

AROMATICA

A Clinical Guide to Essential Oil Therapeutics

VOLUME I: PRINCIPLES AND PROFILES

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Foreword

About 25 years ago, an important book entered my then modest library of herbal texts. That book was Peter Holmes' *The Energetics of Western Herbs*. Having first studied medicinal plants from the vitalistic perspective of traditional Chinese medicine, the two-volume tome instantly became a valuable guide for my professional practice. Working as I did according to the same terrain-based, mind-body diagnostic principles enshrined in the book, my first reading of it was akin to meeting someone who spoke the same distinct dialect – and who could expand and refine my therapeutic vocabulary. What's more, the text encompassed discussion of several aromatic extracts – and while the extent of that discussion was naturally but an inkling of what has now arrived in the form of *Aromatica*, it nevertheless reinforced my understanding and clinical use of essential oils.

Over the quarter of a century since, the general popularity and therapeutic use of essential oils has grown exponentially. During that time, Peter Holmes has continued to explore and research plant aromatics and their diverse clinical applications – as a practitioner, scholar, educator and importer-purveyor. He therefore brings to bear a uniquely multifaceted insight into the world of essential oils – one that is imbued with an intricate knowledge of both their empirical history and their medicinal dynamics.

I first met Peter in 1997, at the Tisserand Institute's *Aroma 97* conference at Warwick University, England. It was at this event that he delivered a seminal paper on the key concept of *fragrance energetics*, designating the fragrance of essential oils as their *primary effective quality*. . . just as the characteristics of a herb's taste is indicative of its generalized effect on the body and mind. Thus, in the same way that classic herbal compendia of both the East and West refer in the first instance to the sweetness, bitterness and/or pungency, etc. of a herb, and so provide information about its fundamental faculties, Peter highlighted the importance of apprehending and interpreting the effective fragrance qualities of an essential oil.

The fragrance energetics of essential oils is of course only a starting point for classifying and elucidating their properties, if a primary one. And where *Aromatica* excels, as did *The Energetics of Western Herbs* and indeed *Jade Remedies* (Peter's exhaustive book on Chinese herbs), is in the sheer breadth of focus of its individual aromatic profiles. Above all, this meticulous detail is interwoven and cross-related, so that the psychosensory, historical, physiological and psychological functions and attributes of essential oils are presented in a holistically illuminating way – empowering the practitioner to accurately address both the 'root' and 'branch' of a patient's condition.

It is the eclectic, integrated nature of this exposition – underpinned, in addition, by the time-honoured principles of Chinese medicine – that makes *Aromatica* an indispensable source of reliable information on the energetic and symptomatic therapeutics of essential oils. The fact that these faculties are discussed with eloquence and lucidity, as well as a deep appreciation of the provenance, potency and olfactory subtlety of essential oils, instils this opus with the excellence of artisanship – like the work of the distiller whose plant essences are the product of their passion, the alchemical consummation of their calling.

Gabriel Mojay LicAc, CertEd, FIFPA
November 2015

Foreword

Aromatica is a journey through no-time time. One in which the past gives birth to the future in each unbound moment. There is a beginning and an end. And there is an ever-present middle filled with blossoms of potential in aromatic awakening. In the case of *Aromatica*, the beginning connects you to the origin of humanity's interrelatedness to all of life via the potent portal of scent. Each end, whether chapter or essential oil profile, is yet another beginning; one in which you shift gently and majestically into your own deepening sojourn of aromatic discovery.

If there was ever a book that could transmit the full spectrum of treasure, value and validity of essential oils *in our time*, this is it. I remember when Peter Holmes and I once sat together for dinner. We talked of his book in process – this very publication. The sense of paused pregnancy was palpable. We talked of what currently existed in the world of essential oil books, of philosophical perspectives and thought forms, and of the future of humanity. Peter's lifetime of loyal commitment to herbal medicine, being a voice and conduit of insight for essential oils, evoked deep reverence in me. At the very same time I felt an urgent effervescence bubbling up in me in words something like this, 'You must bring a developmental and evolutionary perspective to the understanding of the oils...this is where the freshness and life is!' At this our eyes twinkled and reflected to each other a sort of trans-rational understanding, and a new clock began to tick.

This marked the beginning of our work and creation together, as well as a ticker within me expectantly awaiting Peter's completed creation of *Aromatica*. And at last it is here! I declare this moment of reading, a moment of gratitude for Peter's commitment in action, for his soul labour and for his unending curiosity and dedication to evolving understandings of essential oils and energetic medicine.

Some books you read and experience an expansion of logic-based cognition. Some books you read and have a felt sense of emotional shifting. Others you read and find experiential value in abstractions. *Aromatica*, when feasted upon with your eyes and heart, is a creative vehicle through which all of these realities come into being *through you*. How rare it is to discover such a book!

