

Complementary Health Professionals



Aromatherapy Diploma Course



STUDY NOTES FOR MODULE ONE

CONTENTS

This diploma course is benchmarked to the National Occupational Standard and to the Aromatherapy Council's Core Curriculum set by the profession as part of regulation policies.

Book List
Introduction
Aromatherapy – Origins and Background
What Is Aromatherapy?
What Is An Essential Oil and Safety Precautions of Use?
Buying Essential Oils
What are Vegetable Carrier Oils?
Plant Families
Methods of Manufacturing
Cautions and Contraindications
Dilutions for blending
Dermal Absorption & Skin Types

WHAT YOU WILL LEARN

On successful completion of this module you will be able to:

- Discuss the origins and history of Aromatherapy.
- Describe in detail the different methods of manufacture.
- Define what an essential and vegetable oils are.
- Apply different methods of aromatherapy in the correct percentages
- Understand plant family concept and plant genus
- Understand the different types of extraction from the whole plant to obtain the essential oil
- Be able to blend oils in the correct dilutions and take into account cautions and contraindications

BOOK LIST FOR MODULE ONE

- *Aromatherapy – An A-Z* (ISBN 085207 18SX) Patricia Davis
- *Encyclopedia of Essential Oils* (ISBN 1-85230-311-5) Julia Lawless
- *Shirley Price's Aromatherapy Workbook: Understanding Essential Oils - From Plant to Bottle* (ISBN: 0722526458) and *Aromatherapy for Health Professionals* (ISBN: 0443062102) S. Price
- *The Art of Aromatherapy* (ISBN: 085207140X) Robert Tisserand
- *Essential Oil Safety: A Guide for Health Care Professionals* (ISBN: 0443052603) Tisserand/Balacs
- *The Complete Guide to Aromatherapy* (ISBN: 0646428969) Salvatore Battaglia
- DANIELE RYMAN'S AROMATHERAPY BIBLE: AN ENCYCLOPEDIA OF PLANTS AND OILS AND HOW THEY HELP YOU, PIATKUS BOOKS; NEW EDITION (27 FEB. 2002) ISBN-10: 074992313X
- *Liquid Sunshine: Vegetable Oils for Aromatherapy* (ISBN: 0954329503) Jan Kusmerik

There are many, many other books on aromatherapy which you may find useful during this course of study. Check out your local library.

INTRODUCTION

This module will introduce you to the basic elements of Aromatherapy: how Aromatherapy has evolved through the centuries and the civilisations that have been responsible for its development.

It explains the basic concepts of aromatherapy and what constitutes an essential oil. There is also a brief explanation as to what a carrier oil is. Essential oils and carrier oils will be explored in much more detail in a later module.

You will discover how essential oils are extracted and the many different ways essential oils can be applied. Essential oils are a very powerful force of nature and great care is needed when handling them, therefore, basic precautions have been included in this module so you can begin to handle them safely.

Finally, one of the most common ailments of today is stress and you will find that if you begin to practice a large proportion of your clients will come to you with some form of stress-related problem. A part of this course therefore, deals with stress and the manifestation of stress in the generic modules.

This first module will give you background knowledge and a grounding in aromatherapy, which is important, so you are able to understand the subsequent aromatherapy modules.

A word of warning – Precautions should be taken if you are pregnant before handling essential oils. There is a full list of oils to be avoided during pregnancy in Module 3.

Please note, in the UK we do not use essential oils internally. Only a medically qualified herbalist has the knowledge and skills to prescribe oils in this way. Therefore this course is using essential oils for topical application only and this excludes the use of pessaries.

Most of the citrus oils are phototoxic (react with sunlight) so avoid going into the sun or using sunbeds/heatlamps when using these oils.

If you suffer from asthma or any form of respiratory condition, please remember that oils are very strong. Do not expose yourself to them for long periods of time. There are certain oils and methods of use that should not be used by epileptics and asthmatics.



AROMATHERAPY

ORIGINS AND BACKGROUND

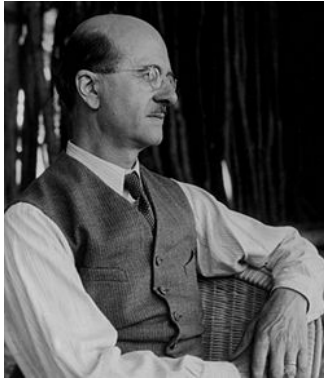
Aromatherapy is derived from two words: *aroma* - meaning fragrance or smell, and *therapy* - meaning treatment.

Aromatherapy was used by the most ancient civilisations and is reputed to be at least 6000 years old. Although thought to have begun in Egypt it is likely that once man had discovered how to make fire he cooked aromatic herbs and burned them for their aroma. Through this, man probably learned some of the properties of herbs through trial and error; which invigorated them, or made them drowsy, and attributed them with power. This led to offering them to the Gods in early forms of ritual and magic. 'Smoking' a patient is one of the earliest forms of herbal treatment still carried on by North American Indians who use sage bundles to cleanse the body.

From this point, aromatherapy went through various forms and part of your first assignment will be to write an essay of between 1000 to 2000 words on the history of aromatherapy using the table below as a title to each paragraph within your essay. You will be able to research this information through most aromatherapy books and use the internet (See the portfolios coursework sheets attached with this module).

1. Earliest human kind and use of smell and plants
2. Ancient civilisations - Chinese, Egyptian, Greco-Roman, etc.
3. Rituals and religion
4. Avicenna
5. Middle Ages and Herbalism
6. 19th Century medicine
7. Gattefosse
8. Valnet
9. Maury
10. The modern role of aromatherapy

WHAT IS AROMATHERAPY?



Aromatherapy is a term coined by French chemist René Maurice Gattefossé in 1928 to describe the practice of using essential oils taken from plants, herbs, trees, roots, grasses and flowers, to promote the well-being of the whole person. It is the 'essence' of the oil, its chemical properties, that gives them the therapeutic value the oil might have. E/O's are not really oils (chemically) but as they float on water, in Medieval times they were called 'Chymical Oyles' as oils float on water, as do volatile essences.

Aromatherapy, like all complementary therapies, aims to treat the 'whole' person, taking into account the emotional and mental state as well as the general well-being or presenting symptoms of a client. It also means discovering their self-image and their lifestyle habits, such as diet, fluid intake, job, family life, hobbies etc. As complementary therapists, we build up a whole picture of the client through the consultation process and decide from that how best to meet the needs of the individual. This is how we make a decision on what oils to use, how to administer them and what dilutions to use them in.

Aromatherapy is also described as being 'especially effective treatment for stress-related problems and a variety of chronic conditions' (Aromatherapy Council 2005). Therefore, aromatherapy is particularly well-suited to all conditions that have their roots in stress or are aggravated by stress. Complementary Health Professionals offers a course in Stress Management that you may wish to explore once you are a qualified aromatherapist and this will also count towards your continuing professional development (CPD).

It is a common misconception to believe that aromatherapy is only administered through massage. This is only one method of application. We can also use compresses, inhalations, baths, creams and lotions etc. We will explore this below.

Aromatherapy works on the premise that the most effective way to prevent illness is to strengthen the body's own immune system. In this way, aromatherapy helps to restore the harmony between the mind and body, a harmony that is constantly being sabotaged by the stresses of modern living! Aromatherapy is an excellent way of keeping healthy and should be used as a preventative treatment and not just when we show signs of illness.

It is ironic that Plato wrote these words below over 2,000 years ago and we have only just woken up to the concept of 'holistic therapy'

'The cure of the part should not be attempted without the treatment of the whole and also no attempt should be made to cure the body without the soul and therefore if the head and body are to be well, you must begin by curing the mind: that is the first thing for this is the great error of our day in the treatment of the human body, that physicians separate the soul from the body.'

Plato, Chronicles

ESSENTIAL OILS

The most important ingredient in aromatherapy, apart from a good pair of hands is the essential oil, considered to be the basic material of aromatherapy.

Essential oils are highly concentrated volatile aromatic extracts which are distilled from a variety of aromatic plant material including grasses, leaves, flowers, needles and twigs, peel of fruit, wood and roots. An essential oil is a product made by distillation with either water, steam, carbon dioxide extraction or by mechanical processing of citrus rinds and by dry distillation of natural materials. Following the distillation, the essential oil is physically separated from the water, leaving hydrosols.



As the oils are highly volatile and evaporate very quickly on contact with the air and do not tolerate light, they should be kept in air-tight, dark glass bottles during storage, and lids should be replaced as soon as possible when using them to prevent oxidation. They are best stored at or just below room temperature, so a wooden box is ideal.



When mixing oils for an aromatherapy massage, aromatherapists blend only what is needed as once essential oils are diluted in a carrier base, their life expectancy is greatly reduced, even if you use a fixative. When blending essential oils in a carrier base for clients to take home and use, instructions must be given clearly and you need to include a best before date of around 3 months. We will discuss this in more detail later.

THERAPEUTIC PROPERTIES

1. All essential oils are antiseptic, some are anti-viral, anti-fungal and anti-inflammatory.
2. They can be stress relieving and energising, stimulating or sedative. This is through the effect on inhalation and the brain which we will study separately
3. They are probiotic (as opposed to antibiotic), meaning they can differentiate between harmful and good bacteria.
4. They tend to be synergistic (some better than others), they enhance each other. Oils mixed together actually strengthen their properties. *Citrus bergamia* is a good example.
5. They have a quenching effect, which is a term used when one component will suppress the harmful effects of another. Quenching occurs when constituents of an oil prevent side effects caused by other constituents that would be harmful on their own if extracted. This is Mother Nature working at her very best.

EXPERIMENT TO TRY AT HOME

Put a drop of essential oil on a piece of blotting paper. You will see that the oil will first impregnate the paper and then evaporate, leaving no oily mark!



PRE

CAUTIONS WHEN USING ESSENTIAL OILS

When using essential oils the following precautions should be considered:

- **VENTILATION**

Ensure the room you are working in is well ventilated and that the air is circulating efficiently. If air is not properly ventilated, the smell of the essential oils will affect both yourself and the client, making you feel nauseous and light headed. You may even develop a headache.

- **EYES**

Keep essential oils away from the eyes. Should an essential oil come into contact with the eye, use a pure vegetable oil to flush it out. **NOTE:** Using water does not dissolve the essential oil. If the stinging does not subside, then consult doctor or local casualty department.

- **SENSITIVITY AND SKIN IRRITATION**

Occasionally a person's skin may be sensitive to a particular oil, usually the more stimulating ones. Take care in choosing an oil for any client who suffers from dermatitis, eczema, or cracked, fragile skin. If skin irritation does occur, then plain sweet almond oil soothed on the affected part will help the irritation subside. A cold compress will also help. We will be exploring which oils are more likely to cause irritation or sensitivity as we study the oils in depth.

- Be aware from the beginning that some oils are photo-toxic due to their content of coumarins (we will study this later). It means that they react to direct sunlight so clients should ideally not sunbathe after you have applied these oils: bergamot, fennel, angelica, cumin, verbena, and all the citrus oils (see Tisserand Safety Data Manual).
- If the patient is receiving or taking homoeopathic remedies do not use: black pepper, camphor, peppermint, eucalyptus or any strong smelling or mint oils as this will negate the homeopathic remedy. If the patient is seeing a homeopath, check with them first that an aromatherapy treatment is desirable, otherwise just massage with base oils.
- Clary sage should not be used within 24 hours of consuming alcohol. We will look into this statement more fully when studying the oil. Combination of this oil with alcohol can give rise to nightmares and cold sweats.

BUYING ESSENTIAL OILS



It is very important to select pure, natural, good quality oils for use in Aromatherapy from a reputable supplier. The **Aromatherapy Trade Council**, who represents the aromatherapy essential oil industry in the UK and has a list of suppliers who have all signed up to consumer safety and responsible marketing, consistent high standards and to providing accurate up-to-date information. Members are bound by the ATC's voluntary industry Code of Practice for: Safety, labelling and packaging; a random testing programme for essential oils;

scrutiny by their peers; ethical concerns, e.g. animal testing and the conservation of medicinal plants; and consequently are recognised by the regulatory authorities as

responsible suppliers. You can view their list of members of their website at www.a-t-c.org.uk or telephone for a General Information Booklet on 01673 844 672.

The price of the oil will give you a good indication of its quality. Buying cheap, poor quality oils would only be a false economy as they may not do the job properly and could even cause allergic reactions. Good quality oils will ensure optimum results for your clients/patients and enhances your reputation as a professional aromatherapist.

WHAT ARE VEGETABLE CARRIER OILS?

Essential oils are never used on their own, except from 1 or 2 drops of Lavender or Tea Tree on a minor burn or spot. They are blended into a base or vegetable carrier oil or other carrier media. The vegetable carrier oils have certain therapeutic properties of their own, especially to the skin. Some can act as fixers to help the longevity of a blend.

Unlike essential oils, vegetable oils are greasy and come under the heading of 'fixed oils', which do not evaporate, leaving an oily mark on absorbent paper.

Cold pressed vegetable oils can be divided into three main groups:

- ◆ **Basic Oils** - these make up the highest proportion of a massage mix. These are much paler in colour than the specialised oils, e.g. Grapeseed and Sweet Almond Oil.
- ◆ **Specialised Fixed Oils** - these are more often used as a percentage of the main mix as they are generally too thick to use on their own, e.g. Avocado and Wheatgerm Oil.
- ◆ **Macerated Oils** - these are plant extracts in a basic fixed oil, e.g. Calendula and Carrot.

Vegetable oils can be extracted from nuts or seeds by two methods:

- (a) Cold Pressing. This is a costly process where the nuts or seeds are placed in a horizontal press with an enormous screw. As the screw turns the oil is squeezed out and drips into a trough below.
- (b) Hot Extraction. The process of extracting the oil from the nuts and seeds involves very high temperatures of up to 200°C. During this process the colour and natural odour is removed and damages the vitamin and enzyme content of the oil. Extracting oil by heat does give the oil more stability and a longer shelf life, which is useful for use in the food industry, but has no place in the practice of Aromatherapy.

NOTE: Only buy more cold pressed carrier oils for the purpose of Aromatherapy, as they retain their essential vitamin content.

A list of Base Oils as described in the National Occupational Standards can be found in Module 2.

ESSENTIAL OIL DISTILLATION

THERE ARE THREE MAIN TYPES OF ESSENTIAL OIL DISTILLATION:

Hydro distillation

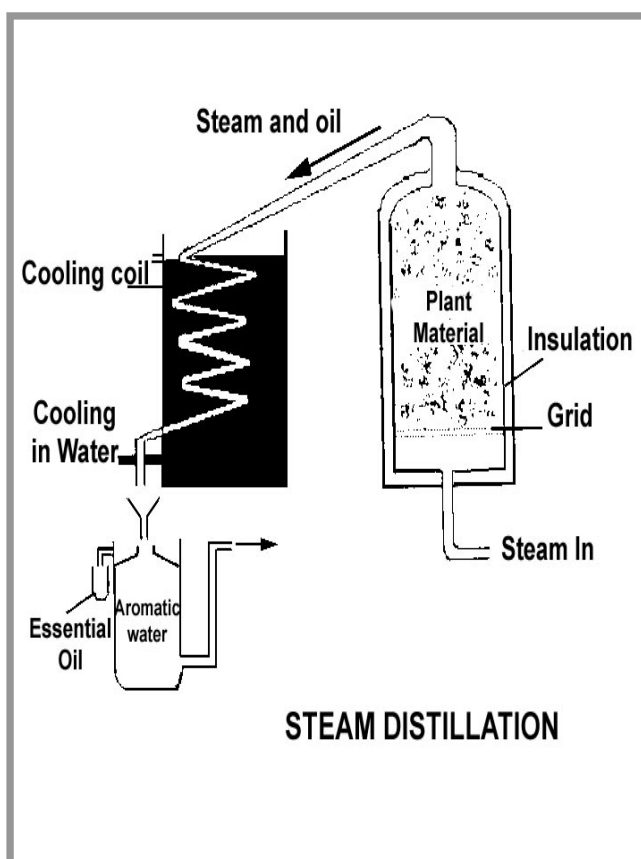
The plant material is placed in a copper container with water and heated from below. This method is used in 3rd World countries, but many esters and fragile components are lost. Rose and Melissa yield more oil when in contact with water.

Water and steam distillation

In this method a grill separates the water and plant material with water heated from below. Wet steam passes through the plant matter producing an oil and hydrolat. Some stills have jackets around the water to increase the steam. Rosemary, Lavender and Lavandin are examples that work well this way. There is a risk of overheating and burning.

Steam distillation

This is the most modern form of steam distillation in which you can control pressure and moisture content of the steam dependent on the plant matter used. Steam is injected at the bottom of the chamber and percolates up through the plant matter, condensing on each plant layer and giving off heat to bring successive layers to boiling point. This upward condensation carries with it accumulating amounts of essential oils and steam vapour. When the appropriate temperature



reaches the top of the chamber (the mass of plant material) the oil that has come to the surface starts to boil and the upcoming steam carries these vapours into the condenser where they are condensed back to liquids and the essential oil (eo) separates from the water (hydrolat), usually floating to the top of the collection vessel. Some eo's, e.g. Cinnamon,

are heavier than water and therefore sink to the bottom of the collector.

CO HABITATION

This is a method used for oils like Rose. Rose is rich in alcohols with little in the oil while the hydrolat is saturated. Recycling the hydrolat with fresh plant material increases the amount of oil, as the hydrolat cannot absorb more molecules.

HYDROLATS

True hydrolats are equally part of the distillation process as essential oils. They can have very different chemistry from the essential oils, as some components are water-soluble. They are excellent for use with elderly and children as they are gentler than the eos, but need to be used within one month of opening as they are 97% water and can contain bugs. They should be stored in the fridge. (See module 3).

NATURE IDENTICAL

This is the name given by the pharmaceutical industry to perfumes and oils produced synthetically, for example, Carnation and Gardenia. These synthetically produced products have a totally different character to naturally occurring essential oils and are not suitable for Aromatherapy use. Nature identical oils are said to be about 96% accurate but it is the other 4% which is the vital element defining a particular fragrance.

INFUSED OIL

This is produced by mixing a vegetable oil with an aromatic plant and heating them. (This process is known as maceration.) The oil that is produced is fragrant, very greasy and does not evaporate. These oils are easy to make and have been produced for many thousands of years.

ESSENTIAL OIL

This is a highly fragrant, non-oily, essence extracted from a single botanical plant by the process of distillation and evaporates easily. The French consider that only essences extracted by distillation are true essential oils. Some oils are naturally coloured; some are thin and some thick so be aware when dispensing them.

These oils must be stored in dark coloured bottles, tightly capped, in a cool place as heat, oxygen, light and moisture adversely affect them. If stored under the correct conditions, as described, the oils should keep for 1 to 2 years. However, oils like Patchouli are considered by perfumers to improve with age, whilst citrus oils such as Lemon and Orange are best kept for about 6-12 months only. Some of the essential oils, particularly Rose, Neroli and Jasmine, are very expensive due to the fact that it takes many delicate petals of these flowers to produce a small amount of oil. Melissa is expensive as it has a low yield, despite being a prolific plant and this is why it is often adulterated. It has been estimated that more than 8 million Jasmine flowers are required to produce one kilogram of Jasmine oil.

AROMATIC OIL

This term can be used to describe either infused oils or essential oils.



METHODS OF OIL EXTRACTION

Distillation - we have already discussed this process and it is the most popular method used today. Watch the video on Moodle to understand the process fully.
<https://www.youtube.com/watch?v=QxoW3bpU4BQ>

Maceration - this method has been discussed above under infused oils.
<https://www.youtube.com/watch?v=7U-ktfOqVz0>

Enfleurage - this method uses wooden frames with plate glass on top which is covered with warm lard. Flower petals are spread over the layer of grease and replaced at regular intervals until the lard is saturated with the essence. Alcohol is then used to wash the grease and obtain the essence. Any remaining lard can be used in soap making. This method is useful for essences, which tend to disappear in the process of distillation but is used very rarely these days.



Expression - the peel of lemons, limes, oranges and other citrus fruits is pressed by machine allowing the liquid to fall onto a container. Watch the Youtube video on Moodle to see how this is done. Prick some peel yourself and squeeze it to get some essential oil on your fingers. It smells divine!

Solvent Extraction - a hydrocarbon solvent is added to a drum containing plant material to help dissolve the essential oil. The solution is then filtered and concentrated by distillation and a substance containing resin known as a resinoid, or a combination of wax and essential oil known as concrete remains. The oil is finally obtained by a process of extraction using pure alcohol. The alcohol then evaporates and the residual solution is called absolute. It is not recommended to use oils extracted by this method as the solvents are toxic substances and there is always a small residue left behind in the oil, which could cause allergies and affect the immune system. Rose and Jasmine can be extracted by this method.

Carbon dioxide - this is a recently developed method though not actually a form of distillation but solvent extraction. Carbon dioxide or butane can extract the essential oil from the plant when liquefied under high pressure. The chemistry of these essences differ from essential oils taken from the same plant. Heavier components like sesquiterpene, lactones (sensitisers) come through which are not in oil, or only in small amounts. However the smell is closer to the plant.

There are various more efficient and economical processes being developed all the time. The same plant can sometimes be treated by different methods to obtain different oils. Orange essential oil is produced by the method of expression from the skins of oranges while Neroli essential oil is produced from the orange blossom by enfleurage and Petitgrain from the leaves and twigs by steam distillation.

PLANT FAMILIES

Why do we need to know this as aromatherapists?

It gives you an understanding of the plant and its family, which helps with blending and eventually its chemistry too. It also makes identification easier and it is also necessary to understand taxonomic principles and plant evolution (see module 3). Knowing the Latin names of plants and their families is the only way you can ensure you are buying the right essential oil. Lavender has over 40 species and the chemistry differs for each one. The chemistry also differs where the plant is grown and even the altitude will effect the composition (chemotypes (C.T.)).

A **family** is the botanical category above genus. Each family contains many genera (the plural of genus) that share like characteristics. Example, *Pelargonium graveolens* is a member of the family Geraniaceae (je-râ-ni-Â-sê-ê). See <http://overplanted.com/resources/latin.php#L> for correct pronunciations of plant families.

Genus

This refers to the record for a particular genus, which is the term for a group of closely related species. Each genus will contain one or more species/plant records. The genus is properly printed in italics.

Example

Plant Family : Rutaceae – 44 members including the genus 'Citrus'. Within this genus there are 21 species i.e. *Citrus aurantium* (bitter orange), *Citrus aurantiifolia* (lime), *Citrus aurantium* ssp. bergamia, (bergamot), which is more commonly known under it's synonym *Citrus bergamia*, *Citrus limon* (lemon), *Citrus reticulata*, (tangerine; mandarin orange; satsuma; clementine), *Citrus sinensis* (sweet orange) and *Citrus x paradisi* (grapefruit). We will look at this in more detail in module 3.

List of common plant families used in aromatherapy

<u>Annonaceae</u>	This family contains only one species and that is <i>Cananga odorata</i>
<u>Burseraceae</u>	The members of this family are known to be expectorant and helpful for bronchitis. They also assist in wound healing and ulcers and help reduce scar tissue. These 'oils' are in fact resins from trees and include <i>Boswellia sacra</i> and <i>Commiphora myrrha</i>
<u>Asteraceae</u> <i>This family was previously named Compositae, although that name is now obsolete. The International Botanic Congress changed the name so that all plant family names end 'aceae'</i>	All the flowers of this family are daisy-like, lots of little flowers together, hence it's name. The general properties are antiseptic, soothing and anti-inflammatory to the skin and digestive system. The plant that, as Aromatherapists, we use are the Chamomiles, Garden marigold and African Marigold. Examples therefore are <i>Chamaemelum nobile</i> , <i>Matricaria recutica</i> , <i>Tagetes glandulifera</i> , <i>Calendula officinalis</i> .

<u>Cupressaceae</u>	Like with the Pinaceae family, these belong to the conifers. The main two oils that interest us as aromatherapists are: <i>Cupressus sempervirens</i> and <i>Juniperus communis</i> . Both contain approximately 70% monoterpenes, around 40% is pinene. Both oils are said to reduce nervous tension, are antirheumatic, and astringent.
<u>Geraniaceae</u>	There is only one plant in this family and that is the Geraniums. In aromatherapy we use <i>Pelargonium graveolens</i> but there are many many varieties of geraniums. All are said to be insect repellents which is why you see them on verandas in the Mediterranean.
<u>Lamiaceae</u> <i>This plant family was previously named Labiatae, but this name should now no longer be used</i>	This is the largest plant family containing all the well known herbs. All labiatae are known for their penetrating aromas. The main oils produced from this family are uplifting, antiseptic and some are antiviral. The family is not a simple one, some members have more alcohols, some more aldehydes and some of the herbs need more care than others when using them as essential oils. Examples are: <i>The Lavandulas, Origanum marjorana, Ocimum basilicum, Pogostemon cablin, Salvia sclarea, Thymus vulgare, Mentha piperita, Rosmarinus officinalis.</i>
<u>Myrtaceae</u>	Within this family it is easy to release the tiny oils pockets in the leaves by snapping them in half, and in turn release the aroma. All are highly antiseptic, tonic and stimulant, so useful for infections. Most myrtaceae contain quite a bit of cineole oxide which causes stinging on open wounds. Examples are the various Eucalyptus trees, <i>Melaleuca alternifolia, Melaleuca viridiflora, Myrtus communis, Syzygium aromaticum</i>
<u>Oleaceae</u>	For aromatherapists this gives us <i>Jasminum officinale</i>
<u>Pinaceae</u>	Another large family, although in Aromatherapy, we do not actually use that many of it's members. All essential oils from this family are antiseptic and good for respiratory problems. Examples are <i>Cedrus atlantica</i> and <i>Pinus sylvestris</i>
<u>Piperaceae</u>	This refers to <i>Piper nigrum</i>
<u>Poaceae</u>	The two plants we use from this family are both grasses, however <i>Cymbopogon citratus</i> is distilled from the grass, but <i>Vetiveria zizanooides</i> is distilled from the roots. The traits of these oils is their affect on acne, aches and pains and their effect on the circulatory system where they act as stimulants.

<u>Rosaceae</u>	An easy one to remember because this relates to the Queen of Oils; the Rose. Oils we will study are <i>Rosa damascena</i> (Rose Otto) and <i>Rosa centifolia</i> .
<u>Rutaceae</u>	These are the citrus oils and are all good for the digestive tract and are beneficial to skin healing. The family also includes the oils of Petigrain and Neroli, both <i>Citrus aurantium</i> as the are from different parts of the Orange Tree.
<u>Santalaceae</u>	This family gives us sandalwood oil. The oil from the Mysore region of India, <i>Santalum album</i> , has always been considered the best, but recent smuggling of it has left the industry in a bad state and costs have spiralled. Australian sandalwood oil has now flooded the market; <i>Santalum spicatum</i> .
<u>Styracaceae</u>	The 'oil' which interests aromatherapists is not actually an oil but a gum resin. This is <i>Styrax benzoin</i> . The gum is processed into a tincture by macerating it with alcohol. The resin is then extracted by using hot or cold alcohol to produce an absolute. A resinoid is produced by using a hydrocarbon solvent. In aromatherapy we prefer to use the resin absolute and that is what is offered for sale.
<u>Apiaceae</u> <i>This family used to be named Umbelliferae but this name is now no longer used.</i>	Physically, the flower heads of this family resemble upside down umbrellas, hence the name! The seed oils of this family are very balancing for digestion. Many are also uterine stimulants and may be possibly abortive if mis-used – these are particularly those that contain phenols or ketones. Examples are <i>Anethum graveolens</i> , <i>Angelica archangelica</i> , <i>Carum carvi</i> (carraway), <i>Daucus carota</i> (carrot seed), <i>Foeniculum vulgare</i> , <i>Petroselinum sativum</i> (Parsley seed/leaves) <i>Pimpinella anisum</i> (aniseed).
<u>Zingiberaceae</u>	This family gives us <i>Zingiber officinale</i> ; Ginger oil.





CAUTIONS AND CONTRAINDICATIONS

As the benefits of Aromatherapy are in general terms so far reaching, it is tempting to assume that it will be good for everyone. Unfortunately, this is not the case and there are certain medical conditions which may make the treatment prohibitive, need medical supervision or need you to adapt a treatment to suit.

COMPLETE CONTRAINDICATIONS are as follows:

Migraine

Migraine is generally an absolute contraindication to aromatherapy as the mere smell of the oils at the time of a migraine attack can make the sufferer feel very nauseous and can even worsen their condition. You need to look at what the underlying cause is and if stress is not the main cause, then you may be better to refer to another modality, such as acupuncture. You can still support the patient with aromatherapy treatments if the other therapist feels this would be beneficial and not interfere with the other form of therapy. We will discuss how to work with other healthcare professionals later in the course.

Pyrexia/very high fever

As **massage** stimulates the flow of blood and lymph, it can also raise a temperature and in the case of a client already suffering from a fever, it could be raised to dangerously high levels or certainly make them feel worse. Instead offer the patient a cool compress with febrifuge oils such as eucalyptus or make up a blend with instructions for them to take home to use.

Heart conditions or high blood pressure

It is important to contact the patient's GP before treating any one with a heart condition. However, once the GP confirms that there are no medical reasons not to offer aromatherapy and massage, the necessary adjustments can be made. Certain aromatherapy oils along with gentle massage can help to reduce blood pressure and subsequent stress on the heart and body.

History of haemorrhage

Do not give aromatherapy with massage to anyone with a history of brain haemorrhage and embolic and thrombotic strokes - transient ischaemic attacks can be treated once you have consulted their medical professional(s)).

Recent operations and scar tissue

After surgery, massage may be contraindicated in certain circumstances and you would need to speak with the medical staff looking after the patient for advice. Scar tissue should not be massaged for six months as the skin is still very tender and could tear. A compress may be used instead.

Unexplained pain and inflammation

The body uses pain to tell you something is wrong and inflammation is a natural protection against injury and disease. You need to tell your patient to go and seek medical attention and receive a diagnosis before you can treat.

Unexplained oedema

As above, you need the patient to receive a medical diagnosis before you can consider treatment as there may be a serious underlying cause, such as heart or kidney problems.

Do not massage anyone who has consumed **alcohol, narcotics**, or anyone who has just **consumed a large meal**. Do not massage someone if they are **feeling nauseous** as massage will probably cause them to vomit.

Bruising/Sprains and Strains

Never massage over severe bruising or any sprains, fractures or dislocations less than six months old. You could use cold compresses with certain essential oils to help the healing process. You should also not massage over open wounds or septic areas and neat essential oils should never be placed onto these.

Flu and colds

Flu is normally associated with a fever, therefore, you do not massage as it increases blood flow and therefore fever. If the client is suffering from a cold then common sense will need to be used to determine whether they are well enough for massage to be applied, it would be very inconsiderate of the client to spread their germs, so colds may be treated at the therapist's discretion.

The **CAUTIONS** to aromatherapy for those cases which are **restricted in use**, are listed below:

Young babies and children under 2 years of age

Use a low ½ to 1% dilution. Lavender, Roman Chamomile and citrus oils are most suited, although there are others you can use for certain conditions with care.

Pregnancy

Avoid all oils listed as an emmenagogue in effect and where there is a general caution against them for pregnancy. These could potentially affect the mother or her unborn baby, as it is not known whether oils pass into the placenta on their circulating journey or not. Limited research is available on aromatherapy in pregnancy for obvious reasons. There are a few oils that may be used after the third month and before the sixth month. Always be certain of the oil's properties before you apply. We will discuss the use of oils in pregnancy later in the course. It is however important that her midwife and GP is aware that she is receiving aromatherapy treatments from you, so as professional courtesy, a letter should be written. You are not allowed by law to attend a birth without a midwife being present.

Epilepsy

Certain oils can stimulate the central nervous system and could bring about a convulsion where the patient is prone to regular attacks. Avoid Rosemary, Hyssop, Fennel, Sage (*Salvia officinalis*) and Wormwood.

Menstruation

Massage during a period is fine but avoid emmenagogue oils as these may make the flow heavier. Ask the client if they would like a light tummy massage with analgesic oils as this may be beneficial, although some women may prefer you to miss it out.

Varicose vein, Deep Vein Thrombosis, Phlebitis

Never massage over large visible veins (i.e. varicose veins as you may rupture the vein **wall and possibly dislodge a clot into the general circulation**). You can use oils in a compress or use very light stroking over the area. With varicose veins you can massage above to vein but not below with any pressure.

Cancer and any potentially fatal conditions

Any fatal condition, notably cancer of the lymphatic system, would be a contraindication to treatment, as although aromatherapy works on the premise of cleansing the body, and massage is also a stimulating treatment, it could cause the already cancerous cells to reproduce and migrate to a more fatal part of the body. However, other types of cancer are not known to be spread through aromatherapy treatments and aromatherapy is now being used more and more as part of palliative and cancer care. Generally speaking, massage with essential oils may not always be the ideal choice, especially if the patient is undergoing chemotherapy, but you can always offer inhalations on tissues, compresses etc., to help support the patient through a difficult time.

Benign tumours remain localised within the tissue in which they occur and growth is slow. Malignant tumours may spread to other body regions through migration of cells (metastasis), usually through the blood and lymphatic system.

Warning signs of cancer:

- ◆ Sores that do not heal
- ◆ Unusual bleeding
- ◆ A change in appearance or size of a wart or mole
- ◆ A lump or thickening in any tissue
- ◆ Persistent hoarseness or cough
- ◆ Chronic indigestion
- ◆ A change in bladder/bowel function

If you suspect anything, do not alarm the patient (but early detection is advantageous). Instead point out the changes you have noticed and explain that it is important that these changes are checked out by their GP. Current research shows that aromatherapy and massage can support the immune system's battle with cancer. The massage must be light and oil dilution low. However, you should only work under medical supervision and if this area is of interest to you, attend for further training once qualified (i.e. Bristol Cancer Centre).

Prescribed medications

We need to be aware of prescribed medications the patient may be taking. You can access this information on the British National Formulary (BNF) website www.bnf.org. You should ask patients/clients to bring a list of medications they are taking so that during the consultation process you can research the drugs, their actions and side effects.

Certain medication could interfere with the effects of aromatherapy and GP consultation is always advised if the client is on any medication. We will study the interaction between drugs and medications later in the course. We will also look at

how to write to a GP when dealing with a patient who is being treated with medication or has a pathology that may require supervision.

Skin Type/Pathologies

Be aware of skin type and conditions. Elderly people may have parchment skin that tears easily. Massage would be contraindicated but you can offer creams/lotions and compresses to help.

Diabetes

With diabetes you will need to contact the G.P. to check that correct insulin levels have been reached if the client has been recently diagnosed. Otherwise, you can treat diabetic patients normally.

HRT and Nicotine patches must be removed before massage if your patient has one on as massaging over them could increase absorption of the chemicals.

Other considerations are **recent inoculations**. Wait at least 48 hours but in our experience, better to wait a week.

Osteoporosis

Usually this is fine but if the osteoporosis is advanced, it is best to confirm treatment with the client's GP first.

If in any doubt, always contact the patient's GP before an aromatherapy treatment. (This can be in the form of a prewritten letter to their GP. You must seek the client's approval to send this letter – covered later in the course.)

Treat your clients safely and they will respect your judgement. This in turn will promote confidence and the therapist/client relationship.



SYNERGY, BLENDING AND DILUTIONS

THE BASIC RULES OF BLENDING

When it comes to blending, our nose is a good guide 'the nose knows!' When blending, important aspects are chemistry (oils with similar chemical constituents blend well together), plant families, plant types (i.e. florals blend well together – woods blend well together etc.), and you have to think about dilution ratios depending on the individual you are treating.

People frequently ask if there are any oils which should not be mixed together, and the answer really has to be; YES. This is why knowing the chemistry of essential oils is so important as certain oils do pull in opposite directions. Knowing the aromas intimately is the 'art' of aromatherapy and blending does get easier with experience. Knowing the fragrances and their 'notes' as used in perfumery is also advantage as well as understanding chemotypes. All this will be covered later in module two.

In aromatherapy we use ½ to 3% dilution in a carrier, depending on the pathology, the person, their skin types, their emotional state, the essential oils we are using and the type of effect we require. There are in fact lots of factors to consider and blending is an art and it will take you many years of trial and error to perfect, but this is part of the fun!

How do you calculate a 1% dilution?	1 drop of essential oil in 5mls of base oil.
How to you calculate a 3% dilution?	3 drops of essential oil in 5ml of base oil
Now you calculate the number of drops in a 100ml lotion base using a 1% dilution.	
Calculate the number of drops in a 100 ml base using a 3% dilution.	
How many drops of essential oil would I add to a 60 gram jar of base cream using a 2% dilution?	

Personal experimentation is the only way to really learn the art, for the unique quality of essential oils is that they possess an array of therapeutic possibilities, which can be mixed into endless combinations. There is no wrong or right blend for an individual, just what you decide as a therapist is right for a client at that moment, taking into consideration their medical history and adhering to contraindications and safety considerations. The most important element is that you can explain your choice of oils and the desired outcomes you want to achieve.

- Do not blend more than 3 or 4 oils at a time until you have gained enough experience. By initially keeping to a maximum of three or four oils per blend, it is possible to keep in touch with their individual scents and qualities. Then you can slowly build up a personal vocabulary of odours. Even once you are experienced, you will find it better to keep to 3-4 oils per blend, although you can go up to 5 or 6. Alternatively, you could just use 1 or 2!
- You will find certain oils harmonise better than others and there is a ratio in which they blend better than others. This depends on the type of oil (for example stronger concentrated oils such as rose and jasmine require less drops in a blend) and whether or not they are cautioned for skin sensitivity etc. After you have used several blends, you will begin to learn instinctively what proportions of certain oils to use, e.g. a base note only requires a few drops and a top note requires much more.
- When blending, always remember that essential oils are very powerful and concentrated and often minute proportions of an essential oil can affect the healing process.
- Check the properties of the oils that you are blending thoroughly, and make sure that they complement each other.
- Remember that a blend has to be aesthetically pleasing to your patient to be therapeutically beneficial.
- If you wish the blend of essential oils to keep their scent for the maximum time possible, then your blend must include a base note with a lower volatility rate, which will, in effect, 'fix' the blend for you. In a blend that includes a carrier, you can use heavy vegetable oils, such as wheatgerm to help fix it.
- Certain oils will enhance any blend, mostly due to their complex chemistry. Rose and bergamot are good examples.
- When blending factor in the time of day and what the client is doing after the treatment too.

PATCH TESTING

As skin and body reactions to essential oils may vary between individuals, it is important to carefully monitor any sensitivities or allergic reactions that arise after commencing their uses.

It is common practice of experienced users when using a new oil for the first time, to do a skin 'patch test' on a small area of skin. Patch testing involves placing a small amount of the diluted essential oil (remember to never use essential oils undiluted on the skin) on the inside of the elbow and cover with a bandage (band aid or sticking plaster). Wait 24 hours to see if there is any form of reaction.

This method should be used if you are concerned about skin sensitivity due to varying factors (i.e. medication, auto-immune disease or skin pathology).

A simpler method is to test the blend on the inside of the elbow, and wait for a minute or two and note if any reaction such as skin reddening or pricking sensation occurs. If so you need to wash the area and start again. Use this method for all other clients.

SYNERGY

By blending together two or more essential oils, the resultant blend will not simply be a combination of the combination of the properties of the different oils together, but it

will stand out as having its own individual properties, as if you had created a new essential oil. Whatever the combination, the **whole is more than the sum of the parts**. This is called a synergy.

These synergistic blends are very powerful in their effect, and the interaction of the particular essential oils upon each other gives vibrancy to the whole, which could not possibly be achieved by using single oils alone. An increased potency and effect can be achieved in a synergistic blend, without increasing the dosage, for example:

- The anti-inflammatory effect of Roman Chamomile is greatly increased by adding Lavender in the correct proportions.

It is this combination of mutually enhancing oils that create a synergy. In order to be effective at blending and creating synergies, you will require a deep understanding of the character of each oil, a lot of intuition and a good deal of personal practice.

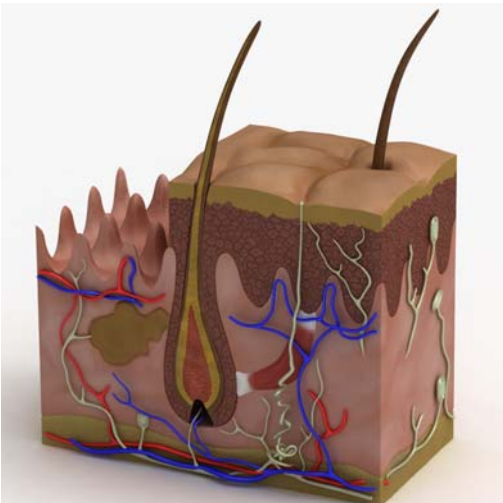
A successful synergistic combination created for one person, may be totally inappropriate for another and in order to create an effective blend you must not only take into account the symptoms to be treated, but also the underlying cause for the reasons of the disorder, along with the emotional and psychological factors.

ADAPTOGENS

Adaptogens will initiate a reaction in the body to achieve a state of balance or normalizing:

- Lemon has an effect on the nervous system, acting as a sedative when needed, or as a tonic.
- Peppermint is an oil which will adapt to act as a relaxant or a stimulant, whichever is needed to harmonise the body.

This apparent contradiction of terms can often confuse a beginner of Aromatherapy, but will come with practice.



DERMAL ABSORPTION

Essential oils penetrate the stratum corneum via the skin surface and then pass through the dermis and then enter the general circulation. This is accepted as being the most important route for essential oils to work in aromatherapy and a full body massage is the usual way aromatherapy is administered, although the oils are also used in lotions, creams and other carrier media, compresses and baths for dermal absorption. Where a full body massage is not possible, a back massage is indicated because 'the back presents the single largest expanse of skin of any body area' (Davis P. 1988 pp.218 1.).

According to Gattefossé R.M. (1937 p.62 2.), who is considered to be the 'father of aromatherapy' as he coined the term 'aromathérapie', cutaneous absorption of volatile substances has been demonstrated physiologically and clinically and is better if the product is brought to body temperature. However, he did recommend that the

skin is cleansed first with a solvent and that the substance is not too volatile as to dissipate into the air. It must also dissolve fats rapidly and he suggested they be dissolved in alcohol.

Some drugs are now administered in the form of skin patches, and this is taught as being 'conclusive evidence' that essential oils are freely absorbed in a similar manner; however according to Watt (2003) 'Even hormone patches require the solution of the hormones in alcohol or other solvents in order to permit their absorption by the skin'. Valnet (1980) on the other hand gives that, 'The skin's absorptiveness has always been exploited in the treatment of general conditions (e.g. with iodine paint or friction rubbing with liniments based on garlic, olive oil or camphor). The modern pharmacopoeia contains many ointments whose active principle (anti-coagulant or hormonal), is designed to have an effect on the whole body through rubbing on the skin.' (Valnet Dr J (1980) p71).

The 'Mother of Aromatherapy' is a title affectionately given to Madame Marguerite Maury and in her book '*Guide to Aromatherapy*', first published in French in 1961 (p71), she surmised that essential oils penetrate the bloodstream via the capillaries and cites Dr Badmadjeff as the source of this information. It is through her research that we use massage in aromatherapy today as she had originally given her clients essences to inhale yet had found this to be a temporary and unsatisfactory form of treatment. Robert Tisserand explores Mme Maury's work (1980 p71 6.) and explains that cutaneous penetration of essences is slower, more diffuse and therefore safer than inhaling or indeed ingesting them. In the UK, aromatherapists do not administer essential oils internally as only a medically trained herbalist has the knowledge and training to prescribe this safely. All our work is done through cutaneous absorption and inhalation and it is sometimes proffered that internal ingestion means that essential oils are altered by chemical digestion/enzymes. However, Burfield (2007) also states that metabolic changes of absorbed essential oil components by enzymes within the dermis, may frequently occur.

Another key figure in aromatherapy teachings, Dr. Jean Valnet, confirms that research existed at the time of writing his book that proved essences pass through the layers of skin to be rapidly circulated in the blood and eliminated by the lungs and kidneys. He cites studies carried out by Valette C. 1945 where oils were used on rabbits (Valnet Dr. J. (1980 p69 4)). However according to Watt (2003), 'Human skin is far less permeable than animal skin' and so this may not be an accurate representation of what occurs in aromatherapy on humans.

It follows that all the books written subsequently on aromatherapy have remained faithful to what has been written before and have published that essential oils are readily absorbed through the skin (P. Davis 1988 p9 1., Ryman D. 1984 p 41 8., Lawless J. 1992 p.26 9., Price S. 1993 p8 10. etc.). Websites also follow suit with statements such as 'Many essential oils are lipophilic, meaning that by their molecular design they want to jump into tissues containing protein, like our skin' (<http://www.bioexcel.com/admin.htm>). Price cites Gattefossé's research on absorption taking between 30 minutes to 12 hours to be totally absorbed after rubbing on the skin, confirmed by another researcher; Schilcher (1984).

In addition, Vickers A. (1997 pp.143-144) gives useful evidence confirming dermal absorption. Vickers 11. also says in his book that most aromatherapy books are written for the lay person and certainly this is true for a large amount of the literature

available to the aromatherapy student. Most do not check the sources of their information and those that do often do not support the claims being made (Vickers A. 1997 p.64).

So why does there exist this extreme controversy about dermal absorption of essential oils?

Surely this is not helping the aromatherapy profession to become a credible source of healthcare as we all want it to be. With regulation of the profession now established we need to have conclusive proof of what we say aromatherapy does and solidarity if we are to work alongside mainstream healthcare providers and continue the growing trend of integrated medicine. Massage is only one way of using essential oils but all the topical applications rely on essential oils penetrating the skin and entering the blood. The other way volatile essential oils enter the bloodstream is through the respiratory tract and this is where some of the dermal absorption research goes wrong. As constantly argued by Watt M., much of the research fails to make adequate precautions to prevent inhalation of the essential oil vapours. Therefore, of course essential oil molecules will be found in the blood due to inhalation and this does not prove dermal absorption occurs conclusively.

In an article by Ron Guba (2004) he confirms that essential oils are absorbed by the skin, but states that 'with topical applications, we cannot assume full absorption of applied essential oils. If we do not occlude (or cover) the site of application, as is generally the case with topical Aromatherapy applications, the dose is significantly lessened by evaporation. It is clear that topically applied essential oils will penetrate the epidermis of the skin'. One American study found that 75% of an applied dose of various fragrance compounds was absorbed through human skin when the skin was covered after application. When the skin was left uncovered, the total amount absorbed dropped to only 4.0% (Battaglia S 1995 p136 13.). It seems prudent therefore that all aromatherapists should cover the area just massaged and where blends in carrier media have been applied, with warm towels or blankets. This would actually be a lovely way of relaxing, covered in warm blankets after or even during an aromatherapy treatment. However, it is an area that still requires further research to understand how a variety of different factors (such as the type of essential oil compounds, the recipient or 'carrier' base used, temperature, etc.) affect the amount absorbed through the skin (Guba 2004).

I have experimented myself with lavender oil and groups of students over the years by dabbing a drop of neat lavender (*Lavandula angustifolia*) on the external cheek and seeing how long it takes before they can taste the lavender oil on their tongue. Most taste it quickly, some take longer and usually one or two in a class taste nothing at all. This proves some absorption through the skin and also the difference in absorption rates from person to person. This is confirmed by the 'EUROPEAN COMMISSION: EVALUATIONS AND PREDICTIONS OF DERMAL ABSORPTION OF TOXIC CHEMICALS', January 2001- February 2004 that states 'Also skin thickness will need to be considered'.

Carole Preen received details of research on dermal absorption from Robert Tisserand to help answer a query on this subject received in the Aromatherapy Council office:

In a human study, peak plasma concentrations of two lavender oil constituents were detected 20 minutes after the oil had been applied by massage; after 90 minutes, concentrations had fallen close to zero (see Figure 3.2) (Jäger et al 1992a 14.). In this study 1.5 g of massage oil (2% lavender oil in peanut oil) was gently massaged

over the abdomen for 10 minutes, and blood samples were drawn from the arm 0, 5, 10, 20, 30, 45, 60, 75, and 90 minutes after finishing the massage. The two components measured were linalool (24.8% of the oil) and linalyl acetate (29.6% of the oil). Linalool peaked at 120 ng/ml plasma after 20 minutes.

As argued above by Watt M. the Jäger et al study does not appear to have controlled for inhalation and pulmonary absorption of the essential oil. However, earlier work by Schuster et al 15. ensured that subjects inhaled 'clean' air, and plasma concentrations of α -pinene, pinene, camphor, 3-carene and limonene were determined over a period of 3 hours. Pinimenthol ointment (2 g) was applied over a 400 cm² area of skin in 12 human subjects, and plasma levels peaked at between 1 (camphor) and 10 (α -pinene) ng/ml plasma after 10 minutes (Schuster et al 1986). The plasma concentrations were some 10 times higher in the Jäger et al study, which could have been due to several factors, such as area of skin used, inhalation of essential oil, vehicle used (Pinimenthol is an ointment) and the initial concentration in the administered product of the components measured.

The Jäger et al study, while it did not control for inhalation, does closely approximate to what actually happens in aromatherapy massage. In fact typically the essential and fatty oil mix is applied to a larger area of skin, so it is possible that higher plasma concentrations than those found for linalool and linalyl acetate will sometimes occur. In another study, dermal absorption of α -limonene via the hand was found to be low compared to inhalation exposure (Falk et al 1991 16.).

So from the data available, it seems the original texts and books on aromatherapy are right and thank goodness, because otherwise everything we have based our profession on would be useless. But it is fair to say that more controlled research needs to be done and to ensure inhalation is prevented to actually prove beyond doubt that dermal absorption does occur. Here at CHP, we believe that inhalation of the oils and the effect on the brain is as important in the use of aromatherapy as topical application.

In reality though, you cannot separate out the parts of an aromatherapy treatment as being more or less important to the overall healing effect, although we appreciate that we need to have realistic evidence rather than just anecdotal reports. However, Carole Preen has been working in this field since the early 1990's and knows from experience the amazing benefits aromatherapy brings to everyone who has presented themselves for treatments and we are sure all aromatherapists will agree. Moreover, the real art of aromatherapy lies in its entirety. We could in fact say that an aromatherapy treatment is a synergy itself, the same word we use to describe a blend of oils 'that the whole is greater than the sum of its parts'. The oils chosen for that individual is one element, then the carrier oil chosen for the skin is another element; we ensure that the client likes the aroma, which allows them to delight and relax within the fragrance, which itself is acting on the brain and the emotions through the limbic system; the oils' molecules enter the bloodstream, then you have the relaxing environment created which the mind associates with pleasure and relaxation and finally the interaction between the therapist and the client and the caring, loving touch of the therapist's hands, all adds up to the complete wonder that is aromatherapy!



SKIN TYPES

The four most common skin types are:

- Normal (no apparent signs of oily or dry areas)
- Oily (shine appears on skin, no dry areas at all)
- Dry (flaking can appear, no oily areas at all)
- Combination (oily and dry or normal areas)

Sensitive Skin

- Sensitive skin can be easily irritated. Typical reactions are itching, burning, chafing and stinging.
- After a wash it feels dry and itchy in places.
- By midday there are flaky patches and some redness.
- Occasionally it will break out in spots.

For sensitive skin, avoid all rubefacient oils that are known skin irritants and sensitizers such as angelica, black pepper, rosemary, clove, peppermint etc.

What influences skin type?

Outside factors can and do influence the way the skin looks and feels. To effectively evaluate the skin and determine the correct base oils/essential oils to choose, the following factors need to be considered:

Internal:

- Hormonal changes (pregnancy, menopause, menstrual cycle, etc.)
- Health problems (rosacea, psoriasis, thyroid disorders, etc.)
- Genetic predisposition of skin type (oily versus dry, prone to breakouts, or sensitive skin)

- Smoking
- Medications the patient is taking

External:

- Climate/weather (cold, warm, moist, dry)
- Their skin-care routine (over-moisturizing or exfoliating, using irritating or drying products)
- Sun exposure

It is therefore important when blending to consider all factors and choose the correct mix of carriers and essential oils to suit your client's individual needs. Always perform a patch skin test prior to treatment (See above).



THE IMPORTANCE OF THERAPEUTIC TOUCH

This is an area where aromatherapy is very valuable. Touch is essential to well-being and yet many people are deprived of loving caring touch for one reason or another. Some people have suffered physical abuse and are afraid of touch; the elderly who may have lost a partner may be deprived of any touch if they are in a retirement home, especially as staff may not have the time to sit with them. Society in general has many preconceptions and misconceptions about touch and massage and yet when a child hurts itself, our first instinct is to rub the area better. We even do this to ourselves when we knock our elbow or knee – we instinctively rub it better. So why then are so many people deprived of this basic need and how can aromatherapy help? Part of the coursework for module one is to write an essay of 1000 words on this topic. Research this from books and the internet.

REFLECTIVE PRACTICE EXPLAINED

The basic elements of a reflective process are:

- Keeping an open mind about what, why, and how we do things
- Awareness of what, why, and how we do things
- Questioning what, why, and how we do things
- Asking what, why, and how other people do things
- Generating choices, options and possibilities

- Comparing and contrasting results
- Seeking to understand underlying mechanisms and rationales
- Viewing our activities and results from various perspectives
- Asking 'What if...?'
- Seeking feedback and other people ideas and viewpoints
- Using prescriptive (advice) models only when carefully adapted to the individual situation
- Analysing, synthesizing and testing
- Searching for, identifying, and resolving problems and result limitations (Roth (1989))

Methods of reflecting in aromatherapy required for this course are:

1. The Reflective Journal
2. Treatment reflection

1. The Reflective Course Journal is an important way of bringing together all your experiences in learning about aromatherapy. Central to these are the practical experiences of both the course and your home based work. There will also be times, however, when your own memories, or your own social or personal experiences are highly relevant. Likewise, the reading that you are doing alongside the course will contradict or confirm your reflections.

Reflective journals naturally have very different styles and all are equally appropriate. It is an academic endeavour, however, and should be quite different from a personal diary, or record of events. The journal is a forum, for using writing to think, for speculating, for hypothesising, and for crystallising your aromatherapy learning experiences into active principles.

The easiest way to approach your journal is to set aside a regular time to write it, perhaps once a week. If it suits your way of working, it is much less time-consuming to write directly onto screen and this fits with the using writing to think philosophy of reflective journals. You might start by brainstorming a few significant moments/thoughts/incidents from the previous week. Choose one or two of these to reflect upon. You will not have time to reflect on everything that occurs to you, and depth is more important than breadth. Do not allow yourself to spend too long writing or too long editing, though re-reading what you have written is an important part of the reflective process.

At this point, try to make connections between your experiences and your reading and research about aromatherapy. Sometimes you may read something relevant some weeks after a particular journal entry and there is no reason why you should not insert a reference into the appropriate journal entry.

Before handing your journal in, do check the journal both for the quality of its reflection and for the accuracy of its presentation. Do not be tempted to rewrite sections, however: if you have changed your mind about a thought or have more to say, you can always insert comments in italic, which indicate these are final

reflections. These can often show how your thinking has moved on. Assessing your journal during writing and before handing in as part of your portfolio:

Check first and foremost that your journal reflects and mulls over the implications of your course experience, and that it is not simply narrating what you have done. Inevitably, there will be times when the journal is cathartic, even therapeutic! The facility to write out your feelings often helps to keep them in proportion and is a valid function of the journal. However, do ensure that your journal moves beyond this too - if you notice a tendency to too much 'personal outpouring', consciously give yourself writing space to reflect on what you are learning as a professional.

Remember to refer to books you are reading or have read, either as they connect with something you have encountered during the course, or simply because what you have read has prompted you to think about an aspect aromatherapy. Try to ensure that you opt for depth, not breadth. There may well be many things you would like to reflect upon, but it is better to explore one or two things in detail than to skim superficially across a multitude of ideas.

2. The treatment specific reflection is more formulaic than the reflective journal as it is treatment specific and relates to an immediate post treatment reflection on the process just completed. It asks specific points to be considered and answered honestly in order to allow for progression. It uses a set form and is required to be completed for 20 of the 50 case studies, which are a course requirement.

It does not replace the reflective journal and is one resource, which can be used when making journal entries. It is focused and limited as it does not ask why the treatment was conducted in the way it was just the how. The limitations are reflected in the use of a form provided for this purpose with limited space.

Other questions listed above are also unanswered by this specific process and will need to be addressed although the information may help, for example, in the comparing and contrasting of aromatherapy techniques and their effectiveness in addressing the needs of different clients as well as identifying further study and training needs.

The specific nature of the process should enable the selection of oils, for example, to be questioned and aid future choices. The same will apply to any other part of the treatment process.

You can download a free Guide to Reflective Practice on Moodle.



COURSEWORK FOR MODULE ONE

Reflection – carry out two aromatherapy back massages using a 2% dilution of *Lavandula angustifolia* oil. Write up your experiences and the outcomes of the treatment, recording the patient's observations as well as your own. Make sure you apply patch testing

Also complete weekly/monthly (whatever suits you) reflective journaling about your personal progress through the course. This can and should include anything.

Essential Oil Diary/Scrapbook

One of your Course assignments is to write up a diary on 15 of the oils covered in this syllabus – note this work will take time and does not need to be complete until the end of your course. Try not to just choose your favourites! The aim is to allow you to get to know the oil in depth and how you personally feel about them, their aromas and their therapeutic uses from personal experience. You can write this up or type it and use plant pictures, dried herbs, photographs or internet pictures to help make it very personal to you. You will not have to have completed this until the final assessment as it forms part of your portfolio of evidence for those wishing to train professionally. I recommend living with one oil a week.

Write up the oils with their Latin names, plant family and then information about their country of origin, distillation methods, yield, growing details etc and then live with each oil for a week, using it in a massage, a bath for yourself, in a room burner, wear it on a lapel or carry around a few drops on a tissue. Record how it makes you feel, how others around you respond to it and how your client responds to it in massage.

Portfolio sheets

The sheets to be completed for **module 1** as part of your portfolio are as follows:

1. History Essay (typed please on separate sheets, double spaced, Arial font 11 and ensure it is fully referenced in text and includes a bibliography. This has to be your work and in your own words, although you may include up to three direct quotes). If you have not written an essay in a while, please see the guide to essay writing PowerPoint on Moodle and Youtube video <https://www.youtube.com/watch?v=7P4fzbzwwAg>)
- 2a. Reflection sheet weekly/monthly (you may design your own, this is just to get you started). Use your own paper for this.
5. Essential Oil Research.
6. Essential Oil Diary (see above).
- 12a. Manufacture Research.
- 12b. Manufacture of Essential Oils.
14. Safety Storage and Handling.
16. Power of Touch Essay (see above instructions for essays).
17. Patch Testing.
- 19a. Theoretical Contraindications.
- 19b. Practical Contraindications

IMPORTANT

Ideally, please submit your coursework by e-mail to: enquiries@complementaryhealthprofessionals.co.uk adding the following information into the 'Subject line' – course name/module number/tutor's initials/your own name.

Example: if you are submitting Aromatherapy Module 1 to your tutor Rosemary Dunstan and your name is Joan Smith it would be as follows:

To:

Subject:

Once you have submitted your coursework, we aim to mark it and return it to you within two weeks.

At that point, you can pay for your next module using PayPal and use the title Aroma2/RD/Joan Smith. We will then ensure the next module is available for you in your Moodle area, along with all supporting learning materials.