

## THE GROSS ERRORS IN AROMATHERAPY TEACHING

By Martin Watt

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See also: IATA conference lecture by Martin Watt, for additional information.

### Major errors in training course notes.

1. The total confusion of aromatherapy teachers and authors between the therapeutic activities inherent in the herbal extract and the essential oil.
2. The highly misleading, inaccurate and sometimes dangerous, generalisations of therapeutic activity based on single chemicals occurring in essential oils.
3. Most of these errors are also widely disseminated in the USA and Canada. I may be going over some old ground covered in previous articles, but when I see the same mistakes continuing to be taught, perhaps it is necessary to re-emphasise some points for the benefit of new readers.

The first page below contains extracts from the course notes of a well known figure in UK aromatherapy teaching; she has also served on standard setting committees!! The same person referred to in another article who was making illegal medicinal claims in sales literature for her oils.

The [second page](#) is compilations from commonly made claims by numerous aromatherapy teachers and authors. So much for the knowledge of leading trade teachers!

#### KEY:

Brown text are the teachers claims.

Ordinary text my comments.

Red illegal and dangerous.

#### Page 1

#### CYPRESS OIL.

"low blood pressure; poor circulation; varicose veins and haemorrhoids; urinary problems and cellulite. It is reduces excessive fluids in the body associated with conditions such as diarrhoea".

ALL of these actions could only be achieved via the use of the herbal extract. Since most essential oils are classified as 'rubefacients, i.e. increase capillary circulation, then the external application to varicose veins is more likely to cause irritation rather than cool the skin and astringe it. On the other hand, the application of a herbal lotion containing tannins and other compounds not occurring in an essential oil, may well have a cooling and astringent effect on the skin. Cypress oil for haemorrhoids may have a mild antiseptic and healing effect, but the traditional use was the application of a water-based solution, NOT the essential oil.

"Cypress to reduce excessive sweating".

How can it do that if a rubefacient effect of the oil does the reverse? Another corruption of the use of the herbal extract.

#### EUCALYPTUS RADIATA AND RAVENSARA.

"Good for HIV and AIDS".

There is no evidence that these oils can do anything for these conditions. Neither oil has undergone any Internationally acceptable testing for potential adverse effects. It is therefore unwise to use such substances on human skin and extremely unethical to use them internally.

#### FENNEL.

"Reduces obesity, water retention, urinary-tract problems, indigestion and babies' colic. Its oestrogen-like hormonal properties increase mother's milk".

To even suggest that the external application of fennel OIL can reduce obesity is ludicrous. The oil has not been traditionally used for that problem. Any references in traditional medicine are to the internal consumption of either the **seed** or a **herbal tea**. Fluid retention and effects on the urinary tract can be achieved via the internal use of the seed or oil. However, if these effects can be achieved via the external use of the oil is doubtful. The estrogenic effects of trans-anethol are still open to debate within the scientific community. It looks increasingly likely that it does not have this effect.

We must look at the traditional uses of this plant to find where all this nonsense has come from. The whole **seed** is what was used traditionally to increase mothers milk. Seeds of course contain many nutrients in a highly concentrated form, ideal for helping mother to produce good quality milk. The seed may also contain other water-soluble substances that may affect the hormone system. Such chemicals may not occur in the essential oil.

#### MELALEUCA VIRIDIFLORA (quinquenervia) NIAOULI.

Useful for "coronary, endocarditis, viral hepatitis, gastro and duodenal ulcers, biliary lithiasis, cholera, tuberculosis, cancer of the rectum"??

It is **outrageous** that a leading aromatherapy figure should teach such utter nonsense to unsuspecting students. So, for those who can't work it out for themselves, I will go through this list below:

#### "Coronary and endocarditis".

These are severe inflammatory conditions and **life threatening**. There is no evidence that externally applied niaouli oil can affect these conditions. More importantly, if someone was suffering such a condition they are likely to be in hospital and no aromatherapist would be allowed to treat it.

#### "Viral hepatitis".

A very nasty illness and also potentially life threatening. What on Earth is niaouli oil supposed to do? I I have never seen any research papers proving niaouli oil to be an effective virocid in-vivo. Most such information comes from the unreferenced publications and teaching of just two con artists from France.

#### "Duodenal ulcers".

What on Earth is the external application of oil of niaouli going to do for that? Since it is now known that most gastric ulcers are caused by helicobacter pylori, the oil would need to be given internally to have any effect. I have not seen any data showing tests on this organism using niaouli oil.

#### "Biliary lithiasis".

The suggestion that the external application of an essential oil is going to dissolve stones is just preposterous. Massage over such an organ is strongly contraindicated, because the potential exists to move the stone and impact it into the wall of the gall bladder. **This is quack medicine.**

#### "Cholera".

I am not aware of niaouli oil having been proven effective in-vivo. We must always be most cautious in assuming that tests conducted in petrie dishes will have similar effects in humans. This is a serious infection and foolish (illegal in some countries) for anyone other than a doctor to treat it.

#### "Tuberculosis".

I am not aware of niaouli oil having been proven effective in-vivo. This is a very serious infection and foolish (illegal in some countries) for anyone other than a doctor to treat it.

#### "Cancer of the rectum".

This sort of dangerous nonsense is just what gets aromatherapy looked on as 'quack medicine' by the mainstream medical profession. I could not believe my eyes when I saw this one. I have seen some rubbish in aromatherapy course notes, but this really tops them all. **This is quack medicine and from someone who has taught nurses on her lousy courses!!**

#### Some more from the same source as above:

#### Rosewood.

The native South American tribes have no known use for this essential oil. This means that ALL the therapeutic data hails from European practitioners. They largely based their therapeutic properties on the fact that the oil contains a lot of linalool. Since the isomers of linalool differ between species, one cannot possibly make a sound therapeutic judgement based on the occurrence of that chemical in an essential oil.

Various species of rosewood are on endangered species lists. Products from these protected species are banned under International trade agreements. Therefore, the importation of genuine rosewood oil might be illegal. Most rosewood oil is either synthetic linalool, or oil derived from the **leaves** of these trees. In which case it is a misleading trade description because a wood oil, can not be the same as a leaf oil. See other articles on Rosewood on this site.

#### Yarrow.

No varieties of yarrow oil have been adequately tested to ascertain if they are safe or not. Since fresh yarrow herb is a well-documented skin sensitiser, the potential for skin sensitisation for the essential oil can not be ruled out. Most of the claimed therapeutic effects are those attributable to the use of the herbal extract **not the oil**. Anti-inflammatory effects are those attributed to the azulene's (in some oils). However, certain chemotypes of yarrow contain no azulene's (the clear oils). Even if the blue oil is used, the fact that one component may be anti-inflammatory is useless if the oil also contains low levels of sensitising agents. These sensitising chemicals can be so powerful, that they may overcome the anti-inflammatory effects of the azulene's.

#### Page 2.

#### More common mistakes in aromatherapy teaching:

#### CHEMICAL COMPOSITION.

Attributing therapeutic properties to an oil based on the individual molecules that it contains is inaccurate. It displays a fundamental misunderstanding of the chemistry of essential oils. Making guesses as to the likely effects of an essential oil by examining its major chemicals is fundamentally flawed. That is particularly misleading where the external application of an oil is concerned.

The SMELL of an oil certainly contributes to its clinical effects. The major chemicals occurring in an essential oil commonly play little part in the fragrance of the oil. Key fragrance molecules frequently occur at only a few parts per million. Therefore, 99%+ of the chemicals in an essential oil may not contribute to its smell. Even if an oil is taken internally, the major chemicals may not be the most important ones. Most oils contain hundreds of different molecules and many of these are still unidentified. Therefore, one cannot dismiss the possibility of extremely important molecules of great therapeutic relevance also occurring in minute volumes in the oil.

#### "Ketones are known to be abortifacient".

There are no essential oils which can be legally purchased in Europe that are "known to be abortifacient". See article on Pennyroyal.

#### "Aldehydes are anti-inflammatory".

Such generalised properties given to chemical groups are extremely misleading and potentially hazardous. For example, cinnamic aldehyde in cinnamon bark oil is extremely irritating, so how can that be "anti-inflammatory"?

**I could go on for pages on these grossly over simplified statements on the therapeutic properties of essential oils based on their chemical make-up, but will leave it at this.**

#### Some other commonly found therapeutic claims:

#### Anaemia.

Yes some aromatherapy teachers still say essential oils can treat this condition. Many plant medicines and foods contain high levels of iron as well as other chemicals that may influence the production of, or oxygen carrying capacity of, red blood cells. However, these substances tend to be water-soluble and do not occur in essential oils. The suggestion that such a serious condition as anaemia can be influenced by the external or internal use of essential oils is appalling. **It could lead to life threatening illness** caused by ineffective treatments. Such a suggestion is beyond belief and defies all medical science as well as most traditional medicine knowledge.

#### Blood pressure high/low.

Since most aromatherapy course providers and authors have never been taught how to take blood pressure, how do they know what effects these oils may have? A group of nurses I trained in aromatherapy some years ago took the blood pressures of their clients before and after an aromatherapy massage. The tendency was a slight (3-4 mb) transient drop in pressure no matter which essential oils were used. This effect was probably as the result of the C.N.S. relaxation caused by the treatment. No increase in pressure was detected due to the unloading of lymphatic fluid into the circulation from the massage.

#### Conjunctivitis.

#### "Eucalyptus species, lemon, melissa, myrtle in an eye ointment".

The suggested oils for this condition are very hazardous. **Such oils would cause very severe inflammation and pain if they got into the eyes.**

#### Diabetes.

**Suggested oils-eucalyptus ssp, fennel, geranium, juniper, lemon, salvia lavandulaefolia.**

Does anyone seriously believe that aromatherapy can cure or even relieve this condition? Once again a **serious medical condition** that aromatherapists should not attempt to treat without a registered doctors back-up.

#### Hepatitis.

Many plants used as herbal extracts have been used for this condition. However, there is not a scrap of evidence, traditional or otherwise, that the same plants essential oil applied externally can have the slightest effect.

#### Lymphatic congestion.

Since there is no sound evidence that externally applied essential oils can reach the lymphatic system, then how can they "decongest" it? Surely, it is the **massage** that does that, not the essential oils used.

#### Sperm insufficient.

#### "Aniseed, fennel, geranium, rose".

Wow, medical discovery of the Century!! Essential oils applied externally increase sperm production do they?

#### Vision poor.

**Aniseed, black pepper, German or roman chamomile, fennel, hyssop, lemon, myrtle, rosemary.** Well how do you use them and how do they work? I have used all these and still need glasses. Sounds like another medical discovery of the Century, or quackery, you choose which!!

#### "Absolutes should not be used for therapeutic purposes".

IN FACT several floral absolutes have been extensively tested on humans for adverse effects and are passed as safe if used in the appropriate amounts. Several absolutes are permitted food additives under EU, FDA & WHO regulations. Solvent residues are subject to International regulations, and these levels are only a few parts per million if for food use. Therefore, the use on the skin in aromatherapy is perfectly safe, provided the maximum levels recommended by RIFM are not exceeded. As absolutes are cold processed, they represent the perfume found in the living plant much more closely than the equivalent distilled essential oil.

#### "Distillation was invented in the 13th Century, or by Avicenna".

In FACT Al Kindi an Arab physician circa 870 AD writes extensively in his 'Medical Formulary' & 'Book on the Chemistry and Distillation of Perfumes' about essential oils and distillation. His knowledge of the techniques would appear to be of even more ancient origin.

#### "Fennel, peppermint and rosemary should not be used in pregnancy".

This statement is ridiculous, they are all permitted food flavours. Peppermint is of course widely used in confectionery and many others products. The volume of oil getting into the body from an aromatherapy treatment will be far lower than from that in numerous foods and drinks. For example, if this theory were followed then a pregnant mother must not eat curries while pregnant. Strange that those Nations whose prime diet is curry and spiced foods seem to be overrune with children!

#### Traditional Chinese and astrological attributes:

Several Herbs in some peoples books & notes are given therapeutic and energetic properties based on Chinese traditional medicine, or astrological factors. However, when one looks in detail at the Herb's, surprising one finds that **some were unknown to the Ancient Chinese practitioners.** Therefore, any actions such as "regulates Liver-Qiā-clears heat" cannot be of Chinese origin but are Western inventions based on a weak understanding of Ancient Chinese astrology.

Herbs such as eucalyptus were unknown to the Ancient civilisations in the Northern Hemisphere. It was mainly their observations over thousands of years, which resulted in astrologically based attributes given to plants. Any planetary signs given to plants unknown in the civilisations referred to, have been 'made-up' in recent times by western practitioners and therefore have no historical basis whatsoever.

#### Summary:

Some of the groups members will be aware that I have been saying for a long time that quality of education within aromatherapy is a lottery. And that membership of certain trade associations who claim to 'set standards' in reality is no evidence of educational quality at all. I thought until I acquired the material mentioned above, that I had enough evidence. However, now I have a new stack to justify my claims that some appallingly dangerous and highly misleading trash is being taught and by so called 'leading lights'.

People often say "well if you don't like what is being taught, why don't you work with these people to improve things". My reply is "me work with criminally incompetent con-merchants, you must be joking". My definition of a con-merchant: Someone who makes money by selling low quality, phoney or dangerous goods and services, or giving the impression that they have a good knowledge of their subject when in fact it is very weak. People in the health care business that do this should be jailed for fraud.

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