Aromatica brilliantly connects history to future, known to unknown, linear to abstract, and static nature to dynamic nature. Whether you are an experienced health-care practitioner or a lover of essential oils in any walk of life, you will be blessed by this creation. And may your own creations in the world become all the richer for it!

Tiffany Carole Pollard MS, LAc
Ojai, California, November 2015

Foreword

I am lying on the treatment table, eyes closed. An essential oil is presented before my nose. It is gently shifted back and forth, so that both of my nostrils, and thus both hemispheres of my awareness, are filled with its essence. My breathing deepens. My olfactory nerve, the only nerve ending in my body exposed to the open air; awakens to messages humming in the molecular signatures of the oil's many compounds. These unique botanical whispers send living waves of neural impulses rippling into the deepest chambers of my midbrain. The plant essence and the texture of my consciousness are one. As a pure distillation of botanic fragrance resonates within me, I am filled with harmonic expanse that no other sense experience can evoke. The Ten-Thousand Things that pursue me throughout my week evaporate like clouds in the face of sunlight.

Over many years of working both as a clinician and as a clinical supervisor teaching acupuncture along with the therapeutics of essential oils, I have seen these scintillating uprisings of restorative selfhood wash over the faces of thousands of people. Our sensing of scent runs deep. Inhaling the fragrances of the oils and placing them directly on the body may be technically simple, but can be transformative for people who seek healing for imbalances of body, mind and spirit. In the presence of the aroma of a pure botanical distillation, possibilities for opening, reframing embodied kinaesthetic perspectives and reorienting toward a new horizon can be found. Through the direct connections between olfaction and the midbrain, the inner recesses of memory and emotion can be opened; simultaneously, a profound awareness of the present moment can be kindled. Essential oil therapy has a transformative capacity that is recognized by all who experience the power of essential oils.

Our planet is alive with a wondrous botanical treasury of aromatic plants – a global *Materia Aromatica*. For centuries, the allures of this spice and herbal cornucopia have aroused culture, medicine and humanity's earliest stirrings of intercontinental trade toward the Incense and Silk routes that eventually transformed into today's vast world market. As the plants themselves have taken root on shores far flung from their origins, the traditional medical wisdom of great civilizations has established its nexus in the collective psyche of herbalists, physicians and healers worldwide who befriend these remedies.

In *Aromatica*, medical herbalist Peter Holmes narrates this storied odyssey with travelled first-hand knowing, tracing the threads of these botanical oils to their spiritual, geo-cultural, and therapeutic depths. From Morocco, across the Mediterranean region, and beyond to the Mascarene Islands, Peter has made many pilgrimages to

establish relationships with these plants and with today's producers who carry on traditional methods of distilling artisan essential oils. Like the discernment of a buyer in a farmer's market, Peter's writing attests to the care he has taken to understand the issues surrounding cultivation practices, botanical quality, and the artistry and history of processing and distillation methods. Peter has searched the global production and trade to find sustainable and authentic handmade small-scale producers.

The unique power of this book comes from its practical integration of many different approaches to understanding the therapeutic application of essential oils. Offering us visions from the cultures and lands where the medicinal capacities of aromatic plants were first recorded, Peter explains the oils in terms of the traditional medical systems that first employed them. To do this, he calls upon herbal medicine's diverse languages for classification, invoking the traditional diagnostic paradigms of Chinese, Greek, and Ayurvedic medicines. The strategies that he presents are then further elaborated by the biochemical realities of the compounds that occur in each oil, and of their pathways in the body. He also elucidates both physiological and psychological functions of each oil. Drawing on traditional aromatherapy research, as well as his own decades of personal clinical experience, Peter explores the oils' actions and classifications through these multiple lenses, and we see more clearly the object of our inquiry and less of the lenses themselves, emerging with a more unified vision. The result is clear and inspired strategies for treating a host of mental and physical ailments with essential oils based on synergistic and complementary combinations matched to individual disease presentations.

It is by the light of Chinese medicine's classification systems that this text offers us access to Peter's most unique insights for working with the over 70 essential oils presented in these two volumes, to effect healing for specific organ system conditions. With a certain graceful intellectual audacity, he manages to accurately apply classical Chinese medicine functions and indications to essential oils from beyond the Chinese pharmacopeia. This volume extends the conversation begun with Peter's previous two-volume text, *The Energetics of Western Herbs* (Snow Lotus, 2007), where he detailed the nature and functions of many of the most common clinically utilized Western herbs in terms of Chinese herbal classification. *Aromatica*, the first in another two-volume set, advances that rich conversation into an equally clinically useful and timely discussion of the world of essential oil therapy. Once again, Peter shares with us his great gift for using the terms and principles of Chinese medicine to explore herbal medicines from beyond the classical Chinese materia medica with easily understandable and clinically useful clarity. It is a real feast for the student and the seasoned clinician alike. This book secures Peter's place as a master of weaving eclectic systems of classification into a clinically useful modern construction.

Singing Dragon's publication of *Aromatica* marks a level of achievement and sophistication that, in our growing capacity to make use of Chinese medicine's knowledge, we can apply to larger conversations about the nature of herbal medicine

worldwide. In so doing, this textbook makes a valuable contribution to expanding and deepening current aromatherapy theory and practice. Like cultural emissaries bearing histories of the civilizations whose cultures have evolved with their fragrances, aromatic plants have informed the most intimate and profound aspects of the human experience: medicine, religious rites, cuisine and even sense of self. With *Aromatica*, Peter Holmes invites us to further deepen our relationship with Earth's most enticing and healing aromatic plants.

Charles Rothschild Lev, LAc
Portland, Oregon, 2015

Surveying the Modalities of Essential Oil Therapy

A fascinating array of different essential oil uses is emerging today in the West. The trend since the 1960s has been to greater experimentation and eclecticism in the expanding field of complementary medicine. After a hiatus of about 400 years, the clinical use of essential oils is attracting increasing attention from practitioners in a variety of different medical disciplines. Treatment modalities that use essential oils are multiplying at an astonishing rate. The original 20th-century styles of aromatherapy themselves have become popularized and, in some quarters, cheapened beyond recognition. Today there exists a confusion of different approaches to the use of essential oils and a complexity of ways of actually using them in clinical practice. The treatment context and modalities with which they are currently employed also varies greatly, ranging from the most holistic approach of treating body and spirit as one, to the most reductionistic approach of symptom relief based on linear modern pharmacology; from the use of the oils in various types of energy work to their internal use as a herbal medicine preparation; from various inhalation techniques to topical dermal applications in massage, skin care and dermatology. It seems as though no possible variation among the parameters of medical paradigms, treatment modalities and absorption pathways has been left unexplored. Clearly, if we are to make sense of the many styles of essential oil use today, it is crucial to firstly, probe their historical origins and secondly, make clear differentiations among the underlying paradigms being unwittingly adopted, the numerous treatment modalities being explored, and the types of therapeutic effects being generated.

The Origins of Modern Essential Oil Therapy

It is important to realize that since the 1960s, modern essential oil therapy has developed squarely in the context of the general growth of complementary medicine and the human potential movement. It has grown in the burgeoning climate of postmodern thinking that has imbued much of Western culture. However, its modern scientific roots go right back to the bacteriological experiments of mid-19th century scientists working in France and Germany (see Chapter 1). Their experimental findings were gradually applied to clinical practice by certain medical doctors and formally culminated in the comprehensive ‘aromathérapie’ of Gattefossé in the 1930s. The clinical use of oils was then further consolidated and developed independently in the early 1950s by medical herbalist Jean Valnet and nurse Marguerite Maury. The pioneering work with essential oils of these two practitioners ultimately became what is now known as ‘French medical aromatherapy’ on one hand and ‘British aromatherapy’ on the other (Rhind 2013). These two streams of practice represent the two poles between which most essential oil therapies have become polarized.

Consistent with the paradigm of Western medicine, essential oil applications in France have focused on the treatment of physiological conditions, including infections. Since the 1820s, the rationale for the effectiveness of essential oils has always been the pharmacological activity of their main individual constituents (Jourdan 1828, Chabènes 1838, Gildemeister and Hoffmann 1899, 1956). A clinician first and foremost, Valnet was able to consolidate and expand the internal uses of essential oils for contemporary conditions, placing them squarely alongside herbal remedy prescribing in the process. As seen in Chapter 1, he also greatly enlarged the *Materia Aromatica* through his experiments with Asian essential oils during his term as an army doctor in colonial Vietnam. In Valnet’s footsteps, the administration forms of choice became the wide spectrum of internal uses, such as gel caps, sublingual tablets, suppositories and pessaries. Despite its origins in Western herbal medicine, essential oil therapy in France basically ended up becoming a variation on conventional allopathic medical treatment, rubbing elbows with the more usual practice of drug prescribing. Still, several interesting attempts at integrating pharmacology with more holistic models of treatment have more recently been made (Franchomme and Penoel 1990, Duraffourd and Lapraz 1995).

Austrian-born Marguerite Maury began her innovative explorations of natural systems of healing in Paris as early as the Occupation 1940s. It was a book on essential oils written by Dr. Chabènes in 1838 that particularly inspired her to delve deeper into their therapeutic potential. Her close students Danièle Ryman and Micheline Arcier then helped her set up the first true aromatherapy clinic in London in the early 1950s, thereby initiating the ‘British’ stream of essential oil use.

With her boundless curiosity and strong intuition, Maury investigated almