. In the food industry especially producers were increasingly looking for solvents that would be less or not harmful or toxic to their products and to the environment. With carbon dioxide extraction they could achieve that.

Due to the non-toxicity and relatively low temperatures needed for extraction, given the right level of pressure, CO₂ can be used to extract thermally labile plant components with no residual solvent being left in the end product. Also the extract's colour, composition, odour, texture and aroma are usually carefully preserved in the process. This is also the reason why CO₂ extracts are so valued by perfumers and formulators of herbal supplements. In fact, this is how I became familiar with CO₂ extracts. As a nurse aromatherapist and herbalist I recommended herbal supplements with CO₂ extracts to patients as part of their formula, very often with excellent results.

CO₂ extracts in aromatherapy

In my quest to offer all the very frail patients in my practice the best aromatics to use in a broad range of applications, I started to source the ginger CO₂ extract Eliane Zimmermann mentioned in her book *Aromatherapie für Pflege und Heilberufe (Aromatherapy in Healthcare)* published in 2006.

Would CO₂ extracts indeed be valuable for aromatherapy, especially for clinical care? Were CO₂ extracts really so much stronger than conventional essential oils? Some people were raving about their potency. At the time I accepted that view as fact for all CO₂ extracts, but over the years I have learned that, although they can be different, CO₂s have their own place in aromatherapy alongside conventional essential oils with their benefits and possible limitations and risks.

The same applies to CO₂ extracts used as (medicinal) base oils. I pioneered and learned how to blend with them and work with their sometimes viscous, and therefore challenging, consistency. And I also love the fact that CO₂ as a solvent is entirely non-toxic and thus a very safe method of releasing some of the richest fragrances from plants.

Since that time I have come to know many CO₂ extracts and learned how beneficial they can be in many different aspects of aromatherapy. This in turn led to the publication of my book *CO₂ extracts in Aromatherapy, 50+ Extracts for Clinical Applications* in 2018.

CO₂ extraction: a summary

Carbon dioxide as a 'solvent' selectively carries the required compound or compound families away from the raw plant material. The extraction method is suitable for botanicals that are usually extracted for their essential oils, such as resins of frankincense or myrrh, the roots of ginger or orris, the leaves of sweet marjoram or peppermint, the corns of pepper, the flower petals of roses, etc. It is also an ideal method to extract high quality fatty plant, or more medicinally active base oils such as sea buckthorn from the fruit pulp or the seeds, or rosehip. ►



Madeleine in action preparing CO2 extract formulations

Carbon dioxide reaches a critical point at a temperature of 31°C and a pressure of 74 bar. The fluid, by then looking like a dense fog or vapour, now has maximum solvent capacity of aromatic compounds with similar polarity. By adjusting temperature and pressure we can select a great variety in the composition of the molecules and molecule families of the end product within the scope of the raw material.

By releasing the pressure after the process, the carbon dioxide in its gaseous form escapes (and is retrieved and re-used), leaving the extract behind to be further fractionated or – homogenised and filtered - used as it is.

Types of CO2 extract

There are two main types of CO2 extract:

CO2 totals will contain all CO2 soluble components, such as waxes, resins, pigments, fatty acids, essential oils, etc. Very high pressure is used to extract totals. Most CO2-totals are used as base oils. Examples are pomegranate CO2-total (*Punica granatum*) and evening primrose CO2-total (*Oenothera biennis*). There are exceptions, such as cinnamon burmanii (*Cinnamomum burmanii*) CO2-total which is used as we would an essential oil and which, scent-wise, I consider to be 'cinnamon heaven'.

In some extracts we see molecules that will not show up in the essential oil of the same plant material. I will elaborate on that when I discuss ginger CO2-total (*Zingiber officinale*) later on.

Totals are almost identical to the plant from which they are derived. Some need gentle warming to approximately 30°C to become fluid before adding them to any base product.

CO2 select extracts can be compared to conventional essential oils. A lower pressure is used to extract mainly volatile CO2 soluble components. This results in an oil that is similar, but often richer in composition and superior in fragrance to distilled essential oil.

There is also a **subCO2**, where the parameters for extraction remain just under the supercritical point. These extracts are usually much like CO2-select extracts in their appearance and viscosity.

Most of these extracts are used in the same way that we use essential oils.

Certificates of analysis

We know from essential oil analyses that there is a wide range of variabilities in their molecular makeup. An active ingredient should fall within a certain range, and its level indicates much about the properties and quality of the essential oil. However, there can be many differences between oils and extracts depending on, for example:

- **Method of extraction:** For example, distilled rose oil (*Rosa damascena*), its absolute or CO2 extract with their own characteristics (eg phenyl-ethyl-alcohol content)
- **Dry or fresh plants:** In distillation fresh plants are often used. In CO2 extraction the material is often dry or dried because the presence of water may hinder efficient extraction
- **Whole or ground plant parts:** For distillation, usually whole or lightly chopped-up plant material is used, whereas for CO2 extraction the plant material is ground or very finely chopped to ensure ideal mass transfer within the extraction vessel
- **Country of origin:** This can have a profound impact on the chemical makeup of an oil
- **Harvest period:** plants need to be harvested and extracted at their most favourable time
- **Harvest year:** weather and growing conditions can differ from year to year, influencing the health and composition of the oil accordingly.

Conceptions and misconceptions

It is often said that CO2 extracts, especially those we would use as essential oils, are much more potent and should therefore be dosed lower than their conventionally extracted counterparts. In fact, that is not always the case. Some are indeed rich(er) in compounds making them medicinally more valuable. Yet many CO2 extracts can actually be milder, looking at their composition, and can even sometimes be dosed higher, always of course based on individual (patient) needs, requirements and contra-indications.

Essential oils and other active ingredients in CO2 extracts

In all CO2 extracts we find larger or smaller quantities of essential oils, fatty acids, pigments and other compounds.

For example, we find some of the highest levels of essential oil, up to 95 per cent, in the CO2-select extract of star anise (*Illicium verum*) with its rich full-bodied fragrance.

A moderate to high level of essential oil, some 80 per cent, is found in sweet marjoram CO2-select (*Origanum*



Effective for a range of conditions, calendula CO₂-total has been shown to be especially beneficial in cancer care

majorana). This amazing extract has a warm, woody, smooth, only slightly camphoraceous scent. It is high in esters and is one of my favourite oils for crisis situations. This is the oil of letting go on all levels, from giving birth or clinging to old patterns to passing from this world.

In the CO₂-select extract of lemon balm (*Melissa officinalis*) some 75 per cent essential oil is usually present, whereas its CO₂-total extract contains a fairly low level, just under 18 per cent. You might think therefore that this CO₂-total can hardly be compared to distilled essential oil or the CO₂-select, but it has shown the most amazing effect in a formulation for very serious HSV1 virus infections (Kerkhof, 2020).

We also find so-called cuticular waxes in CO₂ extracts. They form a thin coating of wax covering the outer surface of the plant which helps to protect it from surface moisture loss and excessive rain damage but also from UV light and against anyone or anything trying to climb into, or hold on to it. Some examples are stearic acid, squalene and palmitic acid.

Flavonoids are easily extracted by supercritical CO₂. Some examples of CO₂ extracts with flavonoids are the base oils sea buckthorn (*Hippophae rhamnoides*) and rosehip (*Rosa canina*). We also find carotenes and vitamin E in CO₂ extracts, usually also those we value as base oils.

Other highly interesting compounds in plants, that are present in CO₂ extracts which we use as base oils, are triterpene esters, such as arnidol in arnica (*Arnica montana*) with excellent anti-inflammatory and analgesic properties (Kriplani, Guarve and Baghael, 2017). We find

another one - faradiol - in calendula (*Calendula officinalis*) - see below.

Valuable addition to clinical aromatherapy

I work with CO₂ extracts alongside conventional essential oils, base oils and compounds in all settings of clinical aromatherapy, and make choices according to the individual needs of patients, looking for aromatic treatment options that fit their requirements. Formulations range from blends for pain to respiratory infections, and from oral care to skin and wound care.

I recently published an article in *Aromatherapy Today* (Australia) on some of my favourite extracts for children. One of these is Rhatany CO₂-total extract (*Krameria lappacea*) that I use for nappy rash with raw skin which tends to bleed, and for the treatment of lacerations, minor bleeding cuts and scrapes, which children – playful as they can be – often sustain (Kerkhof, 2019).

In my workshop at Botanica2020, I highlighted the potential of some CO₂s that we use as essential oils in the care of the elderly and people with dementia. The exquisite fragrances, which are almost always more reminiscent of and true to the plant material they are derived from, can provoke even more genuine and lively autobiographical memories, connected to plants, gardens, food, spices, sweets and all kinds of other memories.

These can vary from Siberian fir subCO₂ (*Abies sibirica*) with its sublime scent of a pine forest to the brilliant cocoa CO₂-select (*Theobroma cacao*) for memories of a hot cup of cocoa or pure chocolate bar. We can utilise these

extracts to make patients feel safe and their environment more homely, to engage them in scent activities and to generally improve their wellbeing by connecting to their world.

In end of life care CO2s can be valuable for treating a large diversity of general symptoms, such as pain, dyspnoea and anxiety, and also to help patients and their loved ones to feel nurtured and comforted (Kerkhof, 2015). In my personal experience CO2s can even help us connect on a deeper level to our spiritual self than some of their conventionally distilled counterparts. One of my favourite extracts is Somalian frankincense CO2-select (*Boswellia carterii*).

Potential role in cancer care

At my school Kicozo, the year 2021 will be largely devoted to cancer care. Health care professionals will be offered a wealth of additional support options for those on their cancer journey and for their loved ones.

In my view, there is a great need for integrative approaches in the care for people with cancer. The shock of the diagnosis and its consequences, the rollercoaster of emotions, intensive treatments and side effects, as well as the aftermath, have a deep and often lasting impact.

Aromatherapy, including CO2 extracts, can be extremely valuable to ease symptoms and side effects and to offer comfort and emotional and spiritual support at an overwhelming time. It is beyond the scope of this article to elaborate too much on cancer care in general. Instead, I will discuss two CO2 extracts which, in my experience, have proven themselves to be very valuable additions to any (nurse) aromatherapist's tool kit for cancer care and beyond.

Calendula (Marigold) CO2-total extract (*Calendula officinalis*)

Through the centuries calendula has proved highly effective as an antiseptic, staunching bleeding, preventing infection and accelerating wound healing. It has been approved by the German Commission E and is often used in cancer care with excellent results (Cruceriu *et al*, 2018). A review, published by Givol *et al* elaborates on the wound healing properties of calendula (Givol, 2019).

Many of you will have had good results with infused oil, but calendula CO2-total extract is of an entirely different order. It contains all the CO2-soluble lipophilic components, including essential oil, carotenes and cuticular waxes, and 17-28 per cent faradiol esters. Faradiol is a powerful anti-inflammatory and analgesic (Zitterl-Eglseer *et al*, 2009; Kuttan & Kuttan, 2009; Della Loggia *et al*, 1994).

Calendula is also helpful as an addition to oral health challenges such as gingivitis (Mahyari *et al*, 2015) and recurrent aphthous stomatitis (Bardellini *et al*, 2016). There is also a study that shows the benefits of calendula in radiodermatitis (Kodiyani and Amber, 2015; Schneider *et al*, 2015).

In cancer care I have seen excellent results with calendula CO2-total for ultra-sensitive skin, radiotherapy lesions, puncture sites, wounds and painful wound edges, allergic skin reactions and hand-foot-syndrome. I also use

it in all formulations to restore and further support the integrity of the mucosa of the oral cavity, such as oral mucositis.

I have also noted excellent results with oesophageal inflammation and burns due to combined chemotherapy and radiotherapy for cancer of the oesophagus, but also for the side effects of radiotherapy on other underlying tissues such as the lungs. One of my patients, suffering from stage 4 lung cancer is on an immune therapy regime with inflammation of the oral cavity and oesophagus as a side effect. The gel I make with food-grade aloe vera gel (*Aloe barbadensis*), sea buckthorn pulp CO2-total (*Hippophae rhamnoides*) and calendula CO2-total helps to reduce her symptoms quickly, enabling her to eat and drink again. This helps her with an adequate food and fluid intake, so important for patients with cancer.

Calendula CO2-total can be quite a challenge to work with. Some suppliers offer a ready diluted calendula CO2-total in jojoba, but I prefer to dilute it myself in the right oil or product, suitable for patients' needs and in an appropriate dosage. For that, the required quantity needs to be carefully warmed up in a warm water bath. Warming up the base as well prevents the extract from solidifying as soon as it is put in contact with any cold base.

I love adding it to a food-grade aloe vera gel (which happily allows warming up to enable better blending), jojoba or I enrich a calendula infused oil with its CO2-total.

Ginger CO2-total extract (*Zingiber officinale*)

I am closing this topic with, quite literally, the root of my discovery of CO2 extracts. On a mental, emotional and higher level, this CO2 extract, with its genuine intense and typical ginger fragrance, is particularly warming, comforting, enveloping and vitalising, and also allows a certain degree of refreshment. When it's all too much for the heart and soul, if inner cold and intense feelings of hopelessness and fatigue are overwhelming, the fragrant ginger CO2-total extract can provide strength and warmth to shelter in.

In its CO2-total extract we find sesquiterpenes such as α -zingiberene, α - and β -farnesene, sesquiphellandrene, curcumene, bisabolene and some citral, much like in distilled oil. However, the rootstock of ginger also contains other extremely interesting active ingredients which have shown their value in cancer care and beyond. They will not show up in its CO2-select extract or in distilled ginger oil because their molecular weight is too high for that. Yet they will be absorbed by the skin and mucosa. They are 8-, 10-, and especially 6-gingerol and 8-, 10- and 6-shogaol.

These components have important properties such as antioxidant, antimicrobial (Baldin *et al*, 2019; Kim *et al*, 2014), 5-HT3 antagonist (Riyazi *et al*, 2007; Abdel-Aziz *et al*, 2005), NK1 antagonist, antihistamine and prokinetic (Rangwala *et al*, 2012), and anti-inflammatory through COX-2-enzyme inhibition (Justo *et al*, 2015; Jeena *et al*, 2013). Ginger extracts have excellent pain-relieving properties (Lakhan *et al*, 2015). Yes, the CO2-total is more pungent, but safety is a matter of adjusting the dosage to individual needs and limitations connected to those needs.



Left: With an intense fragrance, ginger CO₂-total extract is mentally and emotionally warming, comforting, enveloping and vitalising. Right: Ginger extract is homogenised in a large stainless steel vessel

The anti-emetic properties of ginger are impressive (Karaman *et al*, 2019; Evans *et al*, 2018; Lee *et al*, 2017; Lua *et al*, 2015; Dante *et al*, 2014; Panahi *et al*, 2012), especially the CO₂-total extract on its own but even more so in formulations with lemon (*Citrus limonum*), mandarin (*Citrus reticulata*), or peppermint (*Mentha piperita*) essential oils, and cardamom CO₂-select (*Elettaria cardamomum*), and with almost immediate results. Inhaler sticks and AromaPatches™ are very convenient application methods for nausea in cancer care. This extract is relatively mobile and, especially when warmed up just slightly, easily formulates into a valuable recipe. Ginger CO₂-total is also a must-have for spasms, pains and achiness.

Conclusion

It will be very interesting to see how CO₂ extracts and their sometimes somewhat unfamiliar components can develop further within aromatherapy. For aromatherapists to use them wisely and efficiently it is important to study them, work with them and take additional classes with experts in this field. Also, more scientific data would be welcome to assess the efficacy and safety of CO₂ extracts.

In my opinion CO₂ extraction deserves to be an integral part of aromatic support in holistic health care.

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Madeleine Kerkhof RNret, CAE, INEE, MTEACSE, a former registered nurse, is an expert and highly respected international educator in clinical aromatherapy, AquaCare physical therapy and other complementary therapies.

Her passion is to help to integrate complementary therapies into mainstream health care. She is highly specialised in the care of the frailest patients and of the elderly - in oncology, palliative care, and end of life care.

A sought-after speaker at international conferences for healthcare professionals, Madeleine is author of *Complementary Nursing in End of Life Care* (2015), *CO2 Extracts in Aromatherapy: 50+ Extracts for Clinical Applications* (2018) and *Klinische Aromazorg: Aromatherapie VoorZorg & Praktijk*, currently available only in Dutch (2020). Her new book on Pain Management (in English) is expected in 2021.

Madeleine is founder, director and principal teacher of the Knowledge Institute for Integrative & Complementary (Nursing) Care (Kicozo). More information on page 6.

All photographs by Madeleine Kerkhof

News in brief

Reducing childbirth anxiety and pain

Further evidence that aromatherapy can reduce anxiety and pain during labour emerges from a recent literature review. Five major databases were searched, from database inception to December 2019, and 33 studies, the majority conducted in Iran, met the inclusion criteria. Application methods cited included inhalation, massage, footbath, birthing pool, acupressure and compress, and lavender was the most popular oil. Most of the studies confirmed aromatherapy's ability to relieve labour pain and anxiety. Free access to full report at <https://pubmed.ncbi.nlm.nih.gov/32874088>

Aromatherapy gives positive boost to exercise

Can aromatherapy make people feel better while they are exercising? A Korean study revealed that it could. The effects on exercisers who received aromatherapy were more positive

than for those who did not receive treatment. Specifically, it induced positive feelings during exercise, reduced fatigue during exercise, and improved participants' feelings during the recovery period. Free access to full report at www.ncbi.nlm.nih.gov/pmc/articles/PMC7344894

Predicting olfactory perceptions

Researchers at the University of California have used artificial intelligence to predict how chemicals smell to human beings. Their results have potential applications in the fragrance and food flavour industries. Free access to full report at www.sciencedirect.com/science/article/pii/S2589004220305484

In conversation

A series of interviews posted on IFPA's YouTube channel are now available via quick links from the IFPA website. IFPA Trustee Caren Benstead talks to essential oil researcher and

author Elizabeth Ashley; biologist and aromatherapist Dr Kelly Ablard; Chairman of Balens Insurance David Balens; and Melani Kovac from DropSmith Aromatherapy. To access, visit www.ifparoma.org and click on Blog and Webinars.

Traditional remedy shows antimicrobial activity

University of Warwick scientists have found natural antimicrobials with potential to help tackle antibiotic-resistant infections in a 1,000-year-old eye salve. Using Bald's Leechbook, a 10th-century collection of medical remedies, they recreated a treatment known as Bald's eyesalve which, combining ingredients such as onion, garlic, wine, and bile salts, was used to treat common eye infections. The scientists say the re-created salve showed promising antibacterial activity. Full story at https://warwick.ac.uk/newsandevents/pressreleases/medieval_medicine_remedy

Working holistically

If you don't look after yourself, you can't care for your clients, advises **Christine Courtney**. So identify what's important to you and make sure you care for your own well-being



If you are not looking after yourself then you are not working holistically. But what do I mean by 'looking after yourself?'

- Having regular aromatherapy treatments
- Creating good boundaries around your availability for your clients
- Ensuring that you have a good balance in your life between work, family and play
- Identifying what is important to you and making that central to your day

Most people who practise aromatherapy found this career because of a major event in their life. In my case that event was a serious car accident. For other people it was a life crisis, such as wanting or needing to change their career; or maybe a divorce or some other event that made them stop and re-evaluate their life.

Whatever brought you to this profession it was rarely because you got your final exams in school and said, "Oh I think I will become an aromatherapist!" You became an aromatherapist to work and live differently. Is that still the case for you?

Listen to your body

For me, working holistically means reminding myself of how amazing the human body is and listening to my own body when it is calling for help.

At Obus Wellness Centre we have a mission statement. It reads: "Obus Wellness Centre exists to give a voice to that part of the being which most needs to be heard". Do you have a mission statement for your work or your life?

One of the most important things you need to do is listen to your body in the same way that you guide your clients to listen to theirs. The home advice you give your clients is good advice, and you know it is effective advice. But do you follow it yourself?



Photo credit: Nastia11 – iStock

Would you take wellness advice from a stressed and irritable therapist?

- The home advice we offer includes the following tips:
- Take time to have an aromatherapy bath – it really helps to reduce the effects of stress
 - Apply this blend to your shoulder two to three times a day and it will help to ease the tension in your neck
 - Here is an aromatherapy inhaler, take time to stop and inhale deeply from it during the day. It will help ease tension and might improve your sleep quality
 - Regular aromatherapy treatments are very beneficial to your overall health

But when was the last time you had an aromatherapy bath or massage? When was the last time you made an inhaler for yourself and remembered to use it?

If your answers to these questions are 'I can't afford a massage', or 'I don't have the time', you are not working holistically because you are not looking after yourself. Remember that you cannot give from an empty bucket. You *must* fill your bucket before you draw from it.

We can all use excuses for not taking care of ourselves but, if wellness is your business, then it must be important to you in your own life. ►

Would you let someone with a dreadful haircut cut your hair? Would you take wellness advice from an aromatherapist who is stressed and irritable? Of course you would not. To be truly holistic, wellness must be important to you.

Making wellness important in your life

Stephen R Covey, author of *The 7 Habits of Highly Effective People*, has two measurements of time - **Important** and **Urgent**. I think his work is amazing. According to Stephen Covey, when you know what is important to you, it becomes easier to make decisions about where to put your focus and what to spend time on.

Urgent: Urgent matters need to be attended to now because there is problem, or you will have a problem if

you don't act now. Note the word **you**, not someone else! Someone else's problem is not automatically urgent to you. They may want you to make it urgent but that does not make it your problem. If you constantly make other people's 'urgents' your problem, you will never have time to be working on your own 'important's'.

As a parent, a friend or a partner it can be very difficult not to be swept away with other people's 'urgents' and it is even more difficult if you have no idea what is really important to you.

Important: This concerns to the roles and goals you have for yourself in your life. Not what other people think you should be doing but what you want to do. When you know what is important to you and why it is important to you, it becomes easier to detach from other people's chaos.

Stephen Covey's Time Management Matrix

<p style="text-align: center;">QUADRANT ONE</p> <p style="text-align: center;">URGENT AND IMPORTANT <i>Fire Fighting</i></p> <p style="text-align: center;">Crises</p> <p style="text-align: center;">Pressing problems which relate to your goals</p> <p style="text-align: center;">Projects with deadlines</p> <p style="text-align: center;"><i>The more time spent here is an indication of the stress levels in your life</i></p> <p style="text-align: center;">Living in this quadrant is exhausting</p>	<p style="text-align: center;">QUADRANT TWO</p> <p style="text-align: center;">NOT URGENT BUT IMPORTANT <i>Quality time</i></p> <p style="text-align: center;">Relationship building Planning Recreation – fun Personal wellbeing Work your love</p> <p style="text-align: center;"><i>The more time spent here the more you are nurturing your joy and your purpose in life</i></p> <p style="text-align: center;">Living in this quadrant is enjoyable but you can be easily pulled out of it as it matters to no one except yourself</p>
<p style="text-align: center;">QUADRANT THREE</p> <p style="text-align: center;">NOT URGENT AND NOT IMPORTANT <i>Distractions</i></p> <p style="text-align: center;">Other people's problems</p> <p style="text-align: center;">Some emails Some meetings Some social media engagement</p> <p style="text-align: center;">Being everyone's saviour</p> <p style="text-align: center;">Being the perfect person that you feel everyone else expects of you</p> <p style="text-align: center;"><i>The more time spent here indicates the amount of distractions you are engaging with</i></p> <p style="text-align: center;">This quadrant can feel nice to be in because these distractions can make you feel important to other people</p>	<p style="text-align: center;">QUADRANT FOUR</p> <p style="text-align: center;">NOT IMPORTANT NOT URGENT <i>Time Wasting</i></p> <p style="text-align: center;">Spending all day on a task that should only take one hour because you must be absolutely perfect or because Quadrant 3 kept calling you</p> <p style="text-align: center;">Some phone calls Some emails</p> <p style="text-align: center;">Time wasters – listening to your best friend tell you yet again how she wishes her life was different. Then you get pulled to Quadrant 3 as you must be the saviour</p> <p style="text-align: center;">Some social media engagement</p> <p style="text-align: center;"><i>The more time spent here indicates the amount of time you are wasting or allowing others to waste on you</i></p> <p style="text-align: center;">Living in this quadrant can make you feel needed or exhausted</p>

Going for life in Quadrant 2

When you are in Quadrant 2 you are working on what is important to you. But the key to doing this effectively is that you need to *know* what is important to you. You need to take time to evaluate your life and where you want to go.

Let's look at some Quadrant 2 activities:

Spending quality time with the key people in your life: The key people are not ALL the people in your life. Be honest and identify who you enjoy being with and who nurtures your spirit, and make time for them.

Doing work you love: Write down every aspect of the work you do and identify which parts you love, like and don't like. For the work you don't like, try to identify why you don't like it. Do you need more training in this aspect of your work, do you need help, is there someone else who will share it with you? Is there work you do regularly that you don't need to do anymore? Can you delegate to free up time?

Improve or maintain your health: Identify any aspect of your wellness that you would like to improve, identify how much time needs to be allocated to this, and put it in your diary as an immovable date with yourself.

Things that matter most in life must never be at the mercy of things that matter least!

What matters most to you?: Take time to identify this because your health, your happiness, your wellbeing and, ultimately, your success depend on you identifying it properly. Then you need to focus your energy on achieving it.

Always remember that you started in this profession to help. Are you helping everyone else except yourself?

Christine Courtney is the founder and principal of Obus School of Healing Therapies, established in County Kildare, Ireland in 2006. The school offers professional training in several areas including aromatherapy, massage and reflexology. Christine researches and writes all OBUS diploma and postgraduate courses and also teaches a range of courses nationally throughout Ireland and internationally in Malta, USA, Taiwan and China. She recently served on the IFPA Board of Trustees as Chair of Education.

Virtual IFPA conference



Presentations from the IFPA2020 conference, originally scheduled to be held in Tokyo in March, were shared with IFPA members worldwide via the internet. Kazue Gill reports on the event.

Life is what happens to you while you're busy making other plans. This is exactly what I felt when the IFPA's first international conference outside the UK had to be cancelled in March due to the pandemic. Two years of hard work in preparation for the Tokyo event almost ended in a complete waste of energy and time for IFPA and for the conference working group of which I was a member.

Fortunately, we had already planned for an internet viewing option. So, even though it was not a live conference, we were able to share five presentations (two speakers from the UK and three from Japan) with IFPA members all over the world for two weeks. Each presentation was available in Japanese and English.

More than 340 people viewed the internet conference - more than we had hoped for - and we would like to express our appreciative thanks to all those who booked to view it. Each of the five sessions highlighted a different aspect of aromatherapy.

A fascinating presentation by Dr Tadaaki Satou of Japan's International University of Health and Welfare focused on the chemical effects of essential oils on the central nervous system, which included the epigenetic changes in brain gene expression.

Aromatherapist Tomomi Nakamura, who has worked with palliative care patients for many years, highlighted the similarities between aromatherapy and Buddhism, a new concept for many of us. She explained how she successfully uses a Buddhist approach to communication with palliative care patients.

Professor Kentaro Oba of Tohoku University's Institute of Development, Ageing and Cancer shared a research study in which he used fMRI (functional magnetic resonance imaging) to explore nostalgia evoked by smell, and its health implications. He suggested that this is an area that can be used in hospitals in the future.

Aromatherapist Debra Macadam, who works in the Children and Young People's Mental Health sector in the UK, helps young people with emotional problems and associated physical conditions. She explained that communication can be difficult and, at first, this client group does not necessarily welcome aromatherapy. Her sensitive approach, gradually building trust until the client opens up to her, is an approach Debra shares with Tomomi's attitude toward the patients.

Since part of my work is creating essential oil blends for sale to the general public I appreciated how useful Colleen Quinn's (UK) chemistry-based formulation tool could be. She explained how it works and how, when you need to accommodate several different factors relating to an individual or group, you can substitute essential oils chosen for a particular purpose with other essential oils.

I hope those of you who watched the web conference enjoyed it as much as I did.

Rising to the challenge

IFPA members have been adaptable and innovative in their continuing support for clients during the pandemic lockdown. Here two members describe their new ways of working



Heather Holmes: *Aromatherapist and physiotherapist*

Physiotherapists may have been able to work throughout the pandemic but, in many cases, their work has been far from 'business as usual'. Before the pandemic my role as a physiotherapist within a hospice involved supporting both inpatients receiving palliative care and out-patients attending for help to maintain their functional abilities and manage their symptoms.

All our patients have life-limiting conditions and had to shield once 'lockdown' began so this meant an immediate drop in our out-patient caseload. It was very difficult for me because I was aware that patients were having to isolate and could not access beneficial services, and I felt 'useless', that I 'should be doing more', particularly when colleagues and friends were working so hard on respiratory wards and in intensive care units across the country.

Lockdown also meant our volunteers were unable to support the day-to-day running of the hospice so the therapy team was soon using their 'spare time' to help out. For example, I assisted nursing staff to wash, dress and feed inpatients and I arranged flowers for the patients' rooms - not my most successful intervention! My team also supported nursing and medical staff by running adapted Tai Chi sessions to offer them some 'self-care' during a particularly stressful time.

One of the therapy team's most challenging roles was facilitating communication between in-patients and their families, who for various reasons could not visit. I was involved in two video calls with families whose relatives were dying, one who was still able to talk and the other who was unresponsive for a significant amount of time.

These calls were very emotionally challenging. I was witness to some very personal end of life conversations and it was not possible to reach out and offer the normal physical and emotional support to distressed relatives. Despite my concerns about the impact on families once we had 'hung up', the feedback was that this contact with their loved ones had been invaluable. The families had gained comfort from the contact as they could 'picture' where their relative was and see that they were comfortable in their last hours.

As time passed, the therapy team offered 'remote' support, using Microsoft Teams and the 'old fashioned' but

easy-to-access telephone, to check in with out-patients, carry out assessments, provide advice and refer on to other services as required.

Although challenging, remote working has enabled us to offer support to individuals who felt anxious and isolated while shielding at home. At the time of writing, we continue to treat people in our inpatient unit but it is unclear when we will be able to see our out-patients face-to-face. I have not really worked as an aromatherapist during this time although I have made blends for myself as part of my own 'self-care'. This has been very important since I have not only been working at the hospice but also doing home schooling on my days off!



Mandy Pitcher: *Aromatherapy practitioner*

As we entered lockdown my first sadness was that I would miss my passion, but even more so my clients. When you have client contact every day and it suddenly stops, it just feels plain odd.

After some time, I decided to contact every client to say hello and ask if there was anything I could do for them. That's when I became busy. They wanted blends for self-care at home. The response was heart-warming. The oils brought comfort - many said that they brought back memories of being in my treatment room.

I delivered their blends on my daily walk or they collected them from me on their walks. It was so special to see them, even though it had to be from a distance. I offered free postage to those who lived further away. My products became even more popular and bespoke orders flew in, so I created an online shop.

As word got around I began to offer an online bespoke consultation service for new clients. Then I started virtual face-to-face meetings to catch up and to address any issues my clients were going through at the time.

I've missed giving treatments so much, but I really feel that I've been able to offer my clients valuable support in other ways.

Note: *At the height of the pandemic medical staff in hospitals and hospices needed support too. See opposite to read how the complementary therapies team in a large cancer centre looked after staff well-being.*

Innovative support

Throughout the most demanding period of the coronavirus emergency the complementary team at Cardiff's Velindre Cancer Care Centre helped staff to relax and recharge.

Bethany Lynbeck highlights their innovative approach



Velindre Cancer Centre, a division of Velindre NHS Trust, provides specialist cancer services to over 1.5 million people in South East Wales and beyond and is one of the largest cancer centres in the UK. Each year the Centre receives over 5,000 new referrals and offers around 50,000 new outpatient appointments. It employs over 670 staff, has an annual budget of over £79 million, and has a commitment to high quality care.

Velindre's Complementary Therapy Service, set up around 20 years ago, comprises two therapists on fixed term contracts, two bank therapists, a team lead and an administrator. We are the first NHS service in Wales to have an integrated complementary therapy team working as part of the multi-disciplinary team.

Our patient-focused service helps patients through their cancer diagnosis and treatment, offering support through the various stages and difficulties patients face. This can be from initial diagnosis until end of life and we also offer support for family members and carers. We work in various settings - with inpatients, with outpatients on chemotherapy day units, at radiotherapy treatment appointments as well as prior to appointments where patients might have heightened anxiety.

Innovative approach

During 2020's unprecedented times and the Covid-19 pandemic we recognised that, as a team, we would have to be innovative in the way we were able to offer support in adherence to the guidelines from both government and professional bodies.

It was clear that delivering hands-on treatments was no longer appropriate, not just for the safety of ourselves here at Velindre but for all therapists nationwide and the wider public. It became apparent



Velindre Cancer Centre in Cardiff was the first NHS service in Wales to have an integrated complementary therapy team

that we would now have to adapt and evolve in the way we offered support.

Working within the NHS during these times has highlighted the fact that staff wellbeing is always of paramount importance and especially so during this pandemic. Working alongside the Clinical Psychology Team we were instrumental in setting up a Relax and Recharge Hub for staff.

This was established in an adjacent building within the hospital grounds. The building had to be modified to meet infection control standards, thus ensuring that there was no cross-infection risk with clinical staff, but modified in such a way that it could still provide relaxation and a feeling of comfort. We then set about creating a safe, calming, peaceful environment using aromatherapy and calming music.

Aromatherapy in great demand

The team welcomed staff through their challenging work days, offering a soothing, calming space where they could take time out to relax and recharge. On average 70

members of staff visited the hub on a daily basis. Aromatherapy proved very popular and we gave lots of guidance about essential oils and which blends staff might find helpful in their own personal diffusers.

Since so many staff members commented on the diffusers and how they appreciated the effects of aromatherapy, the team was prompted to devise a catalogue of blends specifically for these extraordinary times. We already had a historical list of blends for the most common issues patients regularly faced, such as anxiety and fatigue, but we thought that the new blends should reflect the current struggles everyone was facing.

The choice of essential oils for each blend was based on generally-recognised therapeutic properties via wider reading and research. We developed several blends for each purpose since we decided that staff members would then be able to choose an individual blend that they found appealing and we recognised the importance of semantic mechanism.

Blends for specific challenges

We named each blend using phrases staff had used, normalising the struggles most of us were dealing with. For example 'Cloud Watching' which is an uplifting, grounding blend to help refocus the mind, taking time out, just like lying in a meadow watching the clouds go by. 'Mountain Breeze' is another blend with a refreshing aroma to help clear the mind and 'take 5' out of the stresses of the day, just like a fresh breeze through the mountains. We also sadly developed a grief blend that was shared with colleagues following the passing of a beloved NHS staff member – many members of staff found it a great comfort during that sad time.

Staff members were given a short consultation to work out the essential oil blends that would be most beneficial to them - based on aroma preferences and the issues they were struggling with. We encouraged staff to use aromatherapy inhaler sticks with breathing techniques whenever they felt overwhelmed, to help calm them and bring them back to the present moment. With each aromatherapy inhaler stick we gave verbal instructions on safe use and how to store, as well as an information leaflet which also contained safety and storage information.

Over the 10 weeks (at the time of writing) that we have run the Relax and Recharge hub, we have made up and given out approximately 300 aromatherapy inhaler sticks to staff. These are some of the quotes left by staff in the hub: "This place is such an incredible environment where I can clear my head and recharge"; "This has been relaxing in these troubling times, a place of quiet and rest"; "It is so important to take time to look after ourselves so we can look after others"; "The opportunity to have some peace and serenity among all the uncertainty has been invaluable, thank you".



Velindre's Complementary Therapy team who found new ways to support the wellbeing of staff working under great pressure

Care and compassion

Being a therapist is about more than just being able to deliver hands-on treatment; you need to be caring and compassionate about your work and have empathy for your patients. As we could not see patients clinically we continued to support them by regularly checking in with them over the telephone. We gave them advice on how they could do their own self-care during this time and provided individualised aromatherapy inhaler sticks to help with their current difficulties. These were posted out with safety and storage information.

All our existing patients commented on how much they were missing our support and were keen to continue when able. We reassured them that our support will recommence as soon as we are advised it is safe to do so and we will continue to check in with them on a regular basis.

Our team have been exceptional during what is such an uncertain and frightening time for everyone. They have continued to support staff and patients during this time, constantly adapting their roles, embracing change and working proactively.

Bethany Lynbeck graduated from Cardiff Metropolitan University in 2019 with a BSc (Hons) in Complementary Healthcare. Successful completion of this degree programme confers qualifications in aromatherapy, reflexology and massage. Bethany took up a post at the Velindre Cancer Centre shortly after graduation and is currently part of the Complementary Therapy team, covering the ward, chemotherapy day units and outpatient clinic. She has a special interest in exploring the effects of aromatherapy and reflexology in the management of anxiety related to chemotherapy.

Inhalation aromatherapy made simple

Hong Kong-based **Kaman Cheung**, who works with cancer and end of life patients, highlights the benefits of using aroma patches with this vulnerable client group



When I started to work as an aromatherapist we applied essential oils from small deep-coloured bottles to a client's skin or through inhalation. Soon after I began my work in a cancer care and end of life environment, I realised that the therapy is given from one heart to another, from the therapist to the client, and is measured by the time spent working on a client. Once I realised that, I made an effort to encourage my clients to use the blend at home when I am not with them.

Just meeting a client once or twice a week is not as beneficial as application on a daily basis. It's not about how balanced the formulation is, how good the quality of the oil, but the barrier of understanding on the part of the clients. Percentage, drops, millilitre is the language of therapists; 'sniff it three times a day' or 'a few minutes a time' is perhaps not very practical either for patients who are on heavy medication and have a life-limiting illness.

Benefits of new approach

I was introduced to the idea of aroma patches by Rhiannon Lewis of Essential Oil Resource Consultants, in one of her classes held in 2015. To be honest, I did not take too much notice and thought this was just another device to deliver essential oils. Since the aroma patch is for one-time use only, my preference at the time was for aromasticks since the stick is more cost-efficient.

Later, I met my teacher Madeleine Kerkhof in the Netherlands. An expert in aromatherapy for palliative care, she worked with the manufacturers of Aromapatch to produce three different blends: Digesticalm, Free Breathing and Deep Rest. I obtained a few of these and tried them out with my clients.

Every aromapatch is individually packaged. After taking the patch out of the packet, you simply peel back

the top covering, and you can see a round shape, a white-coloured 'reservoir', where the essential oil is stored. You tear off the sticker underneath as well, then stick the aromapatch on the skin around the collar bone. It can be placed on clothes instead if you have concerns about skin sensitivity.

According to the manufacturers, the patch will last for six to eight hours, through a timed-release design (so it is not the same as a cotton ball or tissue paper). They also claim that the adhesive is a hypo-allergenic medical grade hydrogel with all dermal testing approved. The patch is for inhalation only so no oils reach the skin due to the occlusive barrier.

If you prefer, you can use blank patches and add one to two drops of your chosen essential oil to the reservoir. But, in this case, the client has to drop the oil from the bottle every time they use it.

Given that each aromapatch is for one-time use this is not a cheap option, but it is very well received by my clients. I am working with cancer and end of life patients in local hospitals in Hong Kong and in a chemotherapy infusion clinic.

Originally, I had a 20-oil kit from which I made blends for massage and gave my clients products to use at home. But I soon discovered that not many clients or their carers were using them. This was mainly because they were already occupied/exhausted with different medications and clinic appointments, and having to organise themselves with aromatherapy too can become a burden.

However, with aromapatches the process is easy. 'Put it on the clothes, leave it for six to eight hours, then take it off.' Client compliance is so much higher than it is with oils and aromasticks because clients and carers find it easy to organise and handle.

Also, with regard to infection control, clinicians definitely prefer something that is for one-time use only rather than having liquids, including essential oils, on the ward. ►

My practice

Although the blends are fixed, not tailor-made for every individual, I find aromapatches very suitable and convenient for my work settings. There are many different brands and blends to explore, and you can even work with the manufacturer to create your very own proprietary blend if you order in large quantities.

I use aromapatches for hospital patients and offer massage with just vegetable oil so that I do not affect others in the same ward with fragrances that they may not like. Using vegetable oil can also avoid essential oil interactions with other medical patches (eg morphine patch). For patients at home, I have more flexibility, but the aromapatch is still an option for patients to use at their own convenience and when they like.

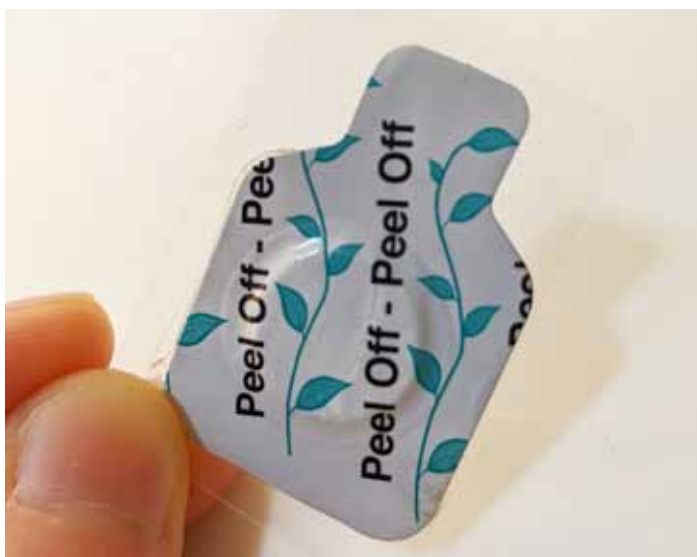
In the chemotherapy infusion centre, where patients are already taking significant amounts of chemotherapy drugs, I offer gentle touch without essential oils and then give them an aromapatch and ask them to use it 48 hours after chemotherapy. We monitor their progress through phone calls before the next chemotherapy session. If they require more patches, we send them through the post. The use of patches also saves me the work of handling and sterilising bottles and containers.

In my very limited experience, I have found that the patches work best for sleeping problems, nausea control, and as a breathing aid, especially for patients with lung cancer. By using the patches, some patients can reduce the dose of sleep medication they take.

An MRI-compatible aromapatch is now available on the market, designed to aid relaxation for a person having an MRI. I think this is something that it would also be worthwhile for us to explore.

Kaman Cheung MIFA MNAHA has undertaken training with Rhiannon Lewis of Essential Oil Resource Consultants in the UK, with palliative care specialist Madeleine Kerkhof in The Netherlands, and has also completed the Diploma in Complementary Therapies in Cancer Care: Aromatherapy Pathway at The Christie NHS Foundation Trust, Manchester, and the Clinical Aromatherapy in Cancer Care Programme at The Royal Marsden NHS Foundation Trust, London. She trained in oncology massage in the USA and is a Preferred Practitioner of the US Society for Oncology Massage.

She currently provides aromatherapy services in the Chemotherapy Infusion Unit at the Hong Kong Integrated Oncology Centre and, in cooperation with a non-governmental organisation, is part of a therapy team offering services to people at the end of their lives under the 'Hospice in Family' project. Kaman is also a teacher for Kicozo (Knowledge Institute of Complementary (Nursing) Care in The Netherlands).



Easy-to-use and individually packaged, for one-time use aromapatches can be applied to the skin or, if there are sensitivity issues, placed on clothes.

IFPA International

IFPA members from around the world provide snapshots of aromatherapy in their country – in this edition we hear about professional practice in China, Barbados and Dubai

JESSICA YUAN – CHINA



In China very few people know about aromatherapy. They may have heard of essential oils but generally do not know about the therapy

and certainly do not understand the benefits of clinical aromatherapy. Most people think essential oils are just for relaxing, for a massage, or for a facial.

Some people buy essential oils to use in a diffuser at home. However, the general public is not aware of safety issues and needs to be informed about how to use essential oils safely. Since they have no knowledge about the necessary safety precautions some people are using essential oils incorrectly, such as taking them internally or blending the oils in a high percentage.

Few people in China understand that aromatherapy is a profession. Most people think essential oils are for everyday use because you can buy them in retail stores to diffuse at home. The profession of clinical aromatherapy is not recognised by the general public although there are some small professional associations for aromatherapists.

If you wish to become an aromatherapist in China you can undertake aromatherapy training on- or off-line and there are some aromatherapy academies running

courses. There are also some direct-selling brands holding aromatherapy workshops and courses but these are not considered very professional.

In my own aromatherapy practice I like to make aromatic essential oil blends for friends and clients to use at home. Alongside the essential oil blend I give suggestions about how to use it, how to make lifestyle changes and how to follow a well-balanced diet to reduce stress, pressure and the symptoms of common conditions.

Jessica Yuan graduated from Nanjing University of Traditional Chinese Medicine where she majored in Chinese pharmacy. She trained and qualified in aromatherapy with both IFPA and with the National Association for Holistic Aromatherapy in the USA. She is currently director of Neal's Yard Remedies Aromatherapy Academy in Shanghai, China.

ROXANNE SITAHAL – BARBADOS



In Barbados people do not immediately think of aromatherapy for addressing any ailment. This is due to economics and to the fact that traditional medicine

practitioners do not support the use of non-traditional cures. Although an ancient practice, aromatherapy has not been developed or promoted like traditional medicine. For most people

pharmaceuticals are the first choice for treating both mental and physical conditions.

People buy aromatherapy products for several reasons: perhaps because they have a pleasing aroma, or they have heard/read about aromatherapy on the internet, social media, YouTube, or promoted as a self-care treatment. Or maybe their therapist suggested its use. The benefits of clinical aromatherapy are not widely understood but this will develop as clients work with qualified clinical aromatherapists.

At home essential oils are used via electric or candle diffusers, in steam bowls for inhalation, in baths to create a relaxed ambience, for topical use, as part of DIY projects, and on necklaces and bracelets made with absorbent materials where applied essential oils can be sniffed throughout the day.

There is a definite need for education on the safe use of essential oils at home. Users' awareness of the safety issues is based on the packaging guidelines, or their therapist providing safety guidelines based on known contraindications. Users research the benefits and uses, but little focus or due diligence is placed on safety. They are not aware of the safety issues and precautions to be taken, for example, the potential clashes with orthodox medicines; the danger of some essential oils in relation to certain medical conditions; or the neutralising effect essential oils have on homeopathic medications.

Clinical aromatherapy is not recognised as a profession by local

people. However, tourists are aware of its benefits and do ask for it when they are staying on the island.

While there is no longer an IFPA nor an ITEC certified training facility in Barbados there are other facilities offering international accreditation and local aromatherapy certified training. There is no aromatherapy professional association in Barbados.

Barbados's safe and tranquil ambience lends itself to relaxation. My local and tourist clients appreciate the healing benefits of aromatherapy. For each client I incorporate suitable combinations of my training to deliver a customised therapy to meet their individual treatment needs. My joy in treating a client comes from seeing them transition past their initial need for treatment, towards a state of pain relief, stress relief, calm, and a sense of assurance that there is hope for continued self-healing.

As clients develop an understanding of continued care and preventative therapy, through homecare/self-care products, appreciation grows for artisan soaps, creams, scrubs, oil blends and candles, and it is encouraging to hear the feedback from clients as the intended benefits are experienced.

Roxanne Sitahal has an Information Technology and MBA background and transitioned into the field of therapy in 2010 to share the healing. She is an ITEC and IFPA trained holistic therapist, internationally accredited in a range of therapies including holistic massage, reflexology, aromatherapy, sports massage, oncology touch therapy, and pre-natal massage. From 2015 to 2019 she was a tutor in holistic massage, reflexology, aromatherapy, and sports massage.

DR HANADIE BASIL - DUBAI



In Dubai, UAE (United Arab Emirates) the general public is now starting to look at aromatherapy and essential oils as a valuable

therapy. This has been growing gradually since, in 2014, I was the first Arab female qualified as IFPA/ITEC aromatherapist, REPs REHAB trainer with a medical background to work and teach in Arabic and English.

People do use non-therapeutic essential oils at home although few understand how to use them safely. I know this from my practice as I frequently see clients who have many issues resulting from unsafe use of essential oils. A focus on safety always forms a major part of my sessions and my workshops.

Aromatherapy as a profession is not recognised in UAE – it is only recognised as part of massage therapy and complementary and alternative medicine.

If you wish to become an aromatherapist here it is easy and practical to access training now. I qualified with The Holistic Institute in Dubai, led by Sunita Teckchand. While I was training I had a very busy lifestyle but the Institute gave me all the support I needed to complete the course and also helped me to upgrade my work into pain management and to becoming a holistic health practitioner.

The best thing about practising aromatherapy in UAE now is that the therapy is close to people's hearts because it forms the core part of their heritage in natural perfumes and essences. They are looking to learn and use more natural products and pure essential oils to enhance their health and wellness.

Dr Hanadie Basil is a holistic health and pain management practitioner, keynote speaker, coach, and health entrepreneur in Dubai. Formerly a practising Doctor of Comparative Surgery, she chose to embrace the power of holistic natural therapies and aromatherapy, helping people to understand the need for a well-balanced lifestyle and the improvement of overall health. Her mission is to help people achieve a pain-free life by integrating the latest scientific research with the power of ancient holistic therapies.

ONLINE RESOURCES

Tap into the wealth of information and opinion available on websites and online blogs. Here is a short round-up of some that might be of interest.

The Untamed Alchemist

<https://theuntamedalchemist.com/>
The Untamed Alchemist is Kristina Bauer, well known for her involvement with the *Uncommon Scents* movie as executive producer, writer, director and narrator. Her website features sections on essential oils and aromatherapy, herbs and herbalism, botany and gardening, and aromatic recipes.

Aromatic Wisdom Institute

<https://aromaticwisdominstitute.com/podcast-home/>
The Aromatic Wisdom Institute, founded in 2010 by aromatherapist Liz Fulcher, currently offers 2020 podcasts on its website including one by Dr Kelly Ablard on *Aromatic Plant Sustainability*.

Tisserand Institute

<https://tisserandinstitute.org>
Robert Tisserand's blog offers reliable, wide-ranging information on essential oils and aromatherapy. Of particular current interest are two articles: *Supply and demand challenges for essential oils in the coronavirus era* and *Covid-19 and unfounded claims*

Salvatore Battaglia

<https://salvatorebattaglia.com.au>
Salvatore's website features monographs on a range of essential oils, plus blending tips and an informative blog on topical issues. You can also sign up for his regular newsletter on the website.

Unusual health

www.unusualhealth.com/learning-about-essential-oils/
Website currently includes an interesting feature 'Learning about essential oils' – advice for the general public from 14 aromatherapy experts (including Kristina Bauer, Andre Butje, Mindy Green, Robert Pappas, Lora Cantele, Robert Tisserand and Cathy Skipper).

Frankincense and myrrh: A distiller's story

Creating a successful business with a positive social impact is no easy task. **Jamie Garvey**, co-founder of a company importing and distilling frankincense and myrrh resins from Somaliland, reports on the challenges



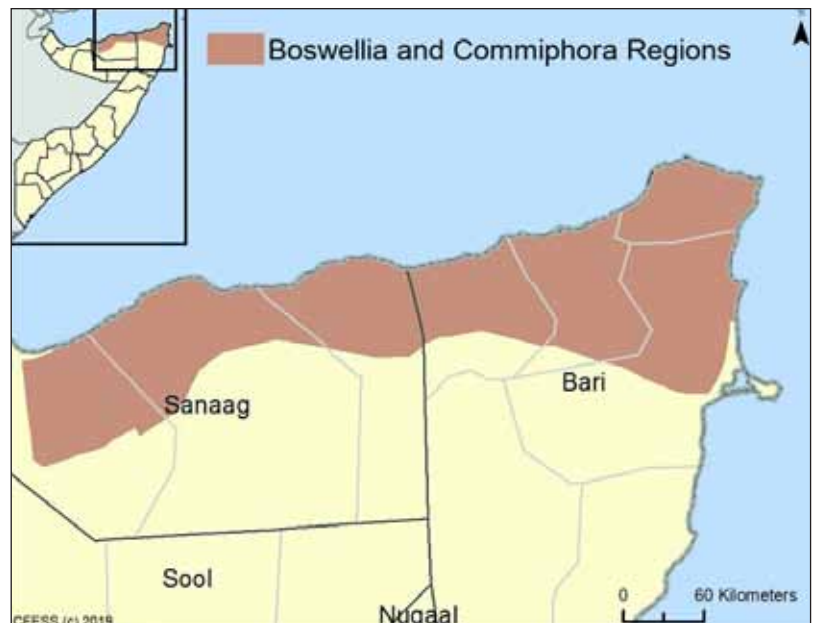
The resins of frankincense and myrrh have been with us since ancient times. Many of us associate these resins with religion and spirituality. Others are aware of them as medicines.

When my partner and I first entertained the idea of becoming purveyors of these resins, I fell into the first category and my partner (in life and in business) Mahdi, fell squarely into both.

Mahdi grew up smelling the intoxicating smoke of frankincense every day as his mother burned it in the house. I had only ever smelled it in church and, frankly, I didn't appreciate the scent. This was about the extent of our knowledge of frankincense when we embarked on this journey. For something that started off sort of accidentally, it has taken us to places we never dreamed of, taught us things we couldn't have imagined, both good and bad, and brought us a sense of purpose that we didn't expect.

Mahdi had a dream to start his own business. He didn't know exactly what that business would be, but he knew that it had to keep him connected to Somaliland, the country he left behind during its civil war, and help him raise the standard of living in his native country by creating a business that could afford him the financial ability to give back to his people.

We dabbled in a couple of ideas before settling on frankincense, mainly because it was a Somaliland export that we knew was consumed in the US. Somaliland had the product and we had the market (so we thought), and with a couple of kilogrammes of resin shipped to us from Mahdi's mother in Hargeisa, a business was born. Not an essential oil business (yet) but a resin business with our primary target being church supply stores.



That didn't exactly work out but, luckily, Mahdi was so determined to make this business work that he threw himself wholeheartedly into researching frankincense, discovered that it was actually distilled into an essential oil, bought a small still and taught himself how to distil. Sixteen years on, our business, Boswellness, has allowed him to realise his dream of creating a business that builds a bridge between his new home and the one he left, financially give back to Somalilanders, and help improve the lives of his fellow Somalis while ensuring a sustainable livelihood in frankincense harvesting.

The business of frankincense

The frankincense (and myrrh, but much less so) supply chain is unique, multi-faceted, and complex to a mind-blowing degree. I realise that is a loaded statement, but we have seen so much over the years that this article could only begin to scratch the surface of all we have

learned. Aside from the logistical challenges of operating in a country unrecognised by most governments it's equally important to understand the cultural intricacies.

Somaliland is a self-declared autonomous nation in a region known to most of the world as Somalia. Somaliland declared its independence from Somalia in 1991, after a devastating civil war that left lasting effects on both nations. Since Somaliland is not recognised by the international community Somalilanders have been limited in their ability to operate in a global economy.

While some aspects of this have improved over the years as they lobby for international recognition, international business transactions still present many challenges. For example, banking transactions are complicated and sometimes flagged for suspicion due to the destination. This requires us to prove multiple times that we are running a legitimate business, just to buy our raw materials. Logistical challenges abound, particularly with travel to and from the harvest region. We are eternally grateful to our head of sourcing (who is Mahdi's brother) for his skill in dealing with these.

The terrain in the harvesting region of Sanaag is harsh. Steep mountainous roads cloudy with dust, probably better categorised as paths, wind their way through the region. A flat tyre will cost at least a couple of days, so you have to bring spares – and you need to know your way around your vehicle's mechanics because in this terrain there's a very good chance that something will break.

Aside from the physical challenges of travelling from village to village to meet with harvesters, local politics can also make travel difficult. Whether it is a local community issue, a broken vehicle, a washed-out road, or any number of other surprises, patience is required because impatience is futile. Delays are not uncommon in our sourcing trips. There is a completely different mindset from the Western world, where timelines and delivery dates are demanded by consumers. Balancing the two vastly different expectations is one of our greatest challenges.

Gaining the trust and respect of the harvesters and the community as a whole is paramount in meeting all the logistical challenges mentioned above. Moving through this region as an outsider brings exponential difficulties, especially for foreigners who do not speak Somali. The language barrier alone is enough to cause serious misunderstandings and, unless you are a native Somali, you cannot truly understand the traditions, history, culture and local politics. When it comes to operating a business in Somaliland, understanding both the language and the culture is critical. Without that, you will have a very difficult time navigating the intricacies of the frankincense supply chain successfully.

Thus far, I have only discussed the broader challenges of operating in Somaliland but, as a distiller with a very niche focus operating in the essential oil industry, there is no shortage of daily challenges. With the popularity of essential oils reaching fever pitch, the evolution of the industry seemingly races forward at a break-neck pace, and small companies with limited resources are having

a hard time keeping up. From customer education to navigating regulatory requirements and everything in between, as a small distiller trying to not just survive but thrive, we are constantly pulled in many different directions.

Large, multinational companies have all the resources they need to meet regulatory requirements, lobby the people in power to their advantage, and churn out multiple marketing campaigns or 'studies' to effectively dominate the essential oil and fragrance markets. These practices force small producers to spread themselves extremely thinly just to survive, while doing little to maintain the viability of the source plants and the people who depend on them.

You might imagine that the life of a small frankincense and myrrh distiller is simply a matter of distilling resins into essential oils every day. In reality, there is the distillation of course, but there is also educating customers and combating the plentiful misinformation about frankincense that is out there.

Then there is the paperwork...so much paperwork! It seems that every company has different regulatory requirements for their essential oils, some much more stringent than others. Some clients want a GC-MS report, some just want a Certificate of Analysis, some want both, and some use the terms interchangeably so we're not sure what they want.

There are safety data sheets, organic certificates, allergy statements, animal-free testing statements, Prop-65 statements, IFRA statements, food-grade statements, purity statements, and the list goes on. There are import and export regulations and highly restrictive shipping rules that require certification for flammable goods. Our company comprises just a handful of people in Vermont managing all of this. As the industry changes, so do these requirements, and keeping up with it all becomes a huge drain on time and resources. While larger companies have whole departments dedicated to this task, we just add it to our never-ending list of 'to-do's.

Production process

Boswellia carterii, *Boswellia frereana*, and *Commiphora myrrha* all grow in Somaliland. While some have suggested that *Boswellia carterii* and *Boswellia sacra* are the same species, typically the resin from Somaliland is referred to as *Boswellia carterii* while the resin from Oman is referred to as *Boswellia sacra*. *Commiphora myrrha* also grows in other parts of northeast Africa and the Arabian peninsula. However, *Boswellia frereana* is endemic to Somaliland and Puntland (an autonomous region of Somalia adjacent to Somaliland). *Boswellia carterii* and *Commiphora myrrha* are harvested during a four-month period in the summer dry season, while *Boswellia frereana* is harvested during a nine-month season, typically beginning at the end of July.

For frankincense, the resins are harvested by making a small incision on the tree trunk using a chisel-like tool called a *mingaaf*. The sap weeps from this incision and after a couple of weeks of air and sun exposure, it dries and sticks to the bark. These dried droplets are



Left: Resin weeps from an incision in a *Boswellia frereana* tree. Right: A harvester carries resin in his collection basket

called 'tears'. The harvester then returns to the tree to carefully scrape off the dried tears and collect them in baskets. A single tree can yield anywhere from one to four kilogrammes of resin.

The frankincense trees grow on land owned by families and are passed down from one generation to the next. Permission to harvest the trees can only be granted by the landowner. Conversely, the myrrh trees are more spread out across the region and are not part of the same complex ownership system. Harvesting of myrrh resin is first come, first served. The *Commiphora* trees exude their resin naturally, without the need for an incision in the bark.

Since frankincense grows in steep rocky mountains the harvesters spend several weeks in these mountains during the harvest season collecting the resin. It would be too difficult to make the trip down to the villages every day after collection. They store all their daily collections in natural caves until they are ready to haul their resins back down to the village by camel or donkey. From there, the resins are transported to a warehouse where they are sorted into similar sizes (also known as grades) and cleaned of any bark. The resins are then packaged for transport to the port of Berbera where they are loaded onto a container ship destined for their terminal ports.

Distillation

When people think about the production of essential oils, they most commonly think of steam distillation.

In fact, many companies list the method of extraction for their frankincense oil as 'steam distilled'. However, with hard plant materials like resins, hydro-distillation is the preferred method of extraction. Hydro-distillation is when the plant material is submerged in water and boiled, releasing the steam which contains the volatile oil of the resins.

Frankincense distillation is a relatively long process as compared to the distillation of leaves or flowers, taking about eight hours from start to finish. The oil yield for *Boswellia carterii* and *Boswellia frereana* can range anywhere from 1.5-7 per cent depending on the resin. Several factors can affect yield, from the environmental conditions of the tree to how long it has been since the resin was harvested.

After an eight-hour distillation, what is left is a very sticky, sludgy mess of melted resin in the retort. As ugly as it looks, it is actually still quite useful. We have very little waste in our distillation process. From the resin, we produce oil and hydrosol. We also continue to process the melted resin and turn it into a powder which contains Boswellic acid. Boswellic acids are heavy molecules that are not volatile enough to end up in the steam, and thus are not in the essential oil. They remain in the resin, even after distillation, which we have verified through HPLC testing. Boswellic acids have been researched extensively and proven effective in treating chronic conditions such as arthritis, asthma, inflammatory bowel disease, and several other illnesses (Roy *et al*, 2019) ►



Company co-founder Mahdi Ibrahim in the efficient, modernised Boswellness distillery

Although frankincense distillation may seem long and laborious, it's a walk in the park compared to myrrh distillation. Myrrh is an enigma when it comes to extracting the essential oil. Not only is it more than twice as long a distillation time as frankincense, but it is also an exacting process. It demands just the right temperatures, an atypical separation process and, like frankincense, is extremely messy to clean up.

When we first started distilling myrrh, we were using open flame burners, which made it difficult to control the water temperature. Back then, one distillation took 28 hours and required continual intervention throughout. Over the years, we've modernised our equipment and continually fine-tuned our process to reduce the distillation time significantly. But even after 15 years of experience with this resin, sometimes it will surprise us and revert back to its 'problem child' status. Just when we think we've got it all figured out, myrrh lets us know that all of its secrets are yet to be revealed.

Our distillery has evolved over the years, going from a somewhat rudimentary setup with propane fuel and open flames as a heat source, to a more modernised efficient system with the goal of reducing our carbon footprint. We have greatly reduced our water consumption by using a closed loop cooling system. Renewable natural gas, a relatively new product offering for utilities in the US (Mingle, 2019) is now our fuel source. Finally, we serendipitously installed our first solar panel on the same day as the worldwide climate strike in 2019, inching closer to our goal of operating a carbon neutral distillery.

Cultural and medicinal uses

Many of us who are familiar with aromatherapy are aware of the healing properties of frankincense and myrrh. *Boswellia carterii* offers wonderful skin support, thus making both the essential oil and the hydrosol

popular in skincare preparations from serums to toners. *Boswellia carterii* has also been shown to be beneficial for asthma and other bronchial conditions.

Both *Boswellia carterii* and *Boswellia frereana* have historically been used in reducing stress and anxiety, and therefore are widely used in meditation and other spiritual practices. A 2008 study showed that burning *Boswellia carterii* frankincense resin alleviates anxiety and depression (Moussaieff et al, 2008). In Somaliland, both these types of

frankincense resin are used traditionally in the home for purifying the air and repelling insects. *Boswellia frereana* resin is traditionally used as a natural chewing gum as it is said to support both oral and digestive health.

Commiphora myrrh essential oil has many traditional medicinal benefits. Myrrh is known for its oral benefits and is an ingredient in toothpastes. It also promotes healthy gums and fights bad breath. Like its cousin frankincense, myrrh also has skin benefits. It promotes wound healing, particularly weeping wounds, and is great for chapped skin. Myrrh's skin-nourishing properties rejuvenate and soothe, making it ideal for daily skin care. In Somaliland, the resin is traditionally used to treat toothaches. It is also used to cleanse the uterus after childbirth because it is an emmenagogue.

A favourite story Mahdi told me involves a traditional use of myrrh. As a young child attending the madrasa the class was required to write verses from the Quran. The ink they used was made of myrrh resin, water, and charcoal. One day Mahdi, being a spirited kid, did not want to write his verses so he drank the ink. Having no ink, the kids got out of writing their verses that day and he became a class hero. The teacher, on the other hand, was less than impressed. To this day, anytime he uses myrrh orally, the bitter taste reminds him of this ink drinking episode.

Sustainability

Perhaps one of the most talked-about current topics in the frankincense world is the future of frankincense trees. It is a matter of great concern and there are multiple factors affecting frankincense tree populations across the various countries where they grow.

Climate change is a big one, as evidenced by the multi-year drought Somaliland has recently experienced. Another is grazing livestock, which has led to soil degradation in some areas. However, over-harvesting seems to be the sustainability issue making the most

headlines. Perhaps this is because climate change and livestock aren't as sexy a problem as one where someone can swoop in and designate themselves the saviour of the frankincense trees?

Depending on who you talk to, sustainability holds different significance and has varying connotations. Sustainability does not just mean saving a plant for future generations. It also means preserving the symbiotic relationship between the plant and the people who depend on it.

We started Boswellness with the goal of improving the livelihoods of the people closest to these trees. It is important to realise that the issues of plant sustainability do not exist in a vacuum. There is much more to it than the 'save the plants' mantras some ecologists and activists centre the discussion around.

The root causes of unsustainable harvesting are poverty, lack of education, lack of infrastructure and food insecurity. In our experience, the ability of humans to meet their basic needs and survive has had the most profound impact on sustainability. From an eco-conscious consumer standpoint, it often seems black and white; if something is sustainably produced (or proclaimed to be) they buy it, and if it is not, they don't.

Unfortunately, it is not that simple. By not addressing the root causes of unsustainable harvesting practices, particularly in poor countries, those closest to the plant are directly impacted by the sudden drop in demand, and thus lost wages, that can happen when a plant is labelled 'unsustainable.'

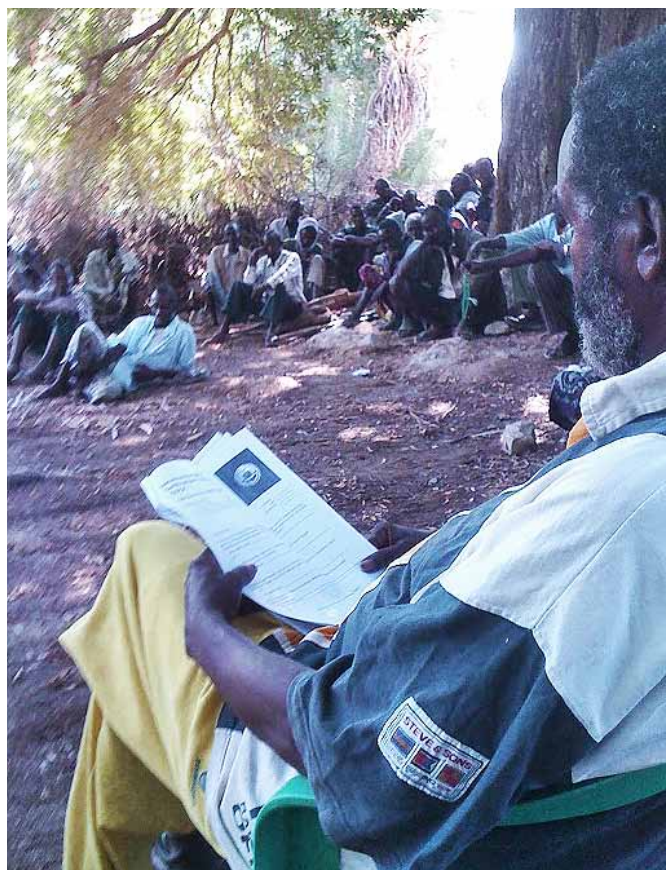
Essentially, a decision has been made to save the plant, but not the livelihoods of the people who depend on that plant. This can drive *increased* harvesting as they try to make up for falling wages. Our approach to sustainability addresses this disconnect by focusing on basic human needs first and foremost.

We asked what the community needs to thrive. Do they need easy access to clean water? Do they require food staples? Do they need health services? Education? As these basic needs are met, the harvesters are happy to focus on what sustainability means and how they can implement it for their crop. We understood that the community needed education around what sustainability means for their business, and why it matters, particularly to foreign markets. We also understood that, as long as the community was focused on food security and daily access to clean water, none of that 'extra' stuff would matter to them.

The first priority was easier access to clean water. We found a way to fund the building of solar-powered wells in villages, a project that continues today. The community also expressed a need for access to affordable food staples. The Sanaag region is extremely remote, even by Somaliland standards, so food staples like rice, pasta and cooking oil come with a higher price tag than if you live in the capital of Hargeisa. So we worked to implement a food buying co-operative system to give access to affordable food staples.

By cultivating these partnerships with the community, we gained a better understanding of their

needs and they came to trust us as a partner and not just another buyer. With that trust and mutual respect, we were allowed to deliver training on organic standards to harvesters as well as receive their essential cooperation in collecting data on the health of the trees. As I mentioned before, distrust of outsiders can be a real roadblock to operating in the harvesting region. This sentiment has only been exacerbated by 'environmentalist' groups with questionable objectives and controversial hypotheses who took their information and, in the view of the harvesters, weaponised it against them. ➤



An elder delivers organic standards training to harvesters



Installation of solar wells to provide the community with easy access to clean water (equipment/materials provided by Boswellness)

There are several self-proclaimed experts out there who preach about sustainable harvesting methods and the plight of the trees in the face of over-harvesting. To date, there is no peer-reviewed independent scientific study based in Somaliland supporting the claim of rapid tree decline in Somaliland caused by over-harvesting.

Furthermore, this narrative paints the harvesters in a negative light and focuses solely on the suffering of the plant, not of the people. Somaliland is a poor nation and this poverty is magnified in rural areas, such as the frankincense harvesting regions. Each day is a challenge just to provide for family necessities. When academics and other vested interests from outside Somaliland try to impose their values and beliefs on a poor population, imploring them to follow their 'expertise' on how to sustainably harvest trees (which Somalis have been harvesting for thousands of years), it evokes memories of colonialism, so much so that there is a term for it: *neo-colonialism*.

It is important to note that no in-depth research or study on *Boswellia* has been conducted since 1981. While there have been a handful of sporadic cursory studies since then, none has been able to offer reliable data from Somaliland. For example, at least one of these studies extrapolates their 'findings' in Ethiopia, Eritrea, and Sudan to Somaliland without considering the differences in environment, land use, cultural practices, and other specifics (Centre for Frankincense Environmental and Social Studies, 2020).

A Somali research group known as the Centre for Frankincense Environmental and Social Studies (CFESS), led by Dr Kenedid Hassan, is trying to change this by conducting a multi-year research project to assess tree populations in Somaliland and Puntland, as well as studying how the harvesters and the sector as a whole are being affected by the recent push by international groups to label *Boswellia* as endangered. CFESS is using its data to participate in the ongoing CITES review of *Boswellia* populations around the world.

In terms of assessing the *Boswellia* population in Somaliland, CFESS's acceptance into this working group is a major milestone for amplifying native voices and expertise, enabling them to maintain control over their own resources. Boswellness is a financial supporter of the CFESS research because we strongly believe that native populations must be the authority on their own natural resources.

The future of frankincense

For all that we have learned over these last 16 years, our experience has shown us that we will undoubtedly continue to learn new things about *Boswellia* trees. While there has been significant research on the chemical makeup and pharmacological potential of the gifts from these trees, there is still much more to discover. There are hundreds of compounds in frankincense essential oil, many of them still unknown. Boswellic acid research has given us hope for the healing potential of some of our most common diseases. However, our hope does not only lie in the healing potential of this plant.

Our hope in the future of Somaliland may be just as important to the future of frankincense. Much of the world's frankincense grows in this unrecognised nation. Somaliland has succeeded in maintaining peace and shown itself to be a model for democracy in Africa. Business is booming, the diaspora is returning home, and the possibilities seem endless. However, there is an undercurrent of fragility in the quest for international recognition. Frankincense can be studied, sustainable harvesting methods can be innovated, and frankincense harvesting communities can prosper with indigenous leadership in all these areas.

If outsiders truly want frankincense to remain a valuable resource to humanity for another thousand years, we must all support international recognition of Somaliland. At the same time, we should not hinder Somalilanders from leading the way, respect their deep knowledge of the trees, and ensure that they maintain control over one of their most critical natural resources.

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Jamie Garvey is co-owner of Boswellness, a frankincense and myrrh distillery located in Vermont, USA which imports frankincense and myrrh resins from Somaliland. She founded the company in 2004 with her husband Mahdi, a native of Somaliland.

The partners aimed not only to provide a living wage to Somalilanders involved in the frankincense trade but also to return a portion of their profits to harvesting communities to improve living conditions. This funding has provided easier access to clean water, to basic food supplies, and to education.

While their niche market may be the essential oils of frankincense and myrrh, Jamie Garvey says these resins have introduced her to the wider world of aromatic plants and she is very grateful for the opportunity to work in such a fascinating and dynamic field. More information at www.boswellness.com or <https://www.facebook.com/Boswellness>

Essential oil profile: Corn mint (*Mentha arvensis*)

Deborah Franks looks at the chemical constituents, properties and applications of a useful, cooling essential oil



Photo credit: hekakoskinen – iStock



Corn mint (*Mentha arvensis*), also known as field or wild mint, is a herbaceous, flowering plant within the Lamiaceae family. The *Mentha* genus provides several other essential oils, including Peppermint (*Mentha x piperita*), Spearmint (*Mentha spicata*) and Lemon mint (*Mentha citrata*).

The plant can be distinguished from other mints by the blue-purple flower whorls borne above multiple leaf nodes on vertical stems. Widely distributed across the northern hemisphere it has a long history of use in native North American and Japanese cultures. Now the main mint variety used to obtain menthol crystals for the cosmetic, food and pharmaceutical industries, it is predominantly cultivated in India (An Overview of *Mentha arvensis* Production, n.d.)

Steam distillation produces a clear and very pale-yellow oil with low viscosity and a strong minty but 'flat' aroma, lacking the complexity and heady aroma of Peppermint.

Chemical components

Analyses confirm that menthol and its associated ketone menthone are consistently present in the essential oil (Essential Oil University Database). Menthol is a cyclical monoterpene alcohol and occurs in high concentrations of up to 75 per cent while the ketone menthone is found in concentrations of around six per cent. Further processing of the steam distillate for menthol crystals produces a dementholised (DMO) version of the oil with lower menthol levels.

Menthol as receptor agonists and antagonists

Menthol has a long empirical history as an effective non-opioid pain and inflammation reliever but not all the mechanisms in play are fully understood. One that has been confirmed by research is its cooling effect.

Receptor channels are chemical structures in the body that play an important role in conveying signals and messages via neural pathways. In 2002 the general role of TRP ion channels in thermo-sensation was confirmed and TRPM8 was identified as the first TRP ion channel activated

by cold ie signalling the sensation of cold and cold pain to the body (McKemy, Neuhausser and Julius, 2002).

Research further confirms that menthol specifically activates, ie is an agonist of, TRPM8 (Pergolizzi *et al*, 2018). Menthol is also an antagonist on TRPV1 receptors activated by heat and capsaicin (Takaishi *et al*, 2016) and the TRPA1 receptors which play a role in inflammation and pain (Karashima *et al*, 2007). These receptors are involved with detecting and initiating pain and cold signals in the peripheral nervous system and, by numbing the skin and making it feel cool, menthol relieves pain and inflammation. Menthol does not actually lower skin temperature, rather it is the counter-irritant actions which provide relief.

Menthol is also regarded as an antipruritic, though the mode of action is less clear. Itch signals arise from pruriceptors of histamine pathways, of which TRPV1 ion channels are component parts. However, menthol is not an antihistamine so any efficacy on histamine-related itch may be due to the counter-irritant properties providing temporary relief. Research also confirms that itch messages arise from non-histaminergic receptors (Brennan, Josland and Kelly, 2015) where both TRPV1 and TRPA1 may be involved (Liu and Jordt, 2018). Menthol may therefore be effective in situations where antihistamines are less so, for example, for chronic skin conditions.

Conversely, it has also been observed that menthol has the potential to act as an agonist (activator) on TRPA1 in certain situations, (Liu and Jordt, 2018) which may be the mechanism behind observed side effects including allergic contact dermatitis (Wilkinson & Beck, 1994), and, at concentrations over 35 per cent, erythema and burning (Hatem *et al*, 2006). Working within our safe dilutions mitigates risk, however, as with any essential oil, application should be discontinued immediately if any adverse reactions, including stinging or sensitisation, occur.

Applications

With a high menthol concentration Corn mint produces a very strong cooling and desensitising effect when applied topically. In addition, menthol and menthone are both natural penetration enhancers (Chen *et al*, 2016). These properties are particularly useful for the management of

acute and inflammatory pain commonly associated with localised tissue and muscle injury. (Liu *et al*, 2013). These could include sports injury, repetitive strain injury, and other muscular pain. Oils which will work well for pain alongside Corn mint include Lavender (*Lavandula angustifolia*), Plai (*Zingiber cassumunar*) and Holy Basil (*Ocimum tenuiflorum*), and consider adding Sweet marjoram (*Origanum majorana*) where muscular tension is also present.

The oil may be useful in relieving burning, throbbing and tension headaches, mixing well with Lavender (*Lavandula angustifolia*), Sandalwood (*Santalum austrocaledonicum*) or Roman chamomile (*Chamaemelum nobile*) or, in the early stages of migraine instigated by inflammatory mediators, potentially mitigating full onset, or it can be combined with Ginger if nausea is present. Menthol may also alleviate allodynia (Weyer and Lehto, 2017) which often occurs with migraine.

The anti-pruritic properties of Corn mint suggest that it may offer temporary relief from nettle stings and insect bites when Spike lavender (*Lavandula latifolia*) may be a good addition, and from a range of itchy skin conditions, including urticaria, atopic dermatitis, contact dermatitis, and psoriasis.

Corn mint may be useful in blends for respiratory tract conditions including coughs and colds where congestion and heat are involved. Menthol relieves symptoms without actually reducing congestion so oils with mucolytic activity eg Scots pine (*Pinus sylvestris*) or Laurel (*Laurus nobilis*) would also be of benefit. Care should be taken around the eye area because Corn mint is a very strong oil which can cause eye irritation (echa.europa.eu, n.d.). Application via inhaler sticks or chest rub may therefore be a better route than steam inhalation.

Menthol is also known to exert an anti-spasmodic effect on smooth-muscle contraction (Nomoto *et al*, 2008) so this oil may be a useful addition in a stomach massage blend to help relieve symptoms of irritable bowel syndrome, constipation or other bowel spasm conditions.

Corn mint may work well at lower dilutions in hydrosols, where a larger area of more frequent application is required. Consider adding Rose geranium (*Pelargonium graveolens*) essential oil for a cooling spritzer for menopausal heat, or mixing with May chang (*Litsea cubeba*) and Laurel (*Laurus nobilis*) as an insect repellent against the tiger mosquito (Wu, Zhang and Yang, 2019), a day-time feeding mosquito increasingly found in European countries including Italy.

Safety and contraindications

Mentha arvensis has much in common with *Mentha x piperata* when considering safety, and is therefore contraindicated during pregnancy and breastfeeding, and with children under the age of five years, because of its counter-irritant properties.

Maximum dermal use is recommended at 5.14 per cent, and it should not be used where there is a history of epilepsy, cardiac fibrillation or a deficiency in the enzyme G6PD. (Tisserand, Young and Williamson, 2014). Menthol is a prooxidant compound and such compounds have the propensity to cause haemolytic anaemia and jaundice when this enzyme is lacking (Patrinostro *et al*, 2013). A client with G6PD deficiency will usually know to avoid certain drugs and foods (Bubp, Jen and Matuszewski, 2015).

Summary

High menthol content Corn mint produces sensations of intense cold and has a fairly basic aroma, lacking any of the sweetness and roundness of other mint oils. It has been considered inferior to Peppermint in terms of odour, flavour and overall therapeutic value and there may well be better oil choices for full body massage treatments intended to support emotionally or on a general wellbeing basis.

However, the oil has the potential to be hugely beneficial if body cooling is a therapeutic intention or when localised application is required to support acute, painful, inflammatory or itchy conditions where function overrides aromatics. On this basis Corn mint essential oil may be a very useful addition to the aromatherapy toolbox.

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Deborah Franks qualified in clinical aromatherapy at the Institute of Traditional Herbal Medicine and Aromatherapy, and joined the IFPA in 2014. She completed advanced studies with Rhiannon Lewis of Essential Oil Resource Consultants in 2015 and 2019, and served on the IFPA Board of Trustees as Vice-Chair from 2017–2019

My practice

We talk to Janice Dorn about her lifelong fascination with fragrance, her aromatherapy practice, and her passionate vocation to help others through the power of essential oils



After an early career in banking, followed by a number of years spent raising a family, Janice Dorn fulfilled her long-cherished wish to study

aromatherapy when she was in her early 50s. Since qualifying she has worked in a range of settings and has welcomed new challenges and opportunities, always motivated by her love of her vocation and by her valued clients.

IFPA: Could you tell us a little about your background?

JD: My parents lived in Kent but, in 1941 when she expecting me, my mother went 'home' to her mother in County Durham so that she, and I, could be safely cared for while my father was working at Chatham Dock Yard.

I consider myself blessed that all my life I have had wonderful, supportive people around me. My parents were caring and encouraging and nothing was ever too much trouble for them. My late brother and I were not spoilt, just cared for and loved unconditionally.

I was not a very academic child. I never 'shone' at school although I did reasonably well. But when I left school I had no specific career pattern in mind. At the age of 18 I started work at the Bank of England and I enjoyed working in the City of London, even if the daily commuting was not too much fun. I wasn't unhappy - just maybe rather unfulfilled.

With a quick 'burst' of mental arithmetic you will realise that I shall be 80 next year! It will, therefore, be difficult for most people reading this to understand that, at that time, women like me were expected to get married, have a family, and almost certainly give up any possible career plans to become full-time housewives and mothers.

I duly followed that pattern. I married in 1963 and left the Bank in 1966 to have our first son, followed two years later by a second son. With two boys to bring up and a home to run I was kept quite busy, and at that time most mothers stayed at home while their children were young. So we spent our time looking after the home, caring for our families, taking our children out for walks or to the park, meeting up with other mothers and their children, organising birthday parties etc. How times have changed!

IFPA: What sparked your interest in aromatherapy?

JD: All my life I have been fortunate enough to live in a house with a garden, and I have always been fascinated by the scent of things. As a child I loved to walk around the garden and smell roses and lavender and squeeze all kinds of herbs between my fingers and just 'sniff' the lovely aromas.

I adored helping my mother bring in washing from the line and would dive face first into the newly-dried towels and just bask in that wonderful fresh smell. So there must have been a latent aromatherapist in me even then. It did, however, take quite some time to come to the fore.

Once our boys were both settled at school, I went to work for an

accountant and stayed there for many years. It was fine but I still had an 'itchy' feeling that I was not really fulfilling what the 'inner me' was truly interested in.

I was very interested in the benefits of massage although I had had no training. I seemed to have an instinctive 'feel' for sore spots so it became a habit (and still is) for me to use massage to relieve family members' aches and pains. I knew that in time I would want to move on to treating others too.

Eventually the time came when our sons left home, one to join the Royal Navy and the other to university. Once they had finished their training and studies and moved away to follow their own life patterns, I felt I could reduce my hours at work and find some 'space'. Now, I thought, this is the time when I can finally do something which is just for me.

IFPA: When and where did you train in aromatherapy?

JD: I enrolled in some evening classes to make sure that I would really enjoy being a 'proper' massage therapist, and kept practising massage at home.

It was also the stage in my life when I was going through the menopause which could have been difficult. However, with the help of some lovely essential oils, especially geranium and rose, I worked my way through the process with minimum trauma and no HRT.

This set me thinking about all the wonderful aromas in the garden and the properties of plants so I began trying out various essential oils. In the end, I can only say that I became 'hooked' and knew then that my path was destined to be using them - for

INTERVIEW

myself, for my family and particularly to help other women to go through the menopause.

I made enquiries about training courses for aromatherapists and did some internet research. Then a friend suggested that I take a look at the Shirley Price training programme.

I finally decided to accept a place on a course in Farnborough, Hampshire, run under Shirley's 'banner', with Alison Perrot who was an excellent tutor. My eldest son was then living in Fleet and I was able to stay with him. He was wonderful, looking after me, cooking my meals and making it as easy as possible for me to concentrate on my studies.

It was hard work going back to 'school' after such a very long time. I certainly had to dig deep into my grey matter to learn the anatomy and physiology, some of which I had done at school and which gradually came back to me. Learning about the oils and their properties, how they are produced, and what they can be used for was tough at times, but I was determined to succeed and finally obtained my certificate in 1994.

IFPA: How did your aromatherapy career develop?

JD: Starting out in a new business is never going to be easy and, of course, if you are 50+ you do give yourself a bit of a handicap. Through some contacts I was offered a position at a health club in Ealing, West London, to cover for an aromatherapist who was going on maternity leave. From that time on I have never looked back. I worked at the spa/club on that maternity leave placement and, when the new mother decided not to return to work, I was offered her job and gladly accepted.

I also took on work at a clinic attached to another spa. This was suggested by my younger son who, by then, was working there as an acupuncturist. I was very grateful for his encouragement and support then and I am extremely fortunate that my husband and both my sons have always supported me 100 per cent.

I also set up a treatment room at home and gradually gathered a group of regular clients, some of whom I am still seeing, after all this time. Many of them initially came to me because

they were menopausal and found it helpful to have a therapist who had been through the process herself. But they have continued to come to see me even though they obviously no longer require menopausal treatment but do love to have a massage.

I continued at the spa therapy centre until it closed to make way for a spinning studio and since then I have concentrated my energy mostly on home treatments. I do, however, have two small contracts which I fulfil outside home. One is at the National Archives in Kew, where they have a treatment room for staff, and the other is at a school for children with behavioural problems.

At the school I treat four staff members with 30-minute massages at the end of the school day - to relieve their stress. My services are 'rotated' around the staff room, week by week, and the headteacher pays for it! She is a delightful person and totally dedicated to making the lives of all her students just as good as they can possibly be, given their often complex situations. When time allows, she comes in herself and has a full hour's treatment. The staff often use their time with me to 'unburden' themselves about some of the students who can be very taxing at times. I do feel that the work of staff in such a challenging environment is extremely demanding and they really need some time to switch off and completely relax.

IFPA: How have general attitudes to aromatherapy changed over the years?

JD: I think, when I started out, I felt that aromatherapy was still seen as a rather 'lightweight' treat, but not as a serious treatment. The general public had not 'got to grips' with the in-depth value of essential oils and consequently had little knowledge of their wonderful and amazing properties. Fortunately, now there is much better information available, so this is no longer the case.

Over time many forms of self-healing have evolved and there is now a wealth of information on complementary and alternative medicine in newspapers, magazines and online. So now I truly believe that many people feel that, although they cannot exactly 'heal' themselves, they

can take more control of their lives and health, and help themselves to maintain a better lifestyle and thus hopefully avoid too much in the way of medical intervention.

There has been a huge turnaround in our attitudes to taking care of ourselves. The realisation that you are responsible for, and in charge of, your own body and its welfare, has enhanced our profile as aromatherapists – aided, of course, by organisations such as IFPA.

IFPA: What advice would you give to a newly-qualified aromatherapist?

JD: Don't say 'no' to any offers that come your way. Over the years I have realised that taking on something which may not be exactly to your liking can often turn out to be a bonus, in some way or another. It's important to bear in mind that we learn something from whatever we do – even if it's a negative – because at least then you can avoid the situation the next time around. If it's a positive, you can move forward with some new-found experience and knowledge.

I would like to take this opportunity to emphasise my commitment to continuing professional development (CPD) and I would encourage any newly-qualified therapist to make this a priority. What we are able to offer our clients is wonderful but it is vitally important that we take care to update ourselves on a regular basis. Primarily to ensure that we are offering our clients the very best treatment we can but also to refresh our thinking processes and keep ourselves up to date with, for example, new oils or changes to regulations.

This is when a coming together of like-minded therapists in a local group can be of such huge benefit, both to our individual businesses and to each other. I have found my membership of the West London Aromatherapy Network extremely valuable and I would urge new practitioners to join an IFPA regional group and tap into the support such groups can provide.

IFPA: What do you find especially rewarding about your work?

JD: The most rewarding part of working as an aromatherapist is meeting different people, in

different circumstances, and making connections with them, perhaps helping them to change their lifestyle. And many of these relationships last for many, many years.

IFPA: Do you have any particular interest or specialism?

JD: Not really – I like to think I can handle most situations. However, I do still take the menopause very seriously and maintain an interest in treatments to help women through this stage in their lives. And I do love doing pregnancy massage. Seeing that new little life wriggling around in the 'bump', while its mum is trying to relax is pure magic!

IFPA: Do you have any favourite essential oils?

JD: I know it's an over-used oil and

therefore struggling for survival, but I adore sandalwood, and just hope, rather selfishly, that it will be around for as long as I am working, even if I can only use it very rarely. Rose and geranium, of course, are firm favourites and I am always fascinated by the details of newer oils which come to the fore from time to time. We are very lucky to have some excellent oil suppliers in the UK.

IFPA: What inspires and sustains your interest in aromatherapy?

JD: What keeps me motivated is my love of my vocation. Although I shall be 80 next year I have no intention of giving up my work – I love it far too much to let it go.

I have a very supportive husband, sons who encourage me, delightful clients, a wonderful connection with my

West London Aromatherapy Network colleagues, and the glorious essential oil scents that fill my room. What more could I ask? But I do have to admit that nothing puts a smile on my face quite so much as a visit or a Facetime call from one of my four grandchildren!

IFPA: How do you look after your own spiritual and emotional needs?

JD: I am a yogi and have been enjoying yoga for 47 years. It helps to keep me flexible – although not quite as flexible as I once was - and it calms my head after a long day. Yoga can be shared with others and it can sustain you when you practise on your own. It helps you to relax. It also has the benefit of being a transportable exercise – you can do yoga almost anywhere and just let yourself go!

Bookshelf



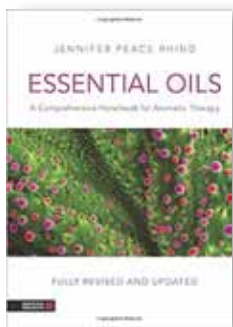
Essential Oils: A Comprehensive Handbook for Aromatic Therapy 3rd edition

Author: Jennifer Peace Rhind

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I was very excited when I was asked to review this fully updated and revised third edition of Jennifer Peace Rhind's comprehensive handbook. I worked alongside

Jennifer at Edinburgh Napier University when she was beginning her writing career, and have used both previous editions for practice and teaching. I knew this new edition would be magnificent and I was not disappointed.

The book is organised in two parts: aromatic therapy and aromatics. The first part is further divided into eight sections, covering the history of aromatic therapy, its modern

renaissance, olfaction, dermal and respiratory modes of application, production of essences in the plant, essential oil chemistry, pharmacognosy and formulations.

The second part provides detailed information on the action of essential oil components, and traditional and research-based oil profiles. There are also five appendices, over 2,000 full references, a brief resources section, and three indexes.

In the Preface the author states that this edition is "more science-oriented and evidence-based" than the previous editions. So I suggest it should be of interest to all serious practitioners and teachers of aromatic therapy. However, I suspect that most will use it as a reference book for finding specific profiles or useful information. I also suspect that even some teachers will find it rather daunting and novice students may find it overwhelming.

No matter – this book brings together almost all we know of aromatic therapy and, although very academic, it also covers many aspects of traditional knowledge and use, together with very practical hints on blending and modes

of treatment. It will be useful for health care practitioners wishing to understand the evidence for aromatic therapy. I will certainly be using it to update my own teaching materials.

This volume is so detailed and so well researched, drawing upon many different areas of expertise and knowledge. However, Jennifer's passion and commitment to deepening practitioners' understanding of aromatic therapy shines throughout.

I particularly liked the profiles, which include a substantial number of lesser-known essential oils and, usefully, oils about which there appears to be scant information but Jennifer has located useful data. Just reading through them has caused me to rethink some of the oils I currently use and teach.

If you buy no other book this year, this is the one I guarantee you will return to again and again – to answer your questions, refresh your knowledge, refine your understanding and serve as a basis for more research and deepening your practice or teaching.

Sue Jenkins

Safety first



In the second of a two-part article **Ray Gransby** takes a closer look at endocrine disruptors and discusses what they mean for aromatherapists



The first part of this article (*In Essence* Vol 18 No 2, Spring/Summer 2020) discussed the concept of

'endocrine disruption', which was first developed when it was found that a number of environmental chemicals were able to mimic the action of sex hormones, oestrogens and androgens.

However, substances with similar properties have also been found to affect hormonal function throughout the endocrine system, especially those responsible for the maintenance of homeostasis, development and growth as well as reproduction.

Substances capable of endocrine disruption have been found in biocides and plant protection products and in the packaging and ingredients used in consumer products including food and personal care products.

Such is the level of international concern that the World Health Organisation (WHO) has taken the lead in getting worldwide agreement on a definition that will enable regulators to identify, evaluate and regulate endocrine disrupting substances, and for the European Union (EU) to identify them as Substances of Very High Concern (SVHC), along with substances that are carcinogenic, mutagenic and toxic to reproduction (CMR).

What is an endocrine disruptor?

The first thing to remember is that endocrine activity is a mode of action that may or may not lead to adverse effects.

With that in mind, WHO have defined an **endocrine disruptor** as "an endogenous substance or mixture that alters function(s) of the endocrine system and consequently causes adverse health effects in an intact organism, or its progeny, or (sub)populations."

And just as importantly for identification purposes, WHO defines a **potential endocrine disruptor** as "an endogenous substance or mixture that possesses properties that might be expected to lead to endocrine disruption in an intact organism, or its progeny, or (sub)populations." (International programme on Chemical Safety, 2002)

It is clear that there are two requirements for a substance to be defined as an endocrine disruptor: the demonstration of an adverse effect and an endocrine-disrupting mode of action and, of course, a plausible link between the two.

This definition has enabled the EU to conduct a major programme to identify potential endocrine disruptors, largely in relation to the biocides regulation. That programme has resulted in a number of substances used as preservatives, UV inhibitors and antioxidants in personal care products being identified with endocrine-disrupting properties, including triclosan,

homosalate, benzophenones, melatonin, resorcinol and cyclomethicone, as well as the best-known example, the parabens.

The parabens provide a good example of the way that endocrine disruptors are treated in the EU. The Scientific Committee on Consumer Safety (SCCS) has evaluated the various benzoic acid esters for safety and concluded that the larger molecules - propyl and butyl paraben - are safe to use in cosmetic products when used at 0.19 per cent.

However, the smaller molecules can safely be used at a higher level - 0.4 per cent on their own or 0.8 per cent in total when used with other parabens esters. These are maximum levels and demonstrate the risk-based approach used in the EU to evaluate the safety of these substances.

That said, methyl paraben is on the Candidate List that the EU use to record all the SVHC identified across the EU and is scheduled for further evaluation as an endocrine disruptor.

Also on the list for evaluation as an endocrine disruptor is benzyl salicylate and, unlike the parabens, is likely to be of more interest to aromatherapists since it is found in several essential oils and absolutes used in aromatherapy and personal care products, including jasmine absolute and jasmine sambac and all fractions/grades of ylang ylang and cananga distilled oils. The EU has recently called for industry to submit data to support the continued use of benzyl salicylate, prior to evaluation by the appropriate

scientific committee which may result in further regulation or restriction.

Also considered SVHC are those that have CMR properties such as methyl eugenol, estragole and safrole (carcinogenic and mutagenic), found in a considerable number of essential oils used by aromatherapists and the recently expanding group of substances self-classified by manufacturers as toxic to reproduction.

These include p-cymene and γ -terpinene, found in a number of essential oils including bergamot, lemon, lime, mandarin, frankincense, tea tree, and thyme, and p-methyl anisole, found in ylang ylang, and methyl salicylate, found in wintergreen and clove oils.

Whilst there may not be a link between endocrine disrupting properties and CMR properties it cannot be ruled out and it is

most likely that those substances self-classified now could be listed for evaluation in the future. This is exactly what happened with salicylic acid that now has an official mandatory classification as toxic to reproduction and will have to be approved by SCCS if it is to continue to be used in cosmetic products.

The cosmetic regulation and its restrictions provide a good risk management model for aromatherapists developing and using essential oils in their products.

Further information

As always, if you would like help and advice on any of the issues raised in this article or any other issues relating to essential oils and their use, you are very welcome to contact the Aromatherapy Trade Council (ATC) – see contact details opposite.

Ray Gransby BSc (Hons), Administrator of the Aromatherapy Trade Council, has over 40 years' experience in the 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 the Aromatherapy Trade Council, PO Box 219, Market Rasen, LN8 9BR, tel: 01673 844672, info@at-c.org.uk, www.a-t-c.org.uk

News from CNHC



Current and future planning

A series of articles on CNHC's website (www.cnhc.org.uk) focuses on re-connecting to clients post lockdown and planning your future marketing approach. In the first article CNHC registrant Katherine Creighton Crook, founder and principal therapist of a London sports massage clinic, offers tips on rebuilding your business; the second explores ways to improve your clients' experience. The next article will look at creating a communications plan.

Accessible clinical practice

As she developed an eLearning course 'Complementary Therapies in Cancer Care for Massage, Reflexology and Reiki', CNHC Registrant Marie Duggan realised that some therapists would welcome the opportunity to gain clinical practice. To address this, she came up with the concept of a 'mutually respectful exchange of skills'.

The principle is that, in exchange for the therapist giving 20 hours voluntary complementary therapy treatments, and submitting case

studies, the Clinical or Complementary Therapy Lead will sign off a record of achievement and the therapist will receive a 'Clinical Practice' certificate from the hospice or cancer centre. Full details can be found at www.cnhc.org.uk/accessible-clinical-practice.

The article also includes comments on Marie Duggan's pioneering approach from Alison Hughes, the first therapist enrolled on the scheme, who gained clinical experience at St Columba's Hospice Care in Edinburgh, and from Lisa Spalding, the hospice's Complementary Therapy Lead.

Sports massage added to CNHC Accredited Register

CNHC's Accredited Register is now open to sports massage therapists. If you practise sports massage and would like to register with CNHC, or are already a CNHC Registrant but would like to add an additional discipline to your registration, you must have completed a course that meets CNHC's core curriculum for sports massage (see CNHC website for Core Curriculum details).

Close contact NHS rules

The NHS Covid-19 Test and Trace app allows users to 'check in' to your premises by scanning an NHS QR code. All practitioners in England who practise 'hands-on' therapies, including mobile therapists, must register for an NHS QR code and display an NHS QR poster.

In England, you do not have to ask people checking in via the app to provide contact details for Test and Trace. If there is an outbreak associated with your premises, a message will be sent to the relevant app users. See www.cnhc.org.uk/nhs-test-and-trace-app-nhs-qr-code-and-poster

CNHC's website provides detailed information on how Test and Trace works and about each of the UK governments' regulations affecting the therapies CNHC registers.

For further information about CNHC and how to register or renew, or about any of the items above – call 020 3668 0406, visit www.cnhc.org.uk or email info@cnhc.org.uk

Comfort and care

From volunteer to full member of the multidisciplinary team, **Catherine Connolly** shares her rewarding experience of working as a complementary therapist in hospice care



My path to becoming a complementary therapist began in 2006 when, along with a friend, I enrolled in an evening class in our local college. The class was a 10-week introduction to Indian head massage and reflexology and we both enjoyed it very much.

The teacher was very encouraging and pointed us in the direction of obtaining qualifications from the International Therapy Examination Council (ITEC), explaining that, while there were many weekend courses, not all would lead to a qualification. My preference would have been to start with aromatherapy but, at that time, a qualification in holistic massage was required as the foundation for the ITEC course, so my friend found a course and we both enrolled.

The course took place over nights and weekends from January to December. There was a lot of coursework and we were required to complete case studies. The paperwork and study required were daunting as I had not engaged in any study since I had left school – and I wasn't a particularly good student when in school!

I found the Anatomy and Physiology module challenging but the teacher was very supportive and endeavoured to make the subject easy and interesting. The ITEC examination took place the following January and we were both very successful thanks to our amazing teacher.

I was then in a position to continue with the aromatherapy course over the following 10 months. I developed a love for essential oils during this course – a love which is still growing. I followed the aromatherapy course with ITEC reflexology, so I spent the best part of three years studying.

I gradually built up a small private practice from my home and continued with my day job as an office administrator. It took me a long time to gain confidence in my abilities as a therapist. I was hooked on continuing my education and I have met many interesting people on the post-graduate workshops that I have attended. I have been very fortunate to have made a few very special friends along the way.

I also completed residential advanced clinical aromatherapy (ACA) courses in Provence with Rhiannon Lewis of Essential Oil Resource Consultants, which have

given me a scientific foundation on the use of essential oils. The ACA classes have ensured that I always think about the chemical components in the oils I use, and they taught me to question why I am using them, how I am using them and whether there are alternatives. These classes also introduced me to various methods of application and to many different carrier oils, butters and creams.

Visionary idea

A defining moment for me was a Rhiannon Lewis workshop on using essential oils in cancer care and in palliative care settings. This led to me being approached to see if I was interested in becoming a volunteer complementary therapist in Our Lady's Hospice and Care Services (OLH&CS) in Dublin, Ireland.

Celebrating its 140th anniversary last year, OLH&CS is the largest palliative care provider in the Republic of Ireland. Proud to provide person-centred loving care, it focuses on the person and not the condition. Across its two sites in Dublin it has over 600 staff and more than 300 wonderful volunteers.

OLH&CS established a Complementary and Creative Arts Therapy service (CCATS) in 1998. (Prior to that date a limited complementary therapy service had been provided through expanded nursing roles.) Following the 2012 Botanica international conference the head of CCATS had the visionary idea to introduce volunteers to this special service. The CCATS team currently comprises one full-time and four part-time personnel as well as one volunteer.

CCATS provides cover to 36 palliative care patients, 80 residential care patients in older people's services, and a day hospice attended by patients living in the community, as well as outpatients who are referred to us by the Community Palliative Care Team (CPCT). We also cover our 12-bed Blackrock Hospice, which is located in another Dublin suburb.

First steps as a volunteer

Initially, it was proposed that I, along with two other volunteers, would work four hours per week in the hospice. I will admit that, while I was aware that working in a clinical environment would be different from working in private practice, I was extremely naïve to think that just because I was a good therapist I was qualified to go out into the wards and put my hands on very sick and vulnerable people.

There were many necessary hoops to be jumped through before us volunteers finally walked onto a ward to see our first patients/residents. A mentor was appointed to each complementary therapist volunteer to ensure that we reached the required standard, and a wide range of mandatory training had to be completed. Our mentor provided supervision, support, encouragement and on-the-job training. Since the organisation had made significant investment in its volunteers it required a commitment of at least one year's voluntary service from them.

Learning about documentation, infection control and working as part of a multi-disciplinary team quickly highlighted the obvious differences between working in a clinical environment and the non-clinical environment I was used to.

Knowing when to use Personal Protective Equipment (PPE) such as aprons, gowns, gloves, masks, how to keep the patient safe, and having an awareness for my own personal safety, has been crucial. It is all too easy to transfer infection from one patient to another, from one area to another. Basic hand hygiene is the cornerstone to prevent the spread of infection.

In addition, it is crucial to recognise when it is appropriate and when it is not appropriate to offer touch therapy.

In the early days, I had to deal with the basics of:

- getting used to the equipment, adjusting the bed height, using the side rails, and call bells
- ensuring the patient was comfortable and safe, and that call bells were within reach after my visit
- the adaptations necessary to ensure each patient receives the most appropriate care. For example, using an upright position for someone suffering from COPD (Chronic Obstructive Pulmonary Disorder); applying only light pressure for those with low blood counts or who are on steroids; focusing on a low dilution of essential oils (one per cent or using no essential oils at all); and, most importantly, adapting the length of each session time to suit the patient's needs
- working around catheter bags, tubes, lines, drips, stoma bags, dressings, syringe drivers and patches
- getting to know the other members of the multidisciplinary team (nurses, doctors, physiotherapists, occupational therapists, dieticians, speech and language therapists, medical social workers, health care assistants and chaplains), and understanding how my role fits in with theirs
- becoming comfortable working with people who are very frail, ill and at the end of their life
- learning to work with non-verbal patients – reading their body language and visual cues



Our Lady's Hospice, established in 1879 by the Congregation of the Religious Sisters of Charity, continues to offer comfort, care and dignity to those in need

While all the points I have listed above are basic common sense, it can be daunting when you have not encountered such situations and circumstances before. I can honestly say that it took quite some time for them all to become second nature to me. It is easy to feel intimidated in unfamiliar surroundings and to doubt yourself, and it takes time to build confidence, especially coming from a non-nursing background.

Developing confidence

It also takes time to become comfortable dealing with patients. I remember being very apprehensive going into a room for the first time, feeling awkward and unsure about what to say to the person I was visiting.

I now find that it is always best to approach with confidence (which sometimes I don't feel) and start by introducing myself: "Hello, my name is Catherine and I am a complementary therapist", explaining that "I offer gentle touch therapy, aromatherapy massage and reflexology." I reassure the patient that they do not have to do anything, "I will do all the work".

I then demonstrate gentle holding and effleurage (gentle massage) over their clothes. This technique, known as HEARTS (Hands-on, Empathy, Aroma, Relax, Texture and Sound) is useful in situations where conventional techniques are not appropriate or where touch can be beneficial. Another advantage in a palliative care setting is that it can be given through clothing and bed covers.

Patients who have body image issues, who are very fatigued, short of breath, or who have never had touch therapy before, are reassured when they understand that they do not have to remove clothing or move from where they are sitting or lying.

It can be an empowering experience for a patient to be able to say no to a session. Dignity is crucial for all our patients and empowering them to have a choice in whether or not to have treatments is so important. I will always offer to call back another day if they are not in the mood or just don't feel up to it at that moment. Touch therapy is not for everyone and each person's decision is respected. I will notify staff and make a note in the unified



Top: The Palliative Care Unit, redeveloped two years ago, features state-of-the art facilities including this attractive modern outdoor space. Below: Essential oils are used in this impressive bath, dubbed by patients the 'Disco Bath' because bathtime is accompanied by music and lights!

health care record (UHCR) that touch therapy has been declined, so that the patient will not be bothered again.

For me, the best validation is when the team sees the effects of my sessions on the patients. Some of touch therapy's beneficial effects are that the patient reports that they feel less anxious, find that they are sleeping better and are more settled in themselves. It is of the utmost importance that the team looks at the whole person to build a holistic picture, which is central to the ethos of OLH&CS.

Joining the staff

I had volunteered for three years when three part-time paid complementary therapist positions were advertised. I was fortunate that my application was successful, and I got through the rigorous competency-based interview process. I was able to leave my administration work, completely changing my career, and I now work three days per week as a complementary therapist.

As part of the multidisciplinary team, I attend the weekly team meetings and give feedback on the complementary therapy patients. Referrals are often made at these meetings and, as new staff become familiar with our service, more and more referrals are made.

The hospice is a very busy place and there are many demands on the patients' time, so sometimes arranging

an appointment in advance works very well. However, we need to navigate around visitors and other health care professionals, so flexibility is a necessity.

I see some patients over many weeks or months; others I only get to see once or twice. Sometimes if loved ones are present when I am with a patient, and if I think it is appropriate, I will ask them if they would like to assist me in the session. Some will happily take part while others prefer to give their loved one some space and leave the room.

There is a wide age differential in our patients and we need to take into account cultural, religious and personal attitudes. Most of Ireland's older population would not have had any experience of touch therapies and some would even view massage and reflexology with suspicion.

Comfort for patients and families

One of my patients was an elderly gentleman who had never had touch therapy in his life before, but he was open to trying a new experience. The first time he was blown away by how relaxed and peaceful he felt at the end of the session saying "that was wonderful, that was amazing".

The second time, a week later, he was less well and chose to stay sitting in his chair for the session. When you are in the moment – really in the moment - magic happens and both the therapist and the patient are aware of it. As I drew the session to a close, I opened my eyes to see that his eyes were closed and he had a beautiful smile on his face. He slowly opened his eyes and said "Wow, I went to another dimension". When I asked him what it felt like he said "it feels like lying in a meadow on a warm summer's day."

Another case was a gentleman who had been admitted the previous day and his family had particularly asked for him to have complementary therapy. The family had been caring for him at home and had found his care increasingly difficult. When he arrived, he was very ill, much more than the staff were expecting, and they felt that he was going to die. His illness meant that he was hyper-sensitive to sound.

The family was extremely distressed and shocked at his rapid deterioration and I was unnerved by the fact that I might be intruding at his bedside in his last hours.

I went into the ward and introduced myself to the family at the bedside. I made my formal introduction. The patient was minimally responsive at this time. His partner, father and siblings were present and, although initially guarded, they immediately said "yes, yes, he would love to have massage, he is really into it, please go ahead".

The family left to go for a coffee and the patient's father stayed by his side. I sensed that he did not want to leave his son, even though he offered to, so I invited him to stay. I decided that it would be most appropriate to use the HEARTS technique, very gently holding and stroking over the clothes and bedclothes and putting a drop of essential oil on a tissue and placing it on the patient's chest. I usually use music and the sound of my voice to accompany the sequence, but I did not in this case due to his hyper-sensitivity to sound.

The father was so happy and energised telling me in hushed tones about his son, how proud he was of him, what a great guy he was, how it was so difficult for his family to see him like this. As a parent myself, I really felt the sadness in him.

I explained what I proposed to do, and I asked if he would like to stay and assist me - I demonstrated on the father's shoulder and arm the pressure and speed which we would use. He was nervous but eager to try so I instructed him to mirror my strokes. I was hoping that he would be able to do it. The father mirrored my strokes on his son's body, working in synchronisation as I explained that we were gently holding and stroking with love.

The father became very emotional as he touched his beloved son. I was uncomfortable at his show of emotion at first but I managed to hold it together. He apologised and I reassured him that it was perfectly alright, of course he was upset. He gathered himself together and we were able to finish what was a beautiful and special session.

I felt that he was getting to hold his son as he had done many times as a baby and child and I still do not know how I kept my composure because there was a real loving connection which was wonderful to witness. I feel so privileged that I could be part of this beautiful moment and we allowed ourselves to create that space for him to be at one with his son and to show his love. When we finished the session, the father hugged me and thanked me for including him. His son died a few hours later.

Aromatherapy in practice

I use my essential oils every day as part of massage and reflexology, and as simple inhalation from a tissue placed on the chest in the HEARTS process. Our latest project is to run a pilot study on training health care assistants in the HEARTS process with the hope that they will use it during their everyday interactions.

In short we would like to increase our staff's knowledge of HEARTS techniques and develop their ability to comfort residents with this technique as part of our focus on person-centred care. Our hope is that it will foster deeper relationships between staff and residents, soothe and manage responsive behaviours, provide an opportunity for daily touch, and promote the value of touch for non-verbal communication.

We have an extensive list of around 50 essential oils from which to choose. These are supplied with Material Safety Data Sheets (MSDS) and GCMS reports. Unopened oils are kept in a fridge and strict stock rotation is adhered to. Each therapist has a locked trolley in which the oils are kept. We follow Essential Oil Resource Consultants (EORC) guidelines on dilution ratios and shelf-life, which range from six-24 months.

As a general rule we use a 1% dilution, increasing up to 4%, depending upon specific patient requirements. We provide diffuser blends for malodour, infection or comfort, aromatherapy creams, organic washes and lotions, using approved base carriers to which we add essential oils. Patients are involved in choosing the oils we blend for them - there's no point in making a fabulous blend if the person does not like the scent. Some patients report that

our compounds are very effective and they use them in preference to commercial products.

As a team we have collaborated on some master blends and have originated a malodour blend we like to call 'Walk in the Woods', and a comforting blend called 'Serenity'.

Serenity is composed of Rose 20 per cent (20 drops), Frankincense 40 per cent (40 drops) and Cypress 40 per cent (40 drops). The subtle energy of this blend encourages unconditional love, heart opening (Rose), healing to deep emotional wounds, grounding and calming (Frankincense), and support in difficult transitions and coping with overwhelming emotions (Cypress).

Every day is different and brings new challenges with each member of the team bringing their own unique talents to the table. We are fortunate to learn from each other and support each other in our work. I have learnt so much both as a volunteer and as an employee in OLH&CS and I will be always be grateful that I had an opportunity to be a volunteer.

I have worked with many people living with cancer and other life-limiting conditions right through to end of life, but nothing prepares you for dealing with a close family member going through the same thing.

I am now standing on the other side of the fence as my Father is coming to the end of his life. I have a clearer insight into how the patient feels when given that diagnosis and ultimately when there is no further treatment. I can appreciate how families rally round and provide care at home, supporting the patient in their choice to stay at home.

I now have a better understanding of the term 'carer burden' as family members rearrange work and personal commitments to ensure that they give the best care they can to their loved one. I am experiencing the service that the Community Palliative Care Team provides. The emotional support, reassurance and guidance the homecare team supplies is wonderful for both patient and family.

You can find further information on Our Lady's Hospice & Care Services at www.olh.ie

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Dublin-based holistic therapist Catherine Connolly qualified in aromatherapy in 2008 and has since completed advanced clinical aromatherapy courses in Provence with Rhiannon Lewis of Essential Oil Resource Consultants. She is also qualified in reflexology and reflex lymph drainage, and is a Reiki Master. She uses components of all her therapies to tailor treatments to suit the client.

Catherine believes that continuing professional education is key to excellent practice and she has a particular interest in the gentle touch therapy HEARTS (Hands-on, Empathy, Aroma, Relax, Texture and Sound) which she adapted for use with hospice patients during the pandemic.

Essential to life

Essential oils derive from plants but why do plants bother to make them? **Ian Cambray-Smith** explains



In all life, animal and plant, things happen for a purpose and I am talking physical here, not metaphysical. Resources are

used and energy expended in order to achieve a designated aim – the maintenance of life. For green plants this is achieved by photosynthesis, the process plants use to make carbohydrates from carbon dioxide and water in the presence of chlorophyll, using energy captured from sunlight by the chlorophyll.

This process is described as 'primary plant metabolism'. Primary because photosynthesis and related processes are essential for plant growth and function. However, plants are unusual in that, if primary metabolism is in danger of failing, a process known as secondary metabolism comes into play; the associated chemicals are referred to as secondary metabolites. These materials include the chemicals that comprise essential oils along with, for example, alkaloids, steroids and glycosides.

The wide variety of secondary substances found in plants is in marked contrast to their absence from animals. At one stage it was suggested that they were merely waste products of the plant's metabolic processes, and thus of no practical value (Penfold & Willis 1955). However, it is now agreed that secondary plant substances are secondary only biosynthetically, not functionally (Pagare *et al* 2015).

So, what stressors contribute to the failure of primary metabolism and how do essential oil chemicals help? (Isah 2019).

Examples of stressors

- **Drought:** The resulting decrease in biomass production can lead to higher production of secondary metabolites such as monoterpenes (Nowak *et al* 2020)
- **Light:** Both exposure time and intensity of light can influence the secondary metabolites formed by St John's wort (*Hypericum perforatum*) (Raduslene *et al* 2012)
- **Allopathy:** There is evidence that, under difficult growing conditions, some plants secrete chemicals such as camphor and 1,8-cineole that inhibit seed germination and growth of competitors (Muller 1969, Edreva *et al* 2008)
- **Protection against predators** (Woll *et al* 2013): Plants have evolved several mechanisms against external attacks by animal or insect herbivores. Secondary metabolites have been shown to restrict animals' food intake, thereby affecting their reproduction rate and fitness (DeGabriel *et al* 2009).

Animals ingesting some plants may suffer adverse effects eg sickness (Zahorik *et al* 1990).

Secondary metabolites can act as insecticides; monoterpenes have been found to discourage insect attack (Bergstrom 1987; De Feo *et al* 1998).

Monoterpenes, such as limonene, α -pinene and β -pinene found in the resin ducts of conifers, are all toxic to bark beetles, a pest affecting conifer species (Turlings *et al* 1995). Protection can work both ways – the monarch butterfly can store plant toxins and so gain protection from its enemies (Geest *et al* 2019).

Plants also use secondary metabolites to send signals. For

example, methyl jasmonate is a signalling molecule produced by plants, especially when subjected to environmental stresses such as wounding or pathogen attack (Benevenuto *et al* 2019). Once the plant perceives the signals, there is considerable reprogramming of gene expression.

Consequently, changes are made in the regulation of important pathways, including the induction of defensive genes and their associated biosynthetic pathways. As methyl jasmonate is volatile it evaporates, triggering similar defence responses in nearby unwounded plants

Primary signals

A primary signalling function is to attract pollinators (Stevenson & Wright 2017, Bergstrom G 1987). My particular favourite is the way aggressive ant-guards assist seed-set in acacia flowers (Wilmer & Stone 1997).

Trees in flower require insects to effect crosspollination but the guard ants keep them away. Researchers found the ants are deterred from young flower buds by a volatile chemical signal, thus allowing pollination to take place. When the flowers open the signal ceases, the ants return and protect the fertilised ovules and developing seeds.

Plants have evolved multiple defence mechanisms against microbial pathogens and many types of external stressor. It is this action that gives rise to the production of secondary metabolites and the chemicals that make up essential oils.

So, that is why plants bother to make essential oils – we can only be grateful that they do.

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An IFPA founding co-Chair, Ian Cambray-Smith FIFPA, MScS, BSc, MSc, PGCE was originally a research chemist and materials scientist. He is an experienced teacher of aromatherapy and essential oil science, and an essential oils consultant.

Essential oils for menopause

Aromatherapy has been shown to be effective for a range of menopausal symptoms, as the studies below demonstrate.

Positive physical and psychological effects

A recent literature review suggests that lavender aromatherapy can have a positive effect on sexual function, self-esteem, anxiety and hot flushes in menopausal women. The review explored electronic databases including the Cochrane Library, MEDLINE (PubMed), Ovid, Embase, Scopus, ProQuest, Web of science, and Google scholar, as well as Magiran, SID and Irandoc. The study included all randomised controlled trials, and quasi-experimental studies evaluating the impact of aromatherapy with lavender alone, or lavender combined with other aromas, on physical and psychological menopausal symptoms. The researchers highlight the need for further research in this area. See www.sciencedirect.com/science/article/abs/pii/S1744388120300220?via%3Dihub

Lavender helps reduce hot flushes

In a clinical trial to determine the effect of lavender aromatherapy on menopausal hot flushes, 100 menopausal women aged between 45–55 years were divided into two groups. A lavender group inhaled lavender for 20 minutes twice daily over a 12-week period while the control group inhaled diluted milk. The results showed a decrease in the number of hot flushes experienced by the lavender group. The researchers concluded that this simple, non-invasive, safe and effective method could be used by menopausal women with noticeable effects. Free access to full report at www.sciencedirect.com/science/article/pii/S172649011630082X

Massage with essential oil relieves symptoms

An Iranian trial at a hospital menopausal clinic assigned 90 menopausal women to one of three groups. An aromatherapy massage group received 30-minute treatments with an essential oil twice a week for four weeks, a placebo massage group received the same treatment with plain oil, and the control group received no intervention. Both massage and aromatherapy massage were shown to reduce menopausal symptoms but aromatherapy massage was more effective than massage only. See <https://pubmed.ncbi.nlm.nih.gov/22549173/>

Potential to improve sexual function

A systematic review explored the evidence for aromatherapy's effect on the sexual function of menopausal women. A comprehensive literature search suggested that both aromatherapy with neroli oil or lavender, and aromatherapy with lavender, fennel, geranium and rose, significantly improved human sexual function. However, the researchers advise that their findings are presented cautiously because of the study's limitations. Free access to full report at www.ncbi.nlm.nih.gov/pmc/articles/PMC5949309

Lavender helps improve sleep and quality of life

A Turkish study investigated whether steam inhalation of lavender essential oil could help improve the sleep and quality of life of menopausal women. Of the 57 study participants, 27 received aromatherapy and 30 a placebo. Analysis of the data revealed that aromatherapy involving lavender-scented steam inhalation increased sleep quality and quality of life in women with sleep deprivation problems during menopause. See <https://pubmed.ncbi.nlm.nih.gov/32516765/>

Restorative relaxation

Beth Thomas reports on how aromatherapy massage achieved major improvements in quality of life for a client struggling with sleep problems and tension



HK is a 34-year-old woman who works as a headhunter. Since she is paid on a commission basis her income is irregular and from time to time, this causes her considerable stress. In her spare time, she is extremely active, exercising every day by running, cycling, swimming, rollerblading or paddle boarding.

She tries to sleep between six and eight hours each night. However, she finds it difficult to get to sleep, gets up several times throughout the night, and is sluggish in the mornings. She does eat regular meals, preferring eggs and fish to meat. She suspects that she has a slight gluten intolerance so tries to avoid complex carbohydrates and keeps to vegetables instead. She drinks four to five litres of water each day and one to three cups of green tea. She also takes Vitamin B complex on a daily basis.

HK smokes a packet of cigarettes each day but, at present, does not drink alcohol. She rates her stress levels currently as eight out of 10.

HK lives with bi-polar disorder and is seeing a psychiatrist regularly for this issue. For the past year she has taken a high daily dosage of Xanax (a member of the benzodiazepine drug family commonly prescribed for anxiety disorders). Although her doctor has not mentioned any potential drug interactions he is keen to wean her off Xanax. HK suffers from headaches several times a week, which she treats with Panadol and cold compresses.

TREATMENT 1

HK had asked for a treatment today so that she could relax, especially as she had had quite a stressful day at work. She was not planning to do anything after the treatment so I judged that I could use oils that would help her to sleep.

Blends of essential oils used

Body:

- 30ml Grapeseed (*Vitis vinifera*)
- 3 drops May chang (*Litsea cubeba*)
- 2 drops Clary sage (*Salvia sclarea*)
- 3 drops Tangerine (*Citrus reticulata*)

Face:

- 2.5ml Evening primrose (*Oenothera biennis*)
- 1 drop Neroli (*Citrus aurantium*)

The client loved the blends. However, I was not a big fan of the face blend – for me, the smell of the Evening primrose essential oil masked the gentle scent of the Neroli.

Post-treatment feedback

HK felt very relaxed immediately after the treatment, said that she felt amazing and that she would be heading home and going straight to bed. She said that she felt a little spaced-out, but thought she would be able to sleep without taking a Xanax.

The following morning, she told me that she had slept like a log that night. When she woke up she still felt tired but, within an hour, she felt fantastic. She was now a fan of aromatherapy massage!



Photo: Author: Elucidate – https://commons.wikimedia.org/wiki/File:Pelargonium_graveolens_flower.JPG

Geranium essential oil (Pelargonium graveolens) was used in blends designed to balance and restore

That evening she said that she still felt fantastic. She had only had to take half a Xanax tablet the entire day (she has been advised by her psychiatrist to wean herself off them slowly). During a consultation that afternoon her psychiatrist had noticed that HK seemed to be in a good place and had advised her to carry on with the aromatherapy.

I have offered to make a sleep oil for HK that she can rub on her décolleté before she sleeps. My feeling is that, if she does not feel she needs to take Xanax before she sleeps, that is one less a day that she is taking. I have also suggested an inhaler for her to carry in case of panic attacks.

TREATMENT 2

HK arrived for her treatment having had a tough day and, in her own words, was ready to (metaphorically!) kill someone. She therefore asked for the treatment to be relaxing and uplifting, one that would take away the anger she was feeling. She wanted me to concentrate on her hands, feet, neck and shoulders as these are the areas where she feels the most tension. She was happy for me to work on her stomach, face and hair.

I dug a little deeper during the consultation this time and discovered that her mother had had both breast and skin cancer. Although this was not mentioned during the initial consultation I decided that, as a precaution moving forwards and given my level of experience, I would avoid using oils where hormone-related cancer is identified as a contra-indication.

HK has been so enthusiastic about aromatherapy in the week since her first treatment. She has been taking fewer Xanax in the past week and reported having no headaches since the first treatment (prior to this she was experiencing several per week).

Blends of essential oils used

Body:

- 5ml Avocado (*Persea Americana*)
- 20ml Sweet almond (*Prunus amygdalus*)
- 4 drops Palmarosa (*Cymbopogon martini*)
- 4 drops Helichrysum (*Helychrysum angustifolium*)
- 3 drops Neroli (*Citrus aurantium*)

Face:

- 2.5 ml Apricot (*Prunus armeniaca*)
- 1 drop Damask rose (*Rosa damascena*)

I let the client smell the oils before I blended them and she loved them. The face blends turned out to be beautiful.

Post-treatment feedback

HK was very deeply relaxed after the treatment. I left her for five minutes or so at the end of the treatment and, on my return, I had to gently wake her up. She mentioned that she doesn't often fall asleep during treatments and that she only vaguely remembers me touching her. She said that she felt incredible – very relaxed and chilled.

The following morning she sent me a message to say that she felt very centered, relaxed and optimistic. She had no muscle pain or bloating and had not felt the need to take a Xanax before going to sleep that night.

TREATMENT 3

HK arrived eager for her third treatment. She reported that she had been in a really good place emotionally all week. She has started doing yoga poses in the morning and evening, which she finds soothes and balances her. While she is finding it easier to get to sleep since the first treatment, she is still waking during the night. However, on the whole she sleeps longer and deeper since the first treatment.

She has gone from having headaches two to three times a week to having only had one in the past week. However, she acknowledges that this may be down to dehydration caused by the hot temperatures.

She is actively trying to detox her system and is therefore making a concentrated effort to increase the amount of fruit and vegetables she eats. That day she had made herself a kiwi smoothie but had experienced a feeling of bloating after drinking it.

HK commented how much she had enjoyed the previous week's blend and that she was looking for something similar, but less sedating and more balanced than the previous week's treatment.

Blends of essential oils used

Body:

- 5ml Rosehip seed (*Rosa rubiginosa*)
- 20ml Grapeseed (*Vitis vinifera*)
- 4 drops Sea pine (*Pinus pinaster*)
- 6 drops Bergamot (*Citrus bergamia*)
- 2 drops Rose absolute (*Rosa centifolia*)

Face:

- 2.5 ml Apricot (*Prunus armeniaca*)
- 1 drop Moroccan chamomile (*Ormenis multicaulis*)

The client loved both blends. The *Pinus pinaster* reminded her of growing up in Norway and appeared to have a reassuring effect.

Post-treatment feedback

The morning after the treatment, HK said that she felt very at peace and energised at the same time. Her stomach was actually flatter than the day before.

That afternoon, she sent me a message to say that she had felt great the whole day. She had only taken one Xanax (she normally takes three to eight per day now). At this point I should stress that, although her psychiatrist wants her to reduce (and eventually stop) taking the Xanax, at no point did I suggest that she reduces or stops taking it. This is the responsibility of the client and the person managing her condition (see IFPA note at the end of this article). However, on this day she felt super-energised and not stressed. In her own words, she has not felt this good in over a year.

TREATMENT 4

I began this consultation by reviewing my initial consultation with HK in which she had mentioned having two to three headaches each week and finding it difficult both to get to sleep and to sleep through the night. HK



Photo: Author: Fir0002 – <https://commons.wikimedia.org/wiki/File:Apricots.jpg>

Beth used apricot kernel oil, which is easily absorbed by the skin, as a base for facial massage

has had no headaches this week. I explained at this point that all the oils I use have some degree of antiseptic, antibacterial and/or immune-boosting properties, a fact that she was very interested in. She slept throughout the night last night and felt amazing the next morning.

HK reports that she now only feels the need to take one Xanax a day (down from eight to ten per day) and this is purely to counteract any withdrawal symptoms. As mentioned above, I would like to make it clear that at no point have I advised her to reduce the amount of medication she takes. However, her doctor has advised reducing the medication and she has found the aromatherapy massages and oils a great support in achieving this.

HK also asked me for two home blends. First, she requested the sleep blend that I had mentioned after the first treatment. Next, she commented that she uses *Melaleuca alternifolia* essential oil on her face to control spots, but that this makes her skin very dry. I therefore suggested a blend that she could use at night on her face and let her smell one that I had made for myself. She was very happy with this suggestion. She also asked for a panic attack/stress blend that she could carry in the form of an inhaler. I was happy to make these for her.

For this treatment, she asked for something that was a little revitalising, but also balancing (as she is expecting her period in the next few days). I was conscious that she had come to see me at 7.30pm and therefore chose oils that would be revitalising, but not so stimulating that they would keep her awake at night.

Blends of essential oils used

Body:

- 10ml Rosehip seed (*Rosa rubiginosa*)
- 15ml Grapeseed (*Vitis vinifera*)
- 1 drop Vetiver (*Vetiveria zizanioides*)
- 6 drops Cedarwood (*Cedrus atlantica*)
- 6 drops Lemon (*Citrus limonum*)

Face:

- 2.5 ml Apricot (*Prunus armeniaca*)
- 1 drop Geranium (*Pelargonium graveolens*)

Home blend: 15ml of a night-time facial oil in a one per cent dilution

- 15 ml Apricot (*Prunus armeniaca*)
- 2 drops Geranium (*Pelargonium graveolens*)
- 1 drop Frankincense (*Boswellia thurifera*)
- 1 drop Palmarosa (*Cymbopogon martini*)

Home blend: Panic attack blend for nasal inhaler

- 6 drops May chang (*Litsea cubeba*)
- 6 drops Lemon balm (*Melissa officinalis*)
- 6 drops Neroli (*Citrus aurantium*)

The client loved all these blends.

Post-treatment feedback

HK sent me a message the next morning to say that she had slept like a baby and had woken up feeling rested. She loved the fact that sleeping with the oils on her body made her sheets smell lovely too. When she arrived at work, her colleagues commented on how radiant she looked and this had contributed to her confidence.

HK has now asked me for another refreshing blend that she can use daily on her face in the morning. While citrus oils would be the obvious selection, I have to be careful in my choice since, not only are many of them phototoxic (and therefore not suitable for a self-confessed sunbather during summer), but they tend to work best with oily skin and HK's skin is dry. After a little research, I decided on a blend of *Hyssopus officinalis*, *Kunzea ericoides* and *Citrus reticulata*.

TREATMENT 5

HK arrived for this treatment feeling quite stressed. She has been receiving some unwanted attention from one of her clients which is making her feel quite uncomfortable. She needed to talk for a few minutes to get it out of her system before I could turn the topic around to her treatment. She asked if we could focus on a relaxing treatment that would help her calm down and not worry about her client.

However, she reported that generally she is in a really good place and she is beaming with confidence. She also commented that many of her friends and colleagues are telling her how radiant she is looking.

HK is still sleeping throughout the night without the need for drugs and has started replacing her daily bubble bath with a mixture of milk and honey, which leaves her skin feeling very soft. Her comment was that "if it was good for Cleopatra, it's good for me!"

Blends of essential oils used

Body:

- 25ml Sweet almond (*Prunus amygdalus*)
- 4 drops Helichrysum (*Helychrysum angustifolium*)
- 3 drops Ylang ylang (*Cananga odorata*)
- 3 drops Basil (*Ocimum basilicum*)

Face:

- 2.5 ml *Prunus armeniaca*
- 1 drop *Boswellia thurifera*

Home blend: 30ml of a refreshing morning facial oil in a 1.5 per cent dilution

- 30 ml Apricot (*Prunus armeniaca*)
- 2 drops Hyssop (*Hyssopus officinalis*)
- 3 drops Kanuka (*Kunzea ericoides*)
- 4 drops Tangerine (*Citrus reticulata*)

The client loved all the blends. The body blend in particular was beautiful – the sharpness of the *Ocimum basilicum* balanced out the sweetness of the other two essential oils.

Post-treatment feedback

I did not have to follow up with HK for feedback because the next morning I received the following message: “I feel fantastic! And slept like a log. I can’t believe I didn’t know about aromatherapy before! It really works. They should definitely offer it as an alternative to people who live with bipolar disorder as the results are amazing”.

I was keen to find out about the new facial home blend I had given her, so I replied “I love the positivity from you. How’s the morning face oil”. HK replied “I love it. It absorbed into my skin very quickly and feels lovely. It’s very refreshing – just what I need in the mornings – honestly, you have revolutionised my life with this”. That’s a happy client!

TREATMENT 6

HK looked amazing when she arrived for her last aromatherapy treatment. The skin on her face looked radiant and rejuvenated and she reported that she was still receiving compliments from colleagues and friends about how good she looks.

She asked me to make up a body blend for her to use morning and evening. She told me about her plans, ideas and focus for the future. She had no particular focus for this last treatment but was just looking to relax and enjoy a bit of pampering at the end of the day.

Blend of essential oils used

Body:

- 25ml Grapeseed (*Vitis vinifera*)
- 4 drops Petitgrain (*Citrus aurantium*)
- 5 drops Sea pine (*Pinus pinaster*)
- 3 drops Patchouli (*Pogostemon cablin*)

Face:

- 2.5 ml Apricot (*Prunus armeniaca*)
- 1 drop Sandalwood (*Santalum album*)

This was a beautifully woody blend.

Post-treatment feedback

The next morning HK sent me a message to tell me that she had slept extremely well and she felt amazing - full of vitality, energy and confidence. Her office was very quiet but she was being really productive. In her own words, “Aromatherapy has really helped me get my groove back”.

CONCLUSION

It has been very interesting to see how aromatherapy has helped HK over the six-week treatment period. When she came for her first treatment, she was, by her own admission, not in control of her emotions and unwilling to accept help. Since I was a novice aromatherapist I had no idea whether or not I would be able to help her. However the results have been amazing.

When she first came to see me, she had been taking eight to 10 Xanax a day every day for the past year. Her doctors had told her repeatedly that she needed to wean herself off this drug, yet she was heavily reliant on it. Today she finds herself only needing to take one quarter of a tablet each day. Let me stress that at no point have I ever suggested she makes any change to her medication (I am not qualified to do so) – she has felt strong enough to do this in consultation with her doctors.

In her initial consultation, she identified suffering from several bad headaches a week, which she said bordered on migraines. She has not had one since the first treatment.

As a headhunter, HK is in a stressful job and initially rated her stress levels as eight out of 10. During her last treatment, I asked her again to rate her stress levels. She rated them four out of 10 and reported that the inhaler I made for her has really helped with this. Through her renewed energy and dedication to her job, she has been able to sort out her financial difficulties and is confident that she will be in a comfortable and debt-free situation within three months.

HK’s skin has always been dry but now it is healthy and glowing. She has replaced her regular moisturisers with aromatherapy blends and prefers to bathe in a mixture of milk and honey as opposed to using commercial bubble bath. She has stopped wearing makeup to work, yet her friends and colleagues regularly comment on how great she looks.

HK knows that she will always live with bi-polar disorder and that she is likely to experience further periods of depression at some point in the future. However, she now feels more in control with regard to identifying and actively avoiding situations that may trigger this depression. I have also suggested that she book a treatment with me on a monthly basis or whenever she feels stressed or low.

This article is based on coursework completed by Beth Thomas as part of her IFPA Diploma in Aromatherapy course at The Holistic Institute, Dubai.

Advisory note

IFPA would like to remind members that, as Beth correctly advised her client in this case study, it is essential to advise clients not to make changes to prescribed medication without medical consent and supervision (GP, psychiatrist, consultant or other key medical professional).

After graduating in Zoology from the University of Edinburgh, Beth Thomas worked for 16 years in the luxury travel and hospitality industry. In 2015, and now based in Dubai, her continuing love of nature led her to change direction and train in aromatherapy at The Holistic Institute, Dubai. She currently practises at the Santé by InTouch Clinic in Bahrain and says that, informed by her scientific background, her long-term interest lies in the way aromatherapy can support and enhance allopathic medicine, especially when backed up by scientific evidence.

Plant therapies in pandemics past

Hazel Daniells explores the tradition of looking to herbal medicine in times of pestilence and what that tradition has to teach us today



Future history books recounting the Covid-19 pandemic might find room for a note of the extraordinary moment when the US President suggested injecting disinfectant to cleanse our bodies of the virus. While this incident highlights that some thinking is clearly better kept inside the box, it does show how frustration and fear of disease can give rise to a desperate search for protection and cure.

So it was no surprise this spring to see newspapers from around the world reporting on disparate communities trying out a number of weird and not-so-wonderful remedies that ranged from drinking cow's urine, eating mole sauce and turkey marinade, to rigorously gargling with vinegar.

None of these 'cures' proved effective and some were downright dangerous: sadly, hundreds died in Iran after drinking pure ethanol to try to eliminate the virus. I am sure many of us were asked by our aromatherapy clients whether we had blends that would protect them from Covid-19 as they and others seeking natural medicines turned to plant therapies.

As well-trained therapists, I am sure we are all legally and ethically aware of the dangers of making medical claims about our treatments. The US Food and Drug Administration (FDA) was certainly quick to crack down on any producers/suppliers, even in the UK, which were using loose language in their marketing about antiviral aromatherapy blends in relation to the current pandemic.

Widespread disease is obviously not a new phenomenon and, back in the day, there were no sharp and scary authorities policing plant therapy practices. Herbal medicine was the only medicine and practitioners relied on ancient texts – the written word carried extraordinary authority - and anecdotal tales of cures and remedies. These stories were communicated, by word-of-mouth across continents and through countries by monks, traders and even slaves, to build up their knowledge of treating illnesses (Van Arsdall 2002). There was a constant

need for this information since, in addition to regular ailments and injuries, periodic outbreaks of disease could erupt at any time to devastate populations.

Plague fear

In Western Europe, the frequent emergence of plague, or 'pestilence', has been documented since Roman times. Some outbreaks were contained within small areas while others grew into full pandemics such as the 14th-century 'Black Death', believed by some scholars to have killed between 30-60 per cent of the population of Europe (Austin Alchon 2003).

Even rumours of a re-emergence of the plague were enough to strike widespread terror into the hearts of country and city dwellers, the young and the old, the rich and the poor alike. These days, thanks to social media, we know that celebrities, tech giants and oligarchs can sit out the pandemic in their mansions or super-yachts.

But, centuries ago, there were fewer places to hide. Indeed, the plague was seen as a 'leveller' because it killed across the social spectrum. In 1576 William Bullein wrote that the plague feared "*no kyng, queene, lorde, ladie, bond or slave but rather maketh all creatures alike to him*" (Bullein 1576).

In Europe, people tended to look to the church for medical help, while some isolated communities were lucky to have an experienced herbalist, often a 'wise woman', who might offer the only medical support available. When it came to the plague, however, expectations were not high since everyone knew that most infected people did not survive. This meant that most remedies and practices focused on protection as there were no really effective medicines to fight the disease once it had taken hold on an individual.

Air cleansing

Plague outbreaks often sent people reaching for common herbs such as rosemary because of its reputation as a cleanser of the "foul and dangerous air" blamed for spreading disease. This was a common belief and it is recorded that in 1265 John of Burgundy clearly identified wet and bad odours as being the cause of the plague.



Photo: Author: Dv8stee – [https://commons.wikimedia.org/wiki/File:Doctor_Schnabel_of_Rome_\(Plague_Doctor\).png](https://commons.wikimedia.org/wiki/File:Doctor_Schnabel_of_Rome_(Plague_Doctor).png)



Photo: Author: Miguel Angel Masegosa Martínez – [https://commons.wikimedia.org/wiki/File:P1090520-24x15-Rosmarinus_officinalis_\(42876095932\).jpg](https://commons.wikimedia.org/wiki/File:P1090520-24x15-Rosmarinus_officinalis_(42876095932).jpg)

Left: Paulus Fuerst's famous plague doctor engraving, published in 1656. The huge beak would have been filled with herbs. Right: Carrying rosemary in garlands and nosegays was believed to freshen and sanitise the air

He proposed, therefore, that taking measures to avoid bad smells was a sensible means of protection. "In cold or rainy weather," he wrote, "you should light fires in your chambers and in foggy or windy weather you should inhale aromatics every morning before leaving home: ambergris, musk, rosemary and similar things if you are rich; zedoary, cloves, nutmeg, mace and similar things if you are poor" (Burgundy 1265 cited in Grigsby 2004).

Sweet-smelling herbs were brought into homes and great halls to help clean and dry the air and, importantly, to mask the stench of death. The herbs were therefore used both as protection to ward off the plague in disease-free homes but also to clear out the pestilence from areas where the disease had penetrated (Kellwaye 1593 quoted in Dendle & Touwaide 2015).

Personal protection became important too, especially in the cities, with people arming themselves with rosemary garlands or nosegays that both freshened the air and, they believed, also sanitised it.

A famous illustration by Paulus Fuerst in 1656 of a plague doctor shows the cloaked physician wearing a leather mask with glass openings in the eyes and a curved protrusion over the nose and mouth shaped like a huge hooked bird's beak. The beak would have been filled with fresh or dried herbs to keep away bad odours - the miasma - thought to carry the plague. Next time you find yourself annoyed by the need to wear PPE, think about doing a massage wearing one of these!

You may also have been annoyed earlier this year at the panic buying of toilet rolls and the sudden hike in the price of hand sanitiser. It turns out that this was nothing new. The playwright Thomas Dekker expressed outrage in his 1603 pamphlet *The Wonderful Yere* (about the death of Queen Elizabeth I, the beginning of the reign of James I (VI of Scotland) and the plague in London) that the high demand for rosemary had sent its price soaring from "12 pence an armful to six shillings a handful" (Dekker and Harrison 1924).

Rosemary was most often used in fresh or dried form but, in 1615, an entire pamphlet devoted to rosemary essential oil was published. "*The admirable vertue,*

property and operation of rosemary flowers, and the meanes to use it for the sicknesses and diseases herein mentioned" was published anonymously but thought to be the work of Richard Barker. The author says using the distilled oil is easy: just put one or two drops of the "quinessence" in a little broth or wine and drink. He asserts that it will cure many ills including coughs and colds and aches and pains, and will help digestion, strengthen the heart, and improve memory if rubbed neat on the temples each morning and evening.

Despite the general ineffectiveness of early plague medicine, this author is enthusiastic about using rosemary essential oil in a remedy developed by a French doctor who witnessed "many wonderful effects" in French and Italian cities struck down by contagion of "the infection of the aire". The remedy was simply four drops of rosemary essential oil dropped into "four times as much" aqua vitae, which is then drunk in the morning and rubbed on the temples. (possibly Barker, 1615).

More complex remedies, detailed by 'AB' in *The Sick Man's Jewel* of 1674, show how early physicians drew on a massive array of ingredients including trees, nuts, roots, leaves, berries and flowers. His or her remedy for a "good water against the plague ... to be made in May or June" includes 19 herbs and other plants that are bruised and boiled in white wine, rose water and rose vinegar. The mixture is steeped for two days and nights and then distilled. "*This water hath been found excellent good, both to preserve one from the plague ... as also to expell the disease*", AB says (AB, 1674).

Expert advice

On 13 May 1665, as the Great Plague was taking hold in London, the Privy Council called for expert help. It asked the College of Physicians (before it became the Royal College of Physicians) to publish advice on the prevention and treatment of the disease. It only took them two weeks to come up with a 44-page pamphlet which contained many suggested remedies suitable for both the rich and poor, many using common or garden plants. ➤



Photo: Author: K. hvilokki – https://commons.wikimedia.org/wiki/File:20190419_Etelänruttojuuri_02.jpg

Butterbur was so often used in plague treatments that it became known as 'pestilence-wort'

As mentioned above, many remedies were designed to filter or cleanse the foul air: “Such as are to go abroad, shall do well to carry rue, angelica, masterwort, myrrhe, scordium, or water-germander, wormwood, valerian, or setwall-root, virginian-snake-root, or zedoarie in their hands to smell to; and of those they may hold or chew a little in their mouths as they go in the streets.” (Royal College of Physicians 2015).

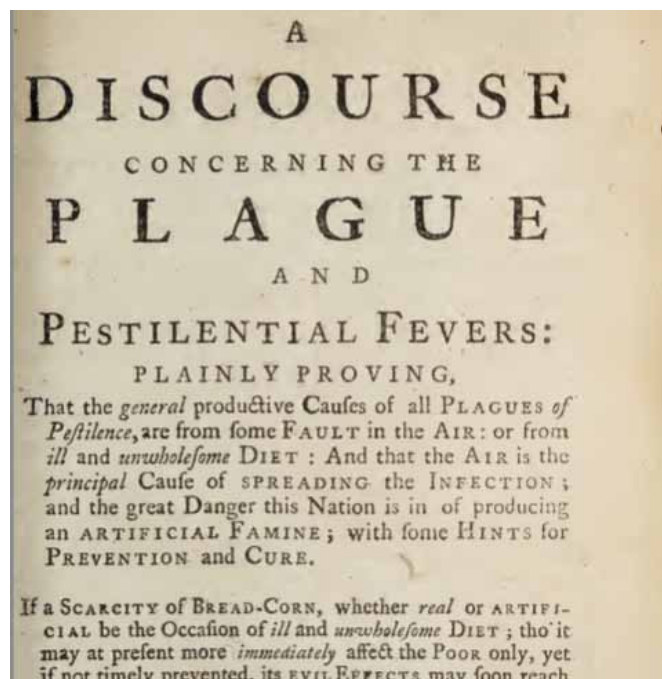
Among the recipes were also a number of plague medicines designed to induce sweating: “the poison is expelled best by sweating, provoked by posset-ale, made with fennel and marygolts in winter, and with sorrel, bugloss, and borage in summer”. Butterbur was a particular favourite of the physicians and was so often used in plague treatments that it apparently became known as “pestilence-wort”.

Whether any of these early remedies worked is unknown. Certainly, the Great Plague went on to cause massive loss of life, mainly in London but throughout England too. There is no reliable overall national death toll but London lost roughly 15 per cent of its population with 68,596 recorded deaths and more than 100,000 possible actual deaths (National Archives online). The Council of Scotland declared the border with England closed, trade with other countries dwindled, and there were huge job losses. Strange how so much resonates with our current pandemic.

Even 14-day quarantine periods were mandatory in some areas in mainland Europe during plague outbreaks centuries ago and they could catch travellers unaware. The internationally-renowned physician William Harvey, famous for discovering how blood circulates through the body, was indignant when ordered on 13 August 1636 to spend two weeks in quarantine in a lazaretto (plague house) in Venice. This was despite his being armed with a fistful of certificates, collected from all the towns he had visited, declaring him to be free of plague (Royal College of Physicians online). He bitterly complained in a letter to a friend that he had suffered “a very unjust affront”.

Herbal medicine has been used for millennia across the world to treat all types of everyday maladies and diseases, often offering the only medicinal help available. In times of plague pandemics, herbal treatments could help clean the environments and offered help and reassurance, even if they could not actually cure the terrible disease. Similarly today, as aromatherapists we are not in a position to cure Covid-19 but we can offer treatments that offer comfort and calm while helping with some allied symptoms.

Looking back through old herbals, texts, pamphlets and books, with their anecdotes about treatments and various plant remedies, reinforces for me that what we do is continuing a tradition going back many centuries. We all have this powerful connection to herbalists and plant therapists of the past while new science and research into essential oils provides an exciting future.



A paper published in 1753 blamed “faults in the air” for the spread of plague and pestilential fevers

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Hazel Daniells trained at Neal’s Yard Remedies, London, and practises as an aromatherapist in Luxembourg where she has lived for 27 years. She is a committed lifelong learner and says she has to be physically restrained from signing up for ever more courses. These can be anything from fun crafts to medieval literature. During her studies in medieval literature she became fascinated by the centuries-old real-life stories, recipes and wonderful herbal remedies she discovered.

Soothing skincare

Sara Enock describes how three treatments significantly improved the quality of life of a young girl with distressing eczema



Amy (not her real name) is a six-year-old girl who lives with asthma and has eczema on both her legs. She takes medication for both these conditions. She is allergic to soaps.

Amy is a caring, intelligent girl who experiences emotional stress and can exhibit anger, sadness, upset, and worries. She has a sensitive nature.

What is eczema?

According to the World Allergy Organisation (www.worldallergy.org): "Eczema (E) (also called atopic dermatitis (AD), is an inflammatory, chronically relapsing, non-contagious and extremely pruritic skin disease... With a prevalence of 2-5% (in children and young adults approximately 10%), atopic eczema is one of the most commonly seen dermatoses. The "atopic diseases" E, allergic bronchial asthma and allergic rhinoconjunctivitis - are familiar...In many patients with eczema, IgE-mediated allergic reactions play a pathophysiological role. However, there are also patients in whom nonspecific factors such as irritants or psychosomatic influence appear to be of major importance. Careful allergy diagnosis is thus mandatory in patients with E. The clinical relevance of a given allergic sensitization should be evaluated in each individual."

Eczema causes the skin to become itchy, dry, cracked and sore and is difficult to live with, both physically and mentally, for any child (and parent). The exact cause is unknown but eczema often affects people who are susceptible to other allergies. It is most often treated with emollients and topical corticosteroids.

At my first consultation with Amy and her mother we discussed Amy's condition and the various available treatment options. We decided on a course of three treatments that would focus mainly on relieving Amy's eczema and asthma. A secondary aim would be to help her to relax more.

Treatment 1: 15 minutes

The first treatment comprised leg massage. The key areas of focus were to ease and reduce the symptoms of both Amy's eczema and her asthma.

The oil chosen was Roman chamomile (*Chamaemelum nobile*). I used one drop, diluted in a sunflower carrier oil. The results were very positive and an immediate



Photo: Author : Consultaplantas – https://commons.wikimedia.org/wiki/File:Chamaemelum_nobile_2c.JPG



Photo: Lavinia Engelbrecht – https://commons.wikimedia.org/wiki/File:German_chamomile_in_flower.jpg

Top: Roman chamomile produced significant improvement at the first treatment. Below: German chamomile was used for two subsequent treatments

improvement could be seen on Amy's legs. Amy's mum said: "Wow, I can't believe the instant improvement, looking forward to continuing our lovely treatment regime. Thank you, I've been struggling with it for years, I think it's going to work."

The home treatment plan for Amy's legs was one drop of *Chamaemelum nobile* in five ml of almond carrier oil, a light covering twice daily. I also asked Amy to use a diffuser for 20 minutes per day with one drop of lavender (*Lavandula angustifolia*) for relaxation and asthma, and one drop of *Chamaemelum nobile* for her eczema.



Treatment 2: 15 minutes

At the second treatment I again gave leg massage. The key area of focus was to ease and reduce the symptoms of eczema. The oil chosen was German chamomile (*Matricaria chamomilla*). I used one drop diluted in a sensitive base lotion.

Gradually, since the radical improvement seen after the first treatment, Amy's legs had begun to itch again. She did not feel relaxed and had the urge to scratch so, for the second treatment, we used the stronger *Matricaria chamomilla* oil in a sensitive base lotion and changed the home treatment plan to match. Amy's skin is still showing much improvement from the condition of her eczema before she started treatment.



Top: Eczema causes skin to become itchy, cracked and sore and the constant irritation is distressing. Below: After three treatments client's legs are almost entirely free of eczema, the irritation is reduced, and the client is much more relaxed

Treatment 3: 15 minutes

Leg massage continued to be the treatment at the third session. The key area of focus was to ease and reduce the symptoms of eczema. The oil chosen was *Matricaria chamomilla*. I used one drop, diluted in a sensitive base lotion.

Results

Two months after beginning the treatment Amy's legs are almost entirely free from eczema. Both she and her mum are really delighted. "Legs are great!" said her mum. Amy is more relaxed due to the greatly reduced irritation in her legs. When she goes to bed she wakes in clean sheets rather than blood-stained ones from constant scratching during the night. Brilliant result!

Sara Enock graduated with a science degree, followed by a career in business and technology. Her experience of caring for a loved one with cancer inspired her to seek a change of direction, to work to help others in a holistic way and to put her passion and belief in the healing energy of mind, body, and spirit into action.

She began training with the Winchester School of Aromatherapy in 2017, graduating with a Diploma in Clinical Aromatherapy in 2019. In her practice, Aroma Eutierra (the name is derived from Greek *eu* meaning good and *tierra* meaning earth) she offers her clients clinical aromatherapy in a tranquil studio overlooking open Sussex countryside.

Practice notes

After a sizzling summer the nights are drawing in and the air is crisp and autumnal. Embrace the change with the help of essential oils, says **Amanda Deards**



The days are gradually shortening, there are leaves crunching underfoot and there's a crisp chill in the air. Autumn is

well and truly here.

So rather than mourning the departure of summer, it's time to embrace this beautiful season with its riot of colour, autumn scents, and harvest of fruits and flowers.

I always see autumn as a time of transition and a wonderful opportunity to start transforming my home into a comfortable and cosy retreat for the months ahead.

For me, using my diffuser to scent the air with some comforting autumnal blends is a big part of that transformation.

AUTUMN COMFORT

Here is my top trio of blends for the season. I hope these comforting aromatic blends will encourage you to sit back, relax, and snuggle into autumn.

Just like mother used to bake

2 drops Clove bud (*Syzygium aromaticum*)
1 drops Cinnamon (*Cinnamomum zeylanicum Blume*)
2 drops Ginger (*Zingiber officinale*)
1 drop Nutmeg (*Myristica fragrans*)

This blend is the ultimate autumn comfort food, perfect to have diffusing throughout the house after Sunday lunch when the family is replete and relaxing in front of the fire.

Autumn underfoot

3 drops Frankincense (*Boswellia carterii*)
2 drops Pine (*Pinus sylvestris*)
1 drop Atlas cedarwood (*Cedrus atlantica*)

Wet and windy outside? Bring the scent of autumn woods to you with this energising blend. It's surprisingly invigorating - great for grey days or when you need an energy boost.



Photo: Ellen Levy Finch – Orange blossom and oranges – https://commons.wikimedia.org/wiki/File:OrangeBloss_wb.jpg

Sweet orange scents a spicy autumn blend

Mulled wine

3 drops Sweet orange (*Citrus sinensis*)
1 drop Nutmeg (*Myristica fragrans*)
2 drops Cinnamon (*Cinnamomum zeylanicum Blume*)
1 drop Clove bud (*Syzygium aromaticum*)

We are big on mulled wine in our house but, as I had to explain to my son Henry recently, that doesn't mean it can be an everyday autumnal indulgence! But filling the house with this rich and redolent scent is a pretty good alternative.

WINTER WARMTH

Hot on the heels of autumn comes Jack Frost, accompanied by full-blown winter weather. Winter, with its cool crisp air and roaring fires, can be a beautiful season but for many people it also, unfortunately, brings coughs and sneezes and low mood.

Essential oils can make a significant contribution to our feelings of well-being, both physical and mental, over the winter season and again it's a time when my diffuser proves invaluable.

At this time of year conifer oils really come into their own, offering a selection of excellent essential oils for upper respiratory support. An added bonus is that they also bring the aroma of the outdoors into the house at a time of year when the weather may keep us confined indoors more often, or for longer, than we would like. From an energetics perspective, essential oils distilled from leaves are particularly appropriate for combating respiratory tract infections. After all, the leaves are the part of the plant where gaseous exchange takes place.

It is worth bearing in mind that when you may have been using a blend for a prolonged period of time, or for recipients of all ages, and possibly late in the evening, there are plenty of gentler yet effective alternatives to the usual suspects to consider.

Here is a selection I personally like to use as part of my winter



Photo: John Tann – [https://commons.wikimedia.org/wiki/File:Swamp_Paperbark_flower_\(625697559\).jpg](https://commons.wikimedia.org/wiki/File:Swamp_Paperbark_flower_(625697559).jpg)



Photo: MFF – https://commons.wikimedia.org/wiki/File:Picea_mariana_cones.jpg

Rosalina and Black spruce essential oils are effective for upper respiratory tract infections and have calming properties

wellness arsenal. Not only do they help us breathe more easily but they can help us find that place to take a breath when the winter blues descend.

Rosalina (*Melaleuca ericifolia*).

This is steam-distilled from the aerial parts of the tree. It is very similar in many respects to Tea tree (*Melaleuca alternifolia*) except that its major constituent is linalool rather than terpine-4-ol and it provides a gentler alternative.

Rosalina has a pleasing floral scent which is more relaxing and pleasant than the harsh medicinal undertone of Tea tree. A relative newcomer to the aromatherapy canon, it was first identified in the 1950s and owes its popularity to leading French aromatherapist Dr Daniel Pénéoël.

In his book *Natural Home Care Using Essential Oils* (1998) Dr Pénéoël describes Rosalina as wonderful for upper respiratory tract congestions and infections, a gentle expectorant with good anti-infectious properties, and ideal for children since it is gentler and less irritating to the skin than Tea tree. Rosalina’s calming and relaxing properties and ability to induce sleep make it a great bedtime companion.

Black spruce (*Picea mariana*)

Black spruce essential oil is steam-distilled from the needles, which provide respiration for the whole

tree. No wonder it allows us to feel more connected to the earth and to the breath. Its mildly expectorant and antitussive properties make it a great remedy for upper respiratory tract infections. It has a fresh, sweet, coniferous scent with a fruity undertone and a calming yet uplifting effect.

Fragonia (*Agonis fragrans*)

I am a big fan of this particular oil. It is a fabulous multi-tasker, all bound up in a beautiful scent with a hint of citrus. It was brought to prominence in 2005, again by Dr Daniel Pénéoël. Fragonia has a unique molecular composition since it is made up in an almost perfect proportional balance of one third each of monoterpenes, oxides (1,8 cineole) and monoterpenols. Dr Pénéoël records his amazement at discovering that the sacred number known as the ‘golden proportion’ was expressed almost perfectly through the chemistry of this essential oil.

This provides a more holistic understanding of this unique oil as a very versatile and effective all-rounder. According to Dr Pénéoël, Fragonia’s ability to provide excellent emotional support stems from its “unique power of harmonisation and rebalancing” which helps to “make peace”. Its powerful anti-microbial and expectorant actions make it an excellent oil for combating respiratory tract infections. This, combined with its immunostimulant properties,

make it perfect for promoting winter wellness.

Using these three oils in your winter blends will ensure that it is truly a season of comfort and joy for you, your family and your clients.

Beating the blues

- 3 drops Fragonia (*Agonis fragrans*)
- 3 drops Bergamot (*Citrus bergamia*)
- 3 drops Rosalina (*Melaleuca ericifolia*)

Forest floor

- 3 drops Black spruce (*Picea mariana*)
- 2 drops Rosalina (*Melaleuca ericifolia*)
- 3 drops Atlas cedarwood (*Cedrus atlantica*)

Winter wellness

- 3 drops Black spruce (*Picea mariana*)
- 3 drops Fragonia (*Agonis fragrans*)
- 3 drops Rosalina (*Melaleuca ericifolia*)

Amanda Deards MIFPA is qualified in aromatherapy, sports massage, Indian head massage and advanced bodywork. She has run her own aromatherapy practice for the past 10 years and also offers workshops and courses to other complementary therapists. Amanda has been a popular contributor to *In Essence* for a number of years. She is now taking a break from this regular column but hopes to make occasional contributions in the future.

Secret garden

Julie Bowles reflects on her five-year aromatic journey with the work of a botanical 'hidden gem' in south London and her role in delivering aromatherapy workshops there



My story begins back in 2014

when, as a newly-qualified aromatherapist, I was practising massage

at Neal's Yard Remedies (NYR) Therapy Rooms in Covent Garden, and working on the shop floor at their store in Borough Market, London.

One afternoon that summer a fellow South Londoner mentioned that, on her way home one day, she had passed a botanical institute in Tulse Hill (South East London). Since we were keen plant lovers this was an exciting discovery and we put a date in our diaries to visit. This was my introduction to the 'little gem' that is the South London Botanical Institute (SLBI), and the start of a five-year aromatic journey with this remarkable institution. Sometimes the seed you need to grow gets planted for you.

On the day of our first visit to SLBI we were shown around the wonderful house and garden and told about the courses and events run there. Our guide that day happened to be the Institute's Education Manager, Caroline Pankhurst, and when my friend mentioned that I was an aromatherapist, and suggested it would be great if I ran a workshop there, Caroline smiled and said "What a great idea!" A few months later I met Caroline again and we hatched a plan.

Founded in 1910, the South London Botanical Institute was set up by the political reformer, ornithologist and botanist Allan Octavian Hume. His aim was to share his understanding of plants with local people, an aim that is continued in the work of the Institute today.

SLBI has a beautiful botanical garden featuring a variety of themed beds, a moss trail, a pond and a greenhouse. There is also a herbarium containing over 100,000 dried plant specimens from Britain and Europe, and a research library. The Institute runs a wide range of



Visitors of all ages love the South London Botanical Institute's beautiful garden with its themed beds, including medicinal, scented and dye plants

lectures, courses, workshops, guided walks, school visits and events for people of all ages and backgrounds within a unique historic environment.

Transferable skills

It is worth mentioning at this point that before I trained as an aromatherapist I had a successful (and often highly stressful) career working in the theatre. This experience taught me to prepare for working in a variety of spaces and to understand that, whatever the day brings, you can hopefully go with the flow.

My first workshop at SLBI, *Aromatherapy for summer*, was held in June 2015. I will always remember Caroline watching me unpack my bulging wheellie suitcase and set up the education space for that workshop. She was clearly amused by everything I had brought with me!

The feedback from participants at this first workshop was encouraging so, in November that year, I ran *Aromatherapy for winter wellness*. Since this coincided with an open day at SLBI, I led an informal drop-in session



A lively, informal atmosphere and a maximum of 10 participants creates a friendly group dynamic

in the morning, where visitors could smell essential oils and ask questions. In the afternoon workshop participants learned about six essential oils to support their immune systems and made a warming Epsom salt bath blend to take home.

Now the ball was really rolling and it was becoming clear that these workshops needed to be longer than a couple of hours to allow time to cover everything. I extended the length of the workshop, starting late morning and ending mid-afternoon, with a short lunch break. My *Make your own aromatic face balm* workshop was held in May 2016, followed by *Festive aromatherapy* in November that year (you've guessed it, we made gifts for Christmas!).

In 2017 we ran *Aromatherapy for winter wellness* again, followed by *Aromatherapy for summer skincare* in June 2018 and *Aromatherapy for menopause* in April 2019. Over the course of seven workshops participants have made a lip balm, a hand cream, an antibacterial hand sanitiser, an invigorating sea salt body scrub, an inhaler stick to clear head/nasal passages, a refreshing insect repellent body spray, an analgesic muscle rub, a cooling after-sun lotion, an aromatic face balm, a roller ball blend to support focus, a cooling facial spritzer and a restorative facial oil.

Workshop format

The workshops have a standard structure which we find works well. First, I spend some time introducing aromatherapy as a therapeutic tradition, giving a historical context to the present day practice we all know and love, and setting out how essential oils have been used in the past and continue to be used today.

I outline the routes of absorption into the body and then guide the group through a smell assessment of around six essential oils (asking them to record and share their experience with the group, if they feel comfortable to do so). We split into smaller groups for a brainstorming exercise, looking at what general presentations we might encounter in our chosen season (eg colds, drier skin and low energy in winter) and then talk through topics such as the therapeutic actions of each essential oil, modes of application, safety concerns, and a simple dilution guide.

During the lunch break workshop participants always enjoy a wander around the SLBI garden which has aromatic and medicinal plant beds, as well as many other botanical highlights. I also display a selection of books on aromatherapy for those who want to know more to browse (and I am pleased to say that the SLBI has now added more aromatherapy books to its library).

We usually spend the last section of each workshop formulating and blending body care products to be taken home, leaving time for questions, feedback and tea and cake (there is always cake!) in the last half an hour. My aim from the beginning was to create a lively, informal atmosphere for everyone, for at least six essential oils to be introduced, and for three aromatic body care products to be made in the four hours we share together. Numbers are kept to a maximum of 10 participants, which creates a friendly group dynamic, and ensures that people can always work safely when handling base products and blending.

Lessons and advice

The participants of these workshops come from all walks of life. At our first workshop three Japanese visitors to the UK attended, and along the way we have attracted botanists, gardeners, and other complementary and alternative medicine practitioners too.

I always go home from these workshops having learned something new, and with questions for myself as an aromatherapist. For example, when your fresh batch of hand creams doesn't set as quickly as you expected in the fridge, it's always a good idea to double-check the exact measurement of the grated beeswax in your recipe *before* your workshop starts!

My advice to anyone thinking about offering aromatherapy workshops is to think practically and keep it simple. What structure do you want your workshop to have and what are the learning outcomes you want your participants to achieve? Think about material costs well ahead of time. I have been fortunate to have access to competitively priced, high-quality base products and oils, which has been a godsend, and I've benefited hugely from SLBI's social media presence and monthly newsletter to advertise beyond my own personal network.

I live relatively close to the SLBI so I've also benefited from gaining local aromatherapy massage clients as a result. Personally, I find the feedback form an essential tool for understanding how participants have experienced their time with me, and how things might be improved.

Reading these forms after the event also gives me a great sense of satisfaction. Here are two comments from my last menopause workshop: *"It was fantastic to learn about a complex and ancient therapy in a very accessible and interesting way"* and *"my favourite aspect of that workshop was sharing people's stories, getting the opportunity to smell the oils first to make my own decisions."* Although I always suggest a blend of essential oils with each recipe in my handout notes, people are able to make their own blend depending on what they feel drawn towards and the availability of those oils on the day.

Timing is everything

The starting point for delivering these aromatherapy workshops could not have been better for me. Looking back now, I can see clearly that serving on a busy shop floor at NYR had given me ample experience of guiding customers through the process of selecting essential oils to create their own blends, using the base products available.

While I was training I was also fortunate enough to have the chance to run two short in-store evening aromatherapy workshops. These introduced customers to ways of boosting seasonal skin health and vitality using essential oils. At the second session I demonstrated how participants could make their own aromatic body scrub to take away at the end of the workshop. This experience gave me an early insight into how I might want to approach things later on.

I also assisted several times on the ever-popular *Recipes for natural beauty* course run by Neal's Yard Remedies. This taught me invaluable lessons on how to plan and organise a workshop day and engage people with a fun, hands-on approach to making. In 2015 I joined the NYR student mentoring team and over the course of two years mentored undergraduate students undertaking their final case studies for NYR's IFPA Diploma in Aromatherapy and Essential Oil Science. Having been a student on this course myself, I thoroughly enjoyed the process of supporting other students.

Similarly, I have found the experience of delivering aromatherapy workshops at SLBI to people with little or no prior experience of essential oils such a blessing. Seeing people find inspiration and grow in confidence to make their own aromatic products remains both an honour and a privilege.

I am pleased to report that the workshops have proved beneficial for the SLBI too. Education Manager Caroline Pankhurst said: "I was so pleased that Julie approached me to run these workshops. It's led to a brilliant partnership over the last five years and has brought in new audiences to the SLBI as well as making it smell lovely!"

Five years on from my first workshop, the pandemic has perhaps changed the landscape of how we might be teaching in person for some time to come, as well as how we can practise massage safely, for our clients and ourselves. But I am cheered to know SLBI has been hosting educational events on Zoom, which are proving very popular. And, at the time of writing, I am excited to be delivering an online talk on essential oils for SLBI in a few weeks' time.

I would like to take this opportunity to thank my teachers: Tipper, Victoria, Elaine, June, Trish and Francesca. Thanks also go to Caroline, Nell, Richard, Lyn, Melissa, Ian, Vagelis, Debbie, Ines, Martyna, Lizzy, Simone, Shanti, Ness, Rach, Michael, and all those who have attended my workshops so far. You have all inspired and encouraged me along this path.

The South London Botanical Institute (SLBI) runs a wide range of courses, workshops, school visits, walks and other events for people of all ages and backgrounds. Its rooms and garden are also available for hire. More details of events, opening hours and how to join as a member can be found at www.slbi.org.uk



Formulating and blending body care products to take home is an integral part of each workshop



Workshop participants Caroline and Nell, delighted with the products they have made during the day

Photographs by Caroline Pankhurst with the exception of the workshop participants photograph above which is by Julie Bowles.

Julie Bowles MIFPA qualified in aromatherapy in 2013 and aims to make aromatherapy more accessible to the general public wherever possible. She has practised aromatherapy and Indian head massage in a variety of settings, including community centres, an NHS centre for Health & Wellbeing, an annual Bangladeshi festival, a fundraising event at a village hall, a charity drop-in centre supporting people recovering from homelessness, a low-cost clinic, as well as a *Fun Palaces* event at her local library. For the past four years Julie has also been working for a London charity in the community, supporting people living with sight loss.

IFPA ACCREDITED SCHOOLS

Australia

Institute of Spiritual Healing (ISHA)

Satellite School of The Institute of Spiritual Healing & Aromatherapy, Inc
6 Brown Street, Boronia, Victoria, 3155
Contact: Karen Bysouth
E-mail: ishahealinginfo@gmail.com
Web: www.ishahealing.com
Tel: 0397624329 or 0458527368

Canada

Cossi Academy of Aromatherapy

SYLVAN LAKE, Alberta, Canada
Contact: Susan Cossi-Burgess
Tel: 001 403 8727 662
E-mail: susan@holisticteachings.com
Web: www.holisticteachings.com

China

Asia-Pacific Aromatherapy Ltd

Room 2008, 20/F, Futura Plaza
113 How Ming Street, KWUN TONG
Kowloon, Hong Kong
Contact: Caroline Fan
Tel: 00 852 28 822444
E-mail: info@apagroup.com.hk
Web: www.aromatherapyapa.com

Essential Lady Aromatherapy

No 496, Lane 1588
MingZhong Road, Shanghai
Contact: Zheng Yu Ying
essential_lady@hotmail.com
www.essentiallady.com

IAA China

Room 1602, No 139 Hongbao Road
Luo Hu District, Shenzhen
Guangdong, China
Tel: 86 755 22200887
E-mail: iaa@iaaiaa.org.tw
Web: http://www.iaaiaa.org.cn

Fleur International College of Professional Aromatherapy

Venue: Rm 701, 7/F, Hon Kwok Jordan Center
7 Hillwood Road, Tsim Sha Tsui,
Kowloon, Hong Kong
Course details: Miss Annie Lee: 31766880
Website: www.hkma.org.hk/pd/pdag
Email: annie@h2.com.hk

Penny Price Aromatherapy Hong Kong Ltd

Flat B, 9th Floor, Metropole Building
53 - 63 Peking Road, TST
Email: carmen@penny-price.com.hk
Web: http://penny-price.com.hk

The London School of Aromatherapy (Hong Kong) Ltd

1103, Tung Ming Building, No. 40-42
Des Voeux Road, Central Hong Kong
Contact: Cooney Leung
Tel: 852 6229 6002/852 9499 1714
E-mail: info@hongkongfa.com.hk
Web: www.hongkongfa.com.hk

The Aromatherapy Company - China

Satellite school, Beijing, China
Contact: Louise Carta
Tel: 01455 697767 (UK)
thearomatherapycompany@gmail.com
www.thearomatherapycompany.co.uk

Croatia

Complementary therapies school GALBANUM

Nova Cesta 4, Zagreb 10000
Tel: (385) 01/3794-568
lidija@galbanum.hr
www.galbanum.hr

Czech Republic

Institut Aromaterapie (Prague, CZ)

Jagellonska 1, 130 00 Praha 3
Contact: Adela Zrubecka (Deputy Principal)
Tel: +420 777196814
adela@aromaterapie.cz
www.aromaterapie.cz

England

Essentially Holistic

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

Neal's Yard Remedies Ltd

2nd Floor, 8-10 Neal's Yard
Covent Garden, London, WC2H 9DP
(Courses also held in Osaka City)
Contact: Ines Willis/ Alexa Aulds
Tel: 020 3119 5904
Fax 020 3119 5901
courses@nealsyardremedies.com
www.nealsyardremedies.com

Penny Price Aromatherapy

Unit D3, Radius Court, Maple Drive, Hinckley
Leicestershire, LE10 3BE
Tel: 01455 251020
info@penny-price.com
www.penny-price.com

Shirley Price Aromatherapy

8 Hawley Road, Hinckley
Leicestershire, LE10 0AN
Contact: Ian Brealey
Tel: 01455 615466
E-mail: alison@shirleypricearomatherapy.com
Web: www.shirleyprice.co.uk

Joanne Woodward Holistic Health Clinic

The Old Forge, Main Street
Congerstone
Nuneaton, Warwickshire, CV13 6LZ
Contact: Joanne Woodward
Tel: 01827 881339
Mobile: 07975 590493
info@joannewoodwardholistichealth.com
www.joannewoodwardholistichealth.com

The Aromatherapy Company

London
Contact: Louise Carta
Tel: 01455 697767
E-mail: thearomatherapycompany@gmail.com
Web: www.thearomatherapycompany.co.uk

The Well School

At The Well Retreat,
Unit 2 Glebe Farm Park
Turweston, NN13 5JE
Tel: 07921956535
E-mail: info@thewellschool.co.uk
Web: www.thewellschool.co.uk

The Institute of Traditional Herbal Medicine and Aromatherapy (ITHMA)

Regent's University Conference Centre
Regent's Park
London NW1 4NS
Contact: Gabriel Mojay
Tel: 020 7193 7383 / Mobile: 07985 012565
info@aromatherapy-studies.com
www.aromatherapy-studies.com

The S.E.E.D Institute - Dorset Courses

Stow Row, Nr Shaftesbury
Tel: 01963 362048/07761 185630
info@theseedinstitute.co.uk
www.theseedinstitute.co.uk

The S.E.E.D Institute - Surrey Courses

Therapeutic Division,
4 Church Street
Henstridge,
Somerset. BA8 0QE
Tel: 01963 362048/ 07761 185630
info@theseedinstitute.co.uk
www.theseedinstitute.co.uk

Tranquil Heart Training Academy

Courses offered in the Midlands
Tel: 07914 869792
E-mail: tranquilheart.2014@gmail.com
Web: www.tranquilheart.co.uk

Winchester School of Aromatherapy - PPA Satellite School

29 Chalk Ridge
Winchester
Hampshire, SO23 0QW
Contact: Colette Somers
Tel: 01962 808677
Email: wsabookings@outlook.com
Web: http://winchesterschoolofaromatherapy.com/

Japan

Aroma School Parfum - PPA of Japan, Hokkaido

3-88, Gijo, Hanagawakita
Ishikari-Shi
Hokkaido, 061-3216
Contact: Kokono Sasaki
Tel: 0133-74-2215
Email: orange-blossom99@s7.dion.ne.jp

Guildford College of Aromatherapy

2-9-20-502 Watanabe-Dori
Chuo-ku
Fukuoka, 810-0004
Tel: (0)08 1927 141483
info@gca-aroma.com
www.gca-aroma.com

Penny Price Academy of Japan, Fukuoka

101-11-21 Heiwa, Chuo-Ku
Fukuoka-shi
Fukuoka, 810 0016
Contact: Noriko Shibata
092 522 1960
Email: info@granfort.jp
Web: http://granfort.jp/

The International Medical-Spa Institute

4-13-17-A Jinguem
Shibuya, Tokyo 150-0001, Japan
Contact: Reiko Tomino
Tel: 00 81 (0)3577 06818 / Fax 00 81 (0)3577 06832
info@imsi.co.jp
www.imsi.co.jp

IFPA ACCREDITED SCHOOLS

Japan Ecole de Aromatherapie – Kyoto

Kyoto, 3F COCON KARASUMA
620 Suiginya-cho
Shimogyo-ku
Kyoto
600-8411, Japan
Contact: Kazue Gill
Tel: 00 81 75 354 3377
jeakyo@aromaschool.jp
www.aromaschool.jp

Japan Ecole de Aromatherapie – Osaka

3rd Floor, Herbis Plaza
2-5-25 Umeda, Kita-ku
Osaka-Shi, Osaka, 530-0001
Contact Kazue Gill
jea@aromaschool.jp
www.aromaschool.jp

MH School of Holistic Studies

Shinwa Building 1st. Floor
5-11-4 Hatanodai,
Shinagawa-Ku
Tokyo, 142-0064, Japan
Tel: 81 (0) 357221802
mhschool@mikihayashi.com
www.mikihayashi.com

Tilia Ltd

3-1-1 Takami, Yahatahigash-ku
Kitakyushu, Fukuoka, 805-0016
Tel: 093-654-8001
inf@tilia.jp
www.tilia.jp

The Aromatherapy Company - Japan

Alba Corporation
1-20-8 4F Nishikoiwa
Tokyo, Japan, 133-0056
Tel 03 3672 6227
support@alba-beauty.com

Korea

International Holistic Healing Institute

Medical Herb Center
708, 2497, Nambusunhwan-ro
Seocho-gu, SEOUL, 6724, South Korea
Contact: Soo Kyung Kim
Tel: 82 10 2055 5388
E-mail: essentiallyholistic@gmail.com
Web: www.holistichealing.co.kr

Suwon Women's University

Onjeong-ro 72, Gweonseon-gu
Suwon-si, Gyeonggi-do
16632 Korea, South Korea
Tel: 82 10 6280 8132
E-mail: hyejungk@swc.ac.kr

New Zealand

Aromaflex Academy

284 Trafalgar Street
Nelson, 7010
academy@aromaflex.co.nz
www.aromaflexacademy.com
Tel: (0)06 4354 56218

Republic of Ireland

Obus School of Healing Therapies

3-4 Mill Lane, Leixlip
Co Kildare, W23 X2P7
Tel: 00 353 1 6282121
info@obus.ie
www.obus.ie

Russia

The School of professional aromatherapy "Aromatniy Ray" (Aroma Paradise)

Sverdlovskaya oblast
Kamensk-Uralskiy, Pionerskaya 55
Tel: +7 950 2076967
E-mail: aromaray@mail.ru
Web: www.aromaray.ru

Scotland

ESHA - Edinburgh School of Holistic Aromatherapy

C/o The Yards, 11 Back Stile
Kingsbarns, Fife, KY16 8ST

Singapore

Nila Singapore Pte Ltd

24 Sin Ming Lane, #05-103 Midview City
Singapore, 573970
Tel: 01473 736256 (UK) & 0065911978822 (Singapore)
adeline@nilasingapore.com
www.aromaniila.com

Switzerland

Sela Zentrum GmbH

Schule für integrale Gesundheit und Aromatherapie
Gartenstadtstrasse 7, 3098 KÖNIZ, Switzerland
Tel: 0041 31 842 12 00
E-mail: info@sela.info
Website: www.sela.info

Taiwan

AromaHarvest International

10F.-1, No.191, Sec. 4
Jhongsiao E. Rd, Da-an District
Taipei City, 10690
Contact: Yuan-Lyn Chang
Tel: 886 287717050
aroma@tw-aa.org
www.tw-aa.org

Aroma Wish Aromatherapy Academy

6F-1, No 118 Da-Dun 20th St,
Taichung City 407, Taiwan
Email: academy@aromawish.com
Tel: 886-4-23108982

IAA Taiwan

17F-3, No 88, Jhongyang E. Rd, Jhongli City
Taoyuan County, 320, Taiwan
Tel: 00886 34258658
E-mail: iaa@iaaiaa.org.tw
Web: iaaiaa.org.tw

Colorys Health & Beauty Consultancy Co Ltd

3F-3 No 150, sec 1
Heping W. Rd
Jhongjheng Dist
Taipei City 10079, Taiwan
Tel: (02) 2301 0966
colorybeauty@yahoo.com.tw
www.colorys.com.tw

Namaste Aromatherapy Academy

53 Chungmei 15th Street
HUALIEN CITY
Hualien, 970, Taiwan
Contact: Sue Chen
Tel: +88638224133
E-mail: namaste.aroma@gmail.com
Web: https://www.facebook.com/namaste.aroma

Neal's Yard Remedies Aromatherapy Academy (Taiwan)

10F, No 66, Sec. 3,
Nanjing E. Rd, Zhongshan Dist
Taipei City 104, 10487, Taiwan
Tel: +886 2 2555 6608 ex205
erin.chen@vitel.com.tw
www.nealsyardremedies.com.tw

United Arab Emirates

The Holistic Alternatives FZ LLC

PO Box 31904, Dubai UAE
Contact: Sunita Teckchand
Tel: 00 971 15065 75628
Sunita@theholisticinstitute.org
www.theholisticinstitute.org

USA

Aromahead Institute, School of Essential Oil Studies

Montana, United States, 59801
Tel: 406-531-2923
E-mail: team@aromahead.com
Web: www.aromahead.com

AromaticStyle

7000 Ramsgate Ave
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
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 CF5 2YB
Tel: 029 2041 6070
jduffy@uwic.ac.uk

CONTINUING PROFESSIONAL DEVELOPMENT

Contact details for IFPA schools and centres

IFPA–Schools CPD

- AH** Aromahead
Tel: 727-469-3134
email: team@aromahead.com
www.aromahead.com
-
- EH** Essentially Holistic
Tel: 01773 650162 or 07951 701406
essentiallyholistic@gmail.com
www.essentiallyholistic-onlinetraining.com
-
- FTS** From the Seed – See opposite
-
- NS** Nila Singapore Pte Ltd
See page 59
-
- NYR** Neal's Yard Remedies
Tel: 02031195904
courses@nealsyardremedies.com
www.nealsyardremedies.com
-
- OBUS** Obus School of Healing Therapies
Tel: 0035316282121
email: info@obus.ie
www.obus.ie
-
- PPA** Penny Price Aromatherapy
Tel: 01455 251020
courses@penny-price.com
www.penny-price.com
-
- SEED** The S.E.E.D Institute
Tel: 01963362048/07761 185630
Info@theseedinstitute.co.uk
www.seedinstitute.co.uk

THTA Tranquil Heart Training Academy
(Courses offered in the Midlands)
Tel: 07914 869792
tranquilheart.2014@gmail.com
www.tranquilheart.co.uk

THA The Holistic Alternatives
See page 59

TMT The 'M' Technique
See below

WSA Winchester School of Aromatherapy
Tel: 01962 808677
email: wsabookings@outlook.com

IFPA CPD Centres

The IFPA has approved some CPD providers offering e-learning courses – see below for current list of providers in this category.

Body Wisdom School of Healing Therapies
Unit 12 B1
Cleveragh Business Centre
Co. Sligo, F91RR94
Tel: 00 353 87 418 2788
email: mconnollybodywisdom@eircom.net

Brighton Holistics
The Conifers
206 Warren Road
Brighton
BN2 6DD
Tel: 01273 672690
email: jon@brightonholistics.co.uk
Website: www.brightonholistics.co.uk

Essential Training Solutions Ltd (ETS)
PO Box 12565
Sawbridgeworth
CM21 1BL
Tel: 01279 726800
support@essential-training.co.uk
www.essential-training.co.uk

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

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

The 'M' Technique®
2 Rosebank Villas
Churchfield Road
Stroud
Gloucestershire
GL5 1EH
Tel: 01453 763103
www.rjbuckle.com

During the lockdown most IFPA-accredited Schools and CPD centres have been unable to run CPD courses. Full details of course programmes for 2021 will be emailed to IFPA members as soon as the information is available.

NOTES ON CPD

All IFPA Full and Associate members must complete 12 Continuing Professional Development (CPD) points per year to maintain their membership. CPD is essential to maintain and improve knowledge and skills and to demonstrate commitment, both to the aromatherapy profession and to the quality of IFPA members' practice.

You can earn CPD points by completing courses but there is also a range of other eligible activities, such as attending IFPA conferences and Annual General Meetings, reading and reviewing articles and books, attending regional group meetings with a speaker, aromatherapy webinars, and giving a talk to promote aromatherapy. A copy of the IFPA Activities and Points Sheet is available to download via the members' area of the IFPA website.

You need to keep a record of the CPD activities you have completed and the number of points each activity is worth, and you need to be able to produce evidence that you have undertaken them.

Each year two per cent of members will be selected at random (dip sampling) to ensure that their CPD commitment is being fulfilled. These members will be asked to submit their CPD portfolio for verification. If you are chosen to provide a copy of your CPD portfolio you will receive a letter or email from the IFPA office with further instructions.

IFPA REGIONAL GROUPS CONTACTS

GROUP NAME / LOCATION	ORGANISER	TELEPHONE	EMAIL ADDRESS
AromaForum, Stockport, Cheshire	Justine Jackson	07974 207033	justineking17@gmail.com
Bucks, Beds & Northants Regional Group	Helen Nagle-Smith	01908 312221/07966 248859	balancetherapies@hotmail.com
Cambridge Group	Dave Jackson	07939273569	dave@cambridgearomatherapy.com
Fragrant Grapevine, Edinburgh	Karen Hooton	07712 835998	Karen@moonbeamtherapies.co.uk
Hong Kong Regional Group, Hong Kong	Emma Ross	-	hkromatherapist@gmail.com
Hungarian Aromatherapy Regional Group	Agnes Beleznai	+36 20 27 23 82	agnes.beleznai@gmail.com/ame@amegyesulet.com
Isle of Man, Regional Group	Elizabeth Bailey	07624 380380	lizbee@manx.net
Russian group, Moscow & Minsk, Russia			Details TBC
Saturday Aromatherapy Club, Hinckley, Leicestershire	Penny Price	01455 251020	info@penny-price.com
Taiwan group	Rosie Walker-Chen	+886 988 780 045	rosiewalkerchen@gmail.com
West London Aromatherapy Network, Twickenham	Yvonne Humphries	07719 096314	yvonnehumphries@me.com
TBA, Ballyhearn, Eire	Noelene Cashin Cafolla	(0353) 094903 0950	

Do you coordinate an IFPA regional group, either just for aromatherapists or a multidisciplinary complementary therapy group? If so, please let the IFPA office know (details on page 3) so that we can include your group in the next *In Essence*. This list has recently been updated. Please inform us of any corrections we need to make for future editions.

Aromatic adventure

Vicki Kaufmann highlights the aromatic and botanical surprises of an enriching three-month trip to Australia, New Zealand and Singapore



I have been a practising aromatherapist for the past eight years and my passion for essential oils has taken me on trips to Morocco and India and, on a more regular basis, to France. I enjoy meeting new people and seeing new places so when I read the exciting itinerary for a neighbour's trip to New Zealand I was inspired to plan a similar trip to Australia

where my husband and I have friends and family.

We set off in January 2019 for a 12-week trip taking in New Zealand, Australia and Singapore. Of course, our travels took us to many popular tourist destinations but in this article I will focus on its aromatic and botanical highlights.

Our adventure began with a 16-hour flight from London to Perth. As I was travelling light, my 'essential' travel kit would be just six oils, but I was happy in the knowledge that I would add to those during our journey. As always, I blended my essential 'travel spritzer' - Bergamot, Eucalyptus staigeriana and Tea tree. This spritzer proved invaluable - freshening the air throughout our travels and keeping us healthy.

Welcome to Australia

Our stay in Perth was gloriously sunny and warm - a tonic after leaving the January cold at home. Well worth a visit is the wonderful Western Australian (WA) Kings Park and Botanic Garden which celebrates WA's plant life. Opened in 1965, the 17-hectare Garden is a living research centre, focusing on the conservation of the state's flora and displaying some of its most diverse and spectacular plant groups.

We stayed with friends who, 15 years previously, had had their wedding at the WA Botanic Garden. Their dog walker Kim had broken her ankle about six weeks before our visit and was struggling with a medical boot and crutches. The shrivelled skin on her foot was peeling and flaking and she was thoroughly fed up with the inconvenience. From my 'travel kit' of oils I blended a foot soak of Lavender and Tea tree and made up a topical application blend of Roman chamomile, Frankincense, Lavender and Tea tree. These achieved a great improvement and Kim was delighted.

During our stay in Perth we discovered the Lavender Bistro where you can indulge yourself in a feast of

lavender - from lavender scones, ice cream, and macaroons to lavender lemonade and milk shakes. The bistro also sells lavender products, including jams, olive oils, tea, lollies, cosmetics, and carefully sourced essential oils.

Red Centre and rain forest

Our next stop was the 40°C heat of Uluru-Kata Tjuta National Park. On a pre-dawn walk around the base of this sandstone monolith, we learnt about Aboriginal dreamtime stories as the sun came up, colouring the rock a spectacular deep red.

Uluru is currently the backdrop for 50,000 glowing bulbs thanks to a Bruce Munro installation called the 'Field of Light' in which the lights change colour and twinkle for what seems like miles. Munro has explained that he "wanted to create an illuminated field of stems that... would burst into bloom at dusk with gentle rhythms of light under a blazing blanket of stars".

Cairns and the Great Barrier Reef came next but grey skies, pouring rain and a choppy sea meant we saw very little! We were given ginger tablets for sea sickness and I was very grateful for them - not because I felt sick but because they miraculously cured my swollen ankles!

From there we travelled through dense forest to Cape Tribulation and the Mossman Gorge World Heritage site. On the Ngadiku Dreamtime Walk, I learned that, when Aboriginal people look at a tree or plant, they see its many uses. As an example, the guide crushed and rubbed some wattle leaves together to create a lather of 'bush soap', and also showed us seed pods, used as bush food.

From Cairns it was a short journey to Kuranda Village, a popular North Queensland mountain retreat surrounded by the world's oldest living tropical rainforest. I enjoyed my visit to the Ceti Bath Shop, a local



Indigenous people made soapy lather by rubbing leaves together



Traditionally the most important fibre plant to Maori in New Zealand, harakeke also had a range of medicinal uses

business specialising in handmade soap, bath and natural skin care products scented with essential oils, where they also stock locally-produced essential oils, massage oils and oil diffusers.

Discovering 'Perfect Potion'

On to Brisbane, Queensland's capital city, where a planned boat trip was ruled out by rainy weather and we took a stroll around the city centre instead. By coincidence, we walked past Perfect Potion and I realised that Salvatore Battaglia, whose book was 'my bible' for my aromatherapy studies, owned this store!

We were greeted by Natalie who chatted enthusiastically about the store, the products (Perfect Potion is Australia's first certified natural skincare range) and Salvatore, and suggested that we visit their head office in Banyo. There we were warmly welcomed by Manuela Almeida, the National Sales and Training Manager and, despite the fact that we had turned up

unexpectedly at lunchtime, she couldn't have been more accommodating or friendly.

Manuela gave us a fascinating tour of what Perfect Potion call their 'sanctuary'. All the blending, bottling and packaging of Perfect Potion essential oils, which are sourced from specialist distillers, takes place here. The premises, purpose-built in 2017 with sustainable energy-efficient technologies reflecting the company's ecological ethos, also houses an education room and an on-site shop. Salvatore Battaglia wasn't there when we visited but I hope I'll get to meet him one day!

No visit to Western Australia would be complete without a visit to Noosa, a perfect paradise on southern Queensland's Sunshine Coast. A friend who is a ranger in the Noosa National Park (home to koalas around Tea Tree Bay) took us creek swimming in beautiful weather and under blue skies. The Noosa Biosphere Reserve has rainforests, lake systems, coastal dune heaths and mountains, and its vegetation is rich in tall, open eucalyptus forests and melaleuca.

After the peace of Noosa, Melbourne felt huge and overwhelming but a highlight there was the amazing Royal Botanic Gardens. These play a leading role in plant conservation through biodiversity research, programmes to protect rare and threatened plants, and the study of habitats.

From Melbourne we took a long coach trip along the Great Ocean Road, stopping at Port Campbell National Park where the Grass Roots café offers a good selection of essential oil-based products. Our last stop before travelling to New Zealand was Sydney where we visited Cockatoo Island, a sacred Aboriginal site situated where two rivers join, and in the centre of the arc between where the sun rises and sets over Sydney harbour.



Essential oil products at a National Park café

The Land of the Long White Cloud

In Australia the vast distances meant that air travel was the only practical option for us but in New Zealand we could travel by road, seeing much of this beautiful country. Some highlights of our tour included:

- Learning about harakeke (New Zealand flax). The Maori used harakeke to make, for example, clothing, mats, plates, baskets, ropes, fishing lines and nets, and also used it medicinally. Its sticky sap was applied to boils and wounds and used for toothache, its leaves used in binding broken bones, and matted harakeke leaves were used as dressings
- Encountering a giant Mediterranean Bay Tree, probably planted in the late 1800s, by the Paihia museum at the Bay of Islands
- Enjoying the hills and pastures of Matamata where location scouts found the perfect place to film parts of *The Lord of the Rings*, and where you can visit Hobbiton, as featured in that film and the Hobbit trilogy
- Experiencing the thermal wonderland of Rotorua, where the Wai-O-Tapu (sacred waters) is heavily cratered and where minerals produce coloured pools

The aromatherapy highlight of our New Zealand trip was meeting aromatherapist and reflexologist Shelly Monrad, an IFPA member who trained in the UK in 1991. She welcomed us to her comfortable home where, over coffee and brownies, we chatted about her aromatherapy journey.

Shelly opened her retail store Aromaflex, in Nelson in 1995. There she dispenses oils by the drop or milliliter, making up blends and working with clients, collecting comments and feedback along the way. The oils are sourced directly from farms around New Zealand and around the world to obtain the best medicinal grade she can find. Shelly also runs the highly respected Aromaflex Academy, running courses in Aroma Science, Aromatherapy, Reflexology and Anatomy and Physiology

Her philosophy has always been to work hard, be ecologically aware, avoid unnecessary waste, appreciate life and show gratitude. She believes that, if you want to do something enough and for the right reasons, it will come to fruition, something guides the way forward.

Shelly's passion is plants; her vision is a school where students can develop a greater understanding of the plant kingdom, and of the progression from seed and plant to essential oils and their therapeutic application. She was so welcoming and generous with her time, I felt privileged to have been in her company. I realised then how lucky I am to meet such amazing people through the love of plants, aromatherapy and essential oils

Journey's end

Our final stop was Singapore where we visited the Singapore Botanic Gardens (the only tropical garden to be designated a UNESCO World Heritage Site) which boasts a Ginger Garden displaying several hundred species of Zingiberaceae. In the Flower Dome I was particularly taken with a bronze sculpture *La Famille de Voyageurs* by Bruno Catalano. These incomplete figures suggest that

travellers leave a bit of themselves behind, or have space to fill with travel memories - or a bit of both.

I returned home enriched not only by the oils I had purchased, the warmth of the sun, the sea and the people, but also by a new appreciation of flora and fauna, and the joy of spending time with like-minded people on the other side of the world.



Shelly Monrad (left) meets Vicki Kaufmann



Essential oils on display in Singapore store

Aromatherapist Vicki Kaufmann worked in the advertising industry for many years, where she observed how long-term stress can lead to medical issues. She trained with Neal's Yard Remedies (NYR) in 2012 and has since qualified in reflexology, Indian head massage, deep tissue massage, and facial rejuvenation.

Buckinghamshire-based, Vicki practises from Taplow, and from Neal's Yard in Windsor and has a special interest in ageing and menopause. She also mentors NYR Diploma Course students, teaches holistic and rejuvenation facials to professional therapists, and teaches an Introduction to Aromatherapy.

Research notes

Peppermint oil helps surgical patients

Can aromatherapy with peppermint essential oil relieve nausea in surgical patients? To find out, Iranian researchers conducted a trial with 120 hospital patients undergoing abdominal surgery. The patients were randomly divided into three groups: the first group inhaled 0.2ml of 10 per cent peppermint oil; the second, 0.2ml of 30 per cent peppermint oil; and the control group inhaled 0.2ml of distilled water coloured with green food colouring. Nausea levels were measured before and 10 minutes after the intervention and the results showed that nausea was reduced in both aromatherapy groups. Free access to report at www.ncbi.nlm.nih.gov/pmc/articles/PMC7189337

Essential oils aid sleep

In a recent clinical trial the effect of inhalation aromatherapy on the sleep quality of patients with cancer was investigated. For this study, 120 patients were randomly allocated to a lavender, peppermint, or control group. The intervention groups inhaled three drops of essential oil at bedtime for seven days (control patients inhaled aromatic distilled water). Before intervention, there was no significant difference between the mean sleep quality scores of the groups. Post-intervention, the difference was statistically significant and the researchers concluded that aromatherapy can improve the sleep quality of cancer patients. Free access to full report at www.ncbi.nlm.nih.gov/pmc/articles/PMC7132346/

Clary sage study

Austrian and German researchers studied the effects of Clary sage essential oil (*Salvia sclarea*) on pulse, blood pressure and mood in healthy subjects. In the first experiment diluted Clary sage essential oil was administered to the forearms of 15 male and 15 female subjects. In women there was an increase in pulse rate; in men, pulse rate decreased over time. In the second experiment, where 16 male and 16 female subjects inhaled the oil for 30 minutes, the pulse rate decrease was significantly stronger in women. The researchers concluded that the effects may depend on application method and gender (male/female). See <https://pubmed.ncbi.nlm.nih.gov/32688401>

Calming anxiety

Further confirmation of the effectiveness of aromatherapy in relieving anxiety comes from a Chinese study that searched PubMed, Web of Science (January 1990 to October 2019), Cochrane Library, EMBASE (updated to October 2019) and the Chinese databases CNKI, WanFang and CBMD for randomised controlled trials. They found 25 articles investigating aromatherapy's ability to decrease anxiety and extracted data relating to Spielberger State-Trait Anxiety Inventory (STAI) scores. The results demonstrated that inhalation and massage aromatherapy

significantly decreased anxiety levels in different conditions. See <https://pubmed.ncbi.nlm.nih.gov/32663929>

Lavender reduces postoperative pain

According to a recent study, aromatherapy with lavender essential oil can help decrease pain after inguinal hernia surgery. Forty-five patients in an intervention group inhaled four drops of two per cent lavender essential oil with oxygen for 20 minutes while 45 control group patients inhaled only oxygen. Postoperative pain was measured immediately after transfer to the ward, and then at two, six and 24 hours post-surgery. Results showed that pain levels were significantly lower in the intervention group. See www.sciencedirect.com/science/article/abs/pii/S1089947220300964

Therapeutic effects

What impact could inhaling *Litsea cubeba* essential oil have on the mood states and salivary cortisol levels of healthy people? A Turkish study with 15 healthy volunteers showed that heart rate and blood pressure were not affected significantly during exposure to the oil. However, inhaling it significantly improved participants' mood disturbance, reduced confusion and decreased salivary cortisol levels. The researchers say their results warrant further studies to uncover the full therapeutic nature of the *L. cubeba* plant. Free access to report at www.ncbi.nlm.nih.gov/pmc/articles/PMC7399754

Essential oil for oral health

When researchers at Beirut's Lebanese University studied *Origanum Syriacum* essential oil they investigated its bacterial/fungal minimum inhibitory concentration; bactericidal and fungicidal minimal concentration against *S.aureus*, *S.mutans* and *C.albicans* found in denture stomatitis; and the influence of three different soils (Annaya, Bhanin and Michrif) on its composition. Tests carried out on oils extracted from three different *Origanum Syriacum* plant origins all showed effectiveness against all microorganisms. However, the oil derived from Annaya and Bhanin soils showed superior antimicrobial activity. The study showed that antimicrobial activity depends on ecotype, origin and composition. Free access to report at www.ncbi.nlm.nih.gov/pmc/articles/PMC7430938

Helping infants sleep

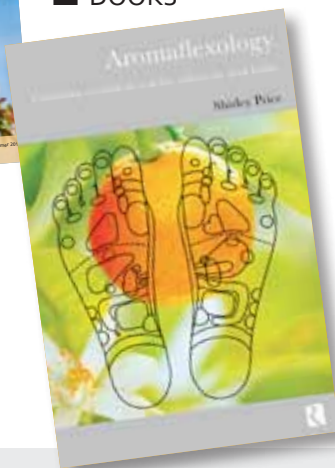
Can infants with sleep disturbances benefit from lavender massage? In an Indonesian study 13 infants received lavender aromatherapy massage for 30 minutes on three consecutive days. This was shown to be effective in reducing sleep disturbances in infants, especially in starting and maintaining sleep, somnolence disorders, and interrupted sleep. See <https://pubmed.ncbi.nlm.nih.gov/32331753>



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For further information about writing for *In Essence* – or to submit editorial material for our next edition - please contact the Editorial Team via admin@ifparoma.org

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