

Welcome to *In Essence*



The poet Swinburne described Spring as the season when “frosts are slain and flowers begotten” – winter is dead and new life begins. Spring (even in the current economic climate) makes us feel brighter, more positive, more forward-looking.

That note of positive optimism is certainly struck in Peter Davies’s article on page 9. Dr Davies, Dean of the University of Westminster’s School of Integrated Health, explains why he thinks aromatherapy has great untapped potential for

use in the healthcare system and offers practical suggestions on how that potential might be realised.

There’s more positive thinking in Dr Daniel Péroë’s article (page 28). Dr Péroë, who has an international reputation as an essential oil researcher, aromatic medicine practitioner and educator, has formulated a new approach to aromatherapy that he feels will help practitioners to explore essential oils in new creative ways.

On page 15 aromatherapist and acupuncturist Gabriel Mojay explains why there is much to be gained from combining a scientific understanding of essential oils with their holistic application according to the traditions of Oriental medicine.

And, in the last of their series on physic gardens, Viv Anthony and Harriet Robinson discover the healing plants of the Swiss Alps in what they call “nature’s medical garden” (page 22).

This edition has much to say about new ways of thinking and the readiness to explore them – concepts very dear to Frances Rawlings, former IFPA Council Chair, who sadly died just before Christmas. On page 20 her colleagues pay tribute to a warm, dynamic human being who will be very much missed, not least at *In Essence* with which she was very much involved. We will especially miss her constructive comments and her eagle eye when reading our proofs.

Pat Herbert

Pat Herbert
Editor

GUIDANCE FOR AUTHORS

In Essence welcomes editorial contributions – they can be short items (news, letters, reviews) of 100–300 words or feature articles or case studies of 1,000 – 2,000 words.

Presentation

Contributions can be sent by email to the following address:

editor@ifparoma.org or typed clearly on A4 paper, double-spaced, and sent to the IFPA Office at the address below.

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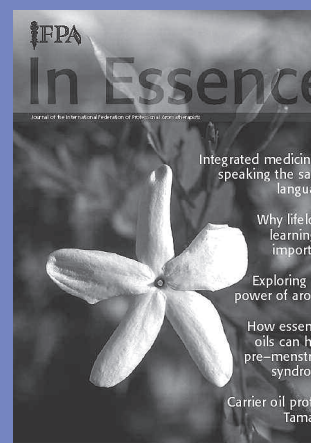
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From the Chair...



Life has been very busy since I took over as IFPA Council Chair at the end of 2008 but all my Council

colleagues have been encouraging and supportive. It has been a steep learning curve for me but an enjoyable one.

The IFPA Council and members around the country were very shocked and saddened to hear of the death of Fran Rawlings just before Christmas. Fran worked so hard for the IFPA, including two years service as Chair of the IFPA Council, and was a great ambassador for us – she will be much missed (see page 20).

We started 2009 with some changes in the IFPA office. Our membership secretary Jodie Atkins left for pastures new and we wish her every success for the future. Julie Sheffield has now taken on membership responsibilities, working with the Membership Chair and myself, and Kerry Payne, now back from maternity leave, has taken up her role as office administrator.

As the Council re-focused on business at the start of 2009 it was faced with a number of outstanding issues but also, along with other charities, feeling the pinch of the 'credit crunch'. In order to continue to provide our professional services to members the Council identified several key areas to work on for the coming year and beyond. These fell into three main categories:

- Construction and completion of the new website
- Increasing our income
- Developing IFPA marketing and publicity

The strategy for the next 12 months will focus on the website, including the 'Find a Therapist' facility, and on ways to increase income and membership.

Membership plans include promoting the IFPA's arrangements for upgrading aromatherapy qualifications acquired from non-IFPA accredited schools for eligibility to join the IFPA as full members. Other areas include streamlining our renewal processes and promoting the CPD strategy. All this development must be progressed in line with our financial strategy for the year. The new IFPA website is a costly, but necessary, undertaking and Council members are confident that the new site will be beneficial both for members and the Federation. We are being cautious with spending but our web designer has quoted a reasonable price for the work and Council members are all agreed that we need to get this right.

Thank you all for continuing with Gift Aid and returning your forms – this brings in extra revenue that can be used for services and running costs. You will also all have received a recent letter with regard to changes made to the AromaWorld charity.

As you will read on page 31 voluntary regulation is now upon us. I urge you all to become familiar with the reasons for regulation to inform your own decisions and choices.

I hope to see as many of you as possible at the Liverpool conference – it is our most important professional and networking event. Lastly, a thank you to our regional groups in the UK and abroad for promoting the IFPA and providing development and networking opportunities for you all.

Best wishes

Ann Leach, Chair – IFPA Council

IFPA Council

Members of the IFPA Council all now have googlemail addresses. If you would like to contact any member please use the email address listed below.

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Touch therapy

A Certification course in the M technique (a registered method of touch suitable for the very fragile or actively dying) will be held 30–31 May 2009 in West London, led by Dr Jane Buckle. Course fee: £200 (£50 deposit to secure place). The technique is currently used in more than 12 UK hospices and 40 US hospitals. For further details visit www.mtechnique.co.uk

Bursaries and awards

The IFPA Council would like to advise members that the opening date for applications for this year's IFPA grants and awards is 1 April 2009.

Applications are invited for:

- Scholarship awards – towards course fees
- Help with additional expenses for education and training
- Acorn Research award – supported by the Research Chair
- Annual Case Study – guidelines and criteria available from IFPA office
- Education/development work
- Other research or projects needing limited financial help

Ann Leach, Chair of the IFPA Council, explains that "Awards and grants (other than the Acorn Research and Case Study awards) will be allocated on a first-come, first-served basis.

As trustees, Council members have a responsibility to protect and use IFPA funds sensitively and, since we are all feeling the bite of the 'credit crunch', careful consideration will be given to the merits of each application. Application forms are available from the IFPA office (details on page 3) and will be on the new website."

As most members are aware, the Gift Aid scheme has funded IFPA bursaries and awards through the AromaWorld charity. However, Ann Leach reports that "for some time there has been concern amongst Council members that the funds in this account were under-utilised and the charity was not fulfilling its original aims.

At its recent meeting the IFPA Council unanimously agreed to change the nature of the Federation's bursary funding stream without changing its aims and objectives."

From April 2009 therefore the AromaWorld Charitable Trust will cease to exist and an annual budget will be set to fulfil its aims and objectives.

However, the Gift Aid scheme will continue – through this scheme members' additional contributions through tax (at no extra cost to the IFPA or its members), will help both to fund this budget and meet professional running costs.

Ann Leach concludes: "We are sure that, in the present financial climate, we need all the help we can get in maintaining our high level of professional services to members. Many thanks for your continued support."

Aromatherapy study tour to France

How would you like to pick your own lavender and sage and learn how to distil it yourself? That's just one of the activities promised on a French study tour organised by Penny Price Aromatherapy this summer.

The tour to the Drome Valley, near the foothills of the Alps, takes place 30 June – 4 July. It costs €750 (not including travel) and the price includes full-board accommodation in a converted monastery.

The week includes a visit to a commercial still producing organic essential oils and the chance to pick and macerate your own calendula and hypericum on a guided mountain walk with a botanist. You can also visit local markets and suppliers of fine wines and natural products. For further information email clare@penny-price.com

Innovative course book

When Dr Jennifer Rhind, Aromatherapy route leader at Edinburgh Napier University, was unable to find a suitable course book for her students she decided to write her own. In an innovative collaboration, the book was designed and produced by academic staff and third-year students on Napier's BA (Hons) Publishing and Media programme, in association with aromatherapy students.

Essential Oils – A Handbook for Aromatherapy Practice was developed over several years by Dr Rhind and the Napier aromatherapy teaching team, including Kareen Hogg and Sue Jenkins. Dr Rhind explained that, although essential oil information is available, it had not been collected together in one volume specifically for aromatherapy students and practitioners, and fully referenced.

Originally written for the second year of a degree programme, the book covers over 100 essential oils, making it ideal for students on IFPA-accredited or other diploma courses. Dr Rhind is indebted to the late Fran Rawlings for writing the foreword, and to the practitioners who contributed endorsements.

A companion volume exploring philosophical approaches to blending essential oils is planned and IFPA member Cath Boyle, a Napier graduate and IFPA case study award winner, is developing a blending aid to tie in with the first volume.

The book is available from Edinburgh Napier University and selected bookstores at £13.99 (£2 discount for IFPA members). To order, contact administrator Wendy Stewart (CBES) on 0131 455 5703, or email w.stewart@napier.ac.uk or cbes@napier.ac.uk. Alternatively, visit www.ellwoodsofdumfries.co.uk/achatlog/Books.html

Don't miss IFPA's Liverpool conference

Now's the time to book your place at IFPA's one-day conference in Liverpool on 16 May 2009 (booking form enclosed with this edition). Please note that this will be the only IFPA conference this year. An Annual General Meeting (plus a presentation by a Council member and a World café) will be held in autumn 2009 – details to be announced. **But this is your only chance this year to attend a full IFPA conference and earn CPD points.**

The event will be held at the Devonshire House Hotel, 'Liverpool's hotel in a garden', located a short distance from the city centre, and the day will feature five major speakers:

- **Joe Nasr**, medical herbalist and senior lecturer in Herbal Medicine, will speak on *10 important aromatic plants in Western herbal medicine*. Focusing on ten common aromatic herbs used in herbal medicine and aromatherapy, he aims to broaden aromatherapists' understanding of the medicinal significance of the whole plant in the Western tradition
- **Christine Sapsford**, international lecturer, Reiki master, and colour, light and sound practitioner will take her audience on *A healing frequency journey*. In her interactive session you can experience the sound frequencies of colours and associated chakras, assess/use aromatherapy chakra mist sprays, and discover the psychological aspects of chakra archetypes
- **John Levine**, Australian-born composer and pianist, will give an interactive presentation *Alphamusical works wonders – Discover the secrets and the miracles*. John's Alphamusical is used to help with pain management and stress-related disorders. He will explain how his music is created and outline its beneficial effects. You will have the opportunity to engage in exercises including alpha-meditation and energisers
- **Anna-Louise Haigh**, certified soul and past life coach, advanced Theta practitioner and author, will explore questions such as "If you could design your ideal future what would it look like?" in a presentation entitled *The soul whisperer's guide to manifesting and abundance*. She explains that manifesting is about working in a mindset of creating what serves you best, what makes your heart sing and gives you a life of fulfilment
- **Sharon Forster**, clinical aromatherapist, tutor and speaker, will focus on *The Hippocratic Temperaments and Aromatherapy – Ancient Wisdom for Therapists Today*. Sharon uses both Eastern and Western approaches to aromatherapy and bodywork and has worked extensively with the Hippocratic temperaments and essential oils in assessing and treating clients

Get Well UK project results available

The results of Get Well UK's CAM project (see *In Essence* Vol 7 No 3, page 29) are now available in an independent evaluation report (available at Northern Ireland Ministry of Health, Social Services and Public Safety website at www.dhsspsni.gov.uk/index/hss/complementary-alternative-medicine.htm). The report includes responses from patients, GPs and practitioners, information on focus groups and surveys, and makes recommendations about the way forward. It has generated press interest, says Get Well UK director Boo Armstrong, although there is no news yet about the way forward.

First aid courses

The 2009 courses below are all run by IFPA-accredited schools

MARCH

- 28 Emergency First Aid – Certificate course with Lynda Pudney RGN, London, £90 ITHMA
- 28 First Aid, Dublin, €125 OBU

MAY

- 14 First Aid, Ash, nr Aldershot, Surrey, £70 SEED
- 18 First Aid, Hinckley, £90 PPA
- 20 Appointed Persons First Aid, Filey, N.Yorks, £85 SLS
- 23 First Aid, Dublin, €125 OBU

SEPTEMBER

- 9 First Aid, Ash, nr Aldershot, Surrey, £70 SEED
- 14 First Aid, Hinckley, £90 PPA

CONTACTS:

For contact details please turn to the list of IFPA accredited schools on the Continuing Professional Development course listings on pages 32–33.

Regulation update

Each profession must have its standards of education and practice verified by the Complementary & Natural Healthcare Council (CNHC) before a therapist may join the new Council. Over the coming months, the Aromatherapy profession will progress this work through the CNHC's Profession Specific Boards. The IFPA Council is confident that this will be a straightforward process for the Federation since the required standards are in place. For more information please turn to page 31.

Education review

IFPA Council Education Chair Chrissie Stacey reports on a lively meeting of representatives of IFPA-accredited schools, held in Cardiff in October 2008



Representatives from 15 IFPA-accredited schools met in Cardiff on 3 October 2008 (the day before IFPA's

Cardiff conference) for an afternoon of updating, information sharing, exchange of news, and discussion.

CASE STUDIES

The first subject for discussion was case studies. These are central to how, as aromatherapists, we document our care and treatment of our clients/patients and they provide documentary evidence of what we did and any interventions that took place. They also provide an essential record of each client's progress.

It was noted that the main theme emerging from case studies submitted for IFPA's annual Case Study award is that these have become rather self-gratifying and, increasingly, lack objectivity. It was decided that examples of best practice would be submitted to the IFPA Council and then shared with the schools via the new website. We hope this will provide motivation and determination for all our members to follow the Continuing Professional Development (CPD) guidelines prepared by our CPD Chair Anita James and published on the website.

PRACTICE

The second major discussion focused on whether aromatherapy practice could take place without massage. It was agreed that it could, and that

massage is only one medium of delivering essential oils. Students or therapists unwilling or unable to practise massage would be supported through membership using the same case study approach, but with application of essential oils via alternative methods.

Schools will be able to prepare courses in practical aromatherapy without massage. These would be submitted to the IFPA and individuals could apply to be full members. When the practitioner list goes live on the new website members who have qualified in this way will be identified. There is an increasing interest in learning about essential oils from individuals who are not interested in, or are unable to undertake, massage.

DISTANCE LEARNING

Distance learning is increasingly popular and we envisage that this will continue, particularly as people take the opportunities of the 'credit crunch' to retrain or add to their skills. All schools wishing to prepare distance learning materials will receive IFPA support.

CRB CHECKS

Criminal Record Bureau (CRB) checks, required for anyone working with children or vulnerable adults, were also discussed. If you work/volunteer or are employed by an institution (eg a hospice or an early learning centre), that institution will usually undertake the CRB check, although there is normally a fee involved.

Whereas such institutions would previously accept a CRB check undertaken elsewhere or from another organisation, the increasing concern about abuse and vulnerability means that this is becoming less so. It is quite feasible for an individual to have three or more current CRB checks in place at any one time.

FIRST AID

The requirement for a First Aid course as part of the criteria for membership will remain. However, schools are encouraged to provide a course for students at their establishment since this may be more cost-effective.

ACCREDITATION

While not discussed at the meeting, applicants who did not train at an IFPA-accredited training establishment can apply for full membership and will be considered individually using the Accreditation of Prior Learning format.

Schools in the applicant's local area will be encouraged to support such individuals to complete any missing components for a suitable fee. Applicants can apply directly to the IFPA and a learning contract will then be set up to ensure that such applicants reach the minimum standards required by the IFPA. To assess such an applicant's level of knowledge and understanding a 'challenge assignment' could be offered and schools can apply to IFPA for support in managing these.

Around the regions

The IFPA Council's Regional Groups Chair Manon de Moor is getting to know groups around the country and finding out about their activities



Welcome to my Spring update and I'd like to say how much I have enjoyed making contact with many of our

group coordinators over the last few months. I am hoping to speak to all of you soon, and look forward to meeting up with some of you at the IFPA conference in Liverpool in May.

Most groups have sent in their programmes for this year and, once the new website is up and running, we will be able to update all the activities much more regularly and efficiently.

GROUP SUPPORT

Some groups have expressed concerns about the current economic situation and the changes

it is making to their practice and number of clients. So it is more important than ever to support each other and regional group meetings are a wonderful way of doing that.

In some areas groups meet up with other therapists to share their experiences or invite speakers on a topic of professional interest. Others have arranged for IFPA students to come along, so that they can have a taste of what regional groups have to offer them once they are qualified and setting out in practice.

Please keep sending me details of your meetings so that we can have a 'pool' of ideas for all groups to think about and, perhaps, plan into their own programmes.

The Fragrant Grapevine group in Edinburgh is organising a day in April when they plan to swap ideas, treatments and techniques. This is a great idea for a meeting because

group members can learn from each other, everyone in the group is involved, and this kind of meeting format makes no demands on the group budget.

Another good idea comes from a group that has invited their local health store manager to give them a talk and answer questions.

NETWORKING HELPS

So please make the most of your local group, go along to the meetings, support each other in these difficult economic times, and keep me informed about what you are all doing (my email address is ifpa.regionalchair@googlemail.com). If there isn't a group nearby do let me know and I will try to help you set one up in your area.

I look forward to hearing all about your group when I meet some of you at the May conference.

REGIONAL GROUPS – PROGRAMME OF MEETINGS

GROUP NAME	LOCATION	ORGANISER	TELEPHONE	EMAIL ADDRESS	Apr	May	Jun	Jul	Aug	Sep
Aroma Forum	Altrincham, Cheshire	Anne Delooze	01925 757493	andelooze@talktalkbusiness.net	6	11	8	13		7
Aroma Network	Watford, Herts.	Kathy Loveridge	01923 225646	john.loveridge@ntlworld.com	6	11	8			
Ashvale Practitioners Network	Aldershot, Hampshire	Yvonne Bryant	01252 713671	yvonnebryant@gmail.com	1		3		1	
Birmingham Group	Birmingham, W. Mids.	Jane Cummins	0121 224 7362							
Complementary Therapies Network	Northern Ireland	Helen McIntyre	02838 38310065	helenmcintyre@tiscali.co.uk						
Central Region IFPA Group	Lapworth, Warwickshire	Julia Baker	01564 783464	juliaandbarry@bazjules.wanadoo.co.uk		8		9		7
Essential Development Group	Malvern, Worcester	Fran Doidge	01886 880100							
Fragrant Grapevine	Edinburgh	Sasha Cunningham	07815 637 510	sasha.cunningham@btinternet.com	25	7		6		1
Glosaroma Group	Gloucester	Lynn Latham	01452 527972	fjm.swatton@talktalk.net	23		16			
Hebden Bridge Group	West Yorkshire	Clare Whitworth	07790 761702	clare@hebdenbridgearomatherapist.co.uk				1		
Hong Kong Group	Hong Kong	Jenny Tsang	(00) 9832 9046	jennywf2004@yahoo.com.hk						
Japan Group	Japan	Miki Hayashi		info@mikihayashi.com						
Sussex Regional Group	Burgess Hill	Rosemary Corder	01444 443876	mulberry@corder.fsnet.co.uk	20	19	17	20		22
West London Aromatherapy Network	Twickenham	Louise Crockart	020 8894 7321	l.crockart@btinternet.com		26				22
West Yorkshire Aromatherapy Group	Bradford	Ann Terry	01274 770424	annterry1@yahoo.co.uk			15			9
Woollybacks Aromatherapy	Richmond, North Yorks.	Helen Addison	01748 824123							
Humberside & E. Yorks. Aromatherapists	Scarborough	Elizabeth Nash	07731 923952	elizabethnashuk@yahoo.co.uk						
TBA*	Ballyhearn, Eire	Noelene Cashin Cafolla	(353) 0949030950							
TBA*	Ireland	Christine Courtney		info@obus.ie						

* Names and dates to be confirmed. Please call the organiser for details.

Reach for the skies!

Dr Peter Davies, Dean of the University of Westminster's School of Integrated Health, explains why he thinks aromatherapy has great untapped potential and how that potential might be realised



It's my belief that aromatherapy has a much greater role to play in today's health care system than it has currently. In this article I will explain why I believe this to be the case; why the emerging evidence base, particularly for clinical aromatherapy, is important; and what is needed to bring about greater integration. Put simply, I would like to help aromatherapy reach for the skies!

My focus will be on some of the challenges facing western health care and the role aromatherapy could have in helping resolve these. I will describe some simple procedures that can be employed to document the conditions being treated using aromatherapy. Last but not least, I will stress the importance of continuing professional education in ensuring that aromatherapy is practised to the highest possible standards, with research, audit and reflection being integral to day-to-day practice.

I should first explain that I have a background in medical audit and am currently Dean of the School of Integrated Health at the University of Westminster, London. The School, established in 2000, is the largest provider of university undergraduate courses in Complementary Medicine with over 800 students currently studying a broad range of courses at undergraduate and postgraduate levels. Our largest cohorts are on the BSc and Masters courses in Complementary Medicine (CM), on which we have about 600 students.

As a university, along with a number of other higher education providers, we have been criticised for offering such courses. There are some who feel that complementary medicine cannot work, therefore doesn't work, and so should not be made available to patients. Some critics even claim that is anti-science – nothing more than smoke and mirrors! Suffice it to say that, because CM is so popular (an estimated one in five people in this

country have consulted a CM practitioner), it is perhaps not surprising that it has attracted the publicity it has.

However, I am aware that, despite this popularity, much work needs to be done to ensure that Complementary Medicine, and I include aromatherapy under this broad umbrella, develops in ways that ensure it is practised to the highest possible standards; that it is continuously evaluated, monitored and researched; and that its practitioners are encouraged to engage in life-long professional development.

IMPLICATIONS FOR AROMATHERAPY

In thinking through the role aromatherapy might play in today's health care system, and from the perspective of someone looking in from the outside, I think it is essential that the IFPA, and its members, are absolutely clear about the direction they would like aromatherapy to go in future.

I am sure many people think aromatherapy simply involves the application of specific essential oils to the skin as part of a partial or complete massage. The fact that essential oils are sold, in many cases, over the counter at chemists, health food shops etc (with only an indication on the bottle or carton as to their therapeutic use) presents an image to the public of aromatherapy being fairly benign (you don't need to go to the doctor to get a prescription for it!) and something you just add to a bath or include with massage oil. Yet, in the same way that, for example, *Ibuprofen*, is absorbed by the skin when applied in cream form, the same surely must apply to the constituents of essential oils?

Indeed, when one begins to read the research literature a very different picture emerges of how aromatherapy is being used. It strikes me that aromatherapy, especially *clinical* aromatherapy, has huge potential for use clinically but how is that potential to be realised? One way is in how it is taught. ►

PRACTITIONER EDUCATION

At the University of Westminster we recognised early on that, for future practitioners of CM to practise competently and safely, it was vital that they should be conversant not only with the therapy they intended to practise, but also that they had a firm grounding in the health sciences, in research (especially the evidence base pertaining to their particular therapy), and could reflect critically both on what they experienced in their clinical training and what they gained from their classroom learning. Thus, at the core of all our CM courses, are three main themes – health sciences, research, and reflective practice, with equal attention given to all three to ensure a balanced and well-rounded training.

HEALTH SCIENCES

Our students take compulsory modules in anatomy, physiology, biochemistry, pathology and differential diagnosis, so that they understand the biomedical model of health and disease and can identify situations requiring referral to other healthcare professionals. To practise safely in a professional setting it is absolutely paramount that students know their limitations. Likewise, when receiving referrals from or referring to other healthcare professionals, they must be able to communicate in terms and language that all parties understand and accept. Patients often look up their symptoms or diagnosis and expect an informed response. So, to consolidate students' understanding, they are examined on their ability to apply their knowledge of biomedical sciences to history taking and diagnosis within a clinical setting. At the University of Westminster the clinical setting is our Polyclinic (pictured).



Students gain clinical experience in the University of Westminster's own Polyclinic

RESEARCH

The second key theme is the development of students' research skills. These range from learning to discriminate between research sources to understanding the quantitative and qualitative methods used in scientific and healthcare studies. In their final year, they are expected to fully critique research papers and sources pertaining to their own discipline as well as others,

thereby consolidating the importance of being 'research minded' both in their practice and their learning.

Students are expected to discuss strengths and weaknesses in the design, methodology, results, discussion and conclusions of these publications. Some of the papers they critique may well include unwarranted positive conclusions about their therapy or have design, data collection or analysis errors. Students must be aware of these and not assume, as many are prone to do at the beginning of their studies, that because the results of a particular study are positive, their therapy, and by extension CM in general, therefore works!

I cannot emphasise enough the importance of this learning – students being actively encouraged to be critical (in a non-judgmental way) of unsound research and being able to look (without bias) at scientific models that may help explain (or dispute for that matter) mechanisms of action for their particular therapy.

REFLECTIVE PRACTICE

The third theme in our courses addresses the psychological dimension of patient-practitioner interactions to ensure that students are conversant with the complexity of the bio-psychosocial and psycho-neuro-immunological models of health and disease. Students are encouraged to reflect critically on what they experience when they engage with patients but also with their fellows.

So, becoming a competent and safe practitioner is a bit like planting a three-legged stool, the legs representing Education, Practice and Research. The soil, to continue the metaphor, is that of learning and experience. The goal is to ensure that each of the legs grows at the same rate and is equally sturdy since, if any are held back or grow out of proportion to the others, the stool falls over!

I've deliberately stressed the importance of this approach since I consider it provides the mainstay of what it takes to become a safe and competent practitioner – one who can confidently approach fellow healthcare professionals in the knowledge that they *know* what they are talking about, not just in terms of the conditions their therapy can treat, but the evidence that supports this.

I mention this because, although I don't agree with the manner in which critics of Complementary Medicine have made their case against, for instance, homoeopathy, they do have a point. Can we be assured that a particular therapy works in the way practitioners say that it works? Where is the evidence, be it in the literature or in the consulting room, that patients benefit from the treatment they receive?

It's all very well believing that a particular therapy has a role to play in today's healthcare system but how do you convince a commissioner of health services to spend more of their budget on providing Complementary Medicine treatments, as opposed to spending more money on drug treatments? If an aromatherapist were to be employed by a hospital, for instance, what evidence would be required to demonstrate that funding such a person would be worthwhile?

THE NHS

It's interesting to recall that, when the NHS was established by Nye Bevan some 60 years ago, he argued that there wouldn't need to be a healthcare service after a few years because everybody would be better!

We are certainly living longer and infant mortality has fallen dramatically. Tooth decay among five-year-olds has also been reduced, similarly deaths from diphtheria, polio and whooping cough have fallen dramatically and are not the killers they once were (Leathard, 1992).

However, we now have different epidemics – obesity, diabetes, stress, cardio-vascular disease – as well as drug resistant strains of bacteria such as MRSA, Chlamydia to name but a few – the solutions to which are seen very much as being through the development of drugs and treatments tailor-made to our particular genetic make-up, to the type of person we are. Yet at what cost, both now and in the future?

In 2004–2005, according to the then Secretary of State, the NHS drug bill was just under £10 billion pounds (£9,965m) (www.theyworkforyou.com) or roughly 13.5 per cent of the total NHS budget.

The Wanless report *Securing Our Future Health: Taking a Long-Term View* (www.hm-treasury.gov.uk) published in 2002, predicted that, in order for the NHS to continue providing the same high quality service, expenditure would need to rise from 6.7 per cent of GDP (£68 billion) in 2002–03 to anywhere between 10.6 per cent to 12.5 per cent of GDP (£154–184 billion) in 2022–23.

Is it any wonder that NICE (the National Institute for Clinical Effectiveness) is keeping such close watch on requests from the drug industry to offer their latest products under the NHS?

And where are the greatest costs incurred? Not surprisingly, they are in long-term, chronic conditions – especially of the elderly – such as coronary heart disease, cancer, renal disease, mental health, diabetes, and obesity.

ROLE IN THE NHS

So is there a role for aromatherapy in today's health care system? How might aromatherapy contribute more to the improvement of the public's health?

To return to an earlier question, what would be needed to convince a local commissioner of health services (a GP practice, for instance) to purchase aromatherapy. Providing the necessary evidence to demonstrate that you have trained in aromatherapy to the highest possible standards would obviously be a given, as well as some evidence that you engage in regular professional development.

As part of this, I would hope that many of you already know some of the research studies that have been conducted on aromatherapy, or at least would know where to look for them. I first searched the National

Library for Health's Complementary and Alternative Medicine Specialist Library (www.library.nhs.uk). Rather disappointingly, I only found details of 11 systematic reviews listed.

I then looked at CAM on PubMed (www.ncbi.nlm.nih.gov) and typed in the search term 'Aromatherapy' and found a total of 521 articles of which 112 were reviews. Typing in the search term, 'Essential Oils', resulted in 3838 articles. And here things began to get interesting.

Aside from studies looking at the biochemistry of aromatherapy, there were also studies about its use clinically: studies in relation to the treatment of patients with dementia (Akhondzadeh S *et al* 2003), its use in palliative care and inducing relaxation in patients with cancer (Wilkinson S *et al* 1999).

And then, if you start looking at the usefulness of tea-tree oil in treating infection – I never go sailing without it! (Papadopoulos C *et al* 2006) The point I want to make is that not only is good research being done in the use of aromatherapy (especially in the US) but familiarity with the literature and an ability to critique it are absolutely essential, if aromatherapists are to work more widely within the NHS.

A case in point, especially in relation to what was actually found, is a trial conducted in 2007 by Dr Amanda Ramirez at Kings College London, reported in *The Times* (Crompton S 2007). In this, it was boldly announced that aromatherapy can significantly lift anxiety and depression. Here was good solid proof of a clear role for aromatherapy in helping patients suffering from long-term depression.

Yet, if one goes to the research paper (Wilkinson SM *et al* 2007) which resulted from the study you find the following statement: "*Aromatherapy massage does not appear to confer benefit on cancer patients' anxiety and/or depression in the long-term, but is associated with clinically important benefit up to 2 weeks after the intervention...*" – an important distinction. As ever, what is reported is not always the case.

AUDIT

So, aside from keeping up with the literature on which essential oils are effective for particular conditions, what else can aromatherapists do to develop the evidence base for their practice? They can take detailed case studies – in-depth analyses of patients that have responded well to treatment, which are then published.

Stepping back from this, though, is the discipline of audit. One of the questions a commissioner of health services or a referring GP is likely to ask, is: what kind of conditions can be treated with aromatherapy and how do patients respond?

Medical audit is not research, as such, although it is often confused with research. Put simply, medical audit is the process by which you ascertain whether what you think you are doing (or should be doing) actually happens in

practice and, where there is a marked difference, introducing a change to bring about what should happen.

Audit can take the form of simply monitoring whether or not, for example, as part of the first consultation, you take a detailed case history that includes basic information on things such as age, weight, height, previous illness etc. This is often known as a 'process audit'. In itself, it can provide very useful data on the range of conditions being presented by your patients, how they came to you (word of mouth, GP referral etc) as well as information on their background and family history.

At the University of Westminster, we recently conducted a detailed audit of patients being treated at the University's Polyclinic. I'm grateful to my colleagues Dr Marie Polley and Dr Damien Ridge for permission to present this data. Table 1 below shows the numbers of patients with a presenting condition, grouped very broadly according to the ICPC-2 (International Classification for Primary Care) Coding system (see Table 2). In Table 1, note the exceptionally large number of patients (over 500) presenting with some form of musculo-skeletal problem.

Table 1: Numbers of patients with a presenting condition

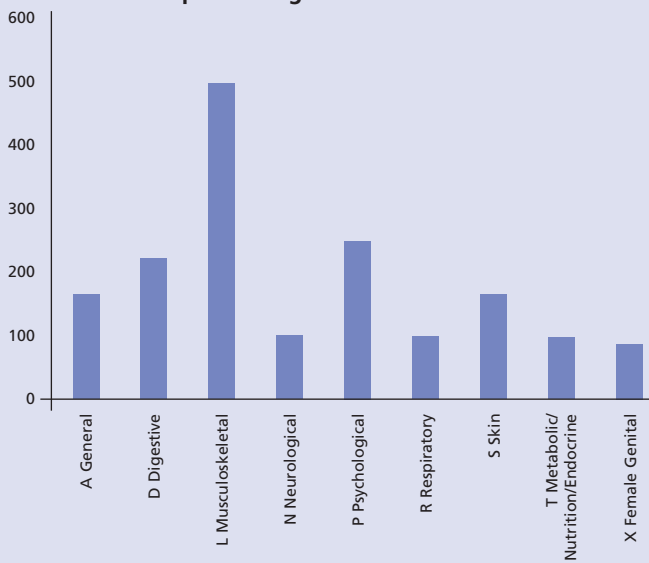


Table 2: ICPC-2 Coding System

A General	R Respiratory
B Blood, blood forming	S Skin
D Digestive	T Metabolic, endocrine, nutrition
F Eye	U Urinary
H Ear	WPregnancy, family planning
K Circulatory	X Female genital
L Musculoskeletal	Y Male genital
N Neurological	Z Social
P Psychological	

Table 3 below shows the duration patients have had the problem for which they are seeking advice. I'm sure this reflects what you find in your own practice. Patients often present with long-standing conditions, for which orthodox medicine has only been of limited help. Table 4 below shows the average number of treatments provided to patients, broken down by therapy.

Table 3: Duration of problem for which advice is sought

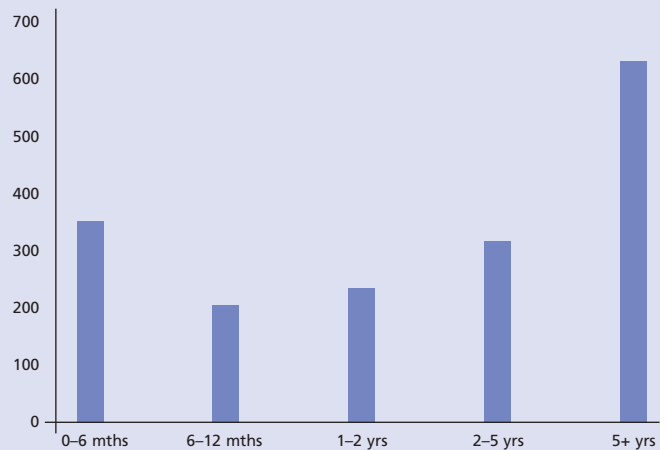
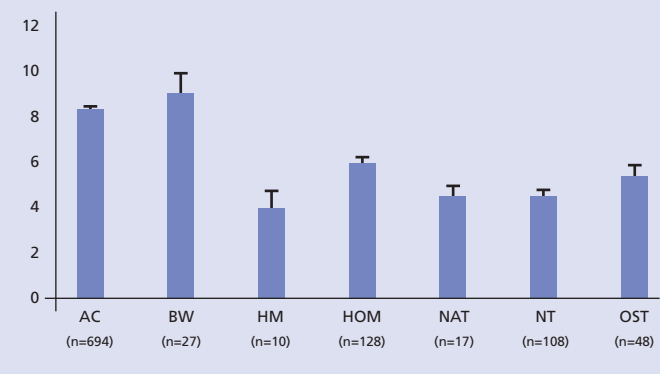


Table 4: Average number of treatments



An outcome audit is slightly more complicated in that it attempts to measure the outcome of treatment (often using a simple measurement tool such as MYMOP (www.pms.ac.uk/mymop) – Measure your own outcome profile). Symptoms are scored using a Likert scale (0= as bad as it could be, 6= as good as it could be) and then monitored over a period of time. Typically, patients are asked to rate two of their symptoms (those most important to them and which they would like to see improve). They are also asked to score an activity that is important to them (physical, social or mental), as well as their general well-being.

Table 5 opposite shows the results of over 1000 patients (1032) who completed the MYMOP questionnaire, broken down by therapy, and the percentages who experienced an improvement in their main symptom, no change, or a worsening. As can be seen, between 59.3 and 82.4 per cent noted a positive change in their main symptom which, given that often these were long-standing, is extremely encouraging.

Table 5: Analysis of MYMOP questionnaire

Therapy clinic	Change in mean score	Rank test p value	Improved score (%)	No change (%)	Worsened score (%)
AC (n=694)	1.28	<0.001*	64.0	14.6	21.5
BW (n=27)	1.30	0.003*	59.3	18.5	22.2
HM (n=10)	1.80	0.011*	80.0	0.0	20.0
HOM (n=128)	1.38	<0.001*	63.3	10.2	25.8
NAT (n=17)	2.00	0.001*	82.4	5.9	11.8
NT (n=108)	1.67	<0.001*	74.1	8.3	17.6
OST (n=48)	1.23	<0.001*	64.6	14.6	20.8
Overall (n=1032)	1.35	<0.001*	65.4	13.2	21.4

I hope that, from these results, you can appreciate the power of audit and what it can do for you. Auditing the kinds of conditions you treat regularly and linking this to the average number of treatments and, if you can do it, outcome, provides very powerful indicators on how well patients are doing; certainly enough to promote the interest of any GP or hospital service you might approach and who might be interested in engaging you.

I recently talked to a colleague who is the practice manager of a busy inner London general practice. She explained that one of the reasons the practice is happy to refer patients with particular conditions to CM practitioners within the practice, is that this is often cheaper than referring the patients to a hospital consultant. Audit of the kind I've described helps provide practices with the data on which to make these judgments, both clinical and financial.

IN CONCLUSION

So is there really a role for aromatherapy in today's healthcare system? I believe there is and I hope I have convinced you, if not fully then at least in part, as to why. The health service, in my view, cannot afford to continue spending a large proportion of its budget on high-tech procedures and costly drugs. Other forms of treatment need to be found that can alleviate symptoms more cheaply, and with fewer of the side effects and complications that occur from long-term drug treatment.

Although development of the evidence base for using essential oils in the treatment of particular conditions is only in its early stages, I believe there is sufficient evidence to warrant collaboration and engagement with NHS doctors and researchers of the kind that happened at the Royal Marsden Hospital in January 2009. (A two-day event on *The use of essential oils in the cancer care environment*.) The purpose of this collaboration was to develop complementary and possibly new approaches to the treatment of cancer.

As aromatherapists, you bring a wealth of experience to this challenge. As a professional body, you might decide that aromatherapy should stay on the fringes of healthcare and continue to be offered for the most part, as now, privately. If, however, it is to be offered more within the NHS, then you need to be aware not only of the issues the NHS faces but also be well informed of how aromatherapy might help resolve these.

As part of this process, you need to have details of the research taking place into essential oils, both in the UK and abroad, at your fingertips, and have the ability to discern what is good research and what is bad. But at a more basic level, simply auditing your practice, along the lines I have described, will provide you with clear data with which to engage fellow healthcare professionals about the role aromatherapy could play in the NHS of the future.

So, in conclusion, despite the advances that have been made in medicine over the last 60 years, I believe aromatherapy has a major role to play in helping to treat the many long-term, chronic disease conditions that now pervade our society. Indeed, I would encourage you and the IFPA to 'reach for the skies' in seeing that aromatherapy's full potential is developed and realised.

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This article is based on Dr Davies's presentation at the 2008 IFPA conference in Cardiff

Dr Peter Davies is Dean of the University of Westminster's School of Integrated Health and vice-Chair of the Research Council for Complementary Medicine. An engineering graduate of Cambridge University, he completed a doctorate in biomedical engineering at McGill University, Montreal. In 1987 he joined the Wates Project at the Marylebone Health Centre, London, which explored new ways of delivering primary and community health care, including the evaluation of complementary therapies in an NHS setting. Dr Davies is a keen proponent of audit as a tool for monitoring clinical practice and has long been interested in understanding more fully the underlying mechanisms of complementary medicine.

Verbena

(*Lippia citriodora* or *Aloysia triphylla*)

by Ian Smith FIFPA

FAMILY	Verbenaceae
SYNONYMS	<i>A citriodora</i> , <i>L triphylla</i> , lemon verbena.
DESCRIPTION	A deciduous perennial shrub, two to five metres high, with very fragrant, pale-green, lance-shaped leaves and small white-pale purple flowers.
DISTRIBUTION	Native to Chile and Argentina but nowadays cultivated in southern France, Algeria, Tunisia and Morocco.
RELATED SPECIES	Not to be mistaken for the so-called 'Spanish verbena' (<i>Thymus hiemalis</i>), nor confused with the herb vervain (<i>Verbena officinalis</i>). It should be noted that the French name for verbena is <i>verveine</i> .
EXTRACTION	The essential oil is obtained by steam distillation from the leaves and flowering tops.
YIELD	0.4%

PRINCIPAL CONSTITUENTS

<i>Terpenes</i>	limonene	19.4%
	caryophyllene	4.92%
	curcumene	4.33%
	bicyclogermacrene	3.99%
	β-ocimene	3.51%
	sabinene	3.45%
	germacrene D	2.93%
	β-curcumene	1.54%
	α-pinene	1.41%
<i>Aldehydes</i>	geranial	12.13%
	neral	9.43%
<i>Oxides</i>	1,8-cineole	7.12%
	caryophyllene oxide	1.40%
<i>Ketones</i>	methyl-2-hepten-5-one	3.23%
<i>Alcohols</i>	spathulenol	1.58%
	α-terpineol	1.35%

APPEARANCE A pale yellow to yellow liquid, becoming brown with age.



ODOUR	A strong, lemon, citrusy, sharp smell (Burfield 2000, p301).
BLENDING	Blends well with neroli, palmarosa, elemi, lemon and other citrus oils.
SAFETY	Non-toxic but the aldehyde content makes verbena essential oil a skin sensitiser. Use in moderation (less than 0.5%). The oil is reported as being phototoxic (Lawless 1995, p80) – indeed it does contain three photocitral (Tisserand & Balacs 1995, p177). However, citing Opdyke (1992), Tisserand and Balacs comment that, although the oil is not very powerfully phototoxic, caution should be exercised.
ACTIONS	Antiseptic, anti-spasmodic, digestive, febrifuge, nervine and stomachic.
USES	Traditionally used as herbal medicine for nervous conditions that manifest as digestive complaints. Verbena essential oil may be used to relieve tiredness and to overcome apathy and listlessness. It is also effective for stress-related conditions and stomach cramps.
NOTES	True verbena essential oil is expensive and subject to extensive adulteration with oils such as lemon, lemongrass and citronella.

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Aromatherapy and Oriental medicine

Aromatherapist and acupuncturist Gabriel Mojay highlights the benefits of combining a scientific understanding of essential oils with knowledge of the traditions of Oriental medicine



There is little doubt that the proper practice of aromatherapy requires a thorough knowledge of the scientific principles of essential oils and their evidence-based therapeutic properties. It is especially important

from a safety point of view to have a good grasp of their chemical structure and biological activity.

Despite these commonsense considerations, there is much to be gained from combining a scientific understanding of essential oils with their holistic application according to the time-honoured medical traditions of Oriental medicine.

Oriental medicine offers the advantage of being able to 'diagnose' the underlying imbalances that lead to the gradual or often sudden manifestation of symptoms. Yes, essential oils are often effective in treating specific symptoms — especially when the cause is due to a pathogenic fungus, for example, or where there is a need for an effective expectorant, like oil of eucalyptus (*Eucalyptus globulus*).

But aromatherapy is also useful for the prevention and relief of chronic ailments — and for this purpose we can derive benefit from a system that allows us to select those essential oils best suited to a person's individual 'constitution' — that is, their unique set of physiological strengths and propensities.

Therefore, for someone who is relatively lethargic and 'cold' in nature, who tires quickly and easily feels chilled, the approach according to Oriental aromatherapy is to emphasise essential oils that strengthen the Yang aspect

of the body and mind. The Yang encompasses our energising, warming and protective functions, which can be strengthened and enhanced by oils of a pungent-herbaceous or spicy quality — such as rosemary (*Rosmarinus officinalis* ct. *cineole*) and ginger (*Zingiber officinalis*).

On the other hand, we may have a client who is by nature restless and 'hot', and who is more likely to suffer with insomnia and inflammatory conditions. These are the type of clients to whom we commonly dispense essential oils of a 'cooling' nature — oils that support the cooling, nourishing and sleep-promoting Yin aspects of the body and mind. Among the most effective for this purpose are those that possess a floral or rooty fragrance — oils like rose otto (*Rosa damascena*) and vetiver (*Vetiveria zizanoides*).

Thirdly, there is the type of individual who easily gets tense and frustrated rather than lethargic or hot and restless — people who we often diagnose as having 'stuck Qi' (stagnation of vital energy). The kind of essential oils that this client requires are relaxing, harmonising and antispasmodic in nature — effects that result from their ability to maintain the smooth flow of Qi. Deeply calming, antispasmodic essential oils are often sweet-herbaceous, like clary sage (*Salvia sclarea*), or light and fruity, like bergamot (*Citrus aurantium* ssp. *bergamia*). Biochemically, they tend to be rich in esters.

Thus, an Oriental approach to aromatherapy ensures that essential oils chosen for treatment are ideally suited to the individual as a whole, as well as being precisely indicated for any specific ailments. ►

FRAGRANCE ENERGETICS

Fragrance is the *principal active quality* of essential oils. The principal active quality of any natural remedy is its most fundamental and directly-experienced effect — an effect that can be described holistically in terms of its immediate impact on one's vital energy.

The most immediate, direct effect of an essential oil is, of course, transmitted via its fragrance. And while this action encompasses responses of a psycho-neurological nature, the influence of fragrance on one's Qi-energy is just as fundamental — and is an influence defined by the term *fragrance energetics*.

In contrast, the principal active quality of a herb is its taste. Traditional systems of energy medicine such as the Chinese and Ayurvedic have developed sophisticated methods of classifying the properties of herbs according to their taste — that is, bitter, sweet, sour, etc.

For example, the pungent, or acrid, taste according to Chinese medicine has an energising, usually warming effect. Dispersing and drying in nature, it is present in herbs with a strong expectorant action, such as *Eucalyptus globulus*. Similarly, the pungent taste in Ayurvedic medicine is said to “kindle digestive fire, promote nasal secretions and give clarity to the senses.” It contains the Elements of Air and Fire, and is warming, dry and light in nature. (Mehta, 1949)

The principal active quality of massage, on the other hand, is touch. In shiatsu therapy and acupressure massage, for example, different forms of touch are considered to have different effects on the Qi-energy and its flow through the Meridians. These effects include those described as *tonifying* (strengthening) and *dispersing* (clearing or sedating) in nature. (Jarmey, Mojay 1991)

The fragrance energetics of essential oils, like the traditional energetics of the various herbal tastes, contribute to what has been described as a form of *vitalistic pharmacology*. While such a concept cannot replace biochemical pharmacology, fragrance and taste energetics, according to herbalist Peter Holmes, “provide the most immediate and general information about the nature, functions and uses” of an essential oil or herb “rather than the biochemical information obtained about it.” (Holmes, 1996)

THE ORIENTAL FIVE ELEMENTS

Together with Yin and Yang, the theory of the Five Elements is one of the two main pillars of Oriental medicine. It was first documented in China in the Warring States Period (476–221 BC). (Mojay, 1996)

The Five Elements (see diagram on page 18) may be understood as five phases or movements of Yin and Yang energy. Rather than being elements in a literal sense, the images of water, wood, fire, earth and metal represent natural forces that together form a dynamic whole.

Each individual, as well as all phenomena, is a mixture of all five Elemental energies and processes. Imbalance occurs when one or more Elements become afflicted — producing symptoms that either reflect some form of ‘excess’ or hyperfunctioning, or ‘deficiency’ and weakness.

Essential oils, too, possess a blend of fragrance notes and properties that cannot generally be attributed to just one Element. We can often associate a single essential oil with one, two or even three particular Elements, in accordance with its fragrance energies and therapeutic actions.

WATER ELEMENT

The Element Water in classical Chinese thought is inseparable from fertility — the life-giving principle and genetic origin of each individual. The Water Element is associated with the Kidneys which, in addition to controlling the balance of bodily fluids, are said to ‘house’ the genetic Essence. The Essence not only controls growth and reproduction but determines individual constitutional strength. Its close association with the Kidneys means that the Kidneys are said to be ‘the root of Yin and Yang’ in the body — as all internal energies have their root in the Essence.



Woody Atlas cedar (Cedrus atlantica) helps strengthen the mind and body's vital energy and stabilise the Will

The therapeutic intention that we can associate with the Water Element is to strengthen and ‘anchor’ (or ‘ground’) the mind and body's vital energy. This can be achieved by emphasising the use of essential oils with a strong woody (strengthening) or rooty (anchoring) aroma.

Examples include:

- Predominantly woody: Atlas cedar (*Cedrus atlantica*)
- Predominantly rooty: vetiver (*Vetiveria zizanoides*)

In addition, these fragrance energies help to reinforce and stabilise the Will (*Zhi*) — the psychological force considered to ‘reside’ in the Kidneys. Essential oils with a

strong woody quality help to firm the Will and so promote determination and resilience. The rooty fragrance energy is slightly more sedating, encouraging us to slow down and be patient rather than restless and driven — that is, when the Will is excessive and produces a 'workaholic' approach.

The strengthening, grounding and consolidating effect of these fragrance energies work in turn to counteract feelings of poor confidence, timidity, apprehension and anxiety — feelings that can stem from the Water Element's 'root emotion' of Fear.

WOOD ELEMENT

When in harmony, the Wood Element manifests in the 'free flow' of Qi-energy. Qi flows freely when the planner and visionary of the self – the Ethereal Soul (*Hun*) – is dynamically active and neither straining nor obstructed. The Ethereal Soul is housed by the Liver – the principal Organ of the Wood Element. It is the Liver which is responsible for ensuring this free flow of Qi in the body and mind.

Nervous tension and frustration tend to impede the flow of Qi-energy, leading to one of the most common energetic pathologies — stagnation of Qi. Stagnant Qi is most closely associated with an imbalance of Liver-Qi and can also provoke feelings that stem from the Wood Element's root emotion of Anger. These include irritability, moodiness and anger itself.

Anger, like fear, is of course often appropriate. But when suppressed or unrestrained it can cause problems. Depression, too, can result from stagnant Qi-energy, especially where emotions are suppressed and held inside. Here they may oppress and afflict the Ethereal Soul, leading to feelings of despondency and despair.

The therapeutic intention required for an imbalance of Wood must be one that helps to generally relax and smooth the flow of Qi-energy. Fragrance energies that gently work to release pent-up tension are particularly beneficial. Those that, through their harmonising, calmative and uplifting effects, have this ability are the sweet-herbaceous and fruity fragrance energies. They are indicated wherever nervous tension, muscular spasm and functional irregularity are present — in short, wherever there is stagnation of Qi.

Examples include:

- Predominantly sweet-herbaceous: Roman chamomile (*Chamaemelum nobile*)
- Predominantly fruity: bergamot (*Citrus bergamia*)

FIRE ELEMENT

When the Fire Element is in harmony, the mind and emotions are harmonious. This is because the principal Organ of the Fire Element is the Heart, and the Heart in Oriental medicine is said to 'house' the *Shen* — the Mind or consciousness. This is not to say that the physiological organ of thinking and perception isn't the brain! It is simply a reflection of the intimate relationship between

the vital energy of the Heart and one's overall emotional well-being. And, as the basis of awareness generally, the *Shen* (Mind) embraces all the other aspects of the psyche.

The root emotion of the Fire Element is Joy. When the *Shen* is afflicted, sadness and despondency may result. If agitated, Joy may become 'excessive' and result in overexcitement, hyperactivity and possibly manic behaviour. In fact, any disturbing event or emotion will have an impact on the *Shen* (Mind). A disturbed *Shen* commonly exhibits itself as nervousness, over-sensitivity and anxiety.



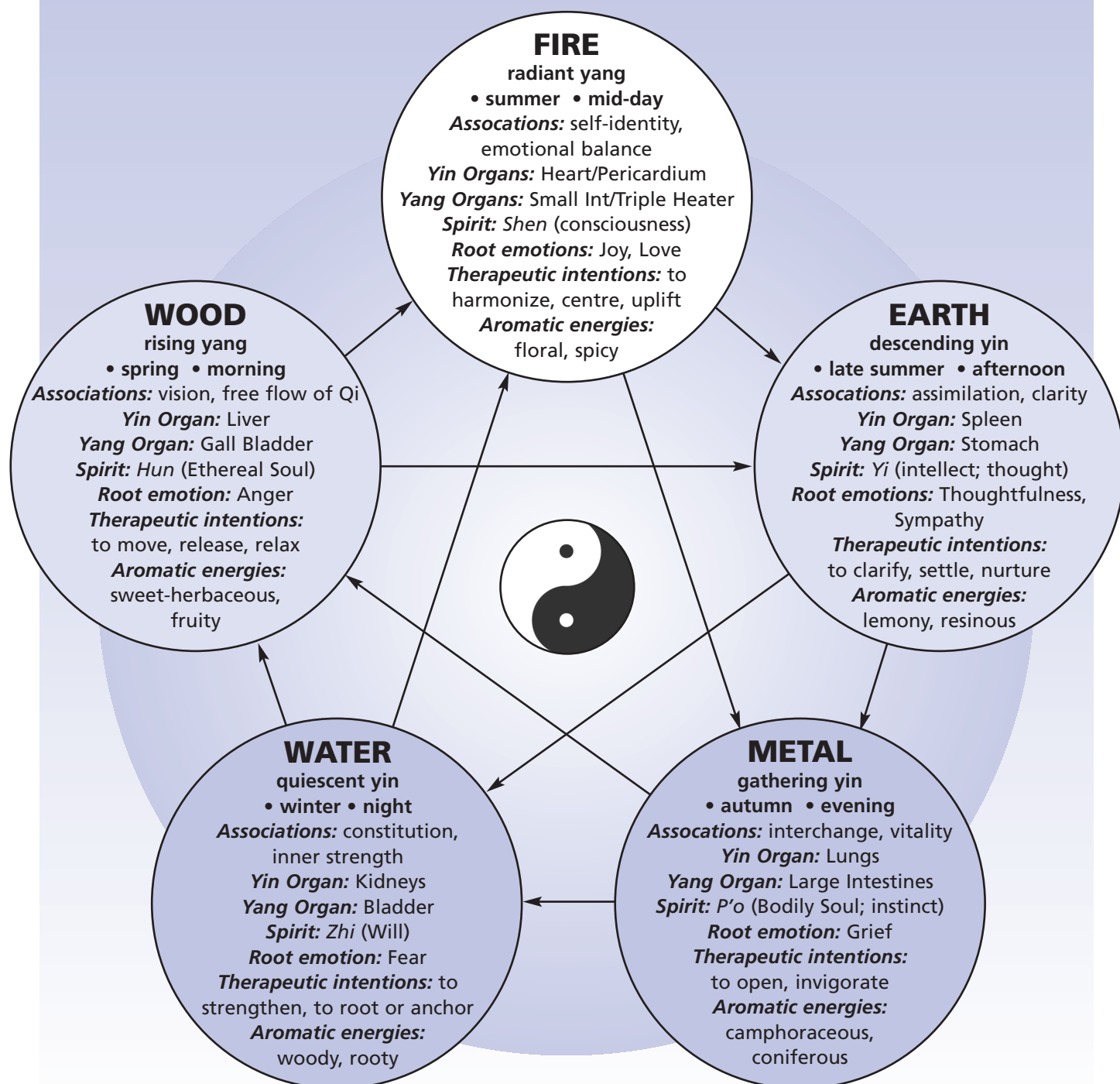
Rose (Rosa damascena) has an emotionally-centering, stabilising and reassuring effect

The therapeutic intentions that can be associated with the Fire Element include the need to harmonise, centre and uplift. Like the sweet-herbaceous fragrance energy, the floral-sweet aroma is innately relaxing and harmonising, if generally more sedating. Many floral essential oils are also able to exert an emotionally centering, stabilising and reassuring effect — of particular benefit in instances of anxiety. The best example of such an essential oil is rose (*Rosa damascena*).

The spicy fragrance energy is very different in nature, and is called for in cases where there is a need to invigorate, uplift and inspire. Rather than gather, relax and focus the *Shen* and emotions (like rose), it works instead to stimulate, awaken and embolden them. An essential oil with many actions that reflect its predominantly spicy fragrance energy is ginger (*Zingiber officinalis*). ➤

THE FIVE ELEMENTS

Essential oil fragrance energetics according to Oriental medicine



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EARTH ELEMENT

Earth is the Element concerned with the nourishment of the human organism. Its principal Organ – the Spleen–pancreas (a combined Organ in Chinese medicine) – has as its central responsibility the transformation of food and drink into Qi and Blood. Part of this digestive function is the absorption and analysis of information and ideas — that is, mental ‘digestion’ and ‘absorption’.

The Spleen–pancreas Organ is consequently said to ‘house’ the Intellect (Yi). The Intellect is that aspect of the psyche which concentrates, thinks, analyses and formulates. When in disharmony, therefore, the psychological problems associated with the Earth Element are often mental in nature. These include poor concentration, mental vagueness and confusion, and ‘overthinking’ and worry.

Fragrance energies called for in such states of mind are those that settle and clarify: the grounding resinous-sweet aroma, and the fresh, clarifying lemony-citrus fragrance. To settle and clarify are the therapeutic intentions that can be assigned to Earth.

Examples include:

- Predominantly resinous: frankincense (*Boswellia carterii*)
- Predominantly lemony-citrus: lemon (*Citrus limonum*)

The more emotional aspect of the Earth Element is a reflection of its nourishing, nurturing role. This relates to the root emotion of Earth — Sympathy. 'Sympathy' encompasses the caring, giving aspect of the human psyche. Disharmonious expressions of 'Sympathy' can be found in those who worry too much about others, or who are inappropriately needy and over-dependent. Problems involving an imbalance of 'Sympathy', especially in those who crave comfort and reassurance, may also benefit from the sweet-herbaceous fragrance energy; as predominantly found, for example, in essential oil of sweet marjoram (*Origanum majorana*).

METAL ELEMENT

Just as the Earth Element is primarily concerned with the nourishment of the body and mind, the Metal Element encompasses its continual energetic renewal. This is most clearly evident in the breathing process — the primary function of the Metal Element's principal Organ, the Lungs.

The Lungs' dominating role over respiration is linked to their main energetic function of *governing the Qi* — as well as the Meridians. It is interesting to note that the Mandarin character for 'Qi' is the same as that for 'breath'; likewise the Sanskrit meaning of 'Prana' is close to that of 'air'.

The Lungs in Oriental medicine have, therefore, an energising, revitalising role to play in the body and mind. They maintain the vigour of our 'vital spirits' and ensure a clear, optimistic outlook. They are home to the *P'o*, or Bodily Soul — the instinctive, 'animal' nature within the individual; the part of us that thrives not on challenges (Wood), feelings (Fire) or ideas (Earth), but on the life of the five senses.

The Lungs additionally represent our boundary with the external world — a dynamic interface where there is cross-movement and interchange. From this perspective, the Lungs and Metal Element are also concerned with both the need for 'personal space' and the desire for interaction. Also, because it is inseparable from processes of 'taking in' and 'letting go', the root emotion of the Metal Element is 'Grief' — the experience of accepting and relinquishing that we undergo during times of loss.

The Metal Element in disharmony calls for the therapeutic intention to invigorate and 'open'. By invigorating the Qi we can help the individual to overcome the feelings of lassitude, melancholy and pessimism associated with a weakened respiratory function and an afflicted Bodily Soul. The most immediately invigorating and revitalising of the fragrance energies is the camphoraceous aroma —

useful also to reawaken the senses and lift the 'vital spirits'. The camphoraceous fragrance energy is found in particular in cineole-rich essential oils such as *Eucalyptus globulus*.

The coniferous fragrance of essential oils such as pine (*Pinus sylvestris*) also work to 'open the chest', encourage communication and yet consolidate one's sense of personal 'boundary'. In fact, most essential oils with a strong pungent fragrance energy are considered to enhance immune function — in Oriental terms, to stimulate and circulate the body's *Defensive-Qi*.

CONCLUSION

The therapeutic activities of essential oils are fundamentally different to those of conventional single compound drugs in that they comprise a complex multitude of molecules which synergistically exert a more global effect on the body and mind. This broader, more systemic action requires a truly holistic, yet clearly-defined approach to understanding and assessing physiological health and dysfunction.

Oriental medicine provides this framework — and what's more, it gives the therapist a relatively simple, yet insightful complementary approach to assessing the physical and psychological health of his/her clients. Coupled with the precise way in which it can be used to describe the energetic actions of essential oils, including their important fragrance energetics, Oriental medicine can play a very useful role within professional aromatherapy.

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Gabriel Mojay FIFPA, MBAcC, MRSS holds qualifications in aromatherapy, herbal medicine, acupuncture and shiatsu and is Principal of the London-based Institute of Traditional Herbal Medicine and Aromatherapy (ITHMA). In 1990 he founded the Register of Qualified Aromatherapists which, in 2002, merged with the ISPA to form the IFPA. One of IFPA's three founding Co-Chairmen, he has served as Chair of both Conferences and Publications, and was co-editor of *In Essence* for its first seven issues. Gabriel has presented lecture papers at international conferences and seminars in the UK, USA, Mexico, Canada, Australia, Ireland, France, and the Czech Republic and is co-author of *Shiatsu: The Complete Guide* and of *Aromatherapy for Healing the Spirit*. The main focus of his work has been the application of Oriental medicine and diagnosis to clinical aromatherapy, including its integration with the scientific properties of essential oils.

Frances Rawlings

The world of aromatherapy was greatly shocked by the recent untimely death of Fran Rawlings. Gabriel Mojay and IFPA colleagues pay tribute to a committed aromatherapist, teacher, mentor and friend who will be sadly missed

Frances Rawlings was an exceptional and warm-hearted person. Her dedication and hard-working commitment to the profession of aromatherapy and to IFPA in particular is well-known to many members, but perhaps not to those who joined the Federation in more recent years.

Originally a nurse by profession, Fran undertook a number of training courses in natural medicine and completed a Master's degree in Complementary Therapy practice. She was a highly qualified and experienced practitioner of aromatherapy and other natural therapies.

Fran's initial diploma training in aromatherapy and therapeutic massage in 1994 was with the Institute of Traditional Herbal Medicine and Aromatherapy, through which I had the privilege of being one of her first aromatherapy tutors. I remember Fran providing me with very helpful feedback which she expressed in her characteristically frank yet friendly, informal way.

Fran's supportive approach translated practically into her active involvement in the 1990s with the Register of Qualified Aromatherapists (RQA), which was one of three professional associations from which members formed the IFPA in 2002.



Frances (Fran) Rawlings, 1946–2008

She fulfilled the important role of representing the RQA within the British Complementary Medicine Association (BCMA), actively participating in BCMA meetings and reporting back to the RQA Executive Committee in a manner that was always highly professional and informative. The support, advice and wisdom she offered, in particular to myself as RQA Chairman, was deeply appreciated.

Fran's devotion to aromatherapy and the aromatherapy profession came to the fore in an even more pronounced way during later years through the

crucial role she played within IFPA, taking over from Ian Smith as Chair of the IFPA Council at a time of significant challenges to the Federation.

Her ability to inspire commitment and to achieve consensus among her colleagues on Council, as well as meeting the many demands that the Chair's key position poses, made her term of office a great success, and it was a real blessing for the Federation.

Fran continued to be a close professional colleague and friend to me personally, and our relationship was one of mutual support built on kindness, frankness and humour. It was easy to enjoy Fran's company – she had abundant character, wit and compassion, and was endlessly interested in people and of course in aromatherapy itself. She had an amazing eye for detail and was a formidable and valuable assessor as a result.

Fran never beat about the bush but neither was she ever harsh or opinionated. I remember one of the last simple pieces of advice she offered me, both timely and welcome: "be decisive". I will always remember and honour those words, as well as others – just as I will always remember and honour my friend herself.

Gabriel Mojay, IFPA founding co-Chair

GUIDE AND MENTOR

I first met Fran when I rang her to express my interest in joining the IFPA Council. We shared our aromatherapy experiences and our careers in nurse education. Fran soon became my mentor on Council and guided me in my role as Awards and Bursaries Chair. We got to know each other, sharing our pre-Council evenings, and from Fran I learned more about the world of aromatherapy. Fran was always very professional and was passionate about the IFPA. We miss her.

Ann Leach, Chair, IFPA Council

COMMITTED TEACHER

Fran first qualified as a State Enrolled nurse but continued her studies to pass her State Registration. Later in her nursing career she was a sister on a neurosurgery ward. She never gave up learning and completed a masters degree in the late 1990s. Fran was a committed teacher and, at the University of Greenwich, developed one of the most academically sound undergraduate Aromatherapy programmes in the country. Whatever she undertook she always gave 100 per cent.

*Chrissie Stacey,
IFPA Council Chair of Education*

AUTHORITY AND GRACE

I first met Fran when we were establishing the IFPA. She was a member of the RQA Council and, along with all the other Council members, made up the working parties responsible for the creation of the structures, procedures etc that would underpin the new professional body. Inevitably we got to know each other incredibly well.

She followed me as IFPA Chair at a strategically important time; the excitement and enthusiasm of launching the IFPA was being replaced by the pragmatism of running and making a success of a major aromatherapy professional association. Fran didn't shrink from this challenge, in fact she embraced it, and we should all be grateful for her quiet determination.

She brought authority, clarity and grace to everything that she did – for the IFPA, the University of Greenwich,

and her friends. She was a loving wife and mother, a colleague to those fortunate enough to work with her, and a true friend. She touched many lives, including my own, and I mourn her passing.

*Ian Cambray-Smith,
IFPA founding co-Chair*

LOVING KINDNESS

I know that Fran Rawlings did so much professionally but, for me, she was first and foremost a very caring, loving lady. When she retired as IFPA Chair and gave me the Retiring Chair's award she told me it was because I had overcome so many adversities. From then on I have thought of her as a champion for the beleaguered and I felt a genuine warmth in her manner and voice. It is such a sad loss.

Barbara Payne, aromatherapy practitioner and writer

VALUED COLLEAGUE

Fran will be sadly missed as a wonderful colleague who truly cared about our profession. She continually engaged in the support and development of aromatherapy, and it was always a relief to arrive at a meeting and see her face there. We, in aromatherapy, will miss her and her professionalism.

Viv Hinks, former IFPA Council member

HELPFUL AND SUPPORTIVE

I first met Fran when IFPA was established in 2002 and later met her regularly in the UK at IFPA School Principals' meetings and General Meetings. We worked closely on accreditation and inspection of schools in Japan. As we were both also Reiki practitioners, we also met to discuss the development of Reiki, particularly in Japan.

It was always a pleasure to meet and work with Fran as she was not only helpful and supportive but also had a strong interest and understanding of the Japanese culture and way of life. I last spoke with her when I was in London in August.

At that time she was still being very positive and arranging to meet on my next visit for the Conference. It is so sad that we did not have a chance to say goodbye. I will really miss her.

Fran worked very hard for the IFPA and the whole profession and will be missed by many people.

*Miki Hayashi,
MH School of Holistic Studies, Japan*

SENSE OF HUMOUR

When I first met Fran, during negotiations for the formation of the IFPA, I remember thinking 'who is this bossy, domineering woman?' But as we worked together, then and later as Chairs of Education and Accreditation, I came to know her much better. I realised that I was working with a wonderful, thoughtful, humorous and brilliant person and we became very close friends.

Fran always had a listening ear and was invaluable as Vice Chair even when she was ill. And she had such a wicked sense of humour! Even now I can't believe she is gone and catch myself wondering when she will phone. But I believe that she is watching over us from wherever she is with a gentle smile and a twinkle in her eye.

Sue Jenkins, former IFPA Council member and Chair

STRENGTH OF PURPOSE

I met Fran at Kingston College three years ago when she was the external examiner for Thames Valley University's foundation course in Aromatherapy and Reflexology. I liked her immediately and it was mutual. Fran had 'velvet edged mallet syndrome' – you just couldn't say no to her! Requests were asked so nicely it was impossible to refuse. I agreed to serve as IFPA's Accreditation Chair (much against my better judgment) and we shared regular car journeys to and from Hinckley for IFPA Council meetings. Fran drove fast and I would hold on tightly but discreetly to the seat edges and try to appear relaxed!

She had a wonderful sense of humour which played a large part in her expert chairmanship of the IFPA. Her legacy is that IFPA now owns both its name and the building. No mean achievement.

Fran was a closet 'techie' and loved all the latest gadgets. Only one week before she died she had bought a new laptop that needed a fingerprint to make it work!

Jane Buckle, Thames Valley University

In this fourth article in a series on medical gardens and aromatherapy plants the authors focus on therapeutic aromatherapy plants growing in the Swiss Alps

Alpine plants for healing

What's special for aromatherapists about the Swiss Alps? Practitioners Viv Anthony, who is also an alpine flower guide, and Harriet Robinson discover healing plants in nature's medical garden



Viv Anthony

The first three articles in this series focused on aromatherapy plants that are carefully tended in formal gardens. By contrast, the Alps provide an idyllic setting for getting to know aromatherapy plants in their wild natural habitat.



Harriet Robinson

As an alpine flower guide in the Swiss Alps and Italian Dolomites I take groups on walks to discover mountain plants. On these walks people are often intrigued to hear about so many mountain plants having traditional medical uses.

Flowering plants have grown on our planet for 130 million years, whereas primitive man arrived less than one million years ago. We evolved into their world and I believe this helps to explain our need to interact with nature, albeit usually through gardening, walking or buying plants for our homes. Sitting looking at the snow-capped mountains in meadows filled with swathes of brightly coloured wild flowers offers a tranquil, balancing and re-energising experience that can help many of us with the challenges of modern living.

BIODIVERSITY AND SPECIES

The Alps are hugely species-rich and show some of the best plant biodiversity in Europe. There are about 3000 flowering plant species in Switzerland, whereas the UK has around 2000 species in a land area seven times larger. Survey work done as part of the Convention on Biodiversity (www.cbd.org) has revealed that the Jura mountains and areas of the northern Swiss Alps contain on average about 260 species per square kilometre. That is almost 15 per cent of the whole flora of the UK.

Studies have shown that the Jura mountains have the highest biodiversity. These mountains were originally covered by ocean and were formed from layers of deposition of coral organisms and sediments. Amazingly, 34 species have been recorded in an area less than the size of this page (20x20cm). Species numbers tend to be much higher in alpine dry meadows that are calcium-rich rather than acidic in nature, and typically you can find over 40 species in 10 square metres (www.biodiversitymonitoring.ch).

Contrary to popular belief these meadows are man-made and the species are preserved by annual mowing to prevent erosion. Left untended, the land would revert to



*Eiger, Monch and Jungfrau mountains in the Swiss Bernese Oberland with Norwegian spruce trees (*Picea abies*) and dwarf juniper (*Juniperus communis nana*) in the foreground (taken 24 August 2008)*

forest over time. The single biggest factor that quickly reduces the number of species is the use of slurry from pasture animals or nitrogen fertiliser. Most alpine species have evolved specialised mechanisms to scrounge nitrogen from nutrient-poor soils, and often have nitrogen-fixing root nodules or fungal mycorrhiza. The poisonous effect of nitrogen can easily be seen on the ski slopes in summer where fertiliser has been applied to help plant re-colonisation. The grass re-grows quickly and re-stabilises the soil, but the number of natural flowering species is much reduced.

MEDICINAL PLANTS

There are over 500 plant species known to have medicinal properties in northern Europe (Barker, 2001). In recent literature you can find 100–200 of these species growing in the Swiss Alps (Niederregger *et al*, 2006, Pessot *et al*, 2005). Interestingly, and perhaps even surprisingly, the British pharmacopoeia contains almost all the plant species mentioned in this article, including plants such as yellow gentian and arnica that do not grow in the UK. In recent times and with the fast pace of modern living there is renewed interest in the old traditional ways. The Swiss mountain people value their plant knowledge and heritage and, although not talked about with outsiders, will still often use their village Shaman before considering modern medicine.

Spring gentians with their vibrant blue flowers that bloom after the snow melt, typify plants from the mountains that are brightly coloured to attract insect pollinators. Their roots contain xanthone compounds that are known to ease depression. Likewise, the roots of yellow gentian (*Gentiana lutea*) have also been used since Pliny's time (AD 23–79) as a digestive, as an ingredient of Enzian schnapps and of Angostura bitters, an additive used to make pink gin (Hostettmann, 2001). The truly beautiful lady's slipper orchid (*Cypripedium calceolus*) also has a history of herbal use for melancholy. Sadly, collection of its roots during Victorian times, together with loss of its woodland habitat, has almost led to its extinction in the UK. It is currently under re-introduction at three sites in Northern England using cultivated clones that were originally taken from the wild. ►



Lady's slipper orchid – a traditional remedy for melancholy

WILD AROMATHERAPY PLANTS

In the Swiss Alps there are about 30 different species of plants that produce either highly fragrant essential oils or carrier oils that are used in aromatherapy. Two thirds of these grow in the wild (see Table 1). The remainder can be seen in neatly laid-out alpine gardens in mountain villages such as Murren in the Bernese Oberland, cultivated alongside other flowers with therapeutic properties and vegetables for food (Table 2). Most of the plants are classified as either herbs or woods. It is such a pleasure to see growing in the wild some of the core faithfuls in our aromatherapy toolkits, such as: *Matricaria recucita* (German chamomile), *Achillea millefolium* (Yarrow), *Juniperus communis* (Juniper) and *Thymus serpyllum* (Wild thyme).

A range of additional wild plants has been used for aromatherapy in the past but are now disregarded or only used sparingly due to safety concerns: *Artemisia absinthium* (wormwood), *Origanum vulgare* (oregano) and *Tanacetum vulgare* (tansy) (Battaglia, 2003; Tisserand et al, 1995).

The mountain environment is a tremendous place to find peace and balance. Our senses are highly stimulated with the sight of 4000m peaks with snow on the top, the smell of aromatic plants and terpenes from pine trees, hearing

the birdsong and water flowing down waterfalls from the glaciers, and feeling the heat from the high solar radiation on our faces. These effects seem to reflect themselves in the properties of some of the mountain oils that are both stimulants and cleansers, like juniper, wild thyme and wild carrot. The specific aromatherapy properties of these plants are shown on pages 26 and 27 in more detail (Battaglia, 2003; Davies, 2004; Sellar, 2005).

Juniper is a fine example of a plant that has been used for thousands of years as a stimulator, purifier and cleanser at both a physiological and an emotional level. There are two forms: a shrub-like upright form and a prostrate ground and rock-hugging form. Juniper berries and their essential oil are well known to stimulate the lymphatic and urinary systems, and help to prevent arteriosclerosis. With these properties it is not surprising to find juniper as a core ingredient in traditional sauerkraut recipes that typically accompany fatty, high cholesterol red meat, pork and game dishes.

Juniper is also a flavouring ingredient in gin which, in the past, has been called "mothers' ruin", perhaps pointing towards some of the reports of *Juniper communis* having abortifacient properties. Like Tisserand and Balacs (1995) and Battaglia (2003) I believe these claims are unlikely to be due to the essential oil and more likely to be due to contamination with the poisonous *Juniper sabina* (savin),

TABLE 1 – AROMATHERAPY PLANTS GROWING IN THE SWISS ALPS

Latin name	Common name	Family	Classification	Type of oil
<i>Achillea millefolium</i>	Yarrow	Asteraceae	Herb	EO
<i>Arnica montana</i>	Arnica	Asteraceae	Herb	EO
<i>Daucus carota</i>	Wild carrot	Apiaceae	Herb	EO, C
<i>Hypericum perforatum</i>	St John's wort	Hypericaceae	Herb	EO, C
<i>Hyssopus officinalis</i>	Hyssop	Lamiaceae	Herb	EO
<i>Matricaria recucita</i>	German chamomile	Asteraceae	Medicinal	EO
<i>Mentha arvensis</i>	Water mint	Lamiaceae	Herb	EO
<i>Thymus serpyllum</i>	Wild thyme	Lamiaceae	Herb	EO
<i>Valeriana officinalis</i>	Valerian	Valerianaceae	Herb	EO
<i>Viola odorata</i>	Dog violet	Violaceae	Floral	EO
<i>Abies alba</i>	Silver fir	Pinaceae	Wood	EO
<i>Betula pendula</i>	Silver birch	Betulaceae	Wood	EO
<i>Juniperus communis</i>	Juniper	Cupressaceae	Wood	EO
<i>Larix decidua</i>	Larch	Pinaceae	Wood	EO
<i>Pinus mugo</i>	Mountain pine	Pinaceae	Wood	EO
<i>Pinus sylvestris</i>	Scots pine	Pinaceae	Wood	EO
<i>Rosa canina</i>	Dog rose	Rosaceae	–	C
<i>Rosa rubiginosa</i>	Sweet briar rose	Rosaceae	–	C

EO – Essential oil, C – Massage carrier oil

TABLE 2 – AROMATHERAPY PLANTS CULTIVATED IN THE SWISS ALPINE GARDENS

Latin name	Common name	Family	Classification	Type of oil
<i>Borago officinalis</i>	Borage	Boraginaceae	–	C
<i>Calendula officinalis</i>	Pot marigold	Asteraceae	–	C
<i>Helianthus annuus</i>	Sunflower	Asteraceae	–	C
<i>Oenothera biennis</i>	Evening primrose	Onagraceae	–	C
<i>Vitis vinifera</i>	Grape vine	Vitaceae	–	C
<i>Lavandula angustifolia</i>	Lavender	Lamiaceae	Herb	EO
<i>Nigella damascena</i>	Love-in-a-mist	Ranunculaceae	Herb	EO, C
<i>Ocimum basilicum</i>	Basil	Lamiaceae	Herb	EO

EO – Essential oil, C – Massage carrier oil

a known abortifacient. In the past, there have been tragic reports of mountain women eating savin berries and losing their lives while trying to miscarry unwanted pregnancies. Savin grows in the same habitats as juniper and although botanically the needles are quite different, the berries have some similarity. I have seen plants of both species growing intertwined over rocks in the Valais region, near Zermatt, and it's easy to see how, during picking, mixing of the berries could occur.

Hillside of gloriously bright yellow arnica daisy flowers, with their characteristic, opposite, rosette leaves and slightly scruffy petals, can be seen in July. Arnica is routinely used in Switzerland as a massage oil and as a homeopathic remedy for bruises, overworked muscles and inflamed tissues. The flowers are usually macerated in sunflower oil and, like Calendula flowers, seem to hold the sun's energy in their vibrant petals. Arnica prefers more acidic soils and can often be seen in meadows and heathland alongside *Campanula barbata* (bearded bell flower) with its hairy, pale-blue fused corolla.

Another plant that is macerated as a carrier oil for its muscle relaxant and tension-relieving properties is *Hypericum perforatum* (St John's wort). It also produces a bright aromatherapy orange essential oil for anxiety and skin care, but is better known as a herbal remedy for melancholy and anxiety/depression. There are a number of Hypericums that grow in the wild in Switzerland but St John's wort is easy to identify. As its Latin name suggests, it has transparent oil glands that look like tiny perforations through its leaves.

The wild flower season varies each year depending on how long the snow stays, but usually the best time to see the meadows and higher alpine in the Bernese Oberland is from mid June through July. If you are interested in taking a guided day or weekend walk to see aromatherapy plants in the Murren area (this could also include a visit to the Brueglingen medical garden in Basel – see *In Essence* Vol. 7 No 1 Summer 2008) please contact Viv Anthony for more information (details under *Visiting Switzerland* below). ▶



Yellow gentian (*Gentiana lutea*) has been used as a digestive since the time of Pliny



JUNIPER BERRY

Juniperus communis
Cupressaceae family
Purifier – warming – lifting/invigorating

Botanical features

- Clean, warm, sweet, woody scent of mountains
- *Juniperus communis nana* is a prostrate dwarf shrub up to 50cm high with evergreen needles. It grows on acidic heathland and over rocks from 1600 to 2600m
- The berries are purple when mature; green during their first year of development
- An upright form of *Juniperus communis* can grow up to 6m at altitudes up to 1800m
- Both forms are dioecious with individual male and female plants

Physiological properties

- Stimulant, diuretic and lymphatic decongestant
- Urinary system antiseptic and cleanser
- Rids the body of cold dampness
- Beneficial for rheumatic conditions linked with uric acid retention eg gout

Emotional characteristics

- Purges worry and self-absorption
- Helps replace isolation and stasis with movement and openness to others
- Good for nervous and intellectual fatigue

Safety notes

- Non-toxic, non-irritant and non-sensitising
- Contra-indicates for clients with renal disease



WILD THYME

Thymus serpyllum
Lamiaceae family
Stimulant – antiseptic – strengthener

Botanical features

- Highly aromatic, creeping woody plant with pretty purple/pink flowers. Grows in pastures and on stony meagre soils up to 2900m
- Woody herbaceous scent with spicy phenolic undertones

Physiological properties

- Hot dry oil; highly antiseptic and recommended as a respiratory oil and expectorant
- Warms stiff muscles, aches and eases rheumatic pain
- Mental stimulant and nerve tonic
- Strengthens the body's immune system by stimulating white blood corpuscle production

Emotional characteristics

- Stimulant for fatigued, depressed and lethargic individuals
- Revives and strengthens the mind
- Warms and dispels cold and congested thoughts

Safety notes

- Non-toxic but can be a moderate skin irritant and mucose membrane irritant (Tisserand *et al*, 1995)
- Best not used with young children or during pregnancy
- Due to its hypertensive properties other oils are indicated for clients with elevated blood pressure



WILD CARROT

Daucus carota
 Apiaceae family
 Cleanser – detoxifier – calminant

Botanical features

- Annual or biennial herb that grows to 1.5m high
- Characteristic umbel with multiple whitish flowers and highly dissected bracts that curl up to protect the maturing seeds
- Inedible tough whitish tap root

Physiological properties

- Detoxification oil; diuretic, depurative and hepatic
- Carminant; relaxes smooth muscle and is a vasodilator
- Excellent as a skin cell regenerator for aged and tired skin, irritation and wrinkles

Emotional characteristics

- Sweet, fresh smell with earthy undertones; cleanses the mind
- Relieves feelings of stress and exhaustion

Safety notes

- Non-toxic, non-irritant, non-sensitising

VISITING SWITZERLAND

GETTING THERE

Switzerland is accessible from the UK by plane, rail and road.

Trains: Eurostar connects with the French TGV rail system direct from Paris to Basel (www.sbb.ch)

Flights: International flights from the UK fly to Geneva, Basel and Zurich. An excellent train transfer system connects to the mountains in the Bernese Oberland and resorts such as Interlaken, Wengen, Murren and Grindelwald (around 2-3 hours journey). Easyjet offers routes from several regional airports to Geneva and Basel, and flights from London take just over an hour.

AROMATHERAPY WALKS

Viv Anthony will be running botanical day walks with an emphasis on medicinal and aromatherapy plants in the Bernese Oberland during weekends in July 2009. For more information email her at vanthony@tele2.ch or phone 0041788799627 (mobile).

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Viv Anthony, MIFPA, holds a BSc (Hons) and a PhD in Botany, and trained at Neal's Yard Remedies, London. She is based in Basel, Switzerland, and combines her aromatherapy practice 'Vivea' with other freelance work on plant science and stress management. She offers visits to medical and botanical gardens and is an alpine flower guide in the Swiss Alps and Italian Dolomites.

Harriet Robinson, MIFPA, BA (Hons) trained at Neal's Yard Remedies, London and practises aromatherapy, holistic massage and on-site massage. She is also a keen walker, plant lover and traveller.

A new vision of aromatherapy

Medical aromatherapy pioneer Dr Daniel Pénoël has formulated a new approach to aromatherapy that challenges our traditional understanding of essential oils. He believes it will revolutionise aromatherapy practice



In my work with thousands of patients worldwide I have been faced with challenging situations and a rapidly changing environment. I have needed to react fast, find innovative techniques, and dig deep into my understanding of

health and diseases. I have used my medical knowledge and clinical skills to understand aromatherapy in a new light and try to reverse disease. In these contexts I am deeply emotionally involved and each time I have to stretch out of my comfort zone to bring a healing pattern.

In my practice as a medical doctor, I have noted results with essential oils that could not be explained through the traditional holistic approach (diluted gentle body massage) or the medical clinical framework. Lacking a framework that would help me to tap into the full potential of essential oils I had to use a new framework, based on New Physics (including Quantum Physics), to create Quantum Aromatherapy®. For me, the practice of Quantum Aromatherapy® has resulted in a progressive and very impressive change in my current way of using essential oils with my patients.

When I began to teach the molecular model in the UK in 1987 it was entirely new to most aromatherapists at that time. The increasing trend in the world of aromatherapy today is to follow the pathway of modern pharmacology. Aromatic molecules are isolated and studied on animals, and all kinds of extremely complex experiments are designed and performed with essential oils. A molecule is used in a specific way to inhibit or stimulate a receptor. Human beings, animals, and plants are brought down to a membrane or an enzymatic reaction to facilitate or hinder a particular process. Any disturbance in a human organism needs to be linked with a specific sort of molecular, receptor, or genetic factor so that it can be corrected with another unique molecular response.

The famous 'dose dependent' kind of action appears to be the ultimate criterion for this analytical approach to any kind of health disturbance. The relationship between chemical structure and physiological pharmacological activity prevails.

Across the world today, I have seen the clinical medical model of aromatherapy surge, with a growing interest in the molecular approach.

WHY THIS INTEREST IN CLINICAL MEDICAL MODELS?

The cause and effect model is reassuring for the Western mind which needs to hold on to a tangible framework. *In vitro* studies show, for example, that oregano essential oil is active against E.coli isolated from infected urine. The petri dish allows us to demonstrate a large circle of growth inhibition which proves the strong activity. There is a fascination and thrill in linking a certain action with a specific molecule.

As a French medical doctor brought up with this framework in mind, it was a challenge for me to explore outside the traditional approach. I may be one of the pioneers of medical aromatherapy or the more clinical/medical orientation that has been practised by French speaking doctors for decades but, through my practice and my first-hand experience with patients, this framework, based on the direct cause-and-effect model of Newtonian physics, could not account for the amazing results I obtained.

The mechanistic framework and linear approach work well for static molecules and are suitable for isolated molecules or single cells observed in laboratories. It might be relevant when dealing with *in vitro* studies but it proves inadequate when dealing with living organisms.

As an example, *in vitro* studies show that Sandalwood is inefficient on E.coli. However, clinical experience proves that it does have an effect on the patient.

Why? Because it is not a question of chemical action directly against the bacteria. Sandalwood essential oil inhibits the adhesion of the bacteria. It has a 'slippery' action which means that the bacteria can no longer cling to the wall of the bladder. This action cannot be observed through a microscope since we are dealing with a real-life, indirect, mechanical action rather than a chemical one.

The true nature of any essential oil is fundamentally, 'essentially', different from the nature of a synthetic pharmaceutical drug. Essential oils are far more than a single molecule and a human body is more than an assembly of cells. Human beings and aromatic secretions in plants are in a constantly-moving dynamic and the compounding molecules of the aromatic matter are of a highly complex nature. Chemistry reveals that the aromatic plant manufactures tens or hundreds of different aromatic molecules and interacts with the complexity of the human body. Essential oils are increasingly analysed like synthetic drugs and are 'embedded' in the 'anti' framework. That's not to say that this framework is wrong, rather that it is partial.

In this 'anti' framework, phenol-rich essential oils are used for their anti-microbial, anti-virus, antiseptic, anti-fungal, and antibiotic properties. We use essential oils to fight against bacterial, fungal, and viral conditions using specific molecules found in essential oils.

Through my research in New Physics, together with my medical and clinical background and my close connection to nature, I have discovered that the real potential of essential oils is not so much in killing or fighting (the 'anti' framework). On the contrary, their intrinsic value resides in their ability to 'add value': we need to understand that using essential oils in this 'antibiotic', 'anti-viral' framework is inadequate. The real potential of essential oils resides in their 'anaxiobiotic' power. In Greek *ana* = to add, *xio* = value, *bio* = life — literally, essential oils have the ability to 'add life'.

We need to raise awareness on when to use the molecular 'anti' approach and when to use the anaxiobiotic approach. I use the anaxiobiotic framework when I use essential oils for their mucolytic properties. For example, essential oils such as *Eucalyptus dives* (piperitone), menthoned Geranium (*Pelargonium tomentosum*, rich in iso-menthone), and Caraway (*Carum carvi*) or Dill (*Anethum graveolens*) (carvone) are not used to kill microbes. The aim is to add value by modifying the growth medium upon which microbes thrive. Deprived of their thick, rich and nutritious mucus, they cease to pullulate, which facilitates the action of the immune system upon them.

Essential oils, by their very nature, hardly match this linear, mechanistic, 'anti' framework vision: in fact, this framework accounts for only 20 per cent of their healing potential. To tap into the remaining 80 per cent we need a shift from our prevailing current approach.

This Newtonian and Cartesian framework dictates the vision of health in various fields, from orthodox medicine to aromatherapy. In its way of thinking our modern medical and pharmaceutical world is still ruled by *The Discourse on the Method*, published in 1637 by René Descartes, and the *Philosophiae Naturalis Principia Mathematica*, a masterpiece published by Isaac Newton in 1687. This old mechanistic paradigm is still in use in 2009 in university medical schools and in current medical practice. But it is now time to go beyond the 300-year-old Newtonian-Cartesian paradigm because it is unable to provide answers to today's challenges. We need a new, flexible framework which has the ability to adapt to new conditions.

A NEW FRAMEWORK

I have started to use a new flexible framework which I call Quantum Aromatherapy®. My research began with theories of Relativity and Quantum Mechanics and has evolved into theories of self-organising and dissipative structures, creative chaos, and synchronicity. In order to comprehend an essential oil in its true nature, the scientific discipline that is adapted for this task is the science of complex systems and New Physics.

Albert Einstein, Niels Bohr, Max Planck, Werner Heisenberg, Wolfgang Pauli, Erwin Schrödinger, Louis de Broglie, Richard Feynman, Paul Davies and many more physicists laid the groundwork for Quantum Aromatherapy®.

WHAT IS QUANTUM AROMATHERAPY®?

To unravel the code of essential oils I looked at aromatherapy from the Quantum Aromatherapy® viewpoint. This encompasses both meta-molecular and holonomic approaches and is integrated into the larger framework of New Physics.

I have combined key principles of physics with my knowledge as a medical doctor and my 30 years' experience working on thousands of patients worldwide.

New Physics and Quantum Physics have led me into major discoveries and I have used seven life-enhancing and life-changing principles to restore health with aromatherapy. I call it the 'Seven-ness of Quantum Aromatherapy®'. These seven principles allow us to harness the full potential of essential oils in a deep way to restore health.

The seven Quantum Aromatherapy® principles include the 'double nature frame'. This was the basis of my discovery about the essential oil of Fragonia™ that has become a staple essential oil in Quantum Aromatherapy®. It took me from an analytical molecular approach to a meta-molecular perception. The composition of Fragonia™ essential oil shows a perfect triangle between the three molecular families of oxides, monoterpenes and monoterpenols. In addition, I discovered that the fractal structure, based on the golden proportion which exists between the molecules of monoterpenols, was at the root of the power of Fragonia™. This meta-molecular pattern

endows this essential oil with harmonising and healing power that goes far beyond what the classical analytical approach would allow.

Had I looked at this essential oil from a merely molecular perspective, I would have classified it as a common respiratory essential oil. The meta-molecular approach enabled me to understand how *Fragonia*TM exerts such deep and long-lasting actions on a psycho-spiritual level.

The space-time principle too represents a major breakthrough in the field of Quantum Aromatherapy[®]. I have noticed that, when dealing with respiratory diseases, the more complex the disease is, the more evolved – in time – the plant should be. I noticed the relevance of this ‘time’ principle when Eva L., aged 22, came to me for treatment for her asthmatic condition. I started with cineol from a species belonging to the Myrtle family (in geology 100 million years old) without significant improvements. I then used the time principle and turned to the Lamiaceae family (60 million years old): her asthmatic condition was healed. The time concept is crucial to treat complex health conditions.

When we think of the ‘space concept’ in the field of aromatic plants we need to connect geography with geology. Aromatic plants from the Southern hemisphere bear common potentialities. I have witnessed their deep potential in raising the consciousness. Why are plants from the Southern hemisphere similar in terms of potential healing? To answer this question we need to trace back aromatic plants to the time of Gondwana.

“Aromatherapists need to explore essential oils in new, creative ways”

Gondwana gave birth to South America, Africa, Arabian Peninsula, Madagascar, Australia, India and New Zealand. In my Quantum Aromatherapy[®] sessions I have learned how to use aromatic plants from Laurasia (the northern part of Earth) and aromatic plants from Gondwana to reconnect the Southern consciousness with the Western consciousness. In Quantum Aromatherapy[®], we consider Gaia as a living, purposeful aromatic planet. This concept gives rise to powerful research and applications.

There is another principle – Chaos Theory. Any disease is perceived as a kind of vicious circle which keeps patients in a state of imprisonment. The way to unlock the blockages is to create a new ‘attractive nucleus’ that will draw patients out of their prison of disease. If this principle is ignored or overlooked patients will move from one kind of disease to another. I have seen a number of women shifting from sore throat conditions to cystitis conditions, from sinus problems to vaginal thrush, from eczema to asthma, from intestinal problems to rheumatism.

The disease has not been healed but has shifted and is still in the patient’s system. To get rid of the disease, therapists need to create a state of *transitory unbalance*. When we know how to apply this principle to essential oils we can set patients free from situations of repeated suffering.

CPD IN QUANTUM AROMATHERAPY[®]

Dr Daniel Péroël will run a CPD course in Quantum Aromatherapy[®] in France this summer. The CPD module 1 will be conducted in English and held in the Drôme Valley from Saturday, 11 July to Tuesday, 14 July 2009.

This course, says Dr Péroël, “provides aromatherapists with a unique understanding. It allows them to thrive in their personal life as individuals and therapists and to build up the skills to tap into the great power of essential oils. Health professionals willing to take their knowledge to the next level will explore the way that leads to a new understanding of health and its disturbances”.

For more information on course costs and a detailed programme, please email penoelschool@orange.fr or call 00 33 4 75 76 83 42.

A further principle of Quantum Aromatherapy[®] is Non-Locality. This principle is something I am fortunate enough to witness living in the south of France, near Provence. To make the most of essential oils, we need to consider the plant as a dynamic, evolving, adaptative and highly sophisticated system that is in permanent connection with the influences of the surrounding world.

I have a close contact with plants. Over several decades I have had access to a pool of information by being surrounded by plants and trees during winter (pine, juniper) and, in spring and summer, plants such as lavender and thyme. Through this first-hand experience and observation I was able to re-connect essential oils with their surroundings and the reality of their environment. To grasp the biochemical composition of essential oils we need to turn to their original cradle – the world of nature. We discover that the plant is a living, evolving being and constantly needs to adapt itself to environmental influences such as soil, heat, and temperature.

I can observe how they react to adverse weather conditions and see how they evolve. The moving life of the plant has a direct impact on the fixed liquid in the vial. For example, thymol exists in the genus *Origanum* and in the genus *Thymus*. Both belong to the Lamiaceae family. When I observe those plants, I see that *Thymus* has the ability to manufacture wood and has a long life. *Origanum* is a herbaceous and seasonal plant.

When implementing a deep immune-restoring programme for a long-term treatment I would turn to a perennial plant which manufactures wood. The Non-locality principles helped me understand why the thymol molecule in the genus *Origanum* or the genus *Thymus* do not elicit the same results in the healing patterns. Learning the non-local properties of essential oils and their link with nature is crucial for a therapist. This non-locality principle explains that the essential oils remain connected to the life of the plant itself. I now use

this knowledge in my Quantum Aromatherapy® sessions to create adequate treatments.

I would like to share one last major principle of Quantum Aromatherapy® – Consciousness. In current aromatherapy practice throughout the world, therapists focus on turning to pleasant scents for their patients. This is a major aspect in emotional crises but, when deep transformational work is needed, I bypass the common nicely-fragranced essential oils and turn to essential oils endowed with a 'disturbing' smell.

In my practice I usually introduce new essential oils to my patients and see how they react. If patients find the smell disturbing, that tells me that there is an emotional, sexual, spiritual, or psychological blockage. I am highly likely to choose this 'disturbing' essential oil to dig deep into the archetypal and sub-conscious level to trigger a shift of Consciousness. In Quantum Aromatherapy® I have developed a range of highly specialised techniques and devices to facilitate this shift.

CONCLUSION

The Principles of Quantum Aromatherapy® help to accelerate the healing process by creating a new approach towards sustainable health for the patient.

In Quantum Aromatherapy® it is vital to create a dynamic intervention between the therapist, the patient and the aromatic plant since the mind of the therapist guides the unfolding of the healing process. We need to move from our double-blindedness to a triple awareness to unveil the greatest role essential oils are now about to play. A deep mental revolution is needed in the way we think, in the way we feel and in the way we act. This is the most powerful 'side benefit' stemming from the continuous and regular practice of aromatherapy.

Today there is a need for aromatherapists to acquire deeper, more systemic approaches, to extend existing knowledge, and to take their understanding an extra mile to restore their own health and that of their patients.

It is my belief that Quantum Aromatherapy® will allow aromatherapists to explore essential oils in new creative ways and help to trigger this transformation within their minds and spirits.

A medical doctor and pioneer of medical aromatherapy Daniel Péroël MD has an international reputation as an essential oil researcher, aromatic medicine practitioner, educator and author who has dedicated his three-decade career to the therapeutic use of essential oils. He is co-author of *L'aromathérapie exactement* and *Natural home health care using essential oils*.

CNHC update

The IFPA Council welcomed the launch of the Complementary & Natural Healthcare Council (CNHC), announced on 19 January 2009. Within an hour of its launch the IFPA office was buzzing with members' enquiries about the new Council.

To recap, work towards voluntary registration began in 1999 with the House of Lords report on Complementary Medicine which made recommendations regarding CAM practice. These included more research and CAM effectiveness, more rigorous education, training programmes to establish good standards of competence, and a recommendation that CAM practitioners should work towards professional regulation.

The Prince's Foundation for Integrated Health (FIH) has been working with the medical profession, those allied to medicine, nursing, academics and CAM practitioners and two years ago established a Federal Working Group (FWG). This model gave the CNHC a governance structure that is clear, fairly simple but robust, with identified lines of communication and responsibilities.

The CNHC has Boards and Panels that will work in an advisory capacity, ensuring that education and practice meet recognised standards. It will also process complaints from the public and support its members through its conduct/complaints procedures.

The CNHC has been supported and backed financially by the Department of Health, suggesting that the government is taking CAM regulation seriously. Health Minister Ben Bradshaw welcomes the CNHC as 'open for business' and as a facility to which the public can turn for help. He hopes that both the public and practitioners will gain increased confidence and reassurance that complementary treatments are safe.

Each profession must have its own standards of education and practice verified by the CNHC before a therapist may join the Council. Currently, only the Nutrition and Massage professional bodies have this status. Over the coming months, the Aromatherapy profession will progress this work through the CNHC's Profession Specific Boards (PSBs). Once this work is completed aromatherapists will be able to seek CNHC membership (we hope to bring you an update in the next *In Essence*).

We do not envisage that this will be a difficult or prolonged process for aromatherapy since the IFPA has the required standards of education, training and practice in place via its accredited schools and, of course, full IFPA members meet these standards already.

For more information on the CNHC visit www.cnhc.org.uk. Members should be aware that joining the CNHC will not replace membership of a professional association (such as the IFPA) which provides membership benefits not available elsewhere.

Ann Leach – Chair, IFPA Council

MARCH

- 20 Ayurvedic facial, County Durham, £70 **ETHOS**
- 20 Aromatherapy for headaches and migraines, with Kate Nellist, Hinckley, £90 **PPA**
- 20 Sitting back massage, with Tracy Barnes, Ash, nr Aldershot, Surrey £95 **SEED**
- 21 Aromatherapy in Wound Care, with Martina Connolly, Sligo, €95 **BW**
- 21 Angel workshop, Dublin, €70 **OBU**
- 21 Saturday Club (niaouli and clove oils), with Debbie Moore, Hinckley, FREE **PPA**
- 21 Body energies, with Sally Woods, Ash, nr Aldershot, Surrey, £95 **SEED**
- 21–22 Baby massage Part 1, with Alison Bayliss, Hinckley, £180 **PPA**
- 21–22 Hot stone massage, with Anita James, Barrow-in-Furness, Cumbria, £190 **SEED**
- 21–23 Ten common injuries workshop, with Dr Ben Benjamin, Filey, N.Yorks, £360 **SLS**
- 22 Product Sales Training, Dublin, €30 **OBU**
- 22 Assessing and treating hip & leg problems, with Sally Woods, Ash, nr Aldershot, Surrey, £95 **SEED**
- 23–24 Ayurvedic Indian head massage, with Alison Perrott, Barrow-in-Furness, Cumbria, £190 **SEED**
- 23–25 March, 21 April, 19 May Ayurvedic massage, County Durham, £400 **ETHOS**
- 25 Hot stone therapy, with Sue Lincoln, Filey, N.Yorks, £85 **SLS**
- 26–27 Muscle testing, with Caroline Ingraham, Filey, N.Yorks, £200 **SLS**
- 28 Chi Kung Tuina, with P Scanlon, Sligo, €95 **BW**
- 28 Professional open day, Hinckley, £35 **PPA**
- 28–29 Maternity reflexology Part 1, with Susanne Enzer, Filey, N.Yorks, £250 **SLS**
- 29 Aromatherapy, Chi Kung & Hypertension, with Martina Connolly, Sligo, €95 **BW**
- 30 Chinese foot massage, with Alison Perrott, Barrow-in-Furness, Cumbria, £95 **SEED**
- 31 Integrated energy therapy (IET) Level 3, Dublin €200 **OBU**
- 6 Thermo–auricular therapy, with Linda Stokes, Filey, N.Yorks, £120 **SLS**
- 6–7 Aromatherapy and Ayurveda, with Alison Perrott, Barrow-in-Furness, Cumbria, £190 **SEED**
- 7 Retail Sales and Marketing, with Christine Fisk, Durham, £35 **ETHOS**
- 7 Retail sales and marketing, County Durham, £35 **ETHOS**
- 7–8 Lymphatic drainage massage Part 2, with Sofia Bedford, Hinckley, £180 **PPA**
- 7–8 Aromatherapy & Ayurveda, Barrow-in-Furness, Cumbria, £190 **SEED**
- 14–15 Ayurvedic facial and marma point face massage, with Alison Perrott, Barrow-in-Furness, Cumbria, £200 **SEED**
- 17–19 Deep Tissue Massage, Strategies & Treatment Plans, with James Earls, Sligo, €300 **BW**
- 18 Spiritual massage and advanced healing techniques, with Emmalene Katayama and Linzi O'Boy, Hebden Bridge, West Yorkshire, £70/£75/£80 (NB: 3 tiered pricing system: for no household income/low household income/fully waged) **YSNH**
- 18 Introduction to Flower Remedies, London, 5% discount to IFPA Members, **NYR**
- 18–19 April, 16 May, 20 June Diploma in remedial massage, County Durham, £300 **ETHOS**
- 18–19 16 May, 20 June, L3 Remedial Massage, with Christine Fisk, Durham, £300 **ETHOS**
- 18–19 Kinesiology for complementary therapists, with Sally Woods, Ash, nr Aldershot, Surrey, £190 **SEED**
- 18–19 Lymphatic drainage massage for people with cancer or inflammatory disorders, with Alison Perrott, Barrow-in-Furness, Cumbria, £190 **SEED**
- 18–19 Energy medicine – the scientific basis Part 2, with Mark Abadi, Filey, N.Yorks, £180 **SLS**
- 18–19 Aromatherapy and cancer care, with Paula Maycock, Filey, N.Yorks, £160 **SLS**
- 19 Product Sales Training, Dublin, €30 **OBU**
- 20–22 Intermediate massage, with Sofia Bedford, Hinckley, £270 **PPA**
- 22 Diploma in anatomy and physiology, with Sue Lincoln, Filey, N.Yorks, £475 **SLS**
- 23 Chemistry for aromatherapists, with Sue Lincoln, Filey, N.Yorks, £85 **SLS**
- 24–26 Indian head massage, Dublin, €300 **OBU**
- 24–26 Reflexology 1, with Lynne Hancher, Hinckley, £270 **PPA**
- 25 Saturday Club – Breathing easily, with Debbie Moore, Hinckley, FREE **PPA**
- 25 Light, colour and sound, postgraduate one-day workshop, Warwickshire, £79.99 inc VAT **PF**
- 25 Vertical reflexology, with Lynne Booth, Filey, N.Yorks, £120 **SLS**
- 25 Recipes for Natural Beauty, London, 5% discount to IFPA Members, **NYR**
- 25 Light, Colour & Sound workshop based on clinical data & research throughout 20th Century to modern day findings and practice, Warwickshire, £79.99 inc VAT **PF**
- 25–29 Reiki I with Martina Connolly, Sligo, €150 **BW**
- 26–27 24 May, 27 June, L3 Diploma in Reflexology, with Christine Fisk, Durham, £300 **ETHOS**
- 27 Hot stone therapy, with Sue Lincoln, Filey, N.Yorks, £85 **SLS**
- 28–30 + 1 May Remedial & sport-injuries massage, with Alison Perrott, Barrow-in-Furness, £380 **SEED**
- 29 Emotional freedom technique, with Tracy Barnes, Ash, nr Aldershot, Surrey, £95 **SEED**
- 30 Deep tissue massage, with Tracy Barnes, Ash, nr Aldershot, Surrey, £95 **SEED**

MAY

- 1 Acupressure for beginners, with Debbie Hodgson, Hinckley, £90 **PPA**
- 6 Clinical aromatherapy in childbirth, with Ethel Burns, Filey, N.Yorks, £100 **SLS**
- 6–7 Lymphatic drainage massage for people with cancer or inflammatory disorders, with Tracy Barnes, Ash, nr Aldershot, Surrey, £190 **SEED**
- 7 Head & Face Massage for pain relief and relaxation, with Sue Mann & Maureen Farrell, Rainford, Merseyside £90 **HYGP**
- 7–8 Integrated myofascial therapy, Level 1 with Ruth Duncan, Filey, N.Yorks, £240 **SLS**
- 8 Pregnancy massage, with Tracy Barnes, Ash, nr Aldershot, Surrey, £95 **SEED**
- 8–9 Advanced Massage, London, £200 **NYR**
- 9 Chakra balancing, with Sally Woods, Ash, nr Aldershot, Surrey £80 **SEED**
- 9–10 Foot reflex massage, Dublin, €200 **OBU**
- 10 Understanding meridian lines, with Sally Woods, Ash, nr Aldershot, Surrey, £95 **SEED**
- 9–10 Integrated Myofascial therapy, Level 2, with Ruth Duncan, Filey, N.Yorks, £240 **SLS**
- 11 Asthma treatments and aromatherapy, with Kate Nellist, Hinckley, £90 **PPA**
- 11 Acupressure for common ailments, with Anne Parry, Ash, nr Aldershot, Surrey, £100 **SEED**
- 11 Complementary medicine and public speaking, with Tracy Barnes, Ash, nr Aldershot, Surrey, £95 **SEED**
- 11 Introduction to emotional freedom technique (EFT), with Ruth Morris, Filey, N.Yorks, £95 **SLS**
- 12 Arthritis treatments and aromatherapy, with Kate Nellist, Hinckley, £90 **PPA**
- 12–13 Ayurvedic massage, with Tracy Barnes, Ash, nr Aldershot, Surrey, £190 **SEED**
- 12–13 Practitioners' emotional freedom technique (EFT), with Ruth Morris, Filey, N.Yorks, £240 **SLS**

APRIL

- 1–2 On-site massage, with Sue Lincoln, Filey, N.Yorks, £170 **SLS**
- 2 Reiki workshops Level 3 Part 2, Dublin, €150 **OBU**
- 4 Reflexology and the meridians of the feet, with Beryl Crane, Filey, N.Yorks, £100 **SLS**
- 4–5 Archangel therapy, with Denise Whichello Brown, Wells, Somerset, £165 **BC**
- 4–5 Assessing and treating neck and lower back problems, with Sally Woods, Ash, nr Aldershot, Surrey, £160 **SEED**
- 5 Auricular reflexology, with Beryl Crane, Filey, N.Yorks, £100 **SLS**



- 13 Care for the elderly using aromatherapy, with Kate Nellist, Hinckley, £90 **PPA**
- 14– 26 November Reflexology, with Denise Whichello Brown, Wells, Somerset, £795 **BC**
- 14 Pain management and essential oils, with Kate Nellist, Hinckley, £90 **PPA**
- 14–15 Practitioners' Emo trance training, with Ruth Morris, Filey, N.Yorks, £225 **SLS**
- 15 Cancer care and aromatherapy, with Kate Nellist, Hinckley, £90 **PPA**
- 15 Aromatherapeutic facial, Ash, nr Aldershot, Surrey, £100 + £5 materials fee **SEED**
- 16 Hopi Ear Candling, with Martina Connolly, Sligo, €110 **BW**
- 16 Chemistry of essential oils, Dublin, €150 **OBU**
- 16 Aromatic Indian head massage, with Emmalene Katayama and Linzi O'Boy, Hebden Bridge, West Yorkshire £70/£75/£80 (NB: 3 tiered pricing system: for no household income/low household income/fully waged) **YSNH**
- 16–17 Aromatic acupressure and meridian massage – Certificate course with Alan Stuart, first of two weekends, London, £295 **ITHMA**
- 16–17 Aromatherapy and the five elements: Essential oil energetics according to Oriental medicine – Advanced certificate course with Gabriel Mojay, London, £150 **ITHMA**
- 16–17 Business studies, with Alison Bayliss, Hinckley, £160 **PPA**
- 16–17 Pregnancy, babies & children aromatherapeutic massage, with Alison Perrott, Barrow-in-Furness, Cumbria, £190 **SEED**
- 18–22 Advanced massage techniques, with Tracy Barnes, Ash, nr Aldershot, Surrey, £475 **SEED**
- 18 Strain/counter-strain, with Tracy Barnes, Ash, nr Aldershot, Surrey, £95 **SEED**
- 18–19 Sports Thai massage, with Paula Edwards, Filey, N.Yorks, £200 **SLS**
- 19 Adaptation for Disabilities I, with Sue Mann & Maureen Farrell, Rainford, Merseyside £90 **HYGP**
- 19 Soft tissue dysfunction and muscle energy techniques, with Tracy Barnes, Ash, nr Aldershot, Surrey, £95 **SEED**
- 19–20 Indian head massage, with Sofia Bedford, Hinckley £180 **PPA**
- 20 Hands-free massage, with Tracy Barnes, Ash, nr Aldershot, Surrey, £95 **SEED**
- 20–22 Hot stone (optional Part 2), with Kate Nellist, Hinckley, £270 **PPA**
- 21 Trigger point massage, with Tracy Barnes, Ash, nr Aldershot, Surrey, £95 **SEED**
- 22 Soft remedial massage, with Tracy Barnes, Ash, nr Aldershot, Surrey, £95 **SEED**
- 23 Language of the feet – sole talk, Dublin, €125 **OBU**
- 23 Saturday Club – Hand and foot care, with Debbie Moore, Hinckley, FREE **PPA**
- 23–24 Baby massage Part 2, with Alison Bayliss, Hinckley, £180 **PPA**
- 24 Aromatherapy & Diabetes with Martina Connolly, Sligo, €95 **BW**
- 24 Stone therapy for reflexology, Dublin, €125 **OBU**
- 26 Qichi Foot Massage, with Christine Fisk, Durham, £70 **ETHOS**
- 28 Introduction to hypnosis, with Andy Oldfield, Ash, nr Aldershot, Surrey, £95 **SEED**
- 28–29 Intrinsic muscles of the pelvis, with James Earls, Filey, N.Yorks, £200 **SLS**
- 29 Posture analysis for good health, with Debbie Hodgson, Hinckley, £90 **PPA**
- 29 Hopi ear candling, with Anne Parry, Ash, nr Aldershot, Surrey, £100 + £9 materials fee **SEED**
- 30 Chakra massage blends/Chakra mists product workshop, Warwickshire, £79.99 inc VAT **PF**
- 30 Chakra Massage Blends/Chakra Mists Products Workshop, covering the application & implications of the effects of working with the 7 major Chakras, Warwickshire, £79.99 inc VAT **PF**
- 30–31 Anatomy trains, with James Earls, Filey, N.Yorks, £200 **SLS**
- 31 Study of Hydrosols – Fragrant Waters, their production and uses, with Dr Jane Collins, Rainford, Merseyside, £90 **HYGP**

JUNE

- 1 Aromatherapy & the elderly, with Alison Perrott, Barrow-in-Furness, Cumbria, £95 **SEED**
- 1 Body reading (Postural analysis) with James Earls, Filey, N.Yorks, £110 **SLS**
- 1–2 Return to aromatherapy or massage practice, with Alison Perrott, Barrow-in-Furness, Cumbria, £90 **SEED**
- 2 Subtle aromatherapy, with Alison Perrott, Barrow-in-Furness, Cumbria, £95 **SEED**
- 2 Nutrition for balancing hormones and managing weight, with Justine Bold, Filey, N.Yorks, £90 **SLS**
- 2–7 Zoopharmacognosy Diploma, with Caroline Ingraham, Filey, N.Yorks, £600 **SLS**
- 5 Tuina massage, with Debbie Hodgson, Hinckley, £90 **PPA**
- 5–7 Traditional Chinese medicine, Dublin, €300 **OBU**
- 6 Growth & Production of aromatic plants & essential oils, from the plant to the product on the shelf, with Dr Jane Collins, Rainford, Merseyside £90 **HYGP**
- 6–7 Aromatherapy & palliative care, with Sally Woods, Ash, nr Aldershot, Surrey, £160 **SEED**
- 6–7 Supporting the terrain, with Rhiannon Harris, Filey, N.Yorks, £220 early bird £190) **SLS**
- 8 Hot herbal compass, with Penny Price, Hinckley, £95 **PPA**
- 8 Joint manipulation and mobilisation, with John Gibbons BSc (OST), Filey, N.Yorks, £100 **SLS**
- 8–9 Ayurvedic massage, with Alison Perrott, Barrow-in-Furness, Cumbria, £190 **SEED**

- 8–9 Reiki 1, with Sue Lincoln, Filey, N.Yorks, £120 **SLS**
- 8–11 Remedial & sport-injuries massage, with Tracy Barnes, Ash, Nr Aldershot, Surrey, £380 **SEED**
- 9 Postural assessment and myofascial slings, with John Gibbons BSc (OST), Filey, N.Yorks, £100 **SLS**
- 9–10 Indian head massage (optional Part 2), with Sofia Bedford, Hinckley, £180 **PPA**
- 9–10 Ayurvedic massage, Barrow-in-Furness, Cumbria, £190 **SEED**
- 11 Ultimate foot experience, with Sue Lincoln and Claire Edwards, Filey, N.Yorks, £95 **SLS**
- 12 Hypno-massage, with Andy Oldfield, Ash, Nr Aldershot, Surrey, £95 **SEED**

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HYGP	Hygeia @ Phytobotanica tel: 01744 882908 info@phytobotanica.com
ITHMA	Institute of Traditional Herbal Medicine & Aromatherapy tel: 0208 3337637 info@aromatherapy-studies.com
NYR	Neal's Yard Remedies Ltd tel: 020 3119 5904 courses@nealsyardremedies.com
OBU	Obus Aromatherapy tel: 00 353 1 6282121 info@obus.ie
PF	Purple Flame Aromatherapy tel: 01676 542542 info@purpleflame.co.uk
PPA	Penny Price Aromatherapy tel: 01455 251020 info@penny-price.com
SEED	SEED Institute tel: 01229 470120 SEEDInstUK@aol.com
SLS	Sue Lincoln School of Holistic Therapies tel: 01723 518048 info@suelincoln.co.uk
YSNH	Yorkshire School of Natural Healing tel: 0845 6832559 or 07951 011423 emmalene@yorkshirenaturalhealing.com www.yorkshirenaturalhealing.com

NOTE: The courses listed on these pages are all offered by IFPA accredited schools (pages 34–35).

Course details and information correct at time of going to press

CHINA

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www.aromatherapyapa.com

Fleur International College of Professional Aromatherapy

The Hong Kong Management Association
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Fax 00852 2774 8503
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Abingdon & Witney College

Satellite school of Thames Valley University

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Abingdon OX14 1GG
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Tel 01235 216434
sian.cound@abingdon-witney.ac.uk
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Beaumont College of Natural Medicine

Unit 1 Heritage Courtyard
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Somerset BA5 2RR
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Fax 0871 9001986
info@beaumontcollege.co.uk
www.beaumontcollege.co.uk

Bradford College

Appleton Science Building
Tumbling Hill Street
Bradford BD7 1HY
Contact Christine Reilly-Smythe
Tel 01274 433415
admissions@bradfordcollege.ac.uk
www.bradfordcollege.ac.uk

ETHOS (Education, Training, Health and Online Services Ltd)

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Saltburn-by-the-Sea
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www.healinghandsltd.com

Institute of Traditional Herbal Medicine and Aromatherapy*

Regent's College Conference Centre
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London NW1 4NS
Tel 0208 333 7637
info@aromatherapy-studies.com
www.aromatherapy-studies.com
*Courses held in Central London

Jane Bates-Joyce Training

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Tel 01903 217854
jane@janebatesjoyce.com
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Kendal College

Milnethorpe Road
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Neal's Yard Remedies Ltd

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Tel 020 3119 5904 Fax 020 3119 5901
Contact Catherine Rolfe
courses@nealsyardremedies.com
www.nealsyardremedies.com

New College Durham

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Framwellgatemoor Campus
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Tel 0191 375 4250
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Penny Price Aromatherapy

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www.purpleflame.co.uk

Raworth International College of Natural and Sports Therapies

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info@raworth.com
www.raworth.com

S.E.E.D Institute

Therapeutic Division
Breakwater, Biggar Village
Walney, Barrow-in-Furness
Cumbria LA14 3YG (Courses held in Surrey)
Tel 01229 470120
SEEDInstUK@aol.com
www.theseedinstitute.co.uk

Shirley Price Aromatherapy

8 Hawley Road, Hinckley
Leicestershire LE10 0AN
Contact Louise Carta
Tel 01455 615466
enquiries@shirleypricearomatherapy.com
www.shirleyprice.com

Stratford-upon-Avon College

Satellite school of Thames Valley University

The Willows North, Alcester Road
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www.stratford.ac.uk

Sue Lincoln School of Holistic Therapies

The Evron Centre, John Street
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Thames Valley University Centre for Complementary Healthcare & Integrated Medicine

Faculty of Health & Human Sciences
Walpole House
18-22 Bond Street
Ealing, London W5 5AA
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learning.advice@tvu.ac.uk
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University of Central Lancashire Division of Complementary Medicine

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University of Derby

Faculty of Education, Health & Sciences
Britannia Mill, Mackworth Road
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University of Huddersfield

School of Human and Health Sciences
Dept of Health, Social Work and Community Studies
HW3-30 Harold Wilson Building
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University of Wolverhampton

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The Yorkshire School of Natural Healing

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JAPAN

The International Medical-Spa Institute

4-13-17-A Jingume
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Fragrant Studies Japan

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www.fragrantearth.jp

Guildford College of Aromatherapy

2-9-20 Watanabe-Dori
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Japan Ecole de Aromatherapie

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MH School of Holistic Studies

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Meguro-ku
Tokyo
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Tilia Ltd

Satellite school of Penny Price Aromatherapy

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MALTA

Professional Health and Beauty Services

**Satellite school of
Obus School of Healing Therapies**
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NORTHERN IRELAND

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Healing Arts College of Holistic Therapies

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SOUTH KOREA

Suwon Women's College

Franchise school of Fleur International College of Professional Aromatherapy

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viv@vibrant-space.co.uk
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MAIN ARTICLES PUBLISHED IN *IN ESSENCE*

SUBJECT	AUTHOR	JOURNAL	SUBJECT	AUTHOR	JOURNAL
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2008 IFPA Conference	–	V7 N3 p14	Dementia	Harding J	V1 N4 p22
A vision for change	Herbert P	V7 N3 p29	Dementia – definitions	Henry J	V2 N3 p23
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<i>Aniba Canellila</i> – Preciosa	Tams L	V2 N3 p26	Efficacy – how can we prove	Plum V	V2 N2 p20
Animal aromatics	Ingrahams C	V6 N3 p9	Egyptian luxuries (scent)	Manniche L	V1 N2 p20
Animal aromatics (horse)	Senior S	V7 N2 p10	Elemi – essential oil profile	Smith I	V7 N3 p13
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Anxiety states	Kisch R M	V1 N3 p22	Essential oil profile – carrot seed	Smith, I	V4 N4 p18
Are you treating clients with depression?	Lemon, K	V1 N3 p12	Essential oil profile – cistus	Smith I	V6 N3 p14
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Aromatherapy: myth or magic?	Buckle J	V5 N4 p10	Essential oil profile – khella	Smith I	V5 N2 p16
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ATC – Aromatherapy Trade Council Reports	Baker S	V2 N1 p 6	Far East – Research & practice (conference report)	de Valois B	V2 N1 p11
ATC – Aromatherapy Trade Council Reports	Baker S	V2 N3 p10	Fingertip massage for the face	Josling, C	V5 N1 p28
A trip into Tibetan medicine	Hagan S	V3 N2 p.13	Flouve	Smith I	V7 N2 p12
A turning point for aromatherapy	Howie, Dr J	V3 N2 p.10	<i>Fucus vesiculosus</i>	Smith I	V3 N4 p14
Autism	Ellwood J	V1 N3 p10	Future of Aromatherapy	Schnaubelt Dr K	V3 N3 p.10
Awaken your senses with living plants	Wildwood C	V3 N1 p22	Gardening	Harding J	V1 N1 p20
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Botany	Svoboda K	V2 N2 p 6	Health – multisensory approach	Spence Dr.C	V2 N3 p16
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Bronchitis – acute & chronic	Mojay G	V1 N3 p14	Holistic fertility Part 1	Bensouilah J	V 5 N4 p23
Brueglingen gardens	Robinson H & Anthony V	V7 N2 p17	Holistic fertility Part 2	Bensouilah, J	V6 N1 p24
Business: back to basics?	Vintner Eaton H	V7 N1 p13	Hormone balancer	Sorenson J M	V1 N1 p14
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Carrot seed (<i>Daucus carota</i>)	Smith, I	V4 N4 p18	IFPA Case History of the Year Award	–	V3 N1 p5
Case study	Booth L	V 5 N4 p20	IFPA in China	–	V2 N4 p17
Case study – facial spasm	Scott A	V2 N2 p23	India – visit to	Hagan S	V1 N4 p27
Case study (stress & joint pain)	Montague, B	V4 N4 p15	In search of the rose	Hagan S	V5 N2 p18
Cedarwood (Chinese). Odour profiling	Burfield T	V1 N2 p14	Inspiration in a Swiss garden	Robinson H & Anthony V	V7 N2 p17
Chamomile & pain	Buckle J	V1 N2 p8	Insurance	Balen D	V6 N4 p34
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Cistus	Smith I	V6 N3 p14	<i>Inula (Inula graveolens)</i>	Smith, I	V4 N3 p16
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CNHC	Wallace M	V7 N2 p9	Kanuka	Smith I	V 5 N4 p14
Cold sores	Bensouilah J	V 6 N2 p18	Kew	Harding J	V1 N1 p20
Cold sores	Buck P	V 5 N4 p16	Kew Gardens	Robinson H & Anthony V	V7 N1 p18
<i>Combava petitgrain</i> (<i>Citrus hystrix</i>)	Smith, I	V5 N1 p19	Kyphi	Manniche L	V1 N2 p20
Complementary & Natural Healthcare Council	Wallace M	V7 N2 p9	Labour – aromatherapy in	Preston J	V2 N4 p26
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Conflicts in relationships	Kisch R M	V1 N3 p22	Law notes	Baker S	V7 N2 p26
Coriander – essential oil profile	Smith I	V3 N2 p.26	Law reform	Baker S	V 5 N4 p9
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Marketing your business	Palmer A	V3 N4 p27	TCM & respiratory conditions	Mojay G	V1 N2 p25
Massage – Daoyin Tao	Haigh A-L	V2 N1 p28	Tea Tree – anti-fungal	Cassella S., Cassella J. & Smith I	V2 N1 p14
Massage – KISS Guide to	(book review)	V1 N3 p34	Tea tree – use it wisely	Howie J	V4 N1 p16
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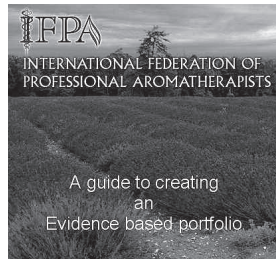
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