

# In Essence

Journal of the International Federation of Professional Aromatherapists

Therapeutic  
aromapots

Exploring  
unusual oils

What is  
aromatherapy?

The art of  
fragrance





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# Editor's letter

## Spring/Summer 2022



Spring has finally arrived and, even in troubled times, this is still the season of fresh perspectives and renewal, a theme running throughout this edition.

An art, a science, or a celebration of our connection with the plant world – what really is aromatherapy? That's the question posed by Jonathan Hinde who takes a fresh look at the nature of essential oils and how to connect with them (page 13).

On page 30 Helen Nagle-Smith suggests new and unusual oils to explore and discusses essential oil favourites, both familiar and new, with four professional colleagues. One oil they highlight is Fragonia, still a relatively new oil but increasingly appreciated for its versatility in clinical practice. On page 26 Lisa Day tells how a trial planting of seedlings in Western Australia led her family to discover Fragonia's benefits and potential.

Also featured are new approaches to the way essential oils are used. On page 9 Peter Mackereth and colleagues share their experience of using aromapots with patients at The Christie NHS Foundation Trust. In a time of coronavirus, an aroma pot can produce a rapid 'hit' of essential oil aroma that can be perceived by a patient wearing a face covering.

For David Wilson the challenge was to find an innovative way to promote essential oils through the medium of art (page 46) while Milena Ivanova (page 53) explores potential new applications for essential oils in dental care.

The ability to embrace new challenges or ideas can be key to developing an effective practice. Karina Cox's open-minded approach led her to combine aromatherapy with other modalities (page 23) while, for Inge Westerlinck, lifelong learning has been a driving force in her successful multi-therapy practice (page 48). It's also important to be prepared to update knowledge, as Emma Charlton demonstrates on page 40 where she shares new theories about fascia, a fascinating body tissue.

On page 16 Natalie Sartori describes her challenge to find ways to help her young son with sleep problems and severe anxiety. She charts the progress of her aromatherapy treatment plan which achieved gradual but positive improvements.

Elsewhere, Ian Cambray-Smith looks at Thyme oils (page 22), Elizabeth Kenny profiles Peppermint essential oil (page 35), Ray Gransby explains regulatory changes affecting aromatherapy products (page 38), IFPA remembers aromatherapist and educator Maureen Farrell (page 45), Anita James reports on a 'hybrid' conference (page 51), and we have contributions from IFPA members in Ireland and Slovakia (page 20).

Pat Herbert

Pat Herbert Editor

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Photo: Moldavian dragonhead  
(*Dracocephalum moldavica*)  
Andris Tkachenko – iStock

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## Letter from the Board

**A**fter many years of service to IFPA Gabriel Mojay has recently stepped down from his position as Chair of the Board of Trustees to begin a new life in the United States.

A founding IFPA co-Chair, Gabriel has worked tirelessly on behalf of IFPA and all its members, and we would like to express our sincere thanks for his dedication to, and energetic promotion of, the aims of the Federation since its inception.

We wish him all the very best in this new chapter of his life. A new Chair will be elected by the Board in due course and members will be informed.

At the Annual General Meeting held in December 2021 we were very pleased to welcome two new Trustees to the Board. During a long career in banking Hong Kong-based Cary Chan has been closely involved in the promotion of professional qualifications and training, while Manuela Isgro was previously an accountant and now has her own aromatherapy practice in London. Both bring a wide range of knowledge and valuable expertise to our work.

We are also delighted to welcome The School of Aromatic Studies, led by Jade Shutes and based in the USA, as a new IFPA-accredited

school. We wish the school and its students every success as part of the IFPA family.

The IFPA Education sub-committee will shortly be liaising with accredited schools to discuss the roll-out of our revised education syllabus.

The new syllabus, to which leading clinical aromatherapist and IFPA Fellow Rhiannon Lewis had extensive input, provides a required minimum course structure outline for accredited training providers.

A further positive development is that we will soon have a new IFPA website. Work on creating a fresh new site with improved services and functionality is well underway.

We would like to express our thanks to Trustees Beth Thomas and Milena Ivanova for their hard work in developing a new website structure. We hope to launch the new-look site this summer – watch this space!

As the pandemic restrictions start to ease and we slowly return to normal life the IFPA Board would like to express its heartfelt thanks for your continued support and loyalty over the last two years. Your support to your clients' health and wellbeing throughout this difficult time has been invaluable, and we are so grateful that you continue to support IFPA by continuing to renew your membership.

## IFPA Board

Chair: To be confirmed

Jane Court: Treasurer

Russell Morrice: Appointed Company Secretary

Trustees: Louise Carta, Cary Chan, Christine Courtney, Kazue Gill, Manuela Isgro, Milena Ivanova, Debbie Moore, Sunita Teckchand, Beth Thomas

## New Board members



Hong Kong-based **Cary Chan** has worked in the banking industry for almost 30 years and for two of those three decades her major focus was on training. In this role

she provided training for frontline staff and branch managers and also ran management training programmes. In 2006 she joined the Hong Kong Institute of Bankers and was responsible for promoting professional qualifications to mainland China, Macau and Taiwan. Cary therefore brings a wealth of experience and expertise in the promotion of professional qualifications to the work of the IFPA Board.



Qualified accountant **Manuela Isgro** worked for various companies in her native Switzerland before moving to the UK in 2011 to join a

London finance company. She is now a management accountant at a charity helping survivors of domestic and/or sexual violence. In 2014 she qualified in clinical aromatherapy and massage and, as a volunteer, offered aromatherapy and craniosacral therapy to residents of a women's refuge. She currently offers aromatherapy and craniosacral therapy at her weekly clinic in an East London yoga centre.

## Potential role for aromatherapy in the management of stroke patients

According to Italian research, although aromatherapy has been shown to be effective in several neurological disorders to treat somatic and emotional conditions, it has been little used in the management of stroke patients, despite a few encouraging clinical trials. The first evidence, from animal models, showed a consistent neuroprotective effect in reducing cerebral ischaemia-reperfusion injury. More recently, preliminary data collected in humans

revealed a significant influence on reducing patients' pain and emotional distress.

From these studies, the researchers say, it emerges that essential oils possess anti-inflammatory and antioxidant properties, and possible psychological effects, that may help alleviate somatic and emotional conditions. However, they caution that more clinical studies are essential. Free access to study at [www.ncbi.nlm.nih.gov/pmc/articles/PMC8692756/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC8692756/)

## Using therapeutic aromasticks

A livestream course on developing proficiency in the use of therapeutic aromasticks and aromapots, run by The Christie NHS Foundation Trust's Integrative Therapies Training Unit, will be held on 15, 22 and 29 June, and 6 July 2022.

Open only to qualified aromatherapists, the course will include blending techniques, installing and anchoring methods, and research and evaluation

evidence. It will be held over four two-hour sessions.

Students will also be required to complete directed tasks, including reflective feedback on the activities (this will take approximately 4.5 hours).

For details contact the Integrative Therapies Training Unit at the-christie.ittu@nhs.net You can find information on the use and benefits of aromapots, often used in conjunction with aromasticks, on page 9.

## Palliative aromatherapeutic care

A survey of aromatherapy use in palliative care units in Germany was recently undertaken by the Carl Remigius Medical School. All palliative care units and training institutes in the country were asked to complete an online questionnaire requesting responses to two main questions. First, which aromatherapeutic applications are used in palliative care, in which cases and with what success? Secondly, which aromatherapeutic applications are currently taught in palliative care training, and to what extent?

Of the country's 174 advanced training institutes 37 completed the online questionnaire. Of 324 palliative care units, 39 completed it. In 70 per cent of the institutes aroma care training was offered. Of the palliative care units 97 per cent used significant aromatherapeutic interventions (including room scenting, embrocation, inhalation, and massage). The survey indicated that aromatherapeutic methods have a high priority in German palliative care but revealed a need for better teaching standards, more research, and an evaluation scheme for complex interventions. See report at [www.sciencedirect.com/science/article/pii/S1876382021007083](http://www.sciencedirect.com/science/article/pii/S1876382021007083)

## Ambient scent

A review by Charles Spence, Professor of Experimental Psychology at the University of Oxford, traces the history of the use of scent in processions, pageants, and performance. From Shakespeare's time onward, he observes, scent has been used as an atmospheric/ambient cue - to create a mood or to trigger memories or nostalgia. It has sometimes even served a narrative role. There has recently been resurgence of interest in scenting live performance/entertainment, especially in the context of highly immersive and experiential multisensory events. More information at [www.ncbi.nlm.nih.gov/pmc/articles/PMC7871084/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC7871084/)

## A new approach to healthcare

In a speech to the online Integrative Health Convention in February 2022 the Chair of the College of Medicine Dr Michael Dixon advised that healthcare urgently needs to move towards an integrated model. General practitioners, he told delegates, are constrained by a prescription pad, offering treatments that too often don't work and can have side effects, and are often reluctant to explore other options that would help people with chronic problems.

Dr Dixon, who is an NHS GP in Devon, suggested that healthcare should move towards a model combining the best of conventional and complementary approaches. In his address he discussed his own burn-out after 10 years as a GP, when he realised that "blunt instruments" from his conventional medical training were not enough.

He said: "Today my own prescription pad includes a mix of

acupressure and massage, breathing techniques, self-hypnosis, mind/body therapies, a range of herbs and healthy eating.....Medicine and science are moving away from the blunt use of population-based evidence to become more individual and personal, and the integrated approach is able to provide this personalised medicine, giving people real choice."

He went on to stress that integrated medicine is about what people can do for themselves and each other and their communities, both in healing and in enabling people and communities to be more resilient. It allows GPs to apply art and science, he said, to use the power of compassionate relationships and the influence of mind and body in healing. You can read Dr Dixon's full address to the online conference at <https://collegeofmedicine.org.uk/news/>

## Integrative medicine congress

The 2022 Integrative and Personalised Medicine Congress, to be held at London's Queen Elizabeth II Conference Centre on 16-18 June, will incorporate three co-located conferences (Whole-person Health, Integrative Mental Health, and Food on Prescription). Featuring keynote speakers, workshops and an exhibition, the congress will also offer networking opportunities.

This in-person event, of which IFPA is a supporter, will bring together health care professionals from various disciplines including conventional, integrative, functional, lifestyle, environmental, complementary and holistic medicine.

Conference passes start from £125 and attendance at the exhibition and workshops is free. For full details go to [www.ipmcongress.com/](http://www.ipmcongress.com/)



## Essential oils reduce pruritis and stress

Can aromatherapy massage relieve pruritis (itchy skin) and reduce stress levels in older women? A recent investigation aimed to find out. The study participants were 64 women recruited from six senior citizens' centres in Changwon City, South Korea, assigned to either an intervention or a control group.

The intervention group received aromatherapy massage with a blend of three essential oils (one ml lavender, 0.25 ml Roman chamomile, and 0.25 ml sandalwood diluted to 1.5 per cent with a sweet almond carrier oil). The control group received massage with sandalwood oil.

According to the analysed data those who received aromatherapy massage with essential oils experienced greater relief from pruritis and had reduced stress than those in the control group. The researchers concluded that aromatherapy massage can help to decrease pruritus and stress in older women but that further studies with larger samples that also include men are needed. See <https://pubmed.ncbi.nlm.nih.gov/35325869/>

## Ethics for independent researchers

The Research Council for Complementary Medicine (RCCM), of which IFPA is a corporate member, often receives enquiries from independent researchers about ethics approval but is unable to assist. However, on RCCM's website Karen Charlesworth of the Northern College of Acupuncture discusses the issue of ethics approval in complementary and alternative medicine and suggests ways to overcome the challenges. If you have set up an independent research study on an aspect of your practice Karen's article could help you move your ideas forward. Visit [www.rccm.org.uk/blog/](http://www.rccm.org.uk/blog/)

## 2022 Complementary Therapy Awards successes for IFPA members

Congratulations to IFPA member Dr Jacqui Stringer, Clinical and Research Lead Complementary Health and Wellbeing at The Christie NHS Foundation Trust and her team on their success in the 2022 Complementary Therapy Awards.

The Complementary Therapy Awards aim to recognise and reward best practice and show how complementary therapy can work effectively alongside mainstream health and social care to benefit individuals, carers and their families. The four categories are Wellbeing, Palliative Care, Mental Health, and Pain Management.

Jacqui and her team won the Mental Health category for their 'Supporting our Staff' initiative which uses complementary therapies to enhance resilience. A confidential free-at-source referral-based staff therapy service, it was launched in May 2020 when employees' mental health was deteriorating rapidly due to the complex pressures of Covid-19.

The service, delivered virtually and face-to-face, provides bespoke physiological and psychological support to enhance resilience, using complementary techniques.

Congratulations too to IFPA member Janet Cairnie and her team for their Complementary Therapy Award in the Pain Management category. Janet is Lead Complementary Therapy Practitioner and Trainer at Salford Royal Foundation Trust where she and her team provide complementary therapy for patients on dialysis to ease stress and anxiety. Working alongside the medical team, they offer therapies and support to dialysis patients who are dealing with the stress of hospital visits, restricted diets and medication.

More information about the Complementary Therapy Awards at [www.complementarytherapyawards.co.uk](http://www.complementarytherapyawards.co.uk). For more details of the best practice work with dialysis patients please turn to page 37.

## Neroli essential oil helps relieve labour pain and anxiety awards

A recent study conducted by the Universities of Naples and Calabria investigated whether neroli essential oil could help relieve anxiety and the perception of pain in labour. In the study 88 women were assigned to either an intervention or a control group. The control group received only routine prenatal care while those in the intervention group received routine prenatal care plus aromatherapy with vapour diffusion. Throughout labour neroli essential oil was administered through an aroma diffuser, using four drops of essential oil per 300 ml of diffused water.

Anxiety and pain intensity perception were assessed during all three stages of labour. The results showed that perceived pain and anxiety in the aromatherapy group



were significantly lower than that in the control group at all stages. As labour progressed, pain and anxiety increased in all participants, but the increase was milder in the aromatherapy group. The study concluded that aromatherapy with neroli essential oil can be used to relieve anxiety and perceived pain in women during all stages of labour. Free access to full study report at [www.ncbi.nlm.nih.gov/pmc/articles/PMC8871902](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC8871902)

# Around the regions

**David Wilson** reports on a regional group that supports and encourages IFPA members in Shanghai

I moved to Shanghai in December 2019, just before the start of the pandemic. After settling in for a while, and getting to know a little about the aromatherapy community here, I thought it would be a good idea to set up an IFPA regional group.

On a personal level, I thought it would be a good way to meet new people, learn more about aromatherapy in China, and get to know the local community. But I also thought it could serve as a useful link between IFPA and its Shanghai members, providing support and building a sense of community. However, establishing physical meetings has been difficult due to the pandemic and, as I write this (at the end of February), Covid restrictions in China make it difficult to arrange in-person meetings.

So I focused on creating the regional group through social media and the WeChat app. WeChat, the Chinese equivalent of WhatsApp and Facebook, is used by everyone here so it was the best way to start connecting with members. A major benefit of WeChat is translation – its fantastic translate option allows me to communicate with group members in

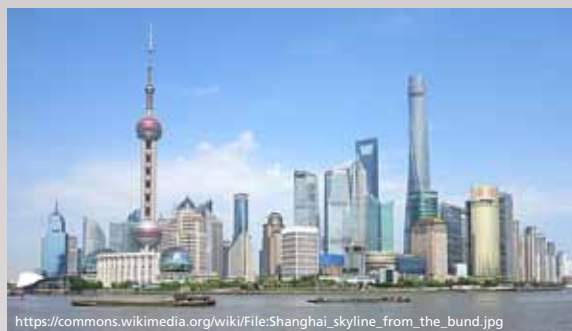
their local language and them to communicate with me in English.

Our lively 'virtual' discussions relate to aromatherapy and essential oils but also embrace other holistic treatments and therapies. Of special interest is how to incorporate essential oils into therapies such as meditation, yoga, singing bowl and gong-bath. We have also discussed our favourite essential oils and how to use them, and many other topics based on our mutual love of aromatherapy.

## Learning together

I sometimes share essential oil research papers I come across in Chinese academic publications, often starting a group discussion about a particular research topic. I also help answer queries relating to IFPA.

However, I have been lucky enough to be able to meet some members in person over the past two years - at workshops around town and at the Shanghai Aromatherapy Expo. The Expo has been a fantastic



[https://commons.wikimedia.org/wiki/File:Shanghai\\_skyline\\_from\\_the\\_bund.jpg](https://commons.wikimedia.org/wiki/File:Shanghai_skyline_from_the_bund.jpg)

way to meet up with members both from Shanghai and from other parts of China. My goal for this year is to arrange a regular physical meeting at a central Shanghai venue, if possible incorporating a free workshop. I am also exploring branching out onto other social media platforms where I would like to start a series of Livestream talks with members here in Shanghai. Some of you may have seen me hosting the Livestream talks series on IFPA's Instagram page.

For me, starting the regional group has been very rewarding and I have met some wonderful like-minded people. Forming a sense of community and belonging has also helped Federation members here to feel more part of our wonderful IFPA international community.

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Please let the IFPA office know about any changes to these details, or if you would like a new group to be included in the listing.



# Aromapots for rapid relief

**Peter Mackereth, Ann Carter** and **Paula Maycock** of The Christie NHS Foundation Trust share their experience of using personalised aromapots, often combined with aromasticks, to ease a range of patient concerns



In the last 15 years aromasticks have become increasingly popular as a portable means of inhaling the aromas of essential oils. Typically, the blends can be personalised, and based on a person's aroma preference, in combination with a therapeutic intention to ease the individual's concerns eg insomnia or anxiety.

We know that blending can create a beautiful synergy of aromas and that, whilst a single oil may be recognisable, liked and linked to positive memories, the opposite might also be true. For example, the smell of lavender could be associated with a memory of a difficult or abusive relative, to the detriment of a therapeutic effect. Blends that are well evaluated are frequently used in clinical practice for specific therapeutic purposes eg easing nausea or helping with insomnia.

ventilated area, albeit temporarily, the risk of transferring infection to others could be increased.

Importantly, an aromapot, with an aperture of between three to five centimetres, creates a wider surface area to emit aromas. Removing the lid briefly also releases aromas much faster. This combination can produce a rapid 'hit' that will usually be sufficient to be perceived by a patient wearing a mask and/or a visor. While aromasticks can be used when wearing a mask, the wick would need a sufficient volume of blend to permeate a surgical mask, for example between 16-20 drops. Additionally, if a lower volume is used, say 10 drops per wick, longevity of effectiveness may be reduced.

In the clinical environment, glass pots are a potential hazard, with a risk of a cut or injury should they be dropped and break. For home use, by one individual (or their carer), with appropriate guidance, using an amber glass pot can help to reduce the use of plastics.

When creating an aromapot, we recommend using the waft technique. This involves 'building' a blend using separate pads/cotton wool balls which are placed in a porcelain washable dish (see photograph below).

A selection of three (or four) essential oils (EOs) should be sufficient to create the blend, the ratio being

## AROMAPOTS: PURPOSE AND USE

In this article we explore our experience of using aromapots at The Christie NHS Foundation Trust, Manchester, both as a stand-alone intervention and in combination with an aromastick. Aromapots involve placing a cotton wool pad (or ball) saturated with an essential oil blend in a 20-30ml lidded container. Ideally this should be made of amber glass, although this practice comes with potential risks and hazards, as well as benefits.

How we achieve the optimum inhalation of essential oils is important, particularly as we approach a third year of living with Covid-19, and with face masks becoming a part of our everyday lives. Face coverings, including visors, can marginally diminish the perception of aromas. If a face mask is removed to use an aromastick in a poorly



*Left: Aromastick aperture (as seen from above).*

*Right: Waft blending of essential oils for an aromapot*



*'Wafting' wearing a mask to ensure rapid detection of preferred blend*

key to formulating an enjoyable final aroma. Finding that ideal ratio involves building from a base of one drop of each EO per pad or cotton wool ball. For example, by the end of the wafting process, you could have 10 drops of one EO on pad 1, 15 of a second EO on pad 2 and finally, five of a third EO on pad 3.

As saturating pads/ cotton wool balls with essential oils

can use nearly double the volume used in creating an aromastick, care must be taken with the choice of essential oils. Importantly, financial and ecological costs are key concerns, with the sourcing of sustainable EOs a priority for all aromatherapists.

It is possible to use a disposable strip of paper to assist with blending but this can be wasteful when creating an aromapot or an aromastick. A saturated pad or cotton wool ball could be recycled into another aromapot if it does not show promise in the trial waft blending process.

## KEY CONCERNS

Aromapots should be used with care and caution and the patient must be fully informed about their content and method of use.

When offering an aromapot to a patient the aromatherapist should hold the aromapot, ensuring that patient knows that it contains pads soaked in undiluted essential oils, which must not come into close contact with the skin or eyes. It is important to emphasise that the aroma is intended only for inhalation and that patients should avoid placing their fingers inside the container.

Aromapots should be kept away from children, animals, and vulnerable adults. Any instructions or guidance relating to use should clearly state that aromapots (and aromasticks) are not to be immersed in water or any other liquid, or placed near sources of heat such as radiators or fires. For each of the three suggested forms of aromapot, we have made some content suggestions for accompanying instruction/guidance sheets (see Boxes 1-3). Labels present a challenge in terms of cleaning the outside of the pot between uses; we suggest sealing the label with clear adhesive tape or be prepared to replace the labels frequently.

## Aromapot shelf life

The shelf life of an aromapot depends on the essential oils contained in the blend. Citrus oils, for example, will evaporate more quickly than others. Another important factor is the frequency of use in terms of the length of time the lid is removed. We have usually found that an aromapot will last for at least four to six weeks, but it is

important to follow up on its use and outcomes/feedback with the patient. If they find that the aroma changes or diminishes significantly and they want to continue to use the 'aromacalm pot' then we would suggest making a fresh aromapot.

## TYPES OF AROMAPOT

### Aromacalm pots

We devised these aromapots in response to the need for a rapid 'hit' for patients wearing a mask and/or visor. With the person's consent, the aromacalm pot can be offered prior to, or during, a stressful or challenging situation. Our clinical practice is to offer the use of an aromacalm pot and to teach another rapid calming technique alongside the inhalation.

One technique that we have found particularly useful is 'breathing around a rectangle' (the rectangle could be a door, a window, or a sheet of A4 paper). The following instruction has proved useful for patients: *'I invite you to comfortably breathe in as your eyes travel along the shorter side, from one end to the other... and now in your own gentle time a comfy out breath along the longer side from one end to the other (repeat 2-3 times using all sides of the rectangle).'*

Other options are to combine the aromacalm pot with using a squeazy stress ball in the hand of the arm which is not being vaccinated or cannulated. Here, we suggest the patient squeezes the stress ball on a comfy in-breath and releases it on the extended comfy out-breath. The therapist holds the aromacalm pot under the patient's nose (distance) and moves it to the side as they breathe out, avoiding any contamination of the pot.

If there is no squeazy stress ball available, an alternative is to offer the patient cool water and then guide them to take three mindful sips of water between each breathing cycle; this process also helps with sensing the aromas. The goal here is to ensure that the patient's mouth is thoroughly refreshed and moistened. Following the sips, the aromacalm pot is offered as previously described (see Box 1 below). We have found that combining two or more techniques, a process known as 'stacking', has synergistic benefits!

### Box 1 Aromacalm pot: Instructions for use

Ideally, an aromatherapist should offer a choice of two or three blended aromapots.

- After obtaining permission to offer the aromacalm pot, remove its lid
- Hold the pot under the patient's nose and invite them to take a comfy breath in
- Guide them to: *Breathe out through your mouth* (so that they don't blow the plant oil vapour out through the nose)
- Move the pot away from the mouth during the out-breath
- Repeat the process three times. Put the lid back on the container
- After cleaning the outside of the pot, store in a cool dark place away from children or animals



### **Aromacalm case study**

19-year-old Helen was attending for her first Covid-19 vaccination and was extremely anxious, with an experience of fainting when attending for a blood sample. She was offered 'three comfy breaths to calm' using an aromacalm pot (eg Eucalyptus globulus, Citrus bergamia and Citrus limonum) when receiving the vaccination. Helen said, 'Yes please,' and then, 'Wow' that's wonderful,' without even noticing that the procedure had been completed. No fainting occurred.

### **Aroma moist mouth (aromaMMpot) plus aromastick**

The use of a moist mouth (MM) blend in an aromapot form has evolved from working with people affected by dry mouth or xerostomia. This refers to a condition in which the salivary glands do not produce sufficient saliva to keep the mouth comfortably moist. Causes can include radiotherapy damage to the salivary glands (a side effect of some medications, such as chemotherapy), smoking and excessive alcohol use, as well as health conditions such as Sjogren's syndrome (an autoimmune condition), Alzheimer's disease and diabetes.

Essential oils such as lemon, green mandarin, yuzu, and peppermint can help to stimulate saliva via the inhalation route. Creating an aromaMMpot for use before meals can be most helpful. In addition, creating an aromastick for use periodically during the day can help with saliva production prior to a conversation, public speaking or eating a snack.

We have found a higher ratio of peppermint to citrus oils in the aromaMMpot to be useful, while reversing that ratio for the MM aromastick. One patient said that the pot was like cleaning your teeth before meals and the aromastick felt very calming to use before public speaking (see AromaMMpot case study opposite).

In addition, we suggest using the above three mindful sips of water prior when using the aromaMMpot to refresh the mouth and the senses (see Box 2 and AromaMMpot case study). For therapists with acupuncture/acupressure training, guidance can also be given to patients to gently work local facial points to stimulate saliva production. These can include CV 24, LI 20, and ST 3.

#### **Box 2 AromaMMpot: Instructions for use**

Use a blend known to stimulate saliva. Primarily for home use to manage xerostomia.

- After obtaining permission to provide the aromaMMpot remove its lid and demonstrate its use. Provide a written guidance sheet
- Instruct the patient (or carer) to hold the pot under their nose and invite them to take a comfy breath in
- Guide them to: *Breathe out through your mouth* (so that they don't blow the plant oil vapour out again through the nose).
- Always suggest they move the pot away from the mouth during the out-breath
- Repeat the process three times. Stress that they should always replace the lid on the pot
- Demonstrate how to clean the outside of the pot - for example with a soapy cloth avoiding any contamination of the pot's contents. Instruct that the pot is stored in a cool dark place away from children or animals. Ensure that instructions contain this information.

### **AromaMMpot case study**

Joanne, aged 66 years, had recently recovered from cancer treatment and had been living with Sjogren's Syndrome for many years. She had returned to teaching an evening class, but was finding that her long-standing xerostomia had worsened due to chemotherapy – her mouth was literally drying up while taking the class. After using an aromaMMpot (eg Mentha piperita, Citrus limonum and Citrus reticulata) for two weeks twice daily prior to meals, supplemented by her MM aromastick, Joanne found that she could maintain speaking with students without reaching for water every few minutes (and having to nip out of class to the bathroom).

### **Aromamalodour pot**

Malodours are distressing for patients, their visitors, and staff. Opening windows and fans just blows odours around. Odours may originate from changing dressings and attending to hygiene, and staff and visitors may be confronted with odours for the length of their shift/visit. Nurses can find it hard to control their emotions and facial expressions when confronted with odours (all humans have an instinctive response to warn others). An aromapot that is used in a clinical area should be disposable and not made of glass (see Box 3).

#### **Box 3 Aromamalodour pot: Instructions for use**

An aromamalodour pot contains three EOs on cotton wool and has a removable lid. Use blends that help to mask odours but are also calming and acceptable. Staff are asked to open the pot periodically for 10-15 minutes to avoid EO overload. This method is less obtrusive and controllable by staff (and patients or visitors, if appropriate). Using the aromapot offers choice unless its use brings unwanted attention to the odour issue.

- Check acceptability after the aroma has been tested a few times
- Review and refresh daily, if necessary
- Provide simple instructions, which should be laminated for easy cleaning
- Always use disposable plastic containers eg a labelled sputum pot to avoid breakage
- Disposal in clinical waste

### **Aromamalodour pot case study**

Ben, with a history of alcohol dependency, tobacco, and cannabis use, was being nursed in a side room of a ward. He had a fungating oral tumor and was at the end of life. Ben was semi-conscious but was restless on referral; his partner and close friends were keeping a vigil, concerned that he might die imminently. A concern for all those in the room was the pervasive malodour.

After receiving a call from the medical staff, the hospital's aromatherapist created a calming blend of three essential oils (eg Citrus bergamia, Citrus limonum and Boswellia carterii); the blend was to be reviewed the following day. Overnight, Ben appeared more settled, opening his eyes occasionally in response to the voice of his partner. The malodour was less apparent, with staff opening the aromapot every one to two hours for about 10-15 minutes. Ben died peacefully in the early hours of the third day. His partner and friends were grateful for the support. ►

## Research opportunities

There are several causes of anosmia but public awareness of the condition has been raised during the pandemic since some people are living with this symptom as part of long Covid. Anosmia can also be associated with, for example, neurological trauma, radiotherapy, and certain medications.

Currently, our team has embarked on a pilot project that seeks to evaluate the combination of twice-daily aroma training using three separate pots, each with a single essential oil. Prior to working through each of the three aromapots the volunteers, who are living with anosmia, are asked to carry out a tapping routine of specific acupressure points which link to olfaction and gustatory function. During the day our participants supplement this routine with using an aromastick (with the same combination of essential oils used in the three pots) three to six times a day. Using questionnaires, we are collecting data at the start of the project and after five weeks of following the routine.

## Conclusion

An aromapot may offer benefits, but there may be additional costs both financially and ecologically, particularly with the necessary higher volumes of essential oil required. Safety is another key concern: while it would be ideal to always use a clean amber recyclable glass pot, there is a risk of breakage and potential harm to self or others. In a clinical setting, single use for individual patients avoids the risk of transfer of infection.

Some more complex and chronic conditions, such as anosmia and xerostomia, may require longer-term use. Such conditions may benefit from a combination of an aromapot and aromastick. For example, the aromapot could be used at home two to three times a

day (particularly before meals) and then stored safely. A supplementary aromastick can be carried and used periodically (and discreetly) during the day.

Further information is available from Dr Peter Mackereth via [petermackereth@icloud.com](mailto:petermackereth@icloud.com)

**Note:** The Integrative Therapies Training Unit (ITTU) at The Christie NHS Foundation Trust offers an online course *Therapeutic uses of aromasticks and aromapots*. For further information contact course coordinator Linda Orrett via [linda.orratt@nhs.net](mailto:linda.orratt@nhs.net)

## FURTHER RESOURCES

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# Use awareness days to boost your business

National Awareness Days began as a way for charities to promote their cause and boost their funds. They are often health-related, or encourage community action.

These special days have caught the public imagination and there are now days, weeks or months devoted to publicising a wide range of issues, from particular conditions such as World Asthma Day or World Cancer Day, to broader topics such as National Gardening Day or International Happiness Day.

Focusing on two or three of these days during the year, for example Back Care Awareness Week in October, can be a useful marketing tool for attracting clients to your practice.

Below is a list of upcoming Awareness Days to help your planning:

### May

Action on stroke month  
Skin cancer awareness month  
Maternal mental health month  
2-8 Sun awareness week (skin protection)  
3 World asthma day  
9-15 Mental health awareness week  
11-16 ME awareness week  
16-22 Dementia action week

### October

Sober October month  
3-7 Back care awareness week  
18 World menopause awareness day

### November

November: Men's health month  
2 National stress awareness day

Clearly, not all these special focus days will be appropriate to your practice. Once you have decided on the most suitable, you can plan PR activities, social media posts, blog articles, local talks, and special offers to clients in advance, linking the content to the services and expertise you can offer.

For a list of health-related special days and events go to [www.nhsemployers.org/events/calendar-national-campaigns](http://www.nhsemployers.org/events/calendar-national-campaigns). There is an international listing of broader topics at [www.majoritynotminority.co.uk/awarenessdays.html](http://www.majoritynotminority.co.uk/awarenessdays.html)

# Perspectives on aromatherapy

An art, a science, or a celebration of our connection with the plant world – what really is aromatherapy?

asks **Jonathan Hinde**



One of the major perks of being an essential oil supplier is having regular contact with customers.

And what a delightful and interesting bunch they are! Some are just starting out on their aromatherapeutic journey while others are great experts with years of clinical experience behind

them. But they are nearly always positive, polite, interested, curious and courteous.

It's impossible not to be struck by the fact that everyone has their own, very personal, perspective on the world of aromatherapy and that they use essential oils in very different ways. For example, we have a number of hospice clients some of whom use the oils in diffusion, others prefer inhaler sticks, and yet others benefit from therapeutic massage with essential oils. The treatment is usually for patients but also sometimes for relatives.

Our broad client base includes professional aromatherapists where the use is mainly in massage blends, naturopaths who prepare formulations for internal use and, of course, perfumiers who are looking to expand their palette of aromas.

There is also a large community of non-professionals who have their own individual reasons for seeking out essential oils. They may be looking for non-invasive ways to look after their families' health needs or buying oils for room fragrancing or for auric cleansing and room clearing. Some people may simply be looking to re-connect with nature in a way that seems to have been missing from their lives.

What a variety of uses! Yet all can justifiably come under the description of 'aromatherapy'.

So, on a deep level, what really is aromatherapy? And what is it about the nature of essential oils that means that their application can be so many different things to different people? In truth, there is a multiplicity of ways that we can connect with essential oils. So how do we gain knowledge about an essential oil? How do we connect with it?

## The intuitive approach

Some years ago a friend of mine organised an evening presentation for me to explain about essential oils to a group of her colleagues and friends.

After my talk everyone was milling around, chatting, opening bottles and having a good sniff. Someone came up and asked if he could try some of our oils so I handed him a couple and carried on with my conversation. After a while he returned and told me that they were really exceptional and had great energy.

It was at this point that I realised he had not even taken the tops off any of the bottles. He had experienced them simply by holding them in the palms of his hands. This obviously got my attention so I asked him to explain. He told me that one of the oils was new to him but that it was extremely floral and grew in yellowish soil. This turned out to be Ylang ylang.

I then gave him organic Highland Lavender and the non-organic version of the same oil, and asked if he could tell the difference. We tried this a few times with me mixing them up behind my back and giving them to him blind. He was right every time.

He clearly had some exceptional energetic channels of knowledge open which gave him deep intuitive experiential knowledge: he could 'feel' into the oils. But perhaps we all have this to some extent and maybe it is possible to develop it. (You can try this yourself. Just take a couple of similar oils in your hand, close your eyes, and feel into the energy. Then switch the hands and feel again. You may be surprised.)

## The analytic approach

Contrast the experiential, intuitive, feeling approach I've described above with something that happened a few months ago and which, for me, represents the other end of the spectrum of how we can interact with oils.

I had read reports about a certain oil which was said to have strong anti-viral properties. In light of the pandemic this was clearly of topical interest. I had been sent some research on a certain oil that concluded: "Based on our experience I predict that the vapour from this oil would





Photo: Author: Prens – [https://commons.wikimedia.org/wiki/File:Cananga\\_odorata\\_02.JPG](https://commons.wikimedia.org/wiki/File:Cananga_odorata_02.JPG)

*Perhaps we can train ourselves to 'feel into' the energy of an essential oil like Ylang ylang*

kill any corona virus". It was not an oil that we offered at the time although we did offer a close relative of it.

So I wrote with some questions to a learned colleague who has read thousands of scientific studies on essential oils and whose opinion I value and trust. I started my letter by mentioning the published research, giving the references, and highlighting the fact that there was a wealth of folklore stories associated with the tree that this oil derived from, and that indigenous people used it against respiratory conditions. It all seemed interesting.

The reply I received warned me quite strongly against making extrapolations, pointing out that an *in-vitro* test does not necessarily produce the same results *in vivo*, that one oil can produce very different results to another, even though closely related and with similar chemistry, and that treatment is a completely different game to protection.

He pointed out that no-one knows what is safe and effective, and that killing a virus in the air with vapours has little relevance to cure. Protection is anyway difficult to research. He was right of course and I felt suitably chastened. But only up to a point, and it did not change the feeling I had about the oil and its significance.

However, I also realised that he was representing a point of view that rightly defends the integrity of the aromatherapy profession against the far-flung claims often made (mostly with good intentions) by enthusiasts beginning their journey in essential oils but whose tendency to make inflated health claims has the potential to give the profession a bad name.

In some ways these two stories represent opposite ends of the pole: experiential at one end, intellectual and scientific at the other. Most of us probably sit somewhere in the middle.

## Experiencing a new oil

So what do you do when you come across a new oil? I have noticed that, when you offer someone a new oil to try, they

tend to fit into two categories: some will look at the label and then have a sniff, others sniff and then look at the label. I call them the 'lookers' and the 'sniffers'.

When we meet a new oil we experience it, we smell it, we see if we like it. We see if we get a good feeling. Does it interest us? Does it remind us of something else that we like or don't like? If it does, what did we use that oil for, and was it effective? How is this one different? Where does it 'go' in the body when we inhale?

Then we might do some research, look up its chemistry, and find out what other people have said about it and what they have used it for. Which part of the plant does it come from, what does the plant look like, and what is its traditional use? Are there any case histories, and so on? We might live with it for a few days, turning to it occasionally and see how our feeling about it changes depending on factors such as our mood, the time of day, and whether we have eaten.

Oils have different characteristics, different personalities. It is not too fanciful to say that they have a 'voice'. They 'speak' to us in different ways. So how do we hear what they have to say? And do we allow ourselves to listen to their wisdom?

Perhaps we can think about what happens when we get to know a new person. Initially, it's governed by a feeling, maybe an attraction. And then a conversation when you ask questions, find shared experiences, shared perspectives, and maybe at some stage, beliefs.

When you get to know an oil perhaps it is a similar journey: an experience/interest /attraction, followed by a desire to find out more, in this case involving books, journals, references, and internet research.

For most of us there is probably a continual alternation between the two - between experience and understanding. Read a bit, smell a bit, try a bit. And it is through this constant examination that we get to know the oil.

## Why do we use essential oils?

Would you agree that, if we were to choose one overarching word to describe why we use essential oils, it could be 'wellbeing'? This seems to cover all uses, from medical to spiritual. Essential oils become our allies in our quest for wellbeing: for happiness and satisfaction in life.

However, 'wellbeing' exists on so many different levels. We can have a physical injury leading to a cut or bruise; we can have joint and muscle stiffness, pain, itching or poor circulation; we can fall ill because our immune system cannot cope with a viral, bacterial or fungal attack; we can experience stress-related problems such as hypertension, digestive disorders, headaches; we can experience a 'foggy mind' and poor memory; we can feel anxious, irritable, depressed; we may be in good physical health but have a deep fear or discomfort about a difficult relationship or a relative who is unwell.

On a spiritual level we may have deep issues of guilt because we are changing our internal framework or abandoning religious beliefs that we were raised to hold as non-negotiable truths; and we can have a deep existential dissatisfaction or angst relating to the direction our life seems to have taken and, indeed, the purpose of life generally.

The amazing thing is that essential oils have actions on all these levels. If you don't believe me think for a moment about the described properties of essential oils, or simply look at the 'glossary of terms' at the end of a learned book on aromatherapy. You will find properties listed such as: vulnerary, cicatrisant, antipruritic, analgesic, antiviral, antibacterial, immunostimulant, hypotensive, digestive, relaxant, stimulant, soporific, antidepressant, and so on. They seem to cover almost all levels of human experience, all levels of wellbeing.

So here's the magic! We connect with essential oils on multiple levels of life and, on each of these levels, they can become our allies.

## The value and limitations of science

Science is the language of today and, if we are to encourage a gentler, prevention-oriented and more 'holistic' approach to health-care, we have to provide evidence of its efficacy.

But there are so many difficulties in obtaining reliable scientific data and so many variables. One is the oil itself, which varies depending on where the plant it is derived from grows, and depending on the weather conditions from year to year. How were the plants treated? Were they grown organically or sprayed with pesticides? How about the distillation: did the distiller wait long enough for the slower-moving heavier molecules to come through at the end of the distillation process or did he cut it short to save money? Has anything been added? Is there adulteration? Was the oil placed in a plastic container at any stage on its journey?

There are also questions about research evidence to consider. Was it *in vitro* or *in vivo*? Was it carried out with animals (apologies for mentioning this but much research is) and, if so, how far can we project to humans? Did the researchers use a whole oil, or a single constituent compound?



*We all interact with essential oils in a personal way*

Also to be taken into account is the variability of the participants in the research trial such as their sensibilities, experiences, or associations with a particular aroma.

It seems to me that the scientific method is great when you are dealing with the surface, expressed level of life, but becomes harder to be sure about when we are talking about our internal life. On one course I took it was said that 'the moment an essential oil enters the body we are not dealing with the oil any more, we are dealing with component parts'. What an interesting thing to say! Certainly true on a physical level, but what would the dowsers, the intuitive folk, those who look at the 'energetics' of the oil, have to say about that, I wonder?

Research in essential oils is a complex area and I admire those who are happy to roll up their sleeves and attempt to come up with clear, verifiable conclusions. But as we get more and more reductionist, could there be a risk of 'not seeing the wood for the trees'?

In the end, probably what matters to all of us is the unique, personal and very individual way that we interact with essential oils. These 'allies' are perhaps the finest and most powerful expressions of the energy and intelligence of the plant world. And they provide an extraordinarily powerful opportunity for us to allow the blessings of the plants to enrich our own lives, and to enhance our own 'wellbeing' on whatever level those blessings may be needed.

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# Positive progress

When Natalie Sartori's son developed severe difficulties with sleep and anxiety her aromatherapy programme achieved gradual but significant improvements. Here she charts the progress of the treatments



**A**utism is a neurological condition that causes a wide range of symptoms due to its vast spectrum. It is not an illness or a disease but it does mean that a person's brain may work differently from other people's. Since it is a spectrum disorder some individuals

may need a high level of support and care throughout their entire life whereas others may need little or no support at all.

The cause of autism is still unknown but it may run in families since there is often more than one member of a family with the condition. Individuals with autism often have other conditions such as ADHD (attention deficit hyperactivity disorder), dyslexia or anxiety/depression.

Although no individual is the same there are common symptoms. An autistic person may:

- find it hard to communicate and interact with other people
- find it hard to understand body language and social cues
- find sensory factors such as bright lights, loud noises or intense smells overwhelming, stressful or uncomfortable
- become anxious about unfamiliar things or situations
- take longer to understand information
- repeat certain actions or speech
- 'stim', such as arm flapping when anxious
- be hyper-focused on certain things
- struggle with eye contact
- be non-verbal

## Background

This case study focuses on my 10-year-old son Leo, who was diagnosed with both autism and ADHD by the age of six but has struggled with various social issues since birth. As a newborn it was clear that Leo was a little different and as he grew older his sensory meltdowns intensified, his behaviour worsened and his anxiety grew.

As his school started to struggle, Leo was finally referred to a paediatrician where we went through years of meetings and assessments. Finally, when he was six years old, Leo was diagnosed with both autism and ADHD. This diagnosis opened many doors for him with regard to

education as he now receives the extra support he has always needed.

Leo struggles with regulating his emotions but his main challenges include:

- Getting to sleep and staying asleep
- Sensory issues with regard to touch
- Difficulties with concentration and focus
- A need to be constantly moving
- Social cues: he does not always understand social situations
- Communication: he communicates well but has no filter.

Due to Leo's struggles with sitting still and focusing, it was decided that he would start Concerta medication to help him calm down as his behaviour was deteriorating. This medication works by changing the amounts of certain natural substances in the brain; it can help increase the ability to pay attention and focus, and control behavioural problems.

As a mother, this was not an easy decision as medication was never the route I wanted to go down. However, overwhelming pressure led me to make that decision. My aim for the future is to find alternative help for him. Leo is also on melatonin to help with his sleep. He also has mild asthma for which he uses inhalers but, as he has grown older, we find he rarely needs them. Leo has no known allergies and, as far as we know, is not sensitive to anything.

The main focus for this case study was Leo's sleep and anxiety. As a child with autism, he needs regular routine and during the Covid pandemic this obviously went out of the window. As a key worker's child, he was still able to attend school but only while I was on shift, and the school day was very different to the normal pattern, with different children, a different class schedule and even different teachers.

This was all a huge change for Leo and during this period his behaviour worsened, his anxiety flared up and, most importantly, his sleep became very disturbed. So, in an effort to help Leo cope with these issues, we decided to plan a treatment programme for him. He loves any kind of treatment like massage so he was more than excited to try!





Left: Patchouli was chosen for its sedating, grounding effects. Right: Lavender added uplifting qualities to the blend

## TREATMENT PROTOCOL

The priority for the planned treatments for Leo would be to promote sleep and ease anxiety. As he struggles to hold attention for long, we decided to opt for shorter treatments over a longer period of time so as not to overwhelm him.

We went with a more intuitive approach to the treatments so that we could work around how he felt on the day, but Leo knew that he would be getting a mini massage and a mini Reiki session with each treatment. Ideally, we wanted to do the treatments every evening but since my work schedule sometimes interfered with this we had the sessions as often as we could, making sure that they were in the evenings so as to help promote sleep.

During my study of aromatherapy, I discovered the approaches for researching and making blends that were most efficient for me. For the blend, I tried to ensure a good balance of top, middle and base notes.

At first, I used the Peter Holmes system (Holmes 2016) which separates essential oils into the following categories:

- High/Top tone, such as citrus oils, Eucalyptus, Lavender and Ylang ylang, which all have uplifting, energising effects
- Low/Base tone, such as Vetiver, Patchouli and Sandalwood, with sedating and grounding effects
- Spicy oils with stimulating, awakening, opening and dispersing effects
- Sweet oils that are calming, regulating, and nourishing, and have regenerating effects
- Lemony oils for their clearing, focusing and energising effects
- Green oils with balancing, regulating, cooling, relaxing and clearing effects
- Woody oils for their grounding, centering and strengthening effects
- Rooty oils which are grounding, solidifying, stabilising and calming

I took to the internet and researched using books, mainly Valerie Ann Worwood and Susan Worwood's *Essential aromatherapy* (2003), and backing any information up with knowledge taken from Salvatore

Battaglia's *Complete guide to aromatherapy* (2003) to check which oils would be beneficial in the chosen blend.

To further support this I followed the functional group blending approach, to check the chemical constituents of the oils and their relevant benefits. I thought it best to try to blend with horizontal synergy as suggested by Franchomme & Pénnoël (1988) as this blends the oils with similar functional groups for specific purposes.

Once the blend components had been finalised, I followed Lavabre (1990) blending rules as much as I could with the given oils I had selected. This aimed to create a balanced holistic blend using 20-30 per cent of top note, 40-80 per cent of middle note and 10-25 per cent of base note. This would all be dependent upon which notes the essential oils fell into, since some can be overpowering despite being, for example, a middle note.

### Leo's blend

After researching various oils that met the treatment aims, and checking which oils Leo intuitively chose, I made up a special blend of Patchouli, Frankincense and Lavender, as outlined below:

100ml Grapeseed oil  
 2 drops of Lavender (*Lavandula angustifolia*)  
 5 drops Frankincense (*Boswellia carterii*)  
 3 drops Patchouli (*Pogostemon cablin*)

### Patchouli (*Pogostemon cablin*)

Under the Peter Holmes system, Patchouli falls under the 'earthy' or 'woody' oils which have a centering, stabilising and strengthening effect. "They help gather our energy towards our physical centre, the hara in the lower abdomen, thereby helping relieve conditions of spaciness, scattered or repetitive thinking, and feelings of disconnection or life falling apart." (Holmes, 2021)

Holmes explains how this centering and grounding oil encourages us to be fully present in our body, a whole, integrated embodied being. Woody oils are relevant for daytime use in stressful times.

Patchouli is made up mostly of sesquiterpenes (at around 56 per cent) which have calming properties and help the oil to improve with age. It also includes

sesquiterphenols at 35 per cent which are balancing to the endocrine system and hormones.

Battaglia (2003) explains how Patchouli's sweet aroma is responsible for its soothing, calming and hypnotising effects, with the earth notes displaying grounding, centering and sensualising properties. This grounding effect can help heal negative detachment from the body to the environment.

### **Frankincense (*Boswellia carterii*)**

Using the Peter Holmes system, Frankincense brings some pungency to Leo's blend. Holmes (2021) states that pungent oils embody "movement, activity, vitality, and the release of energy and stamina. Their effects are generally stimulating, awakening, vitalizing and uplifting. Pungent oils help promote drive, motivation and self-affirmation. They can also help lift the mood and revive spirits by increasing self-confidence and self-esteem", making the oil helpful to boost mood and ease anxiety.

The dominant chemical components in Frankincense are monoterpenes, at 86 per cent, and these are the main driver in the oil's uplifting and mood-boosting characteristics.

Battaglia (2003) states how Frankincense has high sedative and calming qualities which give the blend a grounding energy for help with relaxation.

### **Lavender (*Lavandula angustifolia*)**

According to the Peter Holmes system Lavender is from the 'green' category of oils. These derive mainly from herby or leafy plants and exert a cooling and relaxing effect. Green oils are unsurpassed for relieving nervous tension, worry and anxiety, and for helping with sleep problems.

The dominant chemical constituent of Lavender is esters at around 36 per cent, with a monoterpenol content of around 42 per cent. Esters generally bring balance to the emotions while monoterpenols have sedative properties, making lavender the perfect contribution to the blend.

Lavender essential oil has been the focus of many clinical trials. Hudson (1996) and Henry (2021) both conducted studies on the value of lavender essential oil for elderly and dementia patients and found it successfully dispelled anxiety and promoted restful sleep. It has long been one of the go-to oils for sleep remedies.

Following the guidelines for blending recommended by Essentially Holistics (the IFPA-accredited school with which I am training) I kept the concentration of the blend to 0.5 per cent for children. Owing to the weak concentration, I decided to make up a big batch of the blend to keep and use over the course of the treatments because we planned to be in this for the long haul.

## **CLIENT RESPONSE**

### **First treatment**

For all treatments we followed the same routine each evening - a nice hot bath, a hot milky drink, a story of choice before getting into bed and getting comfortable.

The massage techniques used were mainly effleurage to encourage relaxation, and very gentle petrissage.

On the first session, Leo was very excited and enthusiastic, which meant that the treatment was not as effective as I'd hoped since he did not relax as much as he might have. We stuck to 30 minutes per treatment - any longer and Leo would become bored and start fidgeting.

For the initial treatment session, we gave Leo a mini back massage using the blend for around 15 minutes, followed by 15 minutes of Reiki healing. To be honest, this session was not successful as he giggled throughout the massage and started playing with the healing crystals during the Reiki! He had fun at least, but he was not sleepy by the end of the session and was getting irritable. As usual, it took him a long time to fall asleep. However, his feedback in the morning was about how he loved the smell of the oils that were left on overnight.

### **Second treatment**

After that first, not entirely satisfactory, treatment, I decided to make a few small changes to the session. We stuck to the half-hour treatment and our usual bedtime routine, but this time we did a face massage because Leo has loved having his face stroked since he was a baby. This only included gentle stroking/effleurage and compressions to the pressure points of the face.

Leo still struggled to get to sleep that night, but we were not expecting miracles! However, during the treatment he was a lot less fidgety and seemed to relax into the session more.

### **Ongoing treatments**

For the next five treatments we decided to stick with facial massage due to the improvement we found last session but lengthened it slightly to 20 minutes massage with 10 minutes Reiki.

Overall, Leo was much more relaxed and the sessions were becoming a part of his routine. As expected, he took a while to get to sleep after the sessions, but he did wake up less than usual during the night as the week went on. This was a huge positive and I noticed a significant improvement in his behaviour on the days he had had improved sleep.

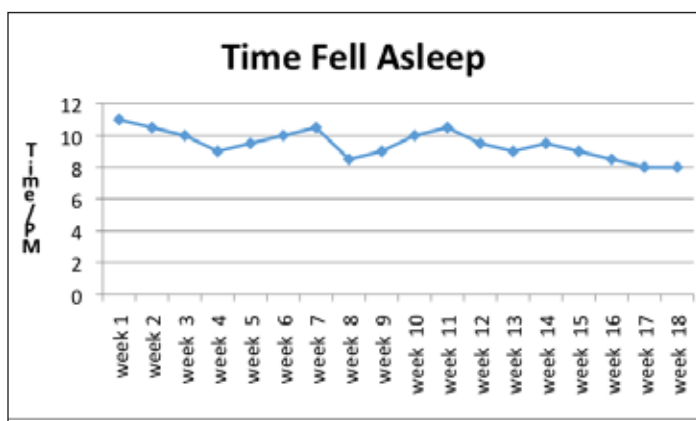
For the next three treatments we added a scalp massage to the face massage with a little gentle tapotement in the form of 'raindrops' and a short hand massage, also using reflexology techniques. This was a huge hit! We shortened the Reiki to five minutes with 25 minutes massage as I felt he was getting more from the massage than the Reiki. In the last of these three sessions, he actually fell asleep during the massage. On average, his waking time during the night was becoming shorter and the time taken to fall asleep was decreasing.

### **Gradual improvement**

For the next four months we continued the same routine of treatments twice a week with 25 minutes of face, scalp and hand massage and five minutes Reiki healing. Over those weeks I saw a huge improvement in Leo's sleeping habits and a drastic improvement in his behaviour.

We also started adding a few drops of the blend into his evening bath to enhance the benefits. There were still evenings where Leo's anxiety was just too heightened so, despite the treatments, he still struggled with his sleep but this was always expected and I never went into this with unrealistic expectations. Overall, the treatments were giving him something to look forward to, something to distract his mind from worry, and something to help relax him which could only be a positive.

As expected, Leo's sleep started improving drastically when the six-week holiday came around and he did not have the worry of school. Below is a chart made to track the times at which Leo fell asleep each night. I used the average time for each week over the period of all the sessions. As can be seen, the results were not drastic but his sleep did improve slightly over the case study period.



## Continuing care

After the period of this case study we continued the treatments at least once a week. As the pandemic became the new normal and school started to open back up to all students Leo's anxiety and his behaviour and mood improved. We are still continuing these treatments, just not so often due to the improvement in Leo's sleep and anxiety now that his routine is becoming more normal.

## Evaluation

We have continued Leo's treatment sessions weekly due to the benefits we gained from carrying out the case study. The period of the case study was the time when Leo's anxiety grew due to the changes surrounding the pandemic.

As can be seen in the results chart, Leo's sleep did improve slightly. We were never expecting miracles but I would say he started to take less time to fall asleep compared to when the pandemic first started.

Leo's behaviour, anxiety and sleep were worse when the pandemic situation necessitated changes in his routine and changes in the school day. It was a huge change for any child but, for a child with autism, it can be quite damaging. Over the case study period, which comprised 20 hours over 40 sessions, I saw a huge improvement in Leo's mood and behaviour and eventually his sleep did improve slightly. This could however have been due to school finishing as his sleep improved more during the six-week holiday when he did not have to worry about school.

My personal opinion as to why the sessions were successful was due to Leo and I having some much-needed bonding time. During the pandemic I was working all hours of the night and day, and 'us' time became scarce. This half-hour was so important, not only for him, but also for me. It gave us time to spend time together and just 'be' when everything else seemed to be falling apart.

The blend itself was a huge hit, he loved the smell of the aroma and to this day he puts a few drops on his comfort blanket. I feel the main reason he loved the Patchouli so much was due to my love of the oil. My perfume is Patchouli-based, along with all the incense I use in the home, so I think the oil almost comforted him as the familiar smell, it was something almost 'normal' to him when everything else was changing.

On reflection, Frankincense was perhaps not the best choice with regard to properties since it can be perceived as quite an unsuitable oil. However, Leo absolutely loved it. It really complemented the blend well and gave it an almost creamy, sweet aroma to cut through the intense Lavender, which can sometimes be overpowering, and softened the deep, musky Patchouli.

Now that I have done some more research I think I might have used Vetiver (*Vetiveria zizanioides*) instead of Frankincense since this was the oil that consistently came up when searching for relevant oils. However, at the time, I did not have this oil available and, once Leo becomes used to something, it is hard to make changes so we stuck with our initial blend.

Fast forward to now, Leo is now 11 years old and in year 6. He is starting to become nervous about the transition into high school so I plan to up our sessions once again in the run-up to this time period. We have visited his chosen school and, on that visit, he took his comforter with drops of the blend to help keep him calm. I would say this blend was a success in many ways.

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Natalie Sartori has worked as a qualified beauty, holistic and sports massage therapist for many years and is also an oncology massage specialist. Currently a self-employed massage therapist and healthcare assistant, she is also studying clinical aromatherapy with Anita James at the IFPA-accredited Essentially Holistic (online aromatherapy training) and this case study was carried out as part of her coursework. This year she plans to return to university to train in adult nursing, where she hopes to combine all her skills in palliative care.



# IFPA International

IFPA members from around the world provide snapshots of aromatherapy in their country – in this edition we hear about professional practice in Ireland and Slovakia

## DENISE HANLON – IRELAND



I believe the general public in Ireland look on aromatherapy as a wonderful natural way to support their health and wellbeing. Ireland has a

great history of herbalism and most families, especially in the countryside, would know of a local 'healer'. My own great-grandmother grew herbs and was known locally for making potions from dandelions and nettles for various ailments. I'm sure that's how my own interest began because I remember collecting hawthorn to make hawthorn tea with my mother. Irish people are proud of their culture for nature and, since aromatherapy is part of nature, they have embraced it as a way to support their health.

Unfortunately, I'm not sure everyone understands the benefits of clinical aromatherapy because it was first introduced here as aromatherapy massage and people already knew that massage was beneficial for muscular tension and relaxation.

However, during the pandemic there was suddenly a huge presence of therapists online, including myself, who made short videos showing how to make aromasticks, balms and lotions with essential oils to help relieve pandemic anxiety. The response to this material has been phenomenal. After seeing my own videos some local women asked me to give an introductory class on using aromatherapy for health and wellbeing.

People in Ireland do use essential oils at home and many health shops and pharmacies stock them and advise on safe use. In my clinic and classroom, I always explain safety issues and provide a printed 'cautions' sheet with every aromatherapy product. However, as in other countries, there is misinformation here due to unscrupulous marketing companies.

Aromatherapy is well recognised as a profession in Ireland today. It is noticeable that I can now find 'aromatherapist' listed under professions on forms, whereas previously they were generally listed under 'complementary therapists'. To my knowledge, there is currently no professional association other than IFPA represented in Ireland.

It is now much easier to access aromatherapy training here and there are many more schools teaching in-person and offering introductions to aromatherapy online. I teach at the well-respected Obus School of Healing Therapies in Kildare and I incorporate aromatherapy usage in all my teaching, either through smell with aroma inhalers or a pre-blended mix (for non-aromatherapists).

I love our Irish heritage of using natural products, herbs and poultices. For me, being able to use aromatherapy and to advise, make products and work in my daily practice with essential oils is a dream job.

I live in County Westmeath in a beautiful unspoilt landscape where I grow my own lavender, thyme, mint, calendula, and cistus and use them in my own balms and carrier oils.

I believe that most people in Ireland are aware of aromatherapy through essential oils, and appreciate

the use of them in their treatments. However, I do think that now is the perfect time for more education on the health benefits of clinical aromatherapy and I and my fellow teachers are eager to continue promoting those aromatic benefits in our classes.

Denise Hanlon has worked in complementary therapies for over 20 years. Qualified in aromatherapy, reflexology, holistic massage, Reiki (Master) and traditional Chinese medicine, she has a busy clinic in Westmeath. In recent years she has taught on Diploma courses in Holistic Massage, Anatomy & Physiology, and Reflexology, and written and taught her own workshops.

## RADKA GIMEROVA – SLOVAKIA



Aromatherapy has gained some popularity over recent years and more and more people are attracted towards using the natural power of

aromas to improve their well-being and their home environment.

However, clinical aromatherapy calls for a deeper level of understanding and usage and here I still see huge potential for its future development. Very few people in Slovakia know about or understand the benefits of clinical aromatherapy and there are few practising clinical aromatherapists.

I am pleased that, in many homes now, people are using essential oils. They often start using them just because they wish to have a nice comforting smell around. However, once they experience how it can support them on many different levels they begin to explore further. In general, people are looking for natural support to take care of their health, their homes, and their overall well-being. I am really pleased to see this growing interest but I also appreciate that there is a huge need for more and better education on safety issues. Very few people are even aware that safety precautions are necessary.

Even though essential oils are widely available, aromatherapy as a profession is almost unknown. To practise aromatherapy, and especially to practise it safely, takes proper training which takes time. However,

at present, accessing this kind of in-depth training in Slovakia and acquiring the necessary knowledge and skills is not easy since there are currently very few providers of quality training. But, with interest in the benefits of aromatherapy gradually increasing, I am confident that the greater demand will lead to more training being available in the future.

There is currently just one small association for aromatherapists in Slovakia but unfortunately it is not very active.

What I like best about practising aromatherapy in my native country is seeing people develop a more natural way of living, with all the benefits that brings. I am passionate about showing them the benefits of aromatherapy and helping them step-by-step to create blends that will help improve balance in all aspects of their hectic lives.

I have completed studies and have certification from Aromahead Institute and Health Coach Institute in the USA and am currently studying neurocoaching. I am passionate to combine my knowledge, science and experience to empower women to break through stress, doubts and fears to enjoy their true power and build satisfying lives and fulfilling careers.

**Radka Gimerova is a holistic health and life coach and aromatherapist based in Bratislava, Slovakia. She holds a degree in Human Resources Management and Coaching and has also completed training with the Health Coach Institute and the Aromahead Institute, both in the USA. Radka says she is passionate about helping people live life in accordance with their true values and gifts - beyond stress, anxiety and limiting fears.**

## News in brief

### Calming peppermint oil

Can inhaling Peppermint essential oil reduce anxiety in patients with acute coronary syndrome? A recent Iranian clinical trial with 64 emergency department patients with acute coronary syndrome found that it made significant improvements in anxiety levels. More details at <https://pubmed.ncbi.nlm.nih.gov/35007899/>

### New alliance

The Integrative Health Convention in February 2022 saw the launch of a new collaborative venture. The Integrated Medicine Alliance, initially to run under the wing of the College of Medicine, brings together leaders from the main complementary therapies to collaborate on improving communication with patients and clinicians about the benefits of complementary approaches. See <https://collegeofmedicine.org.uk/ima/>

### Learning research skills

The Christie Hospital's Integrative Therapies Training Unit is to run a livestream workshop *Evaluation,*

*evidence and research for complementary therapists* on 29 September 2022. The workshop will introduce participants to research methodologies and terminology, clarify the difference between audit and research, and explain how to critique evidence and explore ethical issues. See [www.christie.nhs.uk/education/continuing-professional-development](http://www.christie.nhs.uk/education/continuing-professional-development)

### CNHC on Instagram

The Complementary and Natural Healthcare Council (CNHC) now has an Instagram account. You can follow it at @cnhc\_uk

### Webinar range

The Penny Price Academy of Aromatherapy website currently offers webinars on a wide range of topics including skincare, managing allergies, treating chronic pain, emotional wellbeing, sleep, and hormonal wellbeing and menopause. Most of the webinars cost £20. For details see [www.aromatherapy-courses.co.uk/product-category/webinars/](http://www.aromatherapy-courses.co.uk/product-category/webinars/)

### Reducing anxiety

A study has shown that inhaling lavender essential oil plus breathing exercises can be an effective intervention to reduce anxiety associated with electroconvulsive therapy. More details at [www.sciencedirect.com/science/article/abs/pii/S1550830721002731](http://www.sciencedirect.com/science/article/abs/pii/S1550830721002731)

### Short courses

Cambridge Botanic Garden's 2022 programme includes *Pigments, perfumes and piquancy: plant chemistry in action* on 6 June and *Bringing scent to the garden* on 26 July. Details: [www.botanic.cam.ac.uk/](http://www.botanic.cam.ac.uk/)

### Hydrolat potential

Research into the composition of six essential oils and their corresponding hydrolats found the highest phenolic content in *Thymus vulgaris* EOs, the lowest in *Lavandula angustifolia*. *Thymus vulgaris* EO and its hydrolat showed the highest antioxidant activity. The study suggests that hydrolats could have antiseptic activities similar to their corresponding EOs. See [www.ncbi.nlm.nih.gov/pmc/articles/PMC8619938/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC8619938/)

# Changing thymes

**Ian Cambray-Smith** looks at the differences in composition within a range of thyme essential oils



"The thymes they are a-changin'" is not quite what Bob Dylan had in mind when he wrote those words but it seemed too good an opening gambit

for this article to miss!

Put 'thyme essential oil' into your search engine and you'll find a whole host of thyme essential oils displayed. So I thought it was perhaps thyme (OK, I'll stop now!) to have a closer look and highlight the variations.

So, in no particular order, this is what you might find: Red thyme, white thyme, sweet thyme, Moroccan thyme, wild thyme, lemon thyme, spiked thyme, serpolet, *Thymus zygis*, *T. mastichina*, *T. capitatus*, *T. saturoioides* and a whole host of chemotypes – for example ct carvacrol, ct thymol, ct linalool, ct geraniol, ct borneol, and ct thujanol.

Some of these variations are due to environmental factors, such as the altitude at which the plant is cultivated, the geographical location, the amount of sunlight the plant receives (including the relative amounts of UV and infra-red light), and rainfall. So let's look a little deeper into those variables.

From the point of view of essential oils, the most common source is *Thymus vulgaris* and this is the case with red thyme. Historically, distillation was carried out in copper stills and the resulting essential oil was so reactive that it dissolved copper from the walls of the vessel, giving the essential oil a characteristic red colour.

The high concentration of reactive phenols in thyme essential oil was identified as the reason for

the reddish colour.

Today, being distilled in stainless-steel vessels, the essential oil is not 'red' but phenol-rich thyme essential oil does have a characteristic red-brown or orange-brown colour.

White thyme oil is also derived from *T. vulgaris* but is obtained after a second distillation of the red thyme essential oil. This results in an oil containing lower levels of the reactive phenols, sometimes referred to as a 'corrected' or 'rectified' oil.

## Different constituents

*T. vulgaris* is also the source of sweet thyme essential oil. Altitude is thought to have an impact on essential oil composition; higher altitudes tend to produce less phenol-rich oils, with a higher preponderance of alcohols. As a result, the essential oil lacks the red-brown colouration and is a pale-yellow colour, with a warm, sweet and herbaceous fragrance rather than the medicinal, herbaceous aroma associated with the phenol-rich red thyme.

*T. vulgaris* ct carvacrol and ct thymol are phenol-rich thyme essential oils, whereas *T. vulgaris* ct linalool, ct geraniol and ct thujanol are alcohol-rich essential oils. Moroccan thyme (*T. satureioides*) is the source of the alcohol borneol chemotype essential oil.

Wild thyme, also known as mother-of-thyme (*T. serpyllum*), is used to produce an essential oil called serpolet which is phenol-rich. Spanish



Several essential oils derive from *Thymus vulgaris*

sauce thyme (*T. zygis*) essential oil is also phenol-rich, as is *T. capitatus* (Spanish oregano). However, the essential oil of *T. mastichina* (Spanish marjoram) is alone in being 1,8-cineole-rich. *T. citriodorus* (lemon thyme) essential oil has a slightly different composition, with its major components being geraniol, geranial, nerol and thymol.

Phenol-rich spiked thyme essential oil is not even a thyme as its botanical name is *Thymbra spicata*.

The essential oils may all have thyme/*Thymus* on the label but there are marked differences in composition. Some of the essential oils are common, others less so and one (Spiked thyme) you may have to go to Turkey to get – if you can find the thyme!

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



# My practice

We talk to aromatherapist **Karina Cox** about her varied career, her interest in combining aromatherapy with other modalities such as yoga, meditation and Reiki, and her ongoing love of essential oils



In a diverse career Karina Cox has worked both in the corporate business world and in teaching, both in the UK and Japan. In 2005 a growing interest in

aromatherapy led her to make a career change and train as a practitioner. She has since qualified in several other therapies, and undertaken yoga training in Malaysia. Combining aromatherapy with yoga is a special interest, as is incorporating aspects of traditional Chinese medicine into her practice. Karina also runs aromatherapy and yoga classes and workshops in Malaysia and Japan.

## Could you tell us a little about your background?

I grew up in a suburban town outside London, but was looked after by my grandparents in the Kent countryside during the week. One of my fondest memories is of my grandfather taking my sister and I to the local apple orchard; I loved the tranquillity and all the green surrounding us. I also enjoyed tending to the family garden, mowing the lawn, admiring the walnut tree, roses and hydrangeas.

Primary school was a joyful experience because we were given the time and space to develop creative skills. Cooking was another childhood passion and I remember enjoying the aromas from grating a lemon, frying an onion or a cake

baking in the oven. Looking back, my senses were highly developed from a young age.

Secondary school was a completely different story. We were pushed hard academically and life became stressful. My creative streak was crushed, the gardening and cooking stopped, and after seven years of secondary school and three years studying Economics at University College London, my body, mind and spirit were screaming. Years of panic attacks took their toll, I had a breakdown at the tender age of 22, and a brief spell in the corporate world was the final straw.

At that point I decided to change the direction of my life radically and embark on a new chapter. I moved to Japan to teach English and, little by little, I regained my *joie de vivre*. On returning to the UK, I continued with the teaching, at first business English to Japanese banking and insurance employees, and then to their families.

## What sparked your interest in aromatherapy?

I first discovered aromatherapy (although I didn't know that's what it was at the time) in a shop that sold incense, wind chimes and essential oils. I sniffed some oils and remember them having quite an impact on me. I can clearly remember that one was juniper and another was German chamomile. To this day, if I smell either, I smile at the memory. I bought a selection of bottles and for some time I just kept them in a cupboard, sniffing them now and again but not knowing how to use them!



*Preparing for a workshop in Malaysia*

My other memorable sensory experience was during a holiday on the tiny Greek island of Hydra. In the evenings there was an intense, intoxicating waft of jasmine on the soft breeze and even now a sniff of jasmine essential oil transports me back to that time. So, those two memories probably best illustrate how the aromatherapy seed was sown in my life.

## Where did you train?

Years later, I progressed to adding oils to aromatherapy burners and making simple blends following a book. But the real impetus to qualify as an aromatherapist came via conversations with some Japanese women in one of my English language courses. They wanted to find out more about aromatherapy

# INTERVIEW



*Karina offers a range of different massage techniques*

and we discussed how I might combine my English teaching with aromatherapy practice. It sounded like a great plan!

In my research into training I found Gabriel Mojay's Institute of Traditional Herbal Medicine and Aromatherapy. I attended an Open Day there in the spring of 2005 and decided almost at once to enrol on the Aromatherapy diploma course. At the time I didn't even realise that we were also going to be studying traditional Chinese medicine but I loved every minute of the course!

## **How has your aromatherapy career developed?**

Soon after qualifying I started teaching workshops and courses to groups of Japanese women in West London and also joined the Low Cost Clinic at Neal's Yard Remedies (NYR) in Richmond, where newly-qualified therapists could offer aromatherapy massage at a reduced cost.

I was thrown in at the deep end, with back-to-back clients, many with deep-seated mental or emotional issues. I threw everything I could at the hour they each had with me - researching the most appropriate oils in my free time and combining aromatherapy, Reiki and, looking back....talking therapy.

I suppose at an energetic level, I was perhaps drawing in these

clients because I had suffered from similar issues myself and had some idea about what they were going through. But I had to learn about boundaries pretty fast because I left the therapy room every Thursday afternoon feeling as if I had been hit by a bus!

At around this time, I was invited to offer treatments to people on a short yoga retreat at Braziers Park in Oxfordshire. I have never worked so hard but it was incredibly rewarding. I also did my first pregnancy massage there and was delighted with all the positive feedback.

I returned the following year and subsequently offered treatments on retreats in Spain, France and Malaysia. In Malaysia I undertook teacher training in Hatha yoga and later followed this up with 'Insight Yoga' training in London with Sarah Powers. I was particularly drawn to the Yin yoga aspect as it incorporated meridian theory and meditation.

After moving to the Cotswolds, I joined NYR in Cheltenham and also offered private treatments at my home. By now, I had obtained additional qualifications in pregnancy massage, holistic facials, Indian head massage, Reiki, Bach flower remedies, sound healing and meditation.

I decided to combine the aromatherapy and yoga and started offering 'Aromayoga' at the Isbourne Centre in Cheltenham, as well as many other aromatherapy-related workshops and courses. Since spring 2020 all my work has been online, although there's nothing like being face-to-face with a group, especially when using aromas and energy work. I continue to learn about TCM and incorporate it into much of my work.

## **Do you have a particular interest or specialism?**

Over the years I have found myself focusing more on using aromatherapy (often combined with yin/ restorative/ gentle yoga, yoga nidra, meditation, reiki and sound healing) to help people experiencing mental health challenges. These include anxiety, panic attacks and depression, as well as issues such as chronic fatigue, body aches, insomnia, and digestive and hormonal issues.

Helping people move into a state of parasympathetic nervous system dominance often has a positive impact on physical, mental and emotional health and on overall wellbeing. I also appreciate the importance of talking therapy (especially recently) so I also offer 'Aromas and Tea' - online sessions during which participants have the chance to share any current concerns and we discuss which essential oils may be able to help them.

I feel well placed to offer such treatments and classes because I have experienced many of these issues myself over the years and now have a very well-stocked toolbox of modalities I can choose from, as and when needed. I have had wonderful feedback on my online sessions over the past two years and it has been a great source of comfort for my clients, some of whom live alone or are in the vulnerable category and were craving some social interaction.

## **Could you tell us about your work abroad?**

I first visited Japan in 1988, with a Japanese friend I met at university. That was the start of a lifelong love affair with the country and its people. As mentioned above, I had been teaching workshops and classes to the Japanese community in West London for several years and in 2019 I was invited by Reiko Tomino, owner of the International Medical Spa Institute (IMSI) in Aoyama, Tokyo, to offer two workshops and an AromaYoga class at her school.

The workshop topics were *Aromatherapy for Facial Rejuvenation and Subtle Aromatherapy*. Since the start of the pandemic, I have been offering Zoom workshops to IMSI participants and have added two further workshop options: *Aromatherapy for Stress, Depression and Insomnia* and, my most requested seminar, *Aromatherapy for Immune and Respiratory Support*.

I completed yoga teacher training in Kuala Lumpur in 2011 and during subsequent visits to Malaysia I have offered a variety of aromatherapy and yoga classes, workshops and retreats in Kuala Lumpur, Penang and, my favourite destination, a

private venue named 'One Great Tree in the forests of Pahang. I am so looking forward to being able to travel in the near future to teach live classes once again but, in the meantime, Zoom is a blessing!

## What do you find especially rewarding in your work?

I love to share my knowledge of aromatherapy with others and one of the most rewarding aspects of my work is teaching a group of people new to aromatherapy and seeing how animated they become, waving smelling strips around, formulating recipes and making up their first aromatherapy oil blend.

Some Japanese ladies I introduced to aromatherapy more than a decade ago are still using essential oils and blending today, which is wonderful to see. I also love doing research for new workshops; there is still so much to learn, so this is a lifetime project and commitment.

Although I no longer do much aromatherapy massage, I did (and occasionally still do) enjoy working with clients to formulate a blend best suited to their needs and seeing the impact the oils can have on them. For some, there are almost instant results, for others, the benefits develop over the longer term.

## Perhaps you could share a case study with us?

Until spring 2020, I was giving regular massages to a wonderful 86-year-old woman who lived in sheltered accommodation. Despite having Parkinson's disease, knee problems and considerable physical discomfort, she was living a full life and was (and still is) very entertaining.

Sometimes she would opt for a seated lower leg and foot massage; at other times she preferred a full body massage, and she especially enjoyed face and scalp treatments. We tried a few different essential oils and decided on a blend of frankincense (*Boswellia carterii*), lavender (*Lavandula angustifolia*), helichrysum (*Helichrysum angustifolium*) and vetiver (*Vetiveria zizanoides*). Her tremors varied and would sometimes be very noticeable when I arrived at her home. However, we often found

that these had decreased significantly by the end of the hour's session.

She was so happy with this that she used the left-over blend afterwards and also ordered oils herself, which she used in a diffuser. She also reported that her knee pain lessened during and after massages, which I put down to the pain-relieving properties of the blend and the fact that she was so relaxed during the treatment, often dropping off to sleep.

Since I last saw her she has had a knee operation (with a few subsequent complications) but she still uses the oils in a diffuser to remind her of the massages, to help her to relax and reduce the tremors. She is now 89 years old and back to holidaying at her second home in Portugal!

## Do you have any favourite essential oils?

I am drawn to many essential oils but lavender, rose, yuzu, bergamot, benzoin, black spruce, sandalwood and vetiver are some of my favourites. I probably use lavender the most, both for myself and in blends for clients; it often ends up being that third oil that creates a beautiful synergistic blend. In my AromaYoga sessions, the most common complaints are body aches, headaches, hormonal issues, chronic stress, anxiety and sleeping problems, so lavender fits the bill for all of those difficulties.

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

First, I like to create a calming space - lighting candles, and adding some essential oils to a diffuser. I take some time out almost daily, to practise some form of yoga, maybe an energising hatha practice in the morning, or a yin or restorative session in the evening. Yoga nidra is one of my main go-to practices these days; it's said that just 45 minutes of this is roughly equivalent to a few hours of deep sleep. I also make sure I fit in some breath work - chanting, humming, singing or sound healing - to activate the vagus nerve and help move my mind and body into a healing state.

When I left London around eight years ago to live in the Cotswolds I joined a great walking group: Cotswold Natural Mindfulness. I still join regular walks and find the time out in nature, doing mindful exercises and spending time with like-minded walkers, to be such a tonic, especially in winter or when the spirits are flagging. I am a big fan of earthing (walking barefoot on grass or sand) and also enjoy getting my hands into the earth, planting herbs and flowers, which I then use to make tea infusions. I also do self-massage and Reiki or have an aromatherapy bath.

It goes without saying that receiving an occasional aromatherapy massage is a must for me. Until a few years ago, I was lucky enough to be able to do regular treatment swaps with a dear ex-neighbour in London, who practises reflexology and aromatherapy. I definitely re-charge from spending time alone in a peaceful setting, but connecting with other like-minded friends is important for my mental wellbeing. I have been lucky enough to be able to do all of the above over the past two years, so I've managed to enter 2022 in a good emotional and spiritual state!

## What inspires and sustains your interest in aromatherapy?

I always have my essential oils close to hand so, wherever I am, I can reach for a bottle of lavender if I'm struggling to sleep, ylang ylang for anxiety, or rosemary if I'm feeling sluggish. I find that preparing for aromatherapy workshops always gives me a huge motivational boost and, on those rare days when there's nothing in the diary, I might make a new blend, a balm or an inhaler.

I have a whole host of aromatherapy-related books and often dip into them for some inspiration or I watch a video from Aromahead or Dropsmith to further my knowledge. I also enjoy nothing more than signing up for an aromatherapy-related training course, and love that there's still so much to learn. My collaboration with IMSI in Japan has also motivated me, especially during the pandemic and I enjoy creating new classes and workshops that I can share with others far and wide.



# The story of Fragonia

A trial planting of *Agonis fragrans* seedlings in Western Australia two decades ago has developed into a highly successful essential oil-producing business. Here **Lisa Day** tells her family's Fragonia story



**T**he Paperbark Co., located in a belt of wetlands in Western Australia, was established in 1997 by my parents, John and Peta Day, to grow and distil *Melaleuca alternifolia* for tea tree oil.

For our family, the essential oil journey started just before I was born, over 40 years ago, when my parents were travelling around Australia on a working holiday. It was at this time that they discovered the benefits of tea tree oil, it being the only bottle in their very small medicine cupboard. Travelling and camping across Australia gave them a lifelong love of the Australian bush and a desire to live and work in the country.

After much consideration, and two children later, they purchased a totally undeveloped property at Harvey in Western Australia, where they established a small tea tree plantation. My father designed and custom-built a steam distillation plant to process the harvested tea tree biomass, and commenced the development of infrastructure on the property. Starting out with modest intentions, little did our family know the fascinating journey we were about to embark upon.

Soon after the farm was established, there was a downturn in farm gate prices for tea tree oil, which threw all plans into disarray. With only a small plantation, it was no longer viable to continue as intended with tea trees alone. And so, we began experimenting with other native Australian plants, including some unique to Western

Australia. Amongst the latter was *Agonis fragrans*, now commonly known as Fragonia®.

We were prompted to consider the *Agonis fragrans* species for essential oil after reading an article by local Agricultural Department botanist Chris Robinson in the *Land for Wildlife* newsletter in 2000. In his article, 'Agonis Oil and the Curse of Potential!', (Robinson, 2000) he suggested that *Agonis fragrans* might have potential for commercial establishment. We were very curious.

Chris was working with local farmers in the south west of Western Australia on a project to increase the yield of flowers from the *Agonis* shrub. At that stage it was an unnamed species – these flowers were commonly known as coarse tea tree or coarse *Agonis* and were being picked for both fresh and dried flowers, mainly for the export market.

After crushing the leaves, and in so doing releasing the aroma of the oil, Chris thought there was potential to do something with this oil. He then worked with the Great Southern Development Corporation to look at possibilities. A small distillation was undertaken and the oil was sent to the QEII Medical Centre in Western Australia, where it was tested against *Melaleuca alternifolia*. The results showed an excellent level of antimicrobial activity (Robinson, 2000).

Industry groups were then canvassed but, although interested, they were reluctant to commit since there was no reliable supply of oil and no track record in the market place. Farmers were consulted but they were also reluctant to commit as there were no established buyers



*The Day family bought an undeveloped property at Harvey on which to establish a small tea tree plantation*

for the oil. Hence, frustrated, it was at this time that Chris wrote the article 'Agonis Oil and the Curse of Potential'.

## A leap of faith

But there is always someone prepared to take a leap of faith! We responded and met with Chris and, in 2001, we put in a trial planting of 5,000 Agonis fragrans seedlings, followed soon after by an additional 10,000.

We were encouraged by the quality and fragrance of the oil that we produced from these plantings, and decided to collect seeds for future plantings. We needed to select which location the seeds would be sourced from. However, we were aware of the potential for both variations within the chemotype, and of different chemotypes within this new and totally unexplored species.

At about this time, and in conjunction with Chris Robinson, a grant from the Australian Rural Industries Research and Development Corporation (RIRDC) was applied for and obtained. This enabled a reasonably thorough investigation of the chemotypic variation that occurred within the species. The research ultimately confirmed that there were at least two distinct chemotypes, and a significant degree of variation within one of the chemotypes (Robinson, 2006).

However, we were in too much of a hurry to await the final outcomes of the research, and made our selection mostly on 'what smelt right'. The selection we made turned out to be the right one, and illustrated how what smells right, usually is right.

## Botanical and common names

At this point, it became apparent to Chris that, to further its development for essential oil production, scientific naming of the botanical species was required. Following his application in 2001 it was formally recognised as Agonis fragrans. Later, as we began to establish markets for Agonis fragrans, we felt it important to have a common name which not only reflected the botanical name, but also one of its beautiful characteristics – the gentle fragrance of the foliage and oil. After great care and consultation, we chose the name Fragonia.

At the time The Paperbark Co. started distilling Agonis fragrans there were no other producers of this particular essential oil and, because we were now aware of the chemotype variations in the Agonis fragrans species, we made the unusual decision to trademark the name Fragonia to ensure that buyers of our oil would be obtaining an oil that met an identified specification, thus ensuring a consistent and quality product.

It should be noted that Agonis fragrans was officially renamed Taxandria fragrans in 2005, although both botanical names are considered acceptable.

The local Indigenous history does not refer specifically to the Agonis shrub, although there is talk in Indigenous communities of using the local shrubs for bedding and rubbing them between the hands to extract the oil to keep flies away. They also used to warm up the leaves of some shrubs and place them as a poultice on wounds when the steam was coming out of the leaves.



*Fragonia has been shown to have physical, emotional and spiritual benefits and can work at a deep level*

## Properties and uses

In 2004 Australian aromatherapist and educator Mark Webb took a sample of Fragonia to world-renowned aromatic medical practitioner Dr Daniel Péroël when he visited him in France. It was Dr Péroël who identified the ability of Fragonia to work at a deep level, releasing blockages and having the capacity to bring harmony, peace and balance at an emotional, physical and for some, a spiritual level. We subsequently met Dr Péroël when he came to Australia to see at first-hand how both the Fragonia, and another Australian oil, *Kunzea ambigua*, were being grown and distilled. ➤

### Fragonia® (*Agonis fragrans*)

<b>Key constituents:</b>	Typically contains 1,8-cineole (23-33%), $\alpha$ -pinene (22-31%), linalool (6-13%) and $\alpha$ -terpineol (5-8%)
<b>Plant part:</b>	Leaf and terminal branches
<b>INCI name:</b>	Agonis Fragrans Leaf/Branch Oil
<b>CAS number:</b>	934621-96-2
<b>Extraction process:</b>	Steam distillation
<b>Aroma profile:</b>	The oil is very pale yellow having a pleasant fresh cineolic odour with a hint of a citrus note (which becomes more pronounced after a few minutes), mixed with a slight spicy cinnamon tonality and sweet balsamic undertones. The dry down is very faint being sweet, soapy & woody balsamic. The oil could be potentially useful to give depth to herbal blends, and more generally in masculine fragrance accords. <i>Copyright © Tony Burfield April 2004</i>





*Left: Plantings have been increased to meet rising local and international demand. Right: The Agonis fragrans trees are harvested to just above ground level, using a forage harvester. Extraction is by steam distillation*

Studies at the University of Western Australia have since confirmed *Fragonia* to have significant anti-microbial activity, similar to that of other recognised anti-microbial essential oils including tea tree oil (Hammer *et al*, 2008), making it useful for many conditions, including minor cuts and wounds, bites, stings, abrasions, pimples and acne, or as a gargle for sore throats. Preliminary research also indicates the potential of *Fragonia* as an anti-inflammatory oil (Hammer *et al*, 2008), which is supported by clinical feedback about the respiratory system and musculoskeletal conditions.

## Fragonia works at a deep level to bring harmony, peace and balance

### Setback and recovery

We suffered a major setback in 2016 when bushfires ravaged our farming region. Our house and distillation shed were saved, but blackened stumps and burnt irrigation tapes were just about all that remained of the plantation.

Unlike most of the other essential oil plants growing in our plantation, the *Agonis fragrans* plants struggled to regenerate after the fires. After a few months of intensely monitoring the blackened stumps for any signs of regrowth, it became apparent that the vast majority of the plants would not survive. However, despite the huge task in front of us, there was never any question as to whether or not we would replant.

Due to the chemotype variations in the *Agonis fragrans* species, it was important that the seed we would be using would produce an oil meeting our identified specification. Upon visiting the locality from which we originally collected the seeds, we were more than concerned to see that the area had been cleared. Thankfully, there were some very small patchy sections of our plantation which the fires had left undamaged,

and we were able to collect viable seed from these plants within 12 months from when the fires went through.

As with most things in agriculture, rebuilding the plantation was a long, slow process. Seedlings were germinated and cultivated over a six-to-eight month period, and these first seedlings were ready to plant in the following September 2017. With the help of friends, family and many volunteers from our community, burnt irrigation tape was removed, old *Fragonia* stumps cleared, the whole area rotary-hoed and around 80,000 seedlings planted as part of this initial replanting. The plants typically have enough growth to undertake a light harvest 12-18 months after planting, so December 2018 was the first harvest we were able to undertake which included biomass from these replacement trees – nearly three years after the fires went through!

Given the steady increase in demand for *Fragonia* both prior to and after the fire, we made the decision in 2017 to purchase a neighbouring farm, on which we have now planted an additional 10 hectares of essential oil plants, mostly *Agonis fragrans*.

### Characteristics and production

The *Agonis* shrub, which is a member of the Myrtaceae family, is lignotuberous, reaching up to 2.4m in height. It has erect flowering branches with fine, rigid leaves and small clusters of five white-petalled flowers with a pale pink centre. Flowering typically occurs between January and May.

Underlying our farming practice at The Paperbark Co. is a commitment to farm as sustainably as possible, and to preserve the remnant vegetation and wetlands on our farm. Our seedlings are grown and hardened at a local nursery, and planting is typically undertaken during the winter months.

The plantation trees are harvested to just above ground level, using a forage harvester. The harvested biomass is cut into one to two centimetre particle size and fed into bins which are then taken to the distillation shed, where the oil is extracted via a process of steam distillation.

The biomass is heated by passing steam through the bins from the bottom upwards, causing the oil



to vaporise. The steam and vaporised oil are then condensed and separated into water (or hydrosol) and oil. In addition to the oil which is produced, the hydrosol is also collected for bulk sales. All hydrosol which is not sold, as well as the condenser cooling water, is recycled onto the plantation as irrigation water.

The spent biomass after distillation is spread back into the plantation in thick bands between the plantation rows. This mulch acts as a weed suppressant, helps to keep the soil cool and moist during our hot summer months, and is a valuable source of nutrients for the plants.

Fragonia is still a comparatively new and unique essential oil. Over time, and with the support of Dr Péroël, Mark Webb, and many others, this oil has gained acceptance in the local and international aromatherapy and manufacturing markets, both for its therapeutic properties and aroma. Since the early days, we have been able to expand our plantings significantly to meet a steadily increasing demand, both local and international.

We are forever grateful for the support of our community for Fragonia.

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Lisa Day, the daughter of company founders and directors John and Peta Day, has been managing The Paperbark Co. since 2014. The company specialises in growing, steam distilling and marketing Australian essential oils and hydrosols. Since 2000 The Paperbark Co. remains the only producer of Fragonia, although recently another grower has been licensed to grow this oil. Lisa remembers Fragonia as the 'magic oil' of her youth, used for any kind of ailment large or small, and says that the passion for this unique and beautiful oil has continued into a second generation of the family. For more information go to [www.paperbarkoils.com.au](http://www.paperbarkoils.com.au) Instagram: @the\_paperbark\_co

# Discovering botanic gardens

**Spring and summer are perfect seasons to visit botanic gardens. Some have herb or medicinal gardens, others offer courses, walks and events – check websites for details. Below are just a few examples to explore this year.**

## ENGLAND

### Botanic Garden, University of Oxford

For location, opening times, and prices visit [www.botanic-garden.ox.ac.uk](http://www.botanic-garden.ox.ac.uk). For guided tours phone 01865 286690. One of the UK's oldest botanic gardens. Walled Garden houses scientific collections including Medicinal Collection; Lower Garden contains ornamental collections.

### University of Bristol Botanic Garden

For location, opening times, and prices visit [www.bristol.ac.uk/botanic-garden](http://www.bristol.ac.uk/botanic-garden).

Huge diversity of plants and collections includes Useful Plants featuring Chinese medicinal herb garden, Western herb garden, and medicinal plants relating to Ayurvedic and traditional Southern African medicine.

### Sheffield Botanical Garden

Free entry. For location and opening times visit [www.sbg.org.uk](http://www.sbg.org.uk).

15 different garden areas featuring plant collections from around the world (eg Mediterranean, Asian, American prairie-style, woodland and rock-and-water plantings).

## SCOTLAND

### Glasgow Botanic Gardens

For location, opening times, and prices visit [www.glasgowbotanicgardens.co.uk](http://www.glasgowbotanicgardens.co.uk)

Tropical/temperate plant collections. Glasshouses, formal and herb gardens, arboretum, heritage trail.

## WALES

### National Botanic Garden of Wales

For location, opening times, and prices visit [www.gardenofwales.org.uk](http://www.gardenofwales.org.uk)

Features 8000 plant varieties. Themed gardens including medicinal plants. Glasshouse designed by Lord Foster. Apothecary's Garden and Apothecary's Hall.

## NORTHERN IRELAND

### Belfast Botanical Garden

For location, opening times, and prices visit [www.belfastcity.gov.uk/parksandopenspaces](http://www.belfastcity.gov.uk/parksandopenspaces)

Rose garden, herbaceous borders, rare oaks, plant collections, Palm House, Victorian tropical ravine.

## REPUBLIC OF IRELAND

### National Botanic Gardens of Ireland (Dublin & Wicklow)

Free entry. For location and opening times visit <https://botanicgardens.ie/>

A premier scientific institution, the Gardens contain plant species and cultivars from all over the world.

# Exploring unusual oils

**Helen Nagle-Smith** suggests how to get to know new or unusual essential oils and asks four aromatherapy colleagues about their favourites and how they use them in their clinical practice



I remember the heady days of studying to become an aromatherapist, excitedly smelling a wonderful array of essential oils in class, and carefully writing copious notes on each one. At the time, I wondered how I would remember seven, let alone 70!

Fast forward to 2022 and the enormous number of essential oils available now is astounding. Some simply weren't available when I started my training in 2005; others, while still quite unusual, are emerging from the shadows and we are slowly becoming more aware of them.

Trying to choose between the wealth of essential oils now on the market can feel overwhelming at times. But this expansion brings many benefits - we have more choice, a wider range of sustainable alternatives, and learning about a new oil is a CPD opportunity. In my own practice I have been impressed by so many essential oils that I have come to know since my initial training.

## New oils in my practice

I feel that the Australian essential oil Fragonia® (*Agonis fragrans*) deserves a special mention. This oil has only been available since 2002 and the name is trademarked by the Day family who have worked tirelessly to produce it and to ensure that the chemical composition stays within the specification for this chemotype (Day 2022). You can read more about the Fragonia story on page 26.

Fragonia® is a stunning essential oil to work with and contains almost equal parts of oxides, alcohols and monoterpenes. It is highly antibacterial, antifungal and antimicrobial and Battaglia (2019) recommends it with Lavender for a powerful antimicrobial blend. It is also immunostimulant, anti-inflammatory, expectorant, antispasmodic and analgesic. This makes it incredibly versatile for clinical practice and I have used it in blends for joint or muscle pain, coughs, period pain and breast tenderness, or with Lemon to cleanse the air if there is illness in the home. Emotionally, it has a lovely equilibrium and promotes balance.

I have also found it soothing for stress, anxiety and for helping with emotional blockages or challenging times

such as conflict, grief, trauma, or counselling. Just recently, I used it with a client who feels beaten down by her experience as a nurse over the past two years of pandemic, and also with a client who was grieving for a close family member. For the grieving client I used one drop of Fragonia® with two drops of Rose (*Rosa damascena*), one drop of Mandarin (*Citrus reticulata*) and one drop of Palo santo (*Bursera graveolens*) (10 ml of carrier oil). It was a stunning blend. Felicity Warner (2017) comments that Fragonia® is a vital essential oil in soul midwifery work and at times of transition.

One of my more recent acquisitions has been Moldavian dragonhead (*Dracocephalum moldavica*). I read an article about it by Lora Cantele and Jonathan Middendorf (2021) and was so intrigued that I immediately bought it. I adore it and wouldn't want to work without it. Emotionally soothing, it also brings a sense of happiness that is hard to quantify. It was hard to research because there is so little written about it but I was desperate to include it in my next book. I use it primarily where there is pain but also for its relaxing and slightly sedating quality. It smells sweet and a little like Melissa.

Previously I have been a bit obsessed by two spiritual oils - Buddha wood (*Eremophila mitchellii*) with its sense of peace and tranquillity and soft aroma, and Frankincense Mexico (*Bursera copallifera*). The latter has a scent that reminds me of Frankincense (*Boswellia spp.*) but it is lighter, fresher and greener. You can really smell the alpha-pinene! The resin of Frankincense (Mexico), sometimes called Copal santo, has been revered in religious ceremonies for centuries (Gigliarelli *et al* 2015) for good reason. I also find it helpful for pain and respiratory issues.

## How to get to know a new oil

So, when you find a new essential oil, how do you get to know it? This might depend on your approach and the way you view aromatherapy. If you come from a molecular approach you are most likely to be interested in its chemistry and might start by considering how it might blend with the chemistry of other oils.

By contrast, if you have a psycho-aromatherapeutic perspective you are going to be primarily concerned with the impact of the essential oil on the mind and emotions.



Photo: Andris Tkachenko – iStock

*Moldavian dragonhead has a sweet Melissa-like fragrance, is emotionally soothing and uplifting and helps relieve pain*

Other aromatherapy perspectives are more aligned to the essential oil's energetics and, for some in our profession, another modality may be included - for example, five elements aromatherapy is aromatherapy blended with a traditional Chinese medicine (TCM) approach. Some aromatherapy practitioners work with an eclectic blend of different ways of looking at essential oils. For more information on different approaches to aromatherapy see Peace Rhind (2016).

If you are unsure about your approach to a new essential oil I would suggest that you read any essential oil profile in one of your aromatherapy text books to see if there is one section that you are particularly drawn to. Conversely, there may be a section or level of information that you wish had been included. This exercise will tell you what you feel is most important for you right now, at this point in your aromatherapy journey, and perhaps *this* is your lead when working with a new oil.

For me, there is normally a format for getting to know a new essential oil. It involves having some quiet time with the oil - I call this 'taking it to dinner' (Nagle-Smith 2020), an olfactory blind date if you will! I check in initially with how I am feeling (in case this has changed after my work with the oil), then quietly and calmly inhale the essential oil. I may put some on a folded tissue on my desk/lap or even tucked inside some clothing.

I see what the oil tells me and ask a number of questions - I have a list of around 25 questions eg 'where does the aroma take me in my body'.

However, this list is not prescriptive and I would normally work with a new oil (or even an existing familiar one if I am writing about it) for several days. Ideally, I

prefer to do this before I research the essential oil in depth, although the likelihood is that something has triggered my interest and that was why I purchased it in the first place!

Perhaps you have an essential oil that has spiked your interest or you've made a recent oil purchase but haven't yet explored it. What do you know about this essential oil already? Why does it speak to you? How will you use this particular oil? I know I will always have my old favourites such as Bergamot (*Citrus bergamia*), Neroli (*Citrus x aurantium*) and Cedarwood (*Cedrus atlantica*), but I also love delving into an essential oil that I am not yet familiar with.

I wondered how other aromatherapists felt about bringing new essential oils into their repertoire and if they had old favourites they could never leave behind. To find out, I carried out a mini survey with four aromatherapy colleagues, asking them about their favourite oils and blends, new and old, and how they use them in their clinical practice.

### Mini survey

I asked aromatherapy practitioners Caren Benstead, Elaine Le Feuvre, Sam Coleverd and Shelley Baker five questions about their experience of using some unusual essential oils and about the tried-and-trusted favourite oils they would not be without.

### What is your favourite blend that includes a rare/unusual essential oil

*Shelley:* Mine is one part Palo santo (*Bursera graveolens*) to two parts of *Eucalyptus staigeriana* and two parts





Pandanus odorifer; branch with ripe fruit – Author: Wibowo Djatmiko – [https://commons.wikimedia.org/wiki/File:Pandanu\\_odor\\_111025-19689\\_bml.JPG](https://commons.wikimedia.org/wiki/File:Pandanu_odor_111025-19689_bml.JPG)

*Kewra has been described as a 'heart opener'*

Frankincense (*Boswellia carterii*). I have used it for uplifting and energising when making difficult decisions and needing inner guidance/wisdom. It felt very reverent to be massaged with and also when using it with clients. Very stilling and deeply entering, but not so sedative to feel 'knocked out.' The *Eucalyptus staigeriana* really lifts it.

*Caren:* Silver Fir (*Abies alba*), Cardamom (*Elettaria cardamomum*), Green mandarin (*Citrus reticulata*) and Cedarwood (*Cedrus atlantica*) is my go-to Sunday oil. I do not use this in clinical practice, it is my 'quiet time' blend so I keep the experience of the aroma to my self-care time.

*Elaine:* I'm finding more and more amazing blends. A recent example is a night shift recovery blend: Five drops of Lemon petitgrain (*Citrus limonum*), five drops of Mandarin petitgrain (*Citrus reticulata*) and eight drops of Bergamot (*Citrus bergamia*), mixed with 5ml avocado oil (chosen because the client has dry skin), 20ml Sweet almond oil and 5ml champaca macerate.

*Sam:* A new client recently asked for help with night-time nasal congestion/dryness that left her feeling congested in the sinus area in the morning. She wanted something that she could use to create a little time for herself. She loves the more 'medicinal' fragranced herbal oils such as tea tree and eucalyptus but is not such a fan of florals so I created a facial oil for her using Rosalina (*Melaleuca ericifolia*), Myrtle (*Myrtus communis*), Bergamot (*Citrus bergamia*) and Frankincense (*Boswellia carterii*). She is

really enjoying carving out five minutes to give herself a facial massage before bedtime and has reported less congestion and 'stuffiness' in the morning. It's the best part of the job for me: creating something truly bespoke for each client!

### **Which essential oils would you like to explore in the future and why?**

*Shelley:* Kewra, also known as Kewda (*Pandanus odoratissimus*). I listened to Malte Hozzel talking about it being a heart opener and it sounded interesting. But so far I haven't found out much about it.

*Caren:* There is so much to explore as nature shows us she always has something new in store. My next purchase will be a CO2 Coconut oil (*Cocos nucifera*). With no holidays over the last two years this oil has the potential to take me to tropical places in my meditation time. I cannot wait.

*Elaine:* Dragon blood (*Croton lechleri*), I love the colour and the story behind it. I would also like to explore Rock Samphire/Sea Fennel (*Crithmum maritimum*) in more depth, as I am surrounded by sea in Guernsey!

*Sam:* I was intrigued by Nagarmotha (*Cyperus scariosus*) when I read about it recently, so I invested in a bottle. I found that the first sniff brought everything to a stop: it's really grounding and I find it quite serene. I'm interested in getting to know it better and experimenting with some blends as it's quite a unique fragrance. I'd also love to explore Yuzu (*Citrus junos*) after discovering it in a diffuser blend I bought a few years ago while on holiday in France.

### **What was your favourite oil in training?**

*Shelley:* Frankincense (*Boswellia spp*) has been a favourite for years - I always come back to it for its stilling calming effects.

*Caren:* My favourite essential oil from my initial training has to be Geranium (*Pelargonium spp.*). It is so supportive, always there to provide a helping hand, to nourish and bring a balance to all situations.

*Elaine:* It's hard to pick my favourites as they change all the time but I think it is probably Vetiver (*Vetiveria zizanoides*). It blends so well with so many other essential oils.

*Sam:* I have several ongoing favourites! I use a lot of Vetiver (*Vetiveria zizanoides*) in blends for sleep issues. Bay laurel (*Laurus nobilis*) and Plai (*Zingiber cassumunar*) are also really useful because, with a background in sports massage, I use these regularly with aches and pain blends. But I can't leave out the *Citrus aurantium* oils - Neroli, Petitgrain and bitter orange. So many gifts from one plant!

### **Which essential oils did you introduce into your practice after training?**

*Shelley:* Probably too many to list but certainly Plai (*Zingiber cassumunar*), Helichrysum (*Helichrysum*

*angustifolium*), Yarrow (*Achillea millefolium*), Fragonia® (*Agonis fragrans*), Monarda (*Monarda fistulosa*), Cistus (*Cistus ladaniferus*) and Black Spruce (*Picea mariana*).

**Caren:** So many oils have been added to my kit since training. Before I opened The Well School of Aromatherapy I think I worked with around 25 oils. I felt this was a reasonable amount to cover most symptoms and conditions without essential oils being wasted or degrading before I finished the bottle. Now however, I probably use around 100 in my teaching. I do select my oils carefully because I'm conscious of protecting the earth's precious resources but now and again I will purchase out of curiosity.

**Elaine:** I've added quite a few to my tool kit since training. They include Mandarin Petitgrain (*Citrus reticulata*), Nagarmotha (*Cyperus scariosus*), Tulsi (*Ocimum sanctum*), Fragonia®, Cistus (*Cistus ladaniferus*), Benzoin (*Styrax benzoin*), Carrot seed (*Daucus carota*) which I find really useful for dermatitis and other skin complaints, Rose Geranium (*Pelargonium graveolens*), and Pink pepper (*Schinus molle*).

**Sam:** During the lockdowns I followed some online Additional Oils CPD workshops. We covered a lot but those that have really become favourites so far are Silver Fir (*Abies alba*), Rosalina (*Melaleuca ericifolia*), Kunzea (*Kunzea ambigua*) and Fragonia® (*Agonis fragrans*).

### **Which is your favourite oil now and how do you use it in clinical practice?**

**Shelley:** Plai (*Zingiber cassumunar*) is my favourite and is my preferred oil for pain.

**Caren:** I absolutely love Silver Fir (*Abies alba*), it transports me to a beautiful place in my mind. In my clinical practice we have recently used this oil in a blend for our signature seasonal treatment called Cocooned. This enhances the experience of being tucked away from the winter elements, grounds the client during treatment, and brings a balance to a season filled with busyness, low mood and lethargy.

**Elaine:** I really love blending Pink Pepper (*Schinus molle*) with citrus. It's great for muscle pain.

**Sam:** I find Kunzea (*Kunzea ambigua*) a really useful addition to my repertoire. I love its fresh, floral and herbaceous fragrance. I've used it very recently to freshen my bedroom after a period of ill-health (combined with one drop of Fragonia® (*Agonis fragrans*) and one of Lemon in the diffuser).

I have also used it for sports massage clients in blends for injury repair with Lavandin (*Lavandula hybrida*), Plai (*Zingiber cassumunar*) and Sweet marjoram (*Origanum majorana*). It has been useful too in a pulse-point blend for an asthmatic client with generalised anxiety and about to move to a new home and job. She was feeling fearful of the unknown and I included Kunzea (*Kunzea ambigua*)

to help her navigate the period of transition, and added Immortelle (*Helichrysum italicum*), Lavender (*Lavandula angustifolia*) and Black Spruce (*Picea mariana*) to further soothe her anxious state, and support her asthma.

### **Looking ahead**

I always have a plethora of essential oils I would like to try. In the past I have tended to gravitate towards more unusual oils that come from trees or very large shrubs but I would really like to get to know much more about the unusual floral essential oils. There are also a number of Petitgrains that I have yet to study, although Petitgrain lemon is my favourite so far.

Do you have an essential oil that has sparked your interest and intrigues you? Perhaps there is one whose name keeps cropping up, or maybe one in your treasure trove that you haven't really got to know yet? If so, perhaps it is time to get to explore it in more detail? Spend some time with it and, most importantly, enjoy the experience!

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After a career in the voluntary sector, Helen Nagle-Smith MIFPA qualified in Clinical Aromatherapy and Massage at the Institute for Traditional Herbal Medicine and Aromatherapy in 2006. She now runs her own practice in Buckinghamshire and also teaches at The Well School in Northamptonshire and writes aromatherapy CPD courses.

Over recent years Helen has enjoyed researching and teaching about unusual essential oils. This interest led to her writing *Working with unusual oils – an aromatic journey with lesser known essential oils. Volume 1*, published in 2020 and she is currently writing Volume 2. She has contributed articles on different, rarer essential oils for several aromatherapy journals and has plans for further aromatherapy books in the future. See [www.aromatherapywithhelen.com](http://www.aromatherapywithhelen.com) or contact Helen via (44)7966 248859 or [info@aromatherapywithhelen.com](mailto:info@aromatherapywithhelen.com)



# My fragrance memories



**In this occasional series on personal experiences of fragrance aromatherapist, massage therapist and reflexologist Samantha Allen reflects on her love of Vetiver**

I have always favoured essential oils with deeper, rich notes, loving the way they weave their magic into my body. Of all the oils in my repertoire Vetiver is the one I come back to the most. It's the oil I can't do without and it appears literally and metaphorically throughout my journey.

I love watching its viscous nature plummet to the bottom of a base oil, the way it adds depth to a blend and how it sits quietly yet firmly for hours after use. For my personal use, I enjoy working with it on its own.

As I relax into its deep, wet, grassy aroma, I am struck by how the smell travels straight to the pit of my belly. It seems to radiate outwards from there to fill my entire body. I feel grounded, nourished and complete.

When I was asked if I'd like to contribute to this feature I reflected on how much of my personal journey has had the qualities of Vetiver woven through it.

A few years ago I attended a weekend on Applied Aromagnosis: Aromatherapy for Trauma and Addiction, held by Dr Florian Birkmeyer and Cathy Skipper. We were asked to bring an essential oil that we had grown close to or would consider an ally. I chose Atlas Cedarwood, an oil I had worked with personally for some time.

However, during this transformative weekend, guided by Florian and Cathy to work on our personal myths, I discovered that I needed to leave Atlas Cedarwood behind, and that Vetiver was to be the essential oil that would give me most support. Cathy and Florian brought some amazing essential oils for us to work with. The Vetiver essential oil they offered the group was incredible, resonating deeply and allowing me to lean back into its strength and ability to nourish.

The nature of Vetiver is captured in a memory of a hypnobirthing session I attended with Sorrell Robbins of the Chamomile Clinic. I was asked to imagine a garden which would lead me towards a deeply relaxing place. My garden was dark and verdant as if covered by a huge canopy, with shafts of warm sunshine filtering through.

I was encouraged to imagine walking towards a door that would lead me to deep relaxation. I could only see the lower half of my legs, wading through thick, wet grass. As I walked, my feet were sinking into the cool and mulchy, yet deeply warming ground making me feel totally supported.

On reflection, I realised that this is exactly how I would describe my experience with Vetiver. This essential oil is



*Vetiver essential oil (Vetiveria zizanioides) has deep rich notes and is supportive, nourishing and grounding*

Yin in nature - cooling and moistening. It provides a space so supportive, nourishing and grounding that, for me, there is a warmth to the feeling I sink into when using it.

Gabriel Mojay (1996) beautifully describes Vetiver as an oil that "...imbues us with the calm reassuring strength of Mother Earth, and her deep sense of belonging". For me, Vetiver feels like an ally and I can imagine how it will support me through the next stages of my life.

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*If there's a particular essential oil that evokes strong memories for you we'd be pleased to hear about it. Contact the editorial team via [admin@ifparoma.org](mailto:admin@ifparoma.org)*

Samantha Allen MIFPA MAR is an aromatherapist, massage therapist and reflexologist. Her private practice, NurtureNature Therapies, is based in Hackney, London.



# Essential oil profile: Peppermint

**Elizabeth Kenny** explores the properties and uses of a valued and versatile essential oil



**P**eppermint (genus *Mentha*) is considered to be a natural hybrid of species *Mentha spicata* (Spearmint) and *Mentha aquatica* (Watermint) (Price, 2000). Native to the Mediterranean and Western Asia, it is now grown globally (Mojay, 1999).

*Mentha x piperita* belongs to the Lamiaceae family within which several species have external glandular structures that produce 'highly aromatic' volatile oils (Giuliani & Maleci, 2008 in Ferreira & Rosanova, 2016).

Easily recognisable by its pungent and camphoraceous aroma this perennial herb has sharp-toothed leaves and a purplish-coloured stem (Mojay, 1999; Ferreira & Rosanova, 2016). It can grow to around 30-100cm in height and can adapt to diverse conditions (Mojay, 1999).

Peppermint is thought to be one of the most 'common and cultivated mint types', the 'king of all mints' (Ferreira & Rosanova, 2016). Price (2000) and Davis (2005) suggest that the British variety, *Mentha x piperita* L. var. *officinalis forma rubescens* Camus is the best quality oil, due to Britain's moderate climate and the quality of the Mitcham plant variety.

The *Mentha* genus is one of the most economically valuable, due to its use across several large-scale industries (Ferreira & Rosanova, 2016). *Mentha x piperita* is the most important within the genus, due to its medicinal and commercial value (Mojay, 1999).

## Essential oil character

Peppermint essential oil is extracted from the flowering herb using steam distillation.

Mint oils are classified as 'superficial' due to the fact that the oil is only secreted on the surface of the leaves (Denny & Lawrence, 2007).

A high-quality Peppermint oil should have some colour and a penetrating and camphoraceous aroma (Price, 2000). It is commonly adulterated with Cornmint (*Mentha arvensis*) so it is important to know the difference in the qualities (Kubeczka, 2002 in Tisserand & Young, 2014). The quality of the plant can directly affect the oil quality, due to factors such as maturity, harvest and environment (Johnson, 2015).



*Mentha piperita*, used across several large industries, has significant medical and commercial value

## History

The use of Peppermint, as a herbal remedy and an essential oil, dates back to the time of the Ancient Egyptians who used it in incense and in sacred perfume. For the Ancient Greeks and Romans it was valued for hygiene and perfume. More importantly, it was considered a 'visionary herb' in both cultures (Mojay, 1999).

The first botanical record of Peppermint was made in 1996 by a Dr Eales in Hertfordshire, England (Denny & Lawrence, 2007). By 1750 it was being cultivated in Mitcham, Surrey and, by the end of the century, Peppermint essential oil production was well established (*ibid*, 2007).

In the United States Peppermint was commercially cultivated for distillation by the 1790s, demand growing significantly a century later after the introduction of Peppermint chewing gum and Colgate toothpaste. Today, the US is the largest producer of Peppermint essential oil (*ibid*, 2007).

The oil is now one of the most sought-after ingredients, both commercially and medicinally (Mojay, 1999). Its oil or extract is used in many over-the-counter remedies, mostly for the relief of respiratory or stomach issues and headaches (Ody 1996, in Hayes *et al* 2007). ►

## Chemical composition

According to Tisserand & Young (2014) the key constituents of *Mentha x piperita* L. essential oil are menthol, menthone, menthyl acetate, neomenthol, 1,8 cineole, menthofuran, isomenthon, pulegone, and limonene.

ISO standards for US and non-US oils vary, with non-US oils usually containing more menthol and menthone. Tisserand (2014) states that these ISO standard oils are a good representation of the Peppermint essential oils commercially available.

In Peppermint, 75 per cent of the oil is a mixture of menthol and menthone in a ratio of around 2:1 or 3:1 respectively (Denny & Lawrence, 2007). The yield, composition and quality of *Mentha x piperita* varies according to factors such as cultivation, handling, extraction and season (Johnson, 2015).

For example, when Hefendehl (1962) analysed the differences in chemical composition between old and new Peppermint leaves he found that the younger and fresher the leaves, the higher the percentage of pulegone. The older the leaves, the greater the percentage of menthol (Lawrence, 2007). By the late 20th century, Peppermint had been extensively researched and over 300 of its constituents identified (Landing, 1969, cited in Lawrence, 2007).

## Safety

Tisserand (2014) has clarified that Peppermint oil is a low-risk skin allergen and recommends a maximum 5.4 per cent dermal use.

There are contraindications with clients who have cardiac fibrillation, due to the oil's stimulant effects (Martin, 2007). Tisserand (2014) also notes contraindications (all routes) in clients with cardiac fibrillation, and cautions too against its use for clients with the genetic disorder G6PD deficiency.

However, most of the risks identified in published research relate to ingestion of the oil by infants. Martin (2007) suggests that Peppermint oil should be avoided entirely for infants, including topical application. She refers to a study showing that the inhalation of menthol fumes by infants caused 'a rise in heart rate and drop in respiratory rate' (Javorka *et al* in Martin, 2007).

Tisserand (2014) cautions that Peppermint oil should not be applied to, or near, the faces of infants and children and, since it is neurotoxic in high doses, should not be inserted into the noses of young children.

## Properties and uses

The key therapeutic actions of *Mentha x piperita* (listed by Martin, 2007) are:

Analgesic	Antibacterial
Anticatarrhal	Antifungal
Anti-infectious	Anti-inflammatory
Antispasmodic	Antiviral
Carminative	Cephalic
Choleretic	Digestive stimulant
Expectorant	Febrifuge
Hepatic stimulant	Insect repellent

There has been significant research into the use of Peppermint essential oil for pain relief, mostly with

migraines and headaches. A German study comparing the analgesic effects of *Mentha x piperita* to paracetamol for tension headaches found that 10 per cent of Peppermint oil diluted in ethanol had the same effect as 1000mg of paracetamol (Gobel *et al*, 1996 in Martin, 2007). Such research has contributed to the production of commercial headache remedies including Peppermint oil or extract.

Johnson (2015) also supports this research by citing evidence that diluted Peppermint essential oil applied topically to the forehead and temples can help relieve headache pain. The analgesic effects of essential oils are thought to be due to their anti-inflammatory, circulatory and detoxifying properties (Price & Price, 2012). With Peppermint oil it is the high percentage of menthol that produces analgesic benefits.

Studies have also shown that inhaling Peppermint oil can relieve the severity and frequency of nausea, thus reducing the need for medication. Its antispasmodic properties have helped prevent 'morning sickness' in pregnant women (Price & Price, 2012). Martin (2007) claims that, for nausea, it "is the most highly effective and most frequently used remedy in aromatherapy." Its sharp fresh aroma helps to ward off nausea while its antispasmodic qualities can help relieve its symptoms (Martin, 2007).

Research shows that Peppermint oil has a choleric effect, stimulating bile production in the gall bladder and thus aiding digestion (Price & Price, 2012). Its antispasmodic property also relieves the digestive tract and intestinal spasms, making it an effective remedy for IBS (Martin, 2007). Since stress is a significant IBS trigger, neurodepressant and antispasmodic oils can be helpful. The combination of menthyl acetate and menthol helps to clear the mind, mediate pain and calm internal spasms. Peppermint is therefore an effective aid for conditions such as IBS (Martin, 2007).

Its high menthol content also makes Peppermint 'cooling' (Eccles, 1994 in Martin, 2007), the cooling effect on the skin caused by the stimulation of nerve receptors. The cooling effect triggers the body's natural reaction to warm itself up and improve circulation (Curtis, 2017).

These warming, stimulating properties are valuable with colds and influenza, and with symptoms such as fever (Davis, 2005). The oil's antitussive, expectorant, antispasmodic and antibacterial properties also help the client to breathe more easily. This is due to stimulation of cold receptors in the respiratory tract (Martin, 2007).

Pliny said of Peppermint that 'the very smell of it alone, recovers and refreshes the spirit' (Mojay, 1999). This 'visionary herb' is considered to be useful in times of transition, when adapting to change (Curtis, 2017).

Peppermint essential oil has also been described as 'cephalic' due to its stimulant effect on the brain (Davis, 2005). Mojay (1999) builds on this idea claiming that peppermint helps facilitate the 'digestion of new ideas and impressions' – acting on our 'psychological stomach.' He states that it stimulates Qi energy and can stimulate and invigorate the mind 'in quick effect' (Mojay, 1999). Peppermint is also a well-documented stimulant with studies showing that inhalation of the oil improves performance by enhancing attention, speed and accuracy (Raudenbush *et al*, 2001 & Johnson, 2015).

Price (2012) suggests that peppermint can also soothe and 'unblock hidden anger and resentment.' Trapped negative emotions can be relieved by the oil's antispasmodic and anti-inflammatory components. As Price (2012) suggests, this allows the mind to 'forgive itself which is a healing aspect for anger, frustration and resentment.' Peppermint's stimulant properties also make it a valuable remedy for shock (Davis, 2005).

*Mentha x piperita* has been described as a 'wonder' oil, with a seemingly endless list of properties and uses (Martin 2007). In common with other aromatherapists, I keep it in my personal 'first aid kit'. Valued medicinally, commercially and holistically, it has been extensively researched and analysed and we can draw on this data to reinforce our confidence in its healing properties.

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Elizabeth Kenny MIFPA is a clinical aromatherapist based in North London. She studied Clinical Aromatherapy at the Institute of Traditional Herbal Medicine and Aromatherapy and previously worked with luxury niche perfume brands. She is also qualified in Natural Facelift Massage and has completed further studies in aromatherapy for pregnancy. During the pandemic Elizabeth has worked with clients remotely, creating bespoke aromatherapy products for home use. More information at [www.ekaromatherapy.com](http://www.ekaromatherapy.com) or instagram: @ek\_aromatherapy or contact via [info@ekaromatherapy.com](mailto:info@ekaromatherapy.com)

# Prestigious award

**The Renal Complementary Therapy Team at the Salford Royal Foundation Trust has won the Pain Management Category in the 2022 Complementary Therapy Awards. Complementary therapies are widely used in the NHS and the team earned the prestigious award for complementary therapy services designed to ease stress and anxiety for patients on dialysis.**



The project began in December 2015 with funding from Kidney Care UK (formerly British Kidney Patient Association). The Salford Royal's Renal Complementary Therapy team are all professional, qualified therapists who volunteer to give up their free time to provide therapies for dialysis patients.

Patients attend dialysis three times a week for four hours at a time and are unable to move while they are connected to the dialysis machine. Chronic kidney disease is a debilitating complex medical condition and the team's Lead Practitioner IFPA member Janet Cairnie (pictured above with award) says the patients really look forward to the therapy team attending. "It has been a tough couple of years for the patients, with constant anxiety and worry about the Covid-19 virus on top of their medical conditions," she explained.

Janet makes up aromatherapy blends for the team to use with dialysis patients. These are formulated to help with chronic pain and spasms in the patient's legs and feet, with muscle and bone pains, and with problems such as pruritus (itching), irritable legs, sleeping problems and low energy, often suffered by patients on dialysis. The blends can also help a range of psychological symptoms including stress, anxiety, poor concentration, irritability, tired and drowsiness.

Janet Cairnie said: "To date, several patients have reported a marked improvement in their ability to sleep after a therapy, with some who had suffered with excruciating night cramps reporting that their cramps had eased considerably after a leg massage from one of our team."

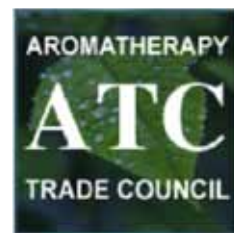
"I feel so proud of the therapy team" she added "because, despite everything, they are still keen to continue. This Complementary Therapy Award means so much to us. It has placed us in the same league as other leading complementary therapy providers in the NHS. We have worked so hard and always have the patient's best interests at the heart of everything we do."

Janet feels that too little attention is paid to patients suffering from chronic kidney disease and says she aims "to share knowledge so that every patient in the UK can have complementary therapies to improve their dialysis experience, make them more comfortable and improve their quality of life".

If you would like to know more or to volunteer to join Janet's team you can contact her on 07872 417512 or via [Janet.cairnie@nca.nhs.uk](mailto:Janet.cairnie@nca.nhs.uk)



# Reviewing the situation



One year on from Brexit, **Ray Gransby** explains how the regulations affecting aromatherapy products are changing, and what this means for aromatherapists who make and supply their own products



**T**his time last year (*In Essence* Vol.19

No 2, Spring/Summer 2021) we discussed how aromatherapists and the

aromatherapy trade were affected by regulatory changes when the UK left the European Union (EU) on 31 December 2020. The UK's departure effectively created two sets of consumer product regulations, one for Great Britain (GB - England, Scotland and Wales) and another for Northern Ireland (NI) that is still subject to EU rules.

Regulations rarely stay the same for long and it is inevitable that these regulations will be amended by both GB and the EU, potentially in different ways. In this article we will discuss, 12 months on, how the regulations that apply to aromatherapy products supplied in GB and NI are changing, and what this means for aromatherapists and the wider trade who make and supply these products.

The majority of aromatherapy products are regulated in GB and NI as general products. A smaller number of aromatherapy products, largely those intended to support skin and hair health, are regulated as cosmetic products. Each group is discussed separately below although there are some overlaps.

## Cosmetic products

Cosmetic products are regulated in EU and NI by the EU cosmetic regulation (EC) 1223/2009 and transferred into UK (GB) law on 31 December 2020. At that time both regulations were the same. However, in 2021 and 2022 the EU published six amendments, one of which restricts the use of the phototoxic Methyl-N-methylantranilate found in mandarin oils, in sunscreen and in related products.

All these amendments apply to products made and supplied in NI and the EU. At time of writing they do not apply in GB although, given the nature of phototoxicity and the popularity of mandarin oil, this is something that aromatherapists should bear in mind when supplying any product placed on skin exposed to sun and UV rays.

The European Union are about to amend the cosmetic regulation to increase the number of fragrance allergens listed on the packaging of cosmetic products supplied in NI and EU. The numbers will increase from the current 26 (16 of which are found in essential oils) to 87, of which many are essential oils or their components. This is expected to be published by the European Commission (EC) in 2022.

At time of writing there is no indication that the UK government will do the same. However, given the relevance of fragrance allergens

and skin sensitisation to the use of essential oils by aromatherapists, all suppliers of essential oils and products containing them should take notice of this amendment. The full list of fragrance allergens can be downloaded at <https://ec.europa.eu/docsroom/documents/34512?locale=en>

## General products

Aromatherapy products regulated as general products in the EU are subject to the General Product Safety Directive implemented in GB by the General Product Safety Regulation 2005 (GPSR). This has not changed since 1 January 2021.

However, it has long been recognised by the EU that this regulation requires revision and the EU has now published a draft regulation for implementation in 2022. This will replace the original directive and make significant changes, including the requirement to produce a dossier of safety information along the lines of the cosmetic Product Information File, but without the mandatory specialist safety assessment.

However, the person placing the product on the market will have to prepare something similar - details can be found at [https://ec.europa.eu/info/business-economy-euro/product-safety-and-requirements/product-safety/consumer-product-safety\\_en](https://ec.europa.eu/info/business-economy-euro/product-safety-and-requirements/product-safety/consumer-product-safety_en). Although at the time of writing there is no indication that the UK

government will do the same, they have been consulting widely with a view to improving general product safety. As yet, however, there are no details available.

General products are subject to the Classification, Labelling and Packaging of substances and mixtures (CLP) regulation. GB CLP is based on the EU CLP and the two regulations remain largely the same. However, there is one point of difference. On 1 January 2022 the EU implemented the requirement to notify information on hazardous mixtures (supplied as consumer products) to EU poison centres in a standard format. Special arrangements have been made in the UK to enable notification to the NI Poisons Centre using the EU format.

However, this was not implemented by the UK government and notification to the GB National

Poisons Information Service (NPIS) remains voluntary, requiring only a Safety Data Sheet. However, it has been widely reported in the UK that NPIS has decided to change the hazardous products submission requirements to the EU format. However, at the time of writing no details are available.

Everyone who supplies aromatherapy products to clients and the general public that are regulated in GB as general products will be affected by both CLP classification and labelling requirements and the possible changes to the NPIS submission procedures.

There is more information available on all these issues and, as always, aromatherapists are welcome to contact ATC for advice. See panel opposite for contact details.

Ray Gransby BSc (Hons), who is 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 ATC via PO Box 219, Market Rasen, LN8 9BR, tel: 01673 844672, [info@a-t-c.org](mailto:info@a-t-c.org), [www.a-t-c.org.uk](http://www.a-t-c.org.uk)

# Essential oils for arthritis

**Aromatherapy has been shown to be effective for various forms of arthritis although much more research is needed in this area.**

## Reducing pain and lifting mood

A 2005 study investigated whether aromatherapy could help relieve pain, lift depression and improve life satisfaction in arthritis patients. In the trial 40 patients were assigned to either an aromatherapy or a control group. The essential oils used were lavender, marjoram, eucalyptus, rosemary, and peppermint, mixed with a carrier oil blend of almond, apricot and jojoba oils. Aromatherapy was shown to significantly decrease the pain and depression of the experimental group but did not improve life satisfaction. See <https://pubmed.ncbi.nlm.nih.gov/15778570/>

## Effects of therapies compared

In 2016 researchers compared the effects of aromatherapy massage and reflexology on pain and fatigue in rheumatoid arthritis patients. Fifty-one rheumatoid arthritis patients were assigned to either an aromatherapy massage, reflexology or control group. The first group received aromatherapy massage to both knees for 30 minutes; the second, reflexology administered to both feet for 40 minutes; the control group received no intervention. The results showed a significant decrease in pain and fatigue in the aromatherapy massage and

reflexology groups. See <https://pubmed.ncbi.nlm.nih.gov/27091583/>

## Improving daily life

A clinical trial evaluated whether aromatherapy massage with lavender essential oil (EO) could improve daily life for knee osteoarthritis patients. Ninety patients with osteoarthritis of the knee were assigned to either an aromatherapy group (massage with lavender EO), a placebo group (massage with almond oil) or a control group (without massage). The aromatherapy group showed significant improvement immediately and one week post intervention compared with the control group. However, four weeks later there was no significant difference between the groups. See <https://pubmed.ncbi.nlm.nih.gov/29389470/>

## Better physical function

Ninety-five patients with osteoarthritis participated in a study at a hospital outpatient clinic to evaluate the effect of aromatherapy massage on knee pain and functional status. Of those 95 patients 33 were allocated to an aromatherapy massage group, 30 to a conventional massage group, and 32 to a control group. The results showed that aromatherapy massage performed in patients with osteoarthritis reduced knee pain scores, decreased morning stiffness, and improved physical functioning status. See <https://pubmed.ncbi.nlm.nih.gov/29519753/>

# A fresh look at stretch and release

High-quality research into fascia is expanding rapidly. Here **Emma Charlton** shares some recent theories about this most fascinating of body tissues



In 2019 I contributed an article about fascia to the Spring/Summer edition of *In Essence*. Since then, research-driven information about fascia has greatly expanded, altering some of the information I provided three years ago. Here I share some recent theories about this most fascinating of body tissues.

First, an introduction to the world of fascia from Andrew Still, the 'Father of Osteopathy', written in 1899: *"The soul of man with all the streams of pure living water seems to dwell in the fascia of his body. When you deal with the fascia, you deal and do business with the branch offices of the brain, and under the general corporation law, the same as the brain itself, and why not treat it with the same degree of respect."* (cited in Schleip, undated).

The world of fascia research is moving at a rapid pace, making it challenging for the layperson to keep up with new developments, theories and counter-theories. This is aptly demonstrated by the plethora of information available at a single Google-click, revealing websites, blogs and social media posts that can be illuminating and confusing in equal measure.

Organisations such as the Fascia Research Society ([www.fascia-research-society.org](http://www.fascia-research-society.org)), the Fascia Research Project ([www.fasciaresearch.de](http://www.fasciaresearch.de)) and the Fascia Hub ([www.fasciahub.com](http://www.fasciahub.com)), plus the International Fascia Research Congress and British Fascia Symposium conferences, are driving high-quality research and learning, enabling lay people, such as aromatherapists, to access high quality information in ways that were simply not possible just a few years ago.

In this article I present information of particular relevance to bodyworkers, although it covers just a fraction of the fascia information currently in the public domain. The researchers and authors I cite do not always agree with each other but they, and many others, are working hard to deepen our understanding of this, still somewhat mysterious, tissue.

## Definitions

It is useful at this point to remind ourselves of a basic definition of fascia, while bearing in mind that even basic definitions can vary, according to whom you ask. This is partly because fascia means different things to different professionals - a surgeon may have a very different understanding of it from a massage therapist or yoga teacher (Avison 2021, podcast) because they work with fascia in very different ways.

These differing descriptions may also reflect the fact that fascia presents in many different ways within the body, depending on its required function in each location. For example, tendons are very different in appearance, structure and function to the adipose tissue just beneath the skin, now widely understood to be superficial fascia. Anatomist John Sharkey sums this up nicely by explaining that all the tissues in the body are continuous, but have different specialities (Fascia Hub seminar 2020).

Any definition of fascia must begin with the universally agreed fact that it is a type of connective tissue. Julian Baker of Functional Anatomy Ltd provides us with a helpful introductory definition: *"Fascia is defined as a sheet or band of fibrous connective tissue enveloping, separating, or binding together muscles, organs, and other tissues of the body."* (Baker, undated). He goes on to explain that, despite manifesting in many different ways, fascia is predominantly a collagen-based, non-cellular, connective tissue that provides scaffolding for the whole body (Baker 2021, podcast).

The Fascia Research Society explains that: *"The fascial system...surrounds, interweaves between, and interpenetrates all organs, muscles, bones and nerve fibers, endowing the body with a functional structure, and providing an environment that enables all body systems to operate in an integrated manner."* (FRS, 2021)

In other words, fascia is the tissue of connectivity, lubrication, support, strength and movement. Yoga teacher and fascia expert Jo Avison calls it our '*physical matrix*' (Avison podcast 2021) and the '*fabric of our form*' (Avison 2015). From studies with cadavers we now



know that there are not around 600 separate muscles in the body, but that our red muscle tissues are intricately connected to the surrounding tissues, and to each other, by a vast network of fascia, thus enabling a body-wide system of communication and force transmission.

For me, body connectivity was beautifully illustrated by pelvic surgeon Niall Galloway in a 2020 Fascia Hub lecture. He explained that there are pelvic floor innervating nerves which overlap with certain foot innervation nerve pathways. Although nerves are not fascia, the soft tissues which they innervate are intricately bound with fascia. Galloway advised us to treat the feet to correct imbalances in the hips, and vice versa.

Thus, we have an excellent anatomical explanation for what many complementary therapists have believed for years: that everything is connected. Fascia research, particularly when combined with insights such as Galloway's, provide us with a strong anatomical basis to explain the innate understanding of the body which we have probably had for years.

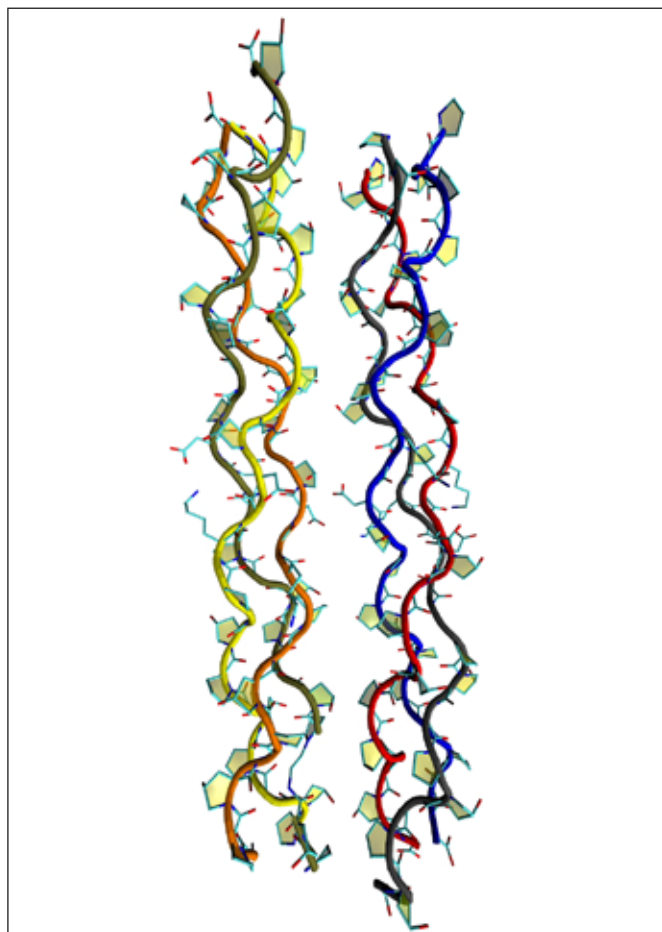
## Collagen

It is helpful to remember that fascia is a collagen-rich tissue. Collagen is a protein, by far the most abundant protein in the human body, and there are many types of collagen in the human form. Type I and Type III, known to be the most abundant in fascia, are tightly coiled, forming a strong triple helix structure. The stronger the triple helix formations, the stronger the tissues in which they are found, for example, in tendons and ligaments (Ranje Nordin 2020).

This is relevant to discussions about whether we can actually stretch or release our connective tissue. Each muscle is encased in a layer of connective tissue (epimysium). Not all anatomists consider this to be part of the fascial network, but increasingly many do. Julian Baker explains that fascial fibres also run *"...through and around each compartment and every muscle fibre"* (Baker, undated). Here he refers to the endomysium and perimysium which surround individual red muscle fibres and small bundles of muscle fibres respectively.

Our muscle fibres are therefore strongly and inherently connected to our fascial fibres and together they form a continuous network of tissue. Force generated by muscles is transmitted to the fascia thanks to this tissue connectivity (remember that force is involved in every muscle contraction we make). The force generated is then distributed across the body in all directions via the fascial network (Sharkey 2020). Therefore, any discussion about 'stretching' or 'releasing' muscles must focus on the functional properties of fascia, since muscle movement inherently relies on this connective tissue.

Let's return to the collagen-richness of fascia. The triple-helix structure of collagen gives it a tensile strength estimated to be stronger than steel (Ranje Nordin 2020; Schleip 2020; Rawlings 2021). In a 2020 British Fascia Symposium lecture Dr Robert Schleip explained that, if a massage therapist could exert sufficient pressure on the body to change the structure of the collagen fibres, they would probably physically harm their client - not a desirable massage outcome!



*Collagen (triple helix protein with schematic ribbons). Photo: Eric Hahn. Credit: Collagen 3-helix: Creative Commons*

Describing this slightly differently, John Sharkey (BFS 2020) explained that 'true stretching' or lengthening of fibres would require taking the soft tissue beyond its full potential length, causing damage. Instead, he proposes that collagen fibres change shape under force, but do not 'stretch'.

In the same conference Carol Davis explained that collagen fibres can 'fold in' on themselves. A release of pressure (say, from releasing a massage stroke or coming out of a yoga posture) allows the fibres to return to their original length. It is now widely believed, in no small measure due to the work of Dr Robert Schleip, that, when pressure is applied temporarily, any tissue changes that occur are unlikely to be permanent (Schleip, undated). This will usually be the case with massage strokes and yoga poses. In her lecture, Davis added that holds of three to five minutes are needed to enable fibres to return to their original state, once released.

Yoga author Jenny Rawlings observes that collagen's structure may change over time, but takes about three years to "completely change and re-model" (Rawlings 2021). This is particularly pertinent when we consider the immediate positive effects often felt from a good massage. So if that positive effect is not an immediate release of our muscles or fascia, what is it? Why do tight shoulders feel looser after a good massage or doing a yogic downward dog? We'll return to this question, but first let's take a closer look at the act of stretching. ➤



*Stretching can feel good but it seems advisable to avoid those taking you to the far end of your range of motion*

## To stretch or not to stretch

Somewhat controversially, anatomy educator Julian Baker believes that there is no physical benefit in stretching, thus challenging the long-held belief that it is essential for good body functioning (Baker podcast 2021). In fact, he argues that stretching raises our risk of injury by increasing the blood flow to the area of stretch, thus putting us at risk of over-extending joints. Baker is not against movement or exercise (in fact, he actively advocates movement). However, he recommends (*ibid*) that we avoid stretches that take us to the end of our range of motion (ROM).

In an interesting podcast with Jeanie Di Bon, a movement specialist, Baker explains that increased flexibility from regular stretching is not because we develop longer muscles, but results from a change in brain signalling. Over time, as we repeatedly perform the same stretches, there is a reduction in the nerve signalling that tells us to ease back. As we continue to perform these stretches this reduced brain signalling enables an increased ROM but one that edges us towards the far end of our range (Di Bon podcast 2020). To use more familiar terms, this results in increased flexibility.

However, if a more flexible body is due to reduced injury-warning signals being triggered by our nerves, is it a desirable outcome? Of course, a full discussion of stretching also needs to consider muscle loading (or strengthening) but it is still useful to contemplate these points.

These arguments are particularly relevant to bodyworkers who incorporate stretches into their practice, as well as anyone who engages in stretching for physical health, such as yoga or fitness classes. We should also consider hypermobility syndrome. Since this complex area deserves an article of its own, we should just remind ourselves here that these considerations are particularly pertinent when you have clients who are on the hypermobility spectrum. We also need to bear in mind that not everyone living with hypermobility is aware that they are.

## What is muscle tension?

So, what actually happens when we feel tight muscles 'release'. As a bodyworker I have felt muscles 'melt' under my touch many times, and after my own morning yoga practice my back feels looser. But am I really feeling reduced muscle tension, in either myself or others? Possibly not, considering the arguments above. However, I certainly feel changes of some kind, so we need to explore further.

When we talk about muscle tension what do we mean? It seems a simple question, but even here we find differences of opinion and it's clear that common descriptions such as 'muscle knot' are not helpful and are not, of course, anatomical terms!

A quick Google search unearths a variety of descriptions of muscular tension, including suggestions that knots are caused by irritation-triggered muscle spasms resulting from repetitive motions (WedMD 2005) or that they are 'myofascial trigger points' caused by tight muscle or fascia fibres (MNT, 2004-2021).

My favourite has to be this rather wonderful description "*(Muscle knots) are stiff bands of muscle that have a hard knob in the centre*" (Canadian Chiropractic Association, 2019). The author does go on to explain that 'muscle knots' have a wide range of possible causes, predominantly overuse, but also that issues such as psychological stress, poor posture and dehydration can be contributing factors (*ibid*). What we can conclude from all this is that our understanding of the humble muscle knot is fairly inadequate!

Turning to my trusted anatomists: Julian Baker explains that what we define as muscular tension is probably not held in the red muscle tissue fibres at all, but within the fascia (Baker podcast 2021). Carol Davis talks about fascial restrictions, which is a much more anatomically helpful term than 'knots' or 'tension'. She suggests that restrictions have a wide variety of causes, including wounds, surgery, repetitive motion injuries (RSI) and emotional trauma (BFS 2020).

## Muscle release: fact or fiction?

Carol Davis goes on to explain that these restrictions cause the gel-like matrix of the fascia to densify, reducing cell communication and functioning (BFS 2020). Here she is referring to the main component of fascia - the ground substance. This is naturally highly hydrated thanks to the component hyaluronan (sometimes called hyaluronic acid although, confusingly, not actually an acid).

Thanks to hyaluronan, the fascia's protein fibres (primarily collagen and elastin) are hydrated, allowing the sliding and gliding motion of muscles and fascia which enables our bodies to move with ease and fluidity (Lesondak, 2017). So it makes sense that, when the ground substance becomes dehydrated or 'densified', our fascia is restricted, often resulting in reduced mobility.

At the 2018 British Fascia Symposium I heard Davis explain that, like gelatin, fascia has an amazing ability to change from a thick gel-like state to a more fluid one. Heat generated by gentle touch and movement encourages the tissues to rehydrate, thus reducing fascial restrictions. The good news is that deep massage pressure and strong stretches are not required!

Related to this is an observation by Julian Baker that fluid likes to move. Dry tissues are at greater risk of injury than hydrated ones and we can actively assist tissue hydration by regularly moving our bodies in as many different ways as we can (Baker webinar 2020).

So, what is happening anatomically? Davis explains that movement appears to draw out fluid from the capillaries into the surrounding tissue, thus hydrating the fascia (BFS 2018). As therapists, many of us regularly encourage our clients to move more in their daily lives, but we should also consider the potential effect that gentle mobilisations, which many bodyworkers incorporate into their treatments, may have in encouraging soft tissue hydration.

### Nervous system effect

When it comes to tissue release it's clear that the nervous system is also at work. Fascia is highly innervated with sensory nerves – the key reason why Jo Avison describes it as a highly sensory tissue (Avison *et al* 2015). The nervous system's relationship with fascia is a particular area of interest to Dr Robert Schleip who explains that: "*Fascia nevertheless is densely innervated by mechanoreceptors which are responsive to manual pressure. Stimulation of these sensory receptors has been shown to lead to a lowering of sympathetic tonus as well as a change in local tissue viscosity.*" (Schleip 2003). The final part of this quotation suggests an explanation, or at least a partial one, for how the ground substance becomes more fluid in response to touch, as discussed above.

Schleip goes on to explain that, when the sensory nerves in our fascia are stimulated, (mechanoreceptors are sensory nerve cells found in joints, soft tissues and skin) the vagus nerve jumps into action. The vagus is sometimes called the 'wandering nerve' (a rough translation of its Latin name), reflecting its long journey from the brainstem to the colon, branching off to visit other organs en route.

However, it is the role of the vagus in balancing the sympathetic and parasympathetic nervous system (PNS) responses that Schleip refers to here. In particular, the vagus is known to strongly influence the PNS, resulting in lowered sympathetic nervous system responses. In other words, it helps us turn down the panic and ratchet up feelings of relaxation.

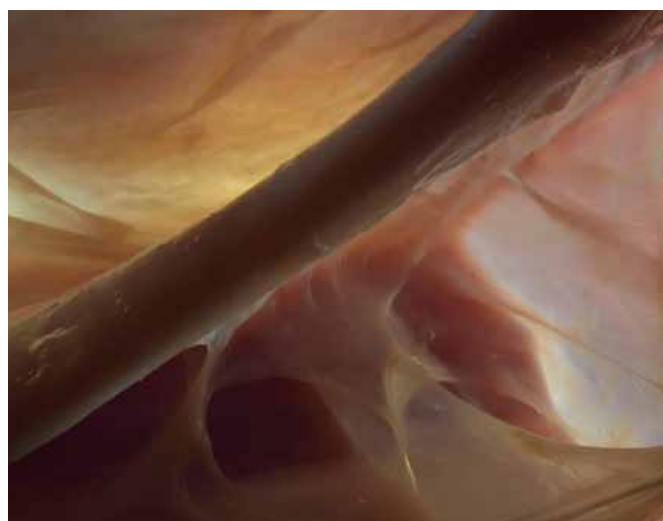
How does this relate to muscle release? Well, by gently stimulating the vagus nerve our bodies soften because

we feel calmer and more relaxed, we have let go of the tension we hold in our bodies. Think about how your shoulders feel (and how close to your ears they ascend) when you think about that looming deadline or dreaded family get-together, compared to your levels of physical tension when you think about calm and happy situations, when you have a hot bath or simply sit quietly for a few minutes. Have your shoulders said farewell to your ears? Probably, at least slightly! Then, add in the effect of having a massage or doing a yoga class...

It seems unlikely that there is a single explanation for what causes soft tissue release. Currently, the theories that gentle manual pressure can trigger changes to the fluid dynamics in the ground substance, while also stimulating the SNS thanks to the high concentration of sensory receptors located in the fascia, are particularly persuasive explanations for me. However, if I have learnt anything from my studies of fascia, it is that new theories regularly emerge thanks to advances in research, so watch this space for amended theories and explanations possibly appearing soon!



Turkey thigh fascia, dense connecting tissue © Fascia Research Society. Photography by Thomas Stephan



Bull leg tendon fascia 60mm © Fascia Research Society. Photography by Thomas Stephan





Turkey knee fascia 29mm © Fascia Research Society.  
Photography by Thomas Stephan

## Conclusion

In this article I have sought to explain some of the current anatomical understanding behind fascia, particularly its role in soft tissue stretch and release. Our bodies are in a permanent state of change, the search for homeostasis is constant, and life affects our fascial network in a myriad ways. Dedicated researchers are regularly developing our understanding of fascia and its body-wide effects.

Advanced anatomy learning can inform our massage and bodywork practice, but the rapid increase in current fascia research means that our knowledge and understanding needs regular rebooting. To refresh your understanding I particularly recommend the organisations mentioned at the beginning of this article (page 40), and the references listed below.

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*This article first appeared (with slight variations) in a yoga teaching manual. It is reproduced here with thanks to Norman Blair ([www.yogawithnorman.co.uk](http://www.yogawithnorman.co.uk)).*

## Conferences and seminars

In this article I have made reference to several anatomists whose presentations I have heard at various conferences and seminars. Some of the information cited and quoted is from my own notes taken at:

### British Fascia Symposium 2018 (Solihull)

Presentations by Julian Baker, Carol Davis, Dr Robert Schleip and John Sharkey

### British Fascia Symposium 2020 (online)

Julian Baker (Connected Connectivity)

Carol M Davis (Living the truth of our own core: fascia interoception and the role of fascial therapies)

Robert Schleip (Connecting (T) Issues: latest news from the international research field with implications for manual and movement therapists Fascia as a sensory and emotional organ)

David Lesondak (You can't change fascia).

This article was also influenced by presentations at:

**Fascia Hub seminar 2020** by Gil Hedley, Jeannie Di Bon, Graham Scarr and Jan Trewartha

**The Pelvis (online)** by John Sharkey (Pelvis Anatomy and Biotensegrity), Dr Naill Galloway (Pelvic Floor Health and Biotensegrity), Joanne Avison (Somatic Awareness of the Breathing Pelvis)

**Connect 2021** conference by Robert Schleip (notes provided to me by a colleague)

## Podcasts

Avison J (2021) *Inside the Listening Body: Life an Inside Job* (podcast recorded 02/06/21). See [www.listennotes.com/podcasts/life-an-inside-job/inside-the-listening-bodydKzoOgQhwn8/](http://www.listennotes.com/podcasts/life-an-inside-job/inside-the-listening-bodydKzoOgQhwn8/)

Di Bon J (2021) *Finding your Range: Hypermobility and Chronic Pain Uncovered*. Interview with Julian Baker (podcast 24/01/21). <https://jeanniedibon.podbean.com/page/2/>

## Webinar

Baker J (2020) Webinar one (introduction), Functional Anatomy webinar series (Julian Baker). Link at <https://functionalfascia.com/webinar-series/>

Emma Charlton is a clinical aromatherapist, bodyworker, self-confessed fascia nerd and an aromatherapy, massage and fascia educator. She runs a private aromatherapy and bodywork practice from her home in Twickenham, South West London. Emma has served on the IFPA Board of Trustees and is currently part of the *In Essence* editorial team. You can contact her via [www.earthflowertherapies.com](http://www.earthflowertherapies.com)

# In appreciation

Professional colleagues remember with respect and affection aromatherapist, pharmacist and educator Maureen Farrell who championed high educational standards in aromatherapy training

**Ian Cambray-Smith:** Maureen Farrell was committed to the provision of high quality aromatherapy practitioner training. With her husband Geoff, she established the Hygiea School of Holistic Health and Wellbeing but such was their commitment that they gave their course in its entirety to Liverpool John Moores University, to form the basis of one of the first university-approved aromatherapy practitioner courses. I was invited to help with the teaching of the course and this was the start of a lasting friendship. We spent many happy hours sitting around her dining table, drinking coffee, eating biscuits, planning the teaching and putting the world of aromatherapy to rights.

It was at Maureen's suggestion that I first stood for the ISPA (International Society of Professional Aromatherapists) Executive. Little did we know then that this was the first step towards the creation of the IFPA. In her later years Maureen wasn't actively involved in aromatherapy and training, indeed many of today's IFPA members will be unfamiliar with her name, but all of us owe her and Geoff a tremendous debt of gratitude for all they did in helping to establish a sound training base for our profession. Our thoughts and love go out to Geoff and her family, along with thanks for a life well lived.

**Gabriel Mojay:** It was with great sadness that I learnt of the passing of Maureen Farrell. I got to know Maureen and her husband Geoff in the mid-1990s when they were active members and Fellows of ISPA. Soon after, I journeyed up to Cheshire to attend an advanced aromatherapy course in the chemistry and pharmacology of essential oils... which I recall featured a trip to Manchester University to study their electron microscopy and mass spectrometry equipment.

It was over such occasions that I got to know Maureen better, and subsequently Maureen and Geoff provided a module in essential oil chemistry for the students of my London-based aromatherapy diploma course. It was always a great joy to see them and take dinner together as we discussed all things aromatic and beyond. Maureen had a deeply thoughtful, ethical, and magical soul and was a natural born teacher, healer, pharmacist and inspiration. I think of her regularly, and I will continue to do so within my heart. Blessings to Geoff and the whole family.

**Shirley Price:** Maureen and I met a long, long time ago in the 1980s, when she attended my aromatherapy course



*Maureen (right), her husband Geoff, and Barbara Sidebottom (centre) celebrate Maureen's IFPA Fellowship Award*

and we became good friends. Len and I visited Maureen and Geoff many times, often staying overnight in their beautiful big Victorian house. Maureen had a great herb garden and many of the other plants and flowers were medicinal too, no doubt due to her having been a pharmacist before becoming interested in aromatherapy.

When she said she'd persuaded her church to use pure frankincense instead of synthetic when they burned incense, I did the same for our church! Maureen was Chair of ISPA almost from its inception in 1990, and we emailed each other regularly between ISPA meetings until her eyesight problems made it difficult.

**Sue Jenkins:** I met Maureen Farrell and her husband Geoff when I joined the International Society of Professional Aromatherapists (ISPA) way back and I knew her as a friend and colleague for many years. I served with her on the ISPA Board and during her time as Chair. She was so conscientious in all her various roles and so enthusiastic about the potential of aromatherapy to help people. She was a real carer of people but, when necessary, she could be rather sharp and very factual! Yet she always remained full of mischief and fun. She and Geoff formed a formidable duo – he keeping his eyes on the science and research relating to our profession and Maureen the ever-practical but caring therapist and teacher. I am sure that all the students who studied with them benefitted enormously from Maureen's considerable knowledge and experience, as did all of us on the ISPA and the IFPA Boards during her time. She will be sorely missed.

# The art of fragrance

When **David Wilson** was asked to create an art installation using essential oils he took up the challenge to use his aromatherapy skills in a new, transformative way



**W**hen I moved to China I was overwhelmed with excitement at the adventure that lay ahead of me. A new culture, a new world, a new language, and people and places to explore and discover. But I had no idea how I was going to be able to blend my aromatherapy practice into the culture and working landscape.

Before leaving the UK I had worked at a wonderful clinic in a small coastal town on the Isle of Wight. I had a lovely loyal client following and my work as an aromatherapist covered all aspects of the profession I love so much. My work was plentiful and rewarding. Would I be able to start again and replicate the life I had had as an aromatherapist in the UK?

## New challenges

I learnt quite quickly that working as an aromatherapist in China would be very different to working in the UK. Not worse, nor better, just different. I knew before my relocation that it would take me a long time to fully master the complex Chinese language.

So I asked myself a number of questions. How do I reinvent myself here in China? What can I do with my years of aromatherapy training, knowledge and hands-on experience? How can I apply these skills and continue my working life as an aromatherapist? China has numerous aromatherapy schools so teaching looked like the obvious avenue but I wanted to do something different and hopefully carve out a small niche for myself and make it my own.

Aromatherapy is a huge industry in China. Not just the availability of essential oils and aromatherapy products, but people's knowledge of aromatherapy and its benefits. It was really encouraging to speak with people who knew about essential oils and had a positive outlook on the health benefits of aromatherapy.

One of my other great passions outside aromatherapy is yoga. I am a qualified Restorative Yoga teacher and a daily practitioner of yoga in my personal life. When I got to Shanghai I looked around for yoga studios and it was in one of those that I found the convergence of aromatherapy and yoga. A chance encounter with a

vibrant entrepreneur, art curator and wellness clinic owner with a passion for essential oils changed the direction of my life and my career as an aromatherapist.

## Artistic opportunity

Xinyi had lived in Provence in the South of France for some years and during her time there she had fallen in love with fragrances and essential oils, and with how fragrance and smell can play an important role in an individual's wellbeing. Her passion and interest in aromatherapy meant that we bonded immediately and we would meet regularly and talk about aroma, meditation, art, yoga, and travel. Then, one day she asked me to be involved in an art gallery exhibition that she was curating in central Shanghai.

I was initially unsure as to how I could contribute to an art exhibition. I am a therapist, how can we incorporate this practice into an art space? But then a note of inspiration – olfactory art! Although I had heard the term before, my knowledge and understanding of the concept was still pretty new. How to create an art installation using aroma. Excited about this new endeavour, I set to work developing my 'aromatherapy installations'.

I had to stress to Xinyi that I am neither a perfumer nor an artist. I was only vaguely aware of people who specialise in the field of olfactory art, such as Chandler Burr, Claudia de Vos, and Sissel Tolaas. To find out more I needed to do some research. I'd just started looking on the internet when I realised that I needed to have my own thoughts on how I would approach this new project and not let myself be influenced by other sources. All I needed was to use the years of practice and education I had gained as an aromatherapist and apply what I had learnt into a new field.

## Reflective connection with nature

The brief was open to whatever interpretation or aroma design I wished to create and I was free to develop six separate aroma installations. Each of these aromas would be used in small dressing rooms with accompanying written poetry. Visitors to the exhibition would sit alone in each of the small dressing rooms and would be encouraged to inhale the aromas, read the poems, and meditate at their own pace.

The installations were specifically designed for the individual to experience alone, not as a couple or group.





*Fragranced fabric and poetry create meditative atmosphere*

This allowed for deeper reflection and connection with each of the aromas and accompanying poems. I initially wanted to install vapour diffusers or a sprinkler-style spray system above each room so that the aromas could fall gently down onto participants. However, within this space the idea was not logical or practical (but perhaps an idea for another project).

I blended together six individual aromas into spray bottles, each reflecting an experience or scent I wanted to convey. Shanghai is a gigantic city, with a population over 25 million, and I wanted to bring the aromas of nature back to people within this concrete jungle. When blending for each aroma spray I focused on the concepts Forest, Floral, Wood, Spice, Green, and Earth. Simple aromas, nothing complex, but fragrances that have been forgotten by people living in such a concrete metropolis.

My blending was not however purely focused on the overall scent. I wanted each blend to contain therapeutic elements so that there was a deeper meaning behind the aroma. The aim was not only to take the participant to a meditative place but also to make a healing component integral to the experience.

For example, eucalyptus oil added to my Forest blend helped deepen the breath while vetiver in the Earth blend helped with grounding. Fabric strips of artist canvas were hung from the ceiling and dangled into each of the dressing rooms. Each of these fabrics was sprayed with the aromas and this would be reapplied regularly throughout the exhibition.

As the exhibition opened, and my 'art' sat alongside paintings, sculptures and video projections, people who



*David made a photographic record of each installation*

engaged with my installations gave wonderful feedback. No-one who visited the exhibition had experienced an aroma installation before (me neither!). People expressed different emotions and feelings while meditating within the aroma rooms and the aromas took each of them to a different place. Sometimes a sad place if it reminded them of loved ones now passed, or a happier place when they perhaps felt prompted to go on a mountain walk.

Using my aromatherapy skillset in a different environment for a different purpose has opened up a world of new opportunities. Although I'm not yet ready to call myself an olfactory artist the experience of blending and repurposing my aromatherapy skills for a new audience has been profoundly transformative. I now look into my box of oils with a different mindset filled with endless new possibilities. Do essential oils have a place in an art gallery? Absolutely they do!

David Wilson qualified in aromatherapy at Neal's Yard School of Aromatherapy and Clinical Sciences in Covent Garden, London in 2016 and practised in the UK for three years before re-locating to Shanghai, China. An aromatherapist and yoga teacher, he is also studying traditional Chinese medicine (TCM), Tuina massage and Qi Gong body movement, with a view to incorporating essential oils into a combined TCM and aromatherapy practice. David is the IFPA Regional Group representative in Shanghai and also hosts the Aromatherapist Talk Podcast series on IFPA's Instagram page.

# Business success

**Inge Westerlinck** has run a popular multi-therapy practice in North Yorkshire for over 20 years. Here she identifies key factors that have contributed to her long-lasting business success



I moved to the UK from my native Belgium in 1999 and set up my own practice in Saltburn-by-the-Sea, North Yorkshire two years later. During those 21 years I estimate that I have carried out more than 25,000 treatments in my 'Healing Hands' practice.

Initially, my focus was solely on aromatherapy but, over the years,

I have qualified in a large number of other therapies including manual lymph drainage, combined decongestive therapy, sports therapy, various forms of massage including neuromuscular, remedial, Indian head, pregnancy and labour, baby, and in Reiki and yoga.

Much of this training was completed abroad because I decided very early on in my career that, whenever I came across a new technique, I would travel to its country of origin to train in it. The Eastern way of medicine, which aims to maintain health and wellbeing, not just to fix it when things go wrong, totally resonated with me. I brought it home with me from my studies abroad and have applied it in my practice ever since.

I run a multi-therapy practice specialising in muscle and joint problems, lymphoedema, and stress-related conditions. My professional curiosity and willingness to acquire new knowledge and skills have, I think, been major keys to my business success. It has not always been easy but I believe that, if you work with passion, kindness and an open heart, and continue to learn, you will succeed. Everything you experience and learn makes you who you are. You will attract the clients that are right for you and your practice.

## Establishing trust

With a long list of therapies on my treatment menu I decided some time ago not to charge by therapy but for my time. So my treatments are usually offered as either half-hour or one hour sessions. This gives me the flexibility to use whichever technique I believe to be the most suitable for that particular client on that particular day. Essential oils are involved in almost all my treatments because I find them very useful as physical, emotional and/or spiritual support. I discuss this approach with the client during their initial consultation and they have always been very happy to go along with it.

Clients know that I have their best interests at heart and give me free rein. They trust me so I try my best to honour that trust. I recognise my limits and don't make

false promises. With new clients, I re-assess after three sessions to see where we are and if we need to change or adjust the treatment plan.

## Attracting clients

During my aromatherapy training we had to complete 50 case studies. Many people volunteered to be on my couch and, once I was qualified, they came to me as clients. They would recommend me to other people and, before I knew it, I had 250 clients on my books as a sole trader.

Today, the vast majority of my clients still find me by 'word of mouth'. I do have a website because people expect you to have one these days but I have never really advertised. I did try advertising at the very beginning of my career, but found it to be both hugely expensive and totally ineffective. For advertisements to work they need to be repeated over and over again and that wasn't something I could afford.

What I did do was organise talks in schools, at fairs, in local clubs and groups. I even offered some free treatments because I calculated that I could offer around 10 free half-hour treatments for the cost of one decent advertisement in a local paper. This worked very well for me and would work for you – you are creating your own 'word of mouth' snowball.

## Market research

I also invested in visiting a range of therapists in my area, having treatments in different places to find out what I liked and didn't like about a venue or a treatment. I noted prices and came up with an average treatment price for my area. Even though nowadays I am probably one of the most expensive in my region I still have a 12-week waiting list for appointments.

I have learned over years of experience that you should never undervalue yourself. If you don't value yourself, why should your client value you? And it's a mistake to make assumptions about what your clients can and cannot afford. When it comes to working as holistic practitioners we often struggle with accepting money because we sometimes see our 'gift' as something that should be shared free of charge. There is nothing wrong with that, but there should always be an energy exchange of some kind.

Many people do not value goods or services when they are completely free. The price you charge for a treatment should reflect your investment in study, research and time. Most people invest energy in their work and are paid for

it. Some of my clients cannot pay for their treatments in monetary terms, so I will accept a different form of exchange such as an hour's work in my garden, eggs from their hens, vegetables from their allotment, home-made bread. You can see where I'm going with this?

### Treatment environment

Over the years I have found that the treatment environment is as important as the actual treatment. This is why a home practice works best for me. I did try working as a mobile therapist but it didn't suit me. The couch was too heavy and the environment too unpredictable. However, in very rare cases I do still visit clients at home - for example, for end of life care or for children with severe learning difficulties - since the stress caused by a different environment would outweigh the treatment's benefits.

I tried renting a room at the back of a hairdresser's for a while but this put some clients off as they didn't want to wait in the communal area or felt intimidated by the atmosphere and chatter.

If you do decide to set up your practice at home you need to set boundaries for yourself and stick to them. This works well and should enable you to work successfully from a home treatment room without your practice impacting on your family life.

My home treatment room now is the room closest to the front door so clients do not have to go through my house. When I first started my practice people didn't mind waiting in my living room but this does impact on family life. My clients would sometimes find themselves subjected to trying some of my husband's experimental cooking, or my children would be constantly asking them questions! This may work well for some people but it's not for everyone. It's about creating a consistent balance.

### Professional approach

When dealing with clients it's best to keep things friendly and professional, but not clinical. As practitioners, we all need to remember that, when our clients are on the couch, the session should be all about *them*, not about us. We need to listen closely to what they are telling us and take everything on board. The more we listen, the more we learn. Some clients will want to talk, others will prefer to be quiet. Be content with yourself. Listen to your inner voice. Trust your intuition. Treat clients in the way you like to be treated. Present yourself in a way you would want a professional practitioner to present themselves to you.

It is important to manage clients' expectations from the very beginning. Don't be afraid to tell them that what they are asking for is not achievable. But, if you then offer them a healthy alternative, they will never be disappointed. Be correct but flexible and know your own limitations.

It is not professional to mess around with clients' appointments. In my experience clients are very accommodating as long as you are fair. So, always make a follow-up appointment with your client before they leave your premises, even if it is for six months down the line.

One of a practitioner's most useful tools is a cancellation list. Sometimes clients ask for specific days or times that are full at the time of booking but I always take



*As practitioners we all need to remember that, when our clients are on the couch, the session should be all about them and their needs and not about us*

a note of their preference anyway. It has very often come in handy for me and ensures that I never have gaps in my practice diary.

### Healthy life-work balance

For various personal reasons I currently only work four days each week. I do aim to start running courses again this year but during the pandemic, and continuing now, I only see six people per day. The experience of the pandemic, and the recent arrival of a baby granddaughter, have made me take stock and I can now proudly say that I have created a life for myself that I do not need to take a break from. There is a healthy work-life balance and joy. Stress has been banished.

I love what I do and who I am because of this. Life can be really hard sometimes, even downright painful, and you need to keep reminding yourself that the universe has your best interests at heart even if it makes no sense at all at the time. When you decide to launch your own business you just need to take that first step - follow your heart and see where it leads. With passion and kindness you will succeed. I wish you good luck!

Inge Westerlinck IFPA, CThA, BLS, CNCH, CSS, TRA specialises in muscle and joint problems, lymphoedema, and stress-related conditions in her North Yorkshire practice 'Healing Hands'. She has studied at the Wat Po Medical School, Bangkok, Thailand, and in Canada, Austria, Belgium, UK, Tibet, Nepal, Bali and Sri Lanka.

Inge's wide range of international professional qualifications includes clinical aromatherapy, neuromuscular massage, manual lymph drainage, combined decongestive therapy, kinesiotaping, sports therapy, craniosacral therapy and Somato emotional release, Thai massage and reflexology, Indian head massage, ear candling, nutrition, and pregnancy, labour and baby massage. She is also a Reiki and Kormanu Master Teacher and holds a Diploma in Teaching in Adult Education and a Level 3 qualification in Ipsalu Tantra Kriya Yoga. For more information go to [www.healinghandsltd.com](http://www.healinghandsltd.com)



# Success stories



**In this occasional series Amanda Deards highlights intriguing stories from her treatment room**

I have recently started seeing Sian who is in her 40s with a young family and a busy job. She came to me seeking help with managing her fibromyalgia which was diagnosed almost 10 years ago.

Fibromyalgia is a condition affecting the muscles and soft tissue. Anyone can develop it, although it affects around seven times as many women as men. People with fibromyalgia experience chronic pain in the muscles and other tender areas. In fact, it can cause widespread pain all over the body, which is very debilitating and can interfere with basic daily activities.

Even though chronic pain is the most common symptom of fibromyalgia, there are many others including:

- Fatigue
- Sleep problems
- Brain fog
- Abdominal pain, bloating and other gastrointestinal problems
- Headaches
- Tenderness in the face and jaw
- Stiffness in the joints
- Numbness or tingling in the face, arms, hands, legs, or feet
- Depression

Sian had recently been promoted and was now the manager of a busy retail store selling natural beauty products. She felt that the additional stress she was under had caused her fibromyalgia to get worse.

She had previously managed the symptoms with a combination of exercise and mindful meditation but this was no longer enough.

One of the members of Sian's fibromyalgia support group had encouraged her to try aromatherapy massage as it had really helped her.

After her initial consultation Sian embarked on a course of regular aromatherapy massage, combined with home treatments, and has found this helpful for managing her symptoms and improving her quality of life.

## Sian's blend

To manage Sian's symptoms I used a combination of eight essential oils – see below. The blend was varied depending on which symptoms were bothering her most at the time of her visit.

**Lavender** (*Lavandula angustifolia*): Lavender has calming and relaxing properties. Its analgesic and anti-inflammatory effects make it an excellent pain reliever for people with fibromyalgia.

**Sweet marjoram** (*Origanum majorana*): Warm and soothing, Marjoram's antispasmodic properties are helpful for relieving muscle spasms and joint pain. It is also beneficial for combatting fatigue.

**Juniper** (*Juniperus communis*): Stimulating the mind, Juniper also calms the nerves and relaxes the muscles, making it a great essential oil for fibromyalgia pain.

**Clary sage** (*Salvia sclarea*): This essential oil has antiseptic, antispasmodic, astringent, sedative and anti-depressant properties. It ticks many boxes for fibromyalgia sufferers.

**Black pepper** (*Piper nigrum*): This warming oil helps boost the circulation, making it helpful in



Photo: Ivar Leikus – [https://commons.wikimedia.org/wiki/File:Juniperus\\_communis\\_fruits\\_-\\_Keila.jpg](https://commons.wikimedia.org/wiki/File:Juniperus_communis_fruits_-_Keila.jpg)

## Relaxing Juniper helps relieve pain

relieving stiffness and the muscle aches and pains associated with fibromyalgia.

**Helichrysum** (*Helichrysum italicum*): Containing antioxidants and anti-inflammatory properties, this is one of the best essential oils for fibromyalgia pain. It can help to improve circulation and reduce inflammation, swelling and pain.

**Ginger** (*Zingiber officinalis*): A natural pain killer, Ginger essential oil has anti-inflammatory properties that help to reduce the pains caused by fibromyalgia. It also helps to relieve muscle aches and spasm.

Three months down the road Sian feels she has really benefitted from aromatherapy. She has experienced a reduction in her ongoing symptoms and is finding it easier to deal with whatever life throws at her. The carefully chosen oils in her special blend have helped to relieve pain and muscle spasms, boosted energy, improved circulation and lifted her mood.

# Hot topics in aromatherapy

Could 'hybrid' conferences be the way forward for future events? **Anita James** reports on a successful international conference that offered both in-person and online access



**T**he AIA (Alliance of International Aromatherapists, USA) started to plan their 2021 conference in a pre-pandemic world, anticipating that, as with previous AIA conferences, it would be a three-day in-person event with speakers and trade exhibitors from all over the world. At the time I was a member of

the conference organising committee and we had no idea what challenges lay ahead.

The event that actually took place on 16-19 September 2021, on the theme *Aromatherapy hot topics: From self-care to clinical trials*, was a 'hybrid' conference. A small-scale in-person conference was held at the Westin-Chicago North Shore Hotel for people who could travel, and an online platform offered to delegates, speakers and exhibitors from the US and around the world who were unable to attend in person. The conference topics were to include blending, distillation, aromatherapy with specialist groups and conditions, publishing, chemistry, self-care, formulation, application, research, and marketing.

When the conference opened on the Cvent platform on 16 September (US time) delegates could browse the trade stands, add their profiles and, if they wished, create a Zoom chat room with five other delegates. In the virtual trade show each exhibitor had a booth with videos, downloadable information, a chance to live chat, and discount codes for attendees.

Also on this pre-conference day there were workshops by Madeleine Kerkhof (The Netherlands) on *Fusion aromatherapy: formulating for HSV infections* and Marco Valussi (Italy) on *Distillation parameters and their influence on essential oils*. In the evening there was a welcome reception for all in-person attendees.

## Opening sessions

The main conference programme opened on 17 September with a welcome to all delegates from AIA President Inga Weiser. In the morning's first presentation Madeleine Kerkhof (The Netherlands) shared her



experience of using aromatherapy with the elderly in her talk on *Autobiographic scent memory*. I always enjoy hearing Madeleine speak as she has so much knowledge and speaks with such passion and deep wisdom.

Next came the keynote presentation by Rhiannon Lewis (France). With its intriguing title: *Two steps forward, One Back: Foundations of the Aromatherapy Foxtrot* I think everyone knew they were going to experience an insightful, memorising presentation and we were not disappointed.

Rhiannon led us through the process of learning to dance, relating it to the way, as individuals, we learn, experiment, practise and refine our craft as aromatherapists. With her special brand of magic Rhiannon incorporated into her talk quotations, poetry, and dance, keeping us all totally immersed in the beautiful dance of aroma and therapist.

The final two presentations of the day were by Andre Ferraz da Costa (Brazil), who introduced us to *7 Brazilian essential oils*, and a very practical and interactive talk by Denise Joswiak (USA) on *Self-compassion and self-care: Is there an oil for that?*

The majority of the lectures had been pre-recorded in case there were any technical problems and these were replayed online. The speakers answered questions during the live presentations and delegates could also post questions later on the platform. As soon as the session was over the replay was available on playback. PowerPoint slides and additional information could be downloaded from the platform for each session.

## So much choice

The next conference day was a day of choices since each lecture slot offered two presentation options. My first choice was Dr Judith Boice (USA) speaking on *Essential oil synergy with antibiotics* in which she explored the use of

essential oils alongside antibiotics. For me, it was a very informative and deeply interesting presentation.

Next, I chose a presentation by Marni Reven (USA), who is part of the Aromatic Research Quality Appraisal Taskforce (ARQAT). This taskforce, which began in January 2021, represents a grassroots effort to appraise and create meaningful standards for aromatherapy research. It comprises a group of aromatherapy practitioners, educators, authors and researchers who have joined together to create, share, and publish information that will promote high quality aromatic and essential oil research.

Marni took us through the work of the taskforce and highlighted the tool it has developed for assessing the quality of research material. This was a very practical session which explained the methodology of research papers and how to interpret them using the tool. The ARQAT team had also contributed a poster presentation on the assessment tool for which they won an AIA prize.

During the lunchbreak several 'hot topics' sessions, each facilitated by an expert, were available on the online platform's chat room. These included Healthcare Facilities and Clinic Practice, Manufacturing for the Public, and Research and Educators. These sessions gave us an opportunity to chat over lunch and there were some very interesting discussions.

I had lined up three choices for the afternoon sessions. The first was Melani Kovac (Slovenia) speaking on *The quest for discovering relevant and reliable resources*. She shared her experience of setting up the essential oil resource Dropsmith and explained how she had tackled the problem of ensuring that the information she used was appropriate, robust and reliable.

Next was Ana Sullivan (USA) whose subject was *Nociception, Somatic Pain and Aromatherapy*. She explored the complex mechanism of somatic pain, what is nociception and the important role of nociceptors in the body. In this fascinating lecture, with detailed slides and clear explanations, we learned how to distinguish between two approaches to targeting somatic pain, via allopathic medicine and aromatherapy. Ana's informative presentation stimulated some very lively discussion in the chat room.

My last choice for the day was Shannon Becker (USA) who outlined her research on the use of *Aromatherapeutics as a viable option for Ehlers-Danlos symptom management*, for which she had been awarded an AIA research grant. Ehlers-Danlos Syndrome (EDS) causes joint dislocations, can affect internal organs, and leads to significant pain. Shannon's research suggests that aromatherapy may be an effective and safe method of controlling the pain and inflammation experienced by EDS sufferers. This was a very informative talk and a chance to see how the AIA is funding small research projects to take aromatherapy forward.

The day concluded with the AIA Awards Ceremony. The Outstanding Contribution Award was given to Dr Joy Bowles who celebrated her 30th year in aromatherapy in 2021. The Founders' Award, given to a person who has worked to promote aromatherapy to the industry and

the public went to AIA Board member Colleen Thompson. Three prizes were awarded for posters: to Hulya Dagotturen for *Sars-Cov-2 Virus Activity of Two Unique Formulations of the Essential Oils*; to Dawn Langley-Brady for *Essential Oil Effects on Chemotherapy Induced Peripheral Neuropathy*; and Bethany Unger for *The Aromatic Research Quality Appraisal Taskforce (ARQAT) Project: An Aromatic Research Tool*.

## Popular new format

All too soon it was the last, and shortest, day of the conference. For energetic early risers there was a yoga class but for most of us the day began with a welcome from Inga Weiser and Carol Scheidel, AIA Joint Conference Chair and Vice President respectively, and an introduction to the four presentations scheduled for this final day.

The first session was a visit to Deby Atterby in Australia for a lecture on the treatment of urticaria with Australian native essential oils. This was a chance for me to get to know some new oils that are not well known in European aromatherapy.

Next Marco Valussi (Italy) shared information from a systematic review he had carried out into essential oils and antiviral activity. Following on from Marni Reven's lecture the previous day it further enhanced our knowledge of gathering and interpreting research data.

In the afternoon Colleen Quinn (Ireland) presented *A modern love story: Aromatic terpenes and the endocannabinoid system*. This was a wonderfully informative lecture giving insights into endocannabinoid receptors and the role that essential oils can play alongside CBD in influencing them.

The final presentation, by Kayla Fioravanti (USA), focused on the importance of stable cosmetic formulation. Kayla, an expert, highly experienced formulator and certified aromatherapist, freely shared her knowledge and insights in this fascinating lecture.

## The way ahead?

This conference was a huge success, and it is a format that I hope will be used for future conferences. There are always people who would love to attend a conference but for a variety of reasons are unable to, and this format makes it possible for them to participate. Yes, I would have loved to be there to chat, hug, and spend time immersed in aromatherapy but it wasn't possible. The hybrid format gave me the chance to be a real part of a conference designed to celebrate the truly wonderful and diverse world of aromatherapy, from self-care to clinical trials.

Aromatherapist and holistic practitioner Anita James runs her own practice and an IFPA-accredited school in Derbyshire and has a special interest in working with aromatherapy and essential oils in a range of educational settings. She served for several years on the IFPA Board of Trustees and has also served on the Board of Directors of the Alliance of International Aromatherapists, USA.



# Essential oils in dental care

Increasing antibiotic resistance is leading scientists to investigate alternatives, including essential oils, to fight infection. Here **Milena Ivanova** highlights studies exploring the potential use of essential oils in dental care



**T**his article is based on a research paper I completed as part of my IFPA Diploma course at the Institute of Traditional Herbal Medicine and Aromatherapy, London. I chose to explore the use of essential oils in dental care first, because it was an unusual topic, and secondly, because

we have a dental surgeon and two orthodontists in the family who I could ask for help and who might benefit from my findings. I am pleased to report that not only did they take an interest but they are now using some aromatherapy products in their practice.

My research paper, and thus this article, focuses on published research on the application of essential oils (EOs) in dental care. It therefore represents a summary of other authors' findings, referenced and quoted as required. It should also be noted that most current evidence on the anti-caries potential of EOs is based on *in vitro* studies rather than clinical trials.

My approach to my subject was greatly influenced by an extensive systematic review of the antibacterial activity of essential oils and their isolated constituents against cariogenic bacteria, published by Freires *et al* in 2015.

## ORAL DISEASE AND ESSENTIAL OILS

Oral diseases adversely affect general health, quality of life and working capacity (Dagli *et al* 2015; Palombo 2011), with dental caries and periodontal diseases identified as the most important oral health problems globally (Petersen 2003).

Antibacterial agents used for current oral health treatments are associated with a number of side-effects, while increasing antibiotic resistance is becoming a major concern. As science seeks alternatives, EOs are now a major area for research and clinical trials.

In dental care today EOs are most commonly used externally eg in mouthwashes and toothpaste. However, they could also be useful in dentistry as preoperative rinses, in periodontal procedures (eg sub-gingival irrigation), and post-treatment applications.

In the exploration of naturally-occurring bioactive agents with promising antimicrobial activity EOs have attracted attention (Bassolé & Juliani 2012; Galvão *et al* 2012). Their diverse chemical structures encompass two groups with distinct biosynthetic origins (Pichersky *et al* 2006): terpenes (monoterpenes and sesquiterpenes) and terpenoids (isoprenoids), and another group of aliphatic and aromatic compounds (eg aldehydes, phenols, among others). Monoterpenes - the major component of many EOs - have been shown to have potent antibacterial activity against caries-related microorganisms (Galvão *ibid*).

The mechanisms of action of EOs are dependent on their chemical composition and the location of one or more functional groups on the molecules present in them (Dorman & Deans 2000). Membrane damage is suggested as the main mechanism of action (Prashar *et al* 2004). Solubility of EOs in the phospholipid bilayer of cell membranes seems to play an important role in their antimicrobial activity.

For dental applications, menthol and eugenol have been identified as the outstanding compounds isolated from EOs possessing anti-caries potential. (Freires *et al* 2015). Other compounds attracting attention for their antibacterial power include 1,8-cineole, terpinen-4-ol, linalool,  $\beta$ -myrcene,  $\beta$ -caryophyllene and caryophyllene oxide.

Park *et al* (2012) observe that linalool and  $\alpha$ -terpineol have been shown to exhibit strong antimicrobial activity against periodontopathic and cariogenic bacteria. However, they note that their concentration should be kept below 0.4 mg/ml if they are to be used as components of toothpaste or gargling solution and suggest that other compounds with antimicrobial activity against periodontopathic and cariogenic bacteria should be used in combination (Park, Lim *et al* 2012). ►



[https://commons.wikimedia.org/wiki/File:Syzygium\\_aromaticum\\_on\\_tree.jpg](https://commons.wikimedia.org/wiki/File:Syzygium_aromaticum_on_tree.jpg)

Clove essential oil has antibacterial and anti-inflammatory properties that can help to fight gum disease infections

## ESSENTIAL OILS WITH APPLICATIONS IN DENTAL CARE

### Cinnamon (*Cinnamomum zeylanicum*)

Volatile oils obtained from the bark, leaf, and root bark vary widely in chemical composition. Three main components of essential oil obtained from the bark are *trans*-cinnamaldehyde, eugenol and linalool. Cinnamaldehyde, the major constituent of cinnamon bark essential oil, has been shown to be the most active component (Naveed *et al* 2013)).

#### Therapeutic properties relevant to dental applications

- **Antimicrobial:** Inhibitory effect on the growth of various bacterial isolates including gram-positive, gram-negative, and fungi (Ooi *et al* 2006).
- **Antibacterial:** A 2016 study by Abbaszadegan *et al* compared cinnamon's antimicrobial activity with triple antibiotic paste and calcium hydroxide on planktonic and biofilm *Enterococcus faecalis*, and also compared the cytotoxicity of these medicaments on L929 fibroblasts. Cinnamon essential oil was found to be the most biocompatible medicament and therefore has potential use as an antimicrobial agent in root canal treatment. When Mamajiwala *et al* (2018) compared the efficacy of chlorhexidine and cinnamon extract in reducing the bacterial count in dental aerosols used as an irrigant during ultrasonic scaling, they found both to be effective.
- **Anticariogenic:** Cinnamon EO's antimicrobial properties can protect against bacteria accountable for tooth decay and in a comparative study were found to be more effective than clove oil. It exhibited

antibacterial activity inhibiting all 10 test bacterial species involved in dental caries.

- **Antimutagenic:** Cinnamon EO has antimutagenic potential against spontaneous mutations in human cells. A study with animals carried out by Cabello *et al* showed that oral administration of cinnamaldehyde exerts significant anti-melanoma activity (Oliveira *et al* 2014).
- **Antiparasitic, antioxidant and free radical scavenging** (Ramage *et al* 2012): The anti-melanoma effect noted above may be related to its antioxidant and free radical scavenging properties.
- **Antifungal:** Cinnamon EO has been shown to have properties capable of inhibiting gram-positive and gram-negative bacterial and fungal growth. It can be effective for candidiasis (a condition affecting diabetics due to their suppressed immune system).
- **Antiseptic:** Cinnamon's antiseptic properties make it an effective cleanser for oral health care. However, its benefits extend beyond the oral cavity and it is often recommended to diabetics and insulin-resistant individuals to improve insulin sensitivity, thus helping with glucose control. It can also improve systolic blood pressure, and body fat percentage.

### Clove (*Eugenia caryophyllata* [syn. *Syzygium aromaticum* L.])

Clove EO is widely used in dentistry to treat oral disease and its antibacterial and anti-inflammatory properties can help fight infections from periodontal disease. Its main constituents are the phenylpropanoids eugenol, eugenyl acetate, carvacrol, thymol, cinnamaldehyde,  $\beta$ -caryophyllene, and 2-heptanone.

#### *Therapeutic properties relevant to dental applications*

- **Antioxidant:** When tested against tert-butylated hydroxytoluene, clove oil exhibited a strong radical scavenging activity (Chaieb, Zmantar *et al* 2007).
- **Antifungal:** Clove EO possesses antifungal activity (Chaieb *ibid*). The essential oil and its main component eugenol also reduce the quantity of ergosterol, a specific component of fungal cell membrane. Germ tube formation by *C. albicans* is also inhibited (Pinto *et al* 2009).
- **Antibacterial:** This EO has the ability to restrict bacterial development, help fight mouth/throat infections and has been found to have an inhibitory effect on multi-resistant *Staphylococcus* spp. (Chaieb, Hajlaoui 2007). Moon *et al* (2011) evaluated clove oil and its major compounds (eugenol and  $\beta$ -caryophyllene) against oral bacteria, either alone or in combination with ampicillin or gentamicin. Clove EO's antibacterial activity was higher than  $\beta$ -caryophyllene but similar to eugenol against all tested oral bacteria, suggesting that clove EO and eugenol could be employed as natural antibacterial agents against cariogenic and periodontopathogenic bacteria (Moon *et al* 2011).
- **Anticariogenic:** Clove EO is active against oral pathogens associated with dental caries and periodontal disease (van de Braak & Leijten 1994).
- **Antimicrobial:** *E. caryophyllata* EO has shown strong antimicrobial activity against streptococci, although eugenol was proven to be more active than the EO against *S. mutans*.
- **Analgesic:** Clinical research indicates that clove EO can relieve tooth pain and bad breath.
- **Antiseptic and anaesthetic**

### **Eucalyptus**

Eucalyptus EO is an anti-inflammatory germicide that can help soothe receding gums and stimulate gum tissue growth. Its main component is 1,8-cineole, followed by cryptone,  $\alpha$ -pinene, p-cymene,  $\alpha$ -terpineol, trans-pinocarveol, phellandral, cuminal, globulol, limonene, aromadendrene, spathulenol, and terpinene-4-ol (Posadzki *et al* 2012). The chemical composition varies according to the species. Citronellal is the main component of *Eucalyptus citriodora*, followed by citronellol and citronellyl acetate (Tian *et al* 2005). However, the EO's antimicrobial bioactivity can be attributed to  $\alpha$ -terpineol which showed an eight-fold higher activity than citronellol against *Staphylococcus aureus* (Inouye *et al* 2001).

#### *Therapeutic properties relevant to dental applications*

- **Antimicrobial:** Research has shown that antimicrobial activity is related to the synergic effects between major and minor components rather than the concentration of a single component (Posadzki *ibid*). The EO from *Eucalyptus globulus* leaves has antimicrobial activity against gram-negative b (*Escherichia coli*) and gram-positive *Staphylococcus aureus* bacteria (Bachir *et al* 2012). Studies on eight eucalyptus species show that *Eucalyptus odorata* EO possesses strong cytotoxic and antibacterial effects against several bacteria while

*Eucalyptus bicostata* and *Eucalyptus astringens* also showed antibacterial effects (Posadzki *ibid*).

- **Anti-inflammatory:** A study by Serafino *et al* (2008) showed that eucalyptus EO can stimulate the innate cell-mediated immune response, suggesting its use as adjuvant in immunosuppression, in infectious disease, as well as in tumour chemotherapy (Yap *et al* 2013).
- **Analgesic:** Analgesic qualities have been attributed to the EO's monoterpene components (Cimanga *et al* 2002; Silva *et al* 2003; Hans *et al* 2016).
- **Antifungal:** According to Battaglia, many studies have confirmed eucalyptus EOs' antifungal activity. At a concentration of 0.05 per cent it would completely inhibit the activity of two *Candida albicans* strains (Battaglia 2018).

### **Lavender (*Lavandula angustifolia*)**

Lavender's major components are linalool, linalyl acetate, 1,8-cineole, B-cimene, terpinen-4-ol, fenchone, camphor, and viridiflorol (Benabdeikader *et al* 2011; Vegh *et al* 2012) with great variations in different species. The EO obtained from *Lavandula angustifolia* flowers is chiefly composed of linalyl acetate, linalool, lavandulol, 1,8-cineole, lavandulyl acetate, and camphor. The linalool activity reflects that of the whole oil, indicating that it may be the active component of lavender EO (Prashar, Locke & Evans 2004).

#### *Therapeutic properties relevant to dental applications*

- **Antimicrobial:** EOs extracted from *Lavandula stoechas* exhibit good antimicrobial activities against most bacteria, filamentous fungi, and yeasts. It has also been shown to have antipseudomonal activity (Benabdelkader *ibid*) and an *in vitro* study on *Lavandula coronopifolia* EO's antibacterial activity against antibiotic resistant bacteria suggested its bactericidal effect (Ait *et al* 2015).
- **Anxiolytic:** In 2005 Lehrner *et al* investigated the impact of orange and lavender EOs on anxiety, mood, alertness and calmness in dental patients. Analysis of results revealed that the ambient odours of both EOs reduced anxiety and improved mood.
- **Antifungal:** EOs of *Lavandula luisieri* show an inhibitory effect on yeast, dermatophyte, and *Aspergillus* strains (Zheng & Wang 2011). *Lavandula viridis* EO is reported to have fungicidal effect. *Cryptococcus neoformans* is the most sensitive fungus, followed by *Candida* species.

### **Lemon (*Citrus limonum*)**

The chemical composition of different lemon EOs varies, but most contain almost exclusively terpenes and oxygenated terpenes. Limonene is the main ingredient of most lemon EOs. However, antimicrobial activity depends on the content of oxygenated monoterpenes - the higher the content, the better fungicidal effects have been observed (Białoń *et al* 2014).

#### *Therapeutic properties relevant to dental applications*

- **Antifungal:** Therapeutic activity of lemon EO shows antifungal potential against three *Candida* species and it is suggested as an effective remedy for candidiasis caused by *C. albicans*. It has also been shown to inhibit



some *Candida* strains and can be effective for denture wearers. Białoń *et al* suggest that lemon EOs with a high monoterpenoid content have antifungal potential against *Candida* yeast strains.

- **Gum disease:** Lemon EO can help prevent receding gums and tooth decay by fighting bacteria, and has properties known to stimulate tissue formation and support healthy gums.
- **Aphthous stomatitis (mouth ulcers):** Kürklü-Gürleyen *et al* studied how a Citrus EO mucoadhesive biopatch affected pain severity and oral health-related quality of life in patients with recurrent aphthous stomatitis. They found that the patch alleviated pain and restored oral function, and thus improved oral health-related quality of life.

Reports on lemon EO's biological activity are however ambiguous. Some literature recommends it as highly effective, other reports state that its effects are unremarkable. Differences in the potential fungicidal properties of lemon EOs may be due to variable qualitative and quantitative composition of individual EOs.

### Peppermint (*Mentha piperita*)

Peppermint EO, widely used in oral care products because of its antibacterial, antifungal, and biofilm-inhibiting properties, is known for properties that can effectively soothe tooth and muscle aches. Menthol is identified as the major compound in *Mentha piperita*, followed by menthyl acetate and menthofuran (Saharkhiz *et al* 2012).

#### *Therapeutic properties relevant to dental applications*

- **Antibacterial and antiseptic:** This oil's antiseptic and antibacterial properties can help prevent disease-causing bacteria in susceptible gums. Research has found it to be exceptionally powerful for fighting oral pathogens and killing bacteria leading to cavities and gum disease. It shows an inhibitory effect on the proliferation of staphylococci (Witkowska & Sowinska 2013).
- **Antifungal:** Studies show that peppermint EO exhibits fungistatic and fungicidal activities against standard and clinical strains of *Candida* species. It exhibits similar antifungal effects against azole-resistant and azole-susceptible strains.
- **Antibiofilm:** Biofilm inhibition in fungal strains helps to decrease pathogenesis and drug resistance. Studies show that peppermint EO inhibits the biofilm formation of *Candida albicans* and can inhibit biofilm formation in the oral cavity. It can also be used therapeutically to treat periodontitis, gingivitis, and halitosis.
- **Anticariogenic:** When the antimicrobial activities and biofilm-formation preventive properties of *Mentha piperita* and *Cuminum cyminum* EOs and chlorhexidine were assessed against *Streptococcus mutans* and *Streptococcus*, peppermint EO was shown to be highly effective. Studies conducted with volunteers who brushed teeth with essential oil-blended toothpastes indicated that lower concentrations of the oils, in particular *M. piperita*, were significantly more effective than chlorhexidine. Therefore, there may be a potential role for EOs in novel anticaries treatments.

### Japanese cedar (Sugi) (*Cryptomeria japonica*)

This coniferous Japanese plant has been used in Asian traditional medicines for a variety of indications (Cha *et al* 2007). Its EO is another example of how the complex mixture of chemical molecules plays a synergistic role in the oil's antibacterial power over its isolated major compounds.

#### *Therapeutic properties relevant to dental applications*

- **Anticariogenic:** Cha *et al* found significant inhibitory effects of the leaf EO against caries-related streptococci, warranting further investigation.
- **Antibacterial:** The oil has been shown to exhibit very strong antibacterial activity against *S. mutans* and *S. sobrinus*.
- **Cancer chemopreventive:** Cha *et al* examined the cell viability and apoptosis of KB cells treated with *C. japonica* EO at several concentrations and concluded that the oil may have potential as a cancer chemopreventive and therapeutic agent.
- **Antifungal:** the excellent antifungal activities of Japanese cedar heartwood EOs might correlate with the chemical constituents of this EO (Cheng, Lin & Chang 2005)
- **Antilulcer:** Terpinen-4-ol isolated from Japanese cedar essential oil could be a valuable antilulcer agent.

### Neem (*Azadirachta indica*)

Neem is one of the most widely researched tropical trees and recent investigations have shown that the EO has a vast array of biologically active, chemically diverse compounds (Subapriya & Nagini 2005), suggesting its possible use in modern drug development.

#### *Therapeutic properties relevant to dental applications*

- **Antibacterial:** Neem mouth wash is reported to inhibit growth of *S. mutans* and carious lesions. Its antibacterial effects against salivary levels of *Streptococcus mutans* and *Lactobacillus* was tested over a two-month period in a study by Vanka *et al* (2001). Neem EO from the leaves possesses antibacterial activity against a wide spectrum of gram-negative and gram-positive microorganisms. A study from Manipal assessed that Neem mouthwash inhibited *Streptococcus mutans* in saliva.
- **Anticariogenic:** Neem's effect in reversing incipient carious lesions has also been assessed. The initial data appears to prove that it can inhibit *S. mutans* and reverse incipient carious lesions but longer trials are essential. A 2008 trial by Botelho *et al* showed that a neem-oil-based mouth rinse is as effective as chlorhexidine in reducing gingivitis, plaque and bleeding. The cariogenic bacteria count in the saliva was also reduced drastically.

### WIDER POTENTIAL

Other EOs have been researched for their therapeutic properties in dental care applications. They include well-known oils such as *Melaleuca alternifolia*, *Coriandrum sativum*, *Curcuma longa*, *Boswellia* spp, *Ocimum Americanum*, *Lippia sidoides*, *Myristica fragrans*

and *Rosmarinus officinalis* as well as several other, more unusual oils, such as *Achillea ligustica*, *Baccharis dracunculifolia*, *Croton cajucara* and jointed flatsedge, all of which have shown promising potential in *in vitro* studies. It is to be hoped that, in the future, more clinical trials will confirm the value of essential oils and their properties for a wide range of dental care applications.

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Milena Ivanova MBA (INSEAD, France), IDP-C, MIFPA had a successful international career in the world of business and finance over the span of 23 years before changing direction and qualifying in aromatherapy at the Institute of Traditional Herbal Medicine and Aromatherapy in 2019.

She launched Oshadhi Bulgaria in 2020 and currently serves on the IFPA Board of Trustees. This article is based on Milena's paper *Essential oil applications in dental care: a review of scientific research*, written in 2019 as part of her IFPA Aromatherapy diploma course. You can contact Milena for more information via [Ivanova.milena@gmail.com](mailto:Ivanova.milena@gmail.com)

# Bookshelf



## **Australian Essential Oil Profiles:**

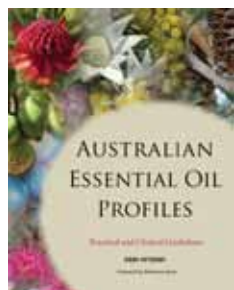
**Author:** Deby Atterby

**Publisher:** *Aromatherapy Today International Journal* (2021)

**Available** *Aromatherapy Today*. Contact details at [www.aromatherapytoday.com](http://www.aromatherapytoday.com)

**Price:** \$68 Australian

**ISBN:** 9780646840284



Clinical aromatherapist and aromatic medicine practitioner Deby Atterby is the editor and publisher of the international journal

*Aromatherapy Today*. In this beautifully illustrated and informative text she takes us on an enlightening, passionate journey through the history of essential oils in her native Australia.

The respect she has for the Elders of First Nations communities for sharing their plant knowledge with her is evident throughout. She reminds us that: "It is not just the eucalypts, myrtles and melaleucas in the Australian plants that are popular, First Nations people have used many different plant species throughout time in many parts of Australia". She also salutes Australian farmers and essential oil distillers, sharing some of their experience, data and photographs.

I had assumed from the title that the book was concerned only with native Australian essential oil profiles but a closer look reveals the breadth of topics covered. These include: the history of essential oils in Australia; standards of Australian essential oils; bush tucker and medicine; Australian carrier oil profiles; Australian extracts, aloe vera, clay, and hydrosol profiles;

medicinal honey; local weeds; Australian native and common essential oil profiles; growers and distillers; dosage safety and glossaries (for aromatics, herbs, formulations, and ingredients); and chemical constituents. There is also a foreword by Rhiannon Lewis and a list of valuable internet resources.

The comprehensive Australian native essential oil profiles occupy almost half the book. Each includes a plant photograph, the plant's common and Latin names (including the phonetics of the Latin name, which I don't recall seeing in an aromatherapy book before), its botanical family, and country of origin.

The profiles also provide information on history, aroma, colour and viscosity, extraction method, harvesting, adulteration, shelf life, main growing areas, chemistry, herbal and nutritional details, physical and physiological effects, safety precautions, drug interactions and points of interest.

The author's focus appears to be an essential oil's physical benefits rather than its emotional or spiritual impact, although there are some instances where issues such as anxiety are explored in case studies, for example in the case of *Fragonia* (*Agonis fragrans/Taxandria fragrans*). This book will probably introduce you, as it did me, to many essential oils you have not heard of before.

Deby's career working with essential oils, massage, beauty, bush flower essences, and herbs and vitamins is described in the Introduction and her wealth of knowledge is clearly demonstrated through the case studies, recipes, remedies, formulations and lifestyle suggestions she includes at the end of each profile.

At 379 pages this book will be a tremendously valuable reference

resource for both qualified or student aromatherapists, or for anyone with an interest in Australian essential oils.

## **Helen Nagle-Smith**

### **Touch is really strange**

**Author:** Steve Haines

**Illustrator:** Sophie Standing

**Publisher:** Singing Dragon;

**illustrated edition 2021**

**Paperback:** 32 pages

**Price:** £9.99

**ISBN:** 9781787757103



This book is a recent addition to Singing Dragon's *Really Strange* series of science-based graphic comics. They describe it as a book that reveals the

complexity of touch and explores its power and limits. Used positively, touch can change pain and trauma, communicate compassion and love, and generate social bonding. Get it wrong and it can be abusive and terrifying.

Touch helps us feel real, and knowledge comes through our body as we engage with space and with others. Before we have language, our concepts are formed as we meet a world of edges and textures. *Touch is Really Strange* celebrates the power of inward touch (interoception) and looks at how we can use skilful contact to promote feelings of joy, connection and vitality.

During and after the pandemic we have all started to understand the importance of touch. We have missed hugs, social interaction and feeling other people close to us. For some people it is a vital way of maintaining



their mental health. I was separated from my partner during the lockdown and really missed another human presence. However, there are people for whom touch can be not only unwanted but frightening. This wonderful book sensitively explores both the negative and positive aspects of touch.

Set out in the wonderful cartoon strip style of the other books in the series it looks simple but is absolutely packed with information into which you can delve further by following the links at the bottom of the pages. The illustrations and colour scheme make it really pleasant to read. This is a book that can be read in a few hours or, like me, you can fall down the rabbit hole of the first page with its citations and spend hours browsing articles. Beautifully presented, accessible to all (you may need a magnifying glass if you struggle with small print) I can't recommend this book enough. It is truly wonderful.

Other books in the series include: *Trauma is Really Strange*, *Pain is Really Strange*, and *Anxiety is Really Strange*.

**Anita James**

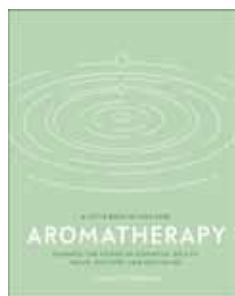
**Aromatherapy: Harness the Power of Essential Oils to Relax, Restore, and Revitalise**

**Author: Louise Robinson**

**Publisher: DK (2019)**

**Price: Hardback £8.15**

**ISBN: 978-0241443668**



Scientific research is now supporting what aromatherapy practitioners have always known - that plant-derived essential oils

have powerful therapeutic properties that can work holistically on mind, body, and spirit. This book, part of *The Little Book of Self Care* series, explains how to blend essential oils for care and healing and provides step-by-step massage routines to follow. It also highlights the benefits of combining aromatherapy with yoga, meditation and breathwork.

I am not an aromatherapist, although I am interested in essential oils and find aromatherapy treatments helpful. I just bought what appeared to be an attractive little book about aromatherapy designed to inform the general public. It is ideal for beginners since it is a very easy-to-follow, step-by-step guidebook, but it offers so much more that I can see how an experienced aromatherapy practitioner could also learn much from it.

The book covers a wide range of self-care tips. The author's tone is wonderfully warm and reading the book felt like a very nurturing and caring experience. It was like getting a big hug in the form of a book.

I read it pretty quickly as it was so engaging, but have since returned to some sections to follow instructions. Reading this beautifully written and illustrated book has given me the confidence to start blending my own essential oils. It might also be a useful little book for aromatherapists to recommend to clients who would like to understand more about aromatherapy and the power of essential oils.

**Charlotte Lonngren**

**Healing with Flowers**

**Author: Anne McIntyre**

**Publisher: Aeon 2022**

**Price: £27.99 Paperback**

**ISBN-13: 978-1913504793**



Anne McIntyre is a well-known herbalist, author and educator so I was looking forward to reviewing this 'revised and expanded' edition of her earlier book *The*

*Complete Floral Healer*.

It is a lovely-looking book, illustrated with photographs ranging from beautiful to truly stunning. It begins with a chapter on the significant role of flowers in our lives, from ancient to modern times, including insights, for example, into the symbolism of the Irish shamrock and Victorian meanings for common flowers, such as passion flowers as symbols for faith.

As a seasoned reader of herbals the next chapter, focusing on the history of healing with flowers, did not offer me much new information, but it is comprehensive, well written and would certainly be of interest to someone newer to the topic.

The main part of the book comprises descriptions of 64 healing flowers, with the major focus on a plant's uses in herbal medicine. For each flower, short explanations provide information about history, associated folklore, and aromatherapy, homeopathic and flower essence uses. There is also information on growing, culinary tips, safety cautions and recipes such as herbal teas, syrups and pestos. Some plants will be familiar to aromatherapists, such as rose and chamomiles, others, like hibiscus, daisy and periwinkle, may be new.

Near the end of the book a chapter devoted to growing healing flowering plants provides interesting historical context, along with advice for planting wildflower gardens and organic gardening. Next comes a section on preparing home herbal medicines such as infusions, tinctures and honeys. Much of this information will not be new to aromatherapists, but most IFPA members should find something new to try. Finally, there's a culinary section with a selection of recipes.

Although written for the layperson, this book is an excellent general introduction to healing with flowers and, for aromatherapists, the healing information on each flower covered is particularly helpful and interesting. Of course, reading this book does not qualify us to offer herbal remedies to clients. That would go beyond our professional aromatherapy training. But it is a wonderful gateway into expanding our understanding about the uses of flowering, healing plants. I enjoyed this book and am looking forward to trying out new products and recipes. Red clover tabbouleh anyone?

The publisher is offering IFPA members a 20 per cent discount on this book, valid until 31 May 2022. Order direct from <https://www.aeonbooks.co.uk>, using the discount code HE20.

**Emma Charlton**

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Boronia  
Victoria, 3155  
Contact: Karen Bysouth  
Tel: 0397624329 or 0458527368  
ishahealinginfo@gmail.com  
www.ishahealing.com

## Canada

### Cossi Academy of Aromatherapy

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

### Essence of Thyme College of Holistic Studies Ltd

20729 93A Avenue  
LANGLEY  
British Columbia  
V1M 2W7  
Canada  
Contacts: Dr Kelly Ablard & Colleen Thompson  
Tel: 604-888-9514 (Canada) 909.368.7311 (USA)  
info@essenceofthyme.com  
www.essenceofthyme.com

## China

### 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  
iaa@iaaiaa.org.tw  
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  
www.hkma.org.hk/pd/pdag  
annie@h2.com.hk

### Penny Price Aromatherapy Hong Kong Ltd

Flat B, 9<sup>th</sup> Floor  
Metropole Building  
53 - 63 Peking Road, TST  
carmen@penny-price.com.hk  
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  
info@hongkongfa.com.hk  
www.hongkongfa.com.hk

## 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  
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

### 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  
thearomatherapycompany@gmail.com  
www.thearomatherapycompany.co.uk

### The Well School

Courses online and in-house  
(The Well Retreat, Brackley, Northants).  
Tel: 07921956535  
info@thewellschool.co.uk  
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,  
Contact: Jane Rose  
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  
tranquilheart.2014@gmail.com  
www.tranquilheart.co.uk

### Winchester School of Aromatherapy - PPA Satellite School

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

## Japan

### Aroma School Parfum - PPA of Japan, Hokkaido

3-88, 6jyo, Hanagawakita  
Ishikari-Shi  
Hokkaido  
061-3216  
Contact: Kokono Sasaki  
Tel: 0133-74-2215  
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  
info@granfort.jp  
http://granfort.jp/

### The International Medical-Spa Institute

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

# IFPA ACCREDITED SCHOOLS

## 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

## Penny Price Academy of Japan

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

### Medical Herb Center

Medical Herb Center  
708, 2497, Nambusunhwan-ro  
Seocho-gu, SEOUL, 6724, South Korea  
Contact: Soo Kyung Kim  
Tel: 82 10 2055 5388  
essentiallyholistic@gmail.com  
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  
hyejungk@swc.ac.kr

## Malaysia

### FLEUR International College of Professional Aromatherapy

Selangor, Malaysia  
Contact: Annie Lee  
Tel: +852-31766880  
annie@h2.com.hk

## New Zealand

### Aromatic Medicine Institute

284 Trafalgar Street  
Nelson, 7010  
Tel: (0)6 4354 56218  
academy@aromaflex.co.nz  
www.aromaflexacademy.com

## Portugal

### Escola Aromas e Sentidos

VILA VERDE  
4730-732  
Contact: Raquel Costa  
Tel: 00351 253321522 & 00351 938620431  
raqcosta@sapo.pt  
https://escola.aromasesentidos.com

## 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  
aromaray@mail.ru  
www.aromaray.ru

## Scotland

### ESHA - Edinburgh School of Holistic Aromatherapy

C/o The Yards, 11 Back Stile  
Kingsbarns, Fife, KY16 8ST  
Contact: Sue Jenkins  
Tel: 01334 880317  
suejenkins27@hotmail.com

## Singapore

### Nilia Singapore Pte Ltd

24 Sin Ming Lane  
#05-103 Midview City  
Singapore, 573970  
Tel: 0065911978822 (Singapore)  
adeline@niliasingapore.com  
www.aromanila.com

## Switzerland

### Sela Zentrum GmbH

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

## Taiwan

### AromaHarvest International College of Aromatherapy

10F.-1, No.191, Sec. 4  
Zhongxiao E. Rd  
Da-an District  
Taipei City, 10690  
Contact: Yuan-Lyn Chang  
Tel: 886 2 27112290, ext 9  
henry@aromaharvest.com.tw  
www.aromaharvest.com.tw

### Aroma Wish Aromatherapy Academy

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

### IAA Taiwan

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

### Colorys Health & Beauty Consultancy Co Ltd

3F-3 No 150, sec 1, Heping W. Rd  
Jhongheng 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  
namaste.aroma@gmail.com  
https://www.facebook.com/namaste.aroma

## 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  
team@aromahead.com  
www.aromahead.com

### AromaticStyle

7000 Ramsgate Ave  
Los Angeles, CA, 90045  
Contact: Tomoko Holmes  
tomoko@aromaticstyle.com  
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

### The School of Aromatic Studies

North Carolina, United States  
Contact: Jade Shutes  
Tel: 919 2080239  
jadeshutes@gmail.com  
www.aromaticstudies.com

## 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

### Cardiff & Vale College HND Complementary Healthcare

City Centre Campus  
Cardiff CF10 5FE  
Contact: Sarah Hurley  
Tel: 02920 250430  
shurley@cavc.ac.uk  
https://cavc.ac.uk/en



# CONTINUING PROFESSIONAL DEVELOPMENT

## May

- 7 Aromatica acupressure head massage, with Jo Kellett and Donna Robbins, Brighton, £135 FTS
- 7 Everyday aromatherapy, one-day workshop, Hinckley, £50 PPA
- 7-8 'M' Technique® practitioner course, with Philippa Hunter, Longfield Hospice, Gloucestershire, £220 TMT
- 8-9 Aromatherapy practical taster, with Jane Rose, Stour Row, Dorset, £250 SEED
- 8-12 Aromatherapy practical application, with Jane Rose, Stour Row, Dorset, £600 SEED
- 9 Massage refresher day, with Louise Yarker, Hinckley, Leicestershire, £120 PPA
- 10 Theory refresher Day, with Louise Yarker, Hinckley, Leicestershire, £120 PPA
- 18-20 Face-modelling, with Dominika Dracz-Le-Grange, Ash, nr Aldershot, Surrey, £450 SEED
- 24-25 Ayurvedic facial, with Jane Rose, Stour Row, Dorset, £245 SEED
- 26 Aura/energy massage, with Jane Rose, Stour Row, Dorset, £120 SEED

## June

- 7-10 Hawaiian lomi lomi massage, with Ricardo Balkhoven, Ash, nr Aldershot, Surrey, £540 SEED
- 18 Aromatherapy for stress and anxiety, with Emma Charlton, Brighton, £135 FTS
- 13 Aromatic creations – Essentials, with Louise Mac, Hinckley, Leicestershire, £120 PPA
- 14 Aromatic creations – Advanced, with Louise Mac, Hinckley, Leicestershire, £120 PPA
- 20-24 Aromatherapeutic Body Massage Diploma, Hinckley, £500 excl. VAT PPA
- 22-24 Return to practice, with Jane Rose, Ash, nr Aldershot, Surrey, £315 SEED
- 24 Advanced massage refresher, with Jane Rose, Ash, nr Aldershot, Surrey, £110 SEED
- 25-26 Aromatic acupressure and meridian massage, with Jo Kellett and Donna Robbins, Brighton, £260 FTS
- 25-26 AromaReflex foot treatment, Brackley, Northants, price available from The Well School TWS
- 25 Chemistry - A one-day course for aromatherapists, with Debbie Moore, Market Bosworth, Leicestershire, £100 THTA
- 26 Perfume making workshop, half day workshop with Debbie Moore, Market Bosworth, Leicestershire, £50 THTA

## July

- 16 Aromatherapy and advanced massage for back, neck and shoulders, with Jo Kellett and Donna Robbins, Brighton, £135 FTS

- 18-19 Ayurvedic indian head massage, with Jane Rose, Ash, nr Aldershot, Surrey, £225 SEED

## August

- 13-15 Aromatherapy massage taster, with Jane Rose, Stour Row, Dorset, £330 SEED
- 13-19 Aromatherapy massage, with Jane Rose, Stour Row, Dorset, £770 SEED
- 13-19 Massage training qualification, with Jane Rose, Stour Row, Dorset, £770 SEED
- 18-19 Foot-reflex assessment and massage, with Jane Rose, Stour Row, Dorset, £210 SEED

## September

- 17 & 18 Aromatic Indian head massage, with Jo Kellett and Donna Robbins, Brighton, £260 FTS
- 17-18 Facial rejuvenation, Brackley, Northants, price available from The Well School TWS
- 19-21 Aromatherapy massage taster, with Jane Rose, Ash, nr Aldershot, Surrey, £330 SEED
- 19-23 & 26-27 Aromatherapy massage, with Jane Rose, Ash, nr Aldershot, Surrey, £770 SEED
- 19-23 & 26-27 Massage training qualification, with Jane Rose, Ash, nr Aldershot, Surrey, £770 SEED
- 26-27 Foot-reflex assessment & massage, with Jane Rose, Ash, nr Aldershot, Surrey, £210 SEED

## October

- 13-14 Cranial sacral skills Part 2, with John Wilks, Ash, nr Aldershot, Surrey, £240 SEED
- 18-19 Hot and cold stone body and foot reflex massage, with Anita James, Ash, nr Aldershot, Surrey, £210 SEED
- 21-24 Hawaiian lomi lomi massage, with Ricardo Balkhoven, Stour Row, Dorset, £540 SEED

## November

- 8 Tsuboki Japanese face massage, with Anne Parry, Ash, nr Aldershot, Surrey, £135 SEED
- 9 Tsuboki Japanese face massage level 2, with Anne Parry, Ash, nr Aldershot, Surrey, £145 SEED
- 10-11 Lymphatic drainage massage, with Jane Rose, Ash, nr Aldershot, Surrey, £210 SEED
- 12 Aromatherapy for menopause, with Jo Kellett, Brighton, £135 FTS
- 15 Tsuboki Japanese hand massage, with Anne Parry, Ash, nr Aldershot, Surrey, £120 SEED
- 16 Tsuboki Japanese foot massage, with Anne Parry, Ash, nr Aldershot, Surrey, £145 SEED

## Online Learning with flexible dates

- Ongoing, IFPA Level 3 Anatomy and Physiology CPD course, with Essential Training Solutions, Online, £65, 90 hours ETS
- Ongoing, IFPA Level 3 Pathology CPD course, with Essential Training Solutions, Online, £49.99, 30 hours ETS
- Ongoing, IFPA Level 3 Health and Safety CPD course, with Essential Training Solutions, Online, £49.99, 30 hours ETS
- Essential oil chemistry, with Karen Sherwood, £80 EH
- Introduction to natural perfumery, with Jenifer Rhind, £160, EH
- Energetic protection and working in sacred space, with Arya Ingvorsen, £60, EH
- Throughout 2022 Emotional harmony with aromatherapy, with Sunita Teckchand, online digital, £15 THA
- Throughout 2022 Professional development, with Sunita Teckchand, online digital, £22 THA
- Throughout 2022 Aromatherapy for pain management, with Sunita Teckchand, online digital, £10 THA
- Throughout 2022 The Business Experience, with Sunita Teckchand, online digital, £22 THA
- Hydrolats: The power of aromatic waters. 5 hours learning, further details and price from The Well School TWS

*For THTA courses below with Debbie Moore, please email for details*

Aromatic support for headaches and migraine (dates & venues flexible, distance learning available), £100 THTA

Aromatherapeutic treatments for respiratory conditions (dates & venues flexible, distance learning available), £100 THTA

Tranquil facials (dates & venues flexible, distance learning available), £100 THTA

Skin disorders and wound management (dates & venues flexible, distance learning available), £100 THTA

*The Penny Price Aromatherapy (PPA) courses listed below each cost £60 excl. VAT*

Cancer care and aromatherapy

Aromatherapy for the Emotions

Aromatherapy for the hair & scalp

Aromatherapy & pregnancy

Aromatherapy for babies & children

Aromatherapy & care of the elderly

Aromatherapy for degenerative disease

Aromatherapy for learning difficulties

Arthritis & aromatherapy

Cancer care and aromatherapy

Carrier oils & their properties & uses

Chemistry of essential oils

Hormones, menopause & essential oils

Hydrolats & their properties & uses

Pain management

Respiratory conditions & aromatherapy

Unusual essential oils

# CONTINUING PROFESSIONAL DEVELOPMENT

## Contact details for IFPA schools and centres

### IFPA-Schools CPD

<b>EH</b>	Essentially Holistic Contact details page 60
<b>ETS</b>	Essential Training Solutions Ltd Contact details opposite
<b>FTS</b>	From the Seed Contact details opposite
<b>PPA</b>	Penny Price Aromatherapy Contact details page 60
<b>SEED</b>	The S.E.E.D Institute Contact details page 60
<b>THA</b>	The Holistic Alternatives FZ LLC Contact details page 61
<b>THTA</b>	Tranquil Heart Training Academy Contact details page 60
<b>TMT</b>	The 'M' Technique Contact details opposite
<b>TWS</b>	The Well School Contact details page 60

You will note that fewer CPD courses are listed than usual. This does not mean that courses will not be available but that many schools are currently finalising topics, dates and venues for the coming months. Please contact individual schools for the latest update on course availability.

### IFPA CPD Centres

Below is the current list of IFPA-approved CPD centres offering e-learning courses.

**Body Wisdom School of Healing Therapies**  
10 Cartron Village, Sligo Co.Kildare F91 C44P  
Tel: 00 353 87 418 2788  
mbconnolly69@gmail.com

**Brighton Holistics**  
The Conifers, 206 Warren Road Brighton, BN2 6DD  
Tel: 01273 72690  
jon@brightonholistics.co.uk  
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  
Brighton, East Sussex  
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

### FIRST AID COURSES

The courses listed below are run by an IFPA-accredited school - contact details on page 60.

#### June

- 16 First aid for complementary therapists, with Mark & Nina De Pina Perou, Ash, nr Aldershot, Surrey, £100 SEED

#### August

- 21 First aid for complementary therapists, with Mark & Nina De Pina Perou, Stour Row, Dorset, £100 SEED

#### September

- 14 First aid for complementary therapists, with Mark & Nina De Pina Perou, Ash, nr Aldershot, Surrey, £100 SEED

#### November

- 4 First aid for complementary therapists, with Mark & Nina De Pina Perou, Ash, nr Aldershot, Surrey, £100 SEED

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

### 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.

## NEXT ISSUE *In Essence*

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Contact details for advertising  
see page 3



IFPA welcomes editorial contributions to *In Essence*, particularly articles or case studies on aromatherapy practice or essential oils.

To submit editorial material or for further information contact the Editorial Team via [admin@ifparoma.org](mailto:admin@ifparoma.org)

# Research notes

## **Aroma sticks ease postoperative nausea**

Postoperative nausea (PON) increases hospital costs, patient dissatisfaction and the risk of complications. A 12-week research project carried out in a post anaesthesia care unit in the USA evaluated the effect of aromatherapy on nausea in adult postoperative patients. All the unit's nurses were trained in the aromatherapy intervention. Over 70 per cent of patients with PON used an aroma stick for treatment and, of those, 94.4 per cent had improved PON scores. Free access to report at <https://pubmed.ncbi.nlm.nih.gov/34736837> 526

## **Benefits for burns patients**

Korean researchers reviewed the evidence for using aromatherapy to relieve the pain and physiological distress of burn injuries. A search of 15 databases yielded eight trials meeting the inclusion criteria. Data analysis found that inhaled aromatherapy plus routine care helped relieve pain after burns dressing and could calm anxiety, as compared to routine care alone. However, the researchers caution that, although their data is encouraging, considerably more research is needed. Free access to full report at <https://pubmed.ncbi.nlm.nih.gov/35056310>

## **Calming restless legs**

Iranian and Norwegian researchers compared the effects of reflexology and aromatherapy massage on the severity of restless legs syndrome (RLS) in female patients undergoing haemodialysis. In the trial, conducted in a 48-bed haemodialysis centre, 105 patients were assigned to one of three groups: reflexology; aromatherapy massage (using lavender essential oil); or placebo (simple foot massage). The results revealed that aromatherapy massage reduced RLS severity but reflexology did not appear to have similar benefits. Free access to full study at [www.ncbi.nlm.nih.gov/pmc/articles/PMC8544351/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC8544351/)

## **Potential for essential oils**

In light of the potential bioactivities of essential oils (EOs) Indian researchers reviewed the interconnection between EOs and cancer treatment. They say their review offers an updated summary of the chemical composition of EOs, their applications in cancer treatments based on clinical studies, and the mechanism of action against cancer cell lines. It also includes an overview of EO use in aromatherapy and enhancing immunity during cancer treatment, and considers technological advancements such as the loading of EOs using protein microspheres, ligands, or nanoemulsions/nanoencapsulation which offer benefits in cancer treatment via site-specific and target-oriented drug delivery. For free access to full review go to <https://pubmed.ncbi.nlm.nih.gov/34963087/>

## **Improving working memory**

An Iranian trial evaluated aromatherapy's ability to improve the working memory of women with multiple sclerosis (MS). In the study 60 women with MS were randomly divided into an intervention group (inhaled lavender essential oil twice a day for two weeks) or a placebo group. Working memory was evaluated prior to intervention and after the last intervention. Post-intervention, the results showed a statistically significant difference between the aromatherapy and placebo groups and the researchers concluded that aromatherapy with lavender essential oil improved working memory in women with multiple sclerosis. Free access to report at <https://pubmed.ncbi.nlm.nih.gov/35126747/>

## **Decreasing pain and anxiety**

American researchers investigated lavender essential oil's effect on the pain and anxiety associated with lumbar procedures. In this study, 46 subjects were randomly assigned to either a lavender group, a control (almond oil) group, or a placebo (sterile water) group. Patients wore a mask infused with either lavender, almond oil, or water for five minutes before and during their procedure. The study showed that the lavender group demonstrated the highest mean change in anxiety scores and the lowest mean pain level compared to the other groups. Free access to report at [www.ncbi.nlm.nih.gov/pmc/articles/PMC8675619/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC8675619/)

## **Lifting depression**

A study investigated whether aromatherapy massage with essential oils could lift the depression and anxiety of 38 elderly nursing home residents. The residents were randomly allocated to either an intervention or a control group. The intervention group received a 20-minute aromatherapy massage using lavender, chamomile, and rosemary oils three times a week for two three-week periods, separated by a one-week break. The results showed that the aromatherapy massage significantly reduced anxiety and depression. Free access to report at [www.ncbi.nlm.nih.gov/pmc/articles/PMC8887855/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC8887855/)

## **Effect of ambient aroma**

Could ambient aroma affect pupils' emotional experience? To find out, three classes in a Chinese school were randomly assigned to one of three groups (no aroma, daily aroma or aroma every other day) and five essential oils were used (rosemary, lavender, mint, lemon and sweet orange). Compared to the control group, joy, hope, positive academic emotion and relaxation were significantly higher in ambient aroma conditions, while anger and negative emotion were significantly lower. The most effective essential oil was sweet orange. Free access to report at <https://onlinelibrary.wiley.com/doi/10.1002/ijop.12827>

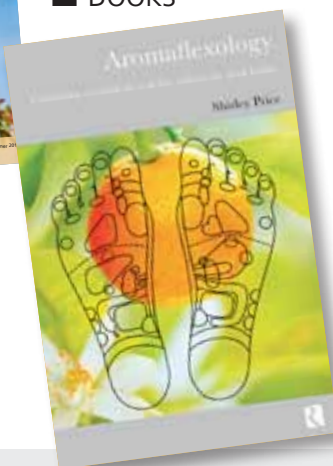




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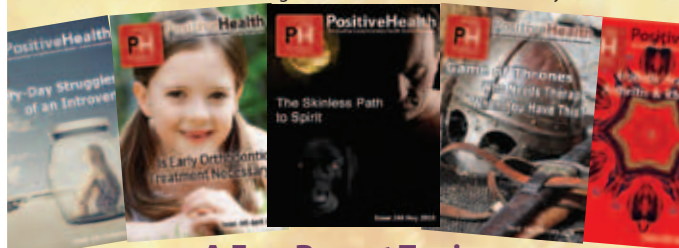
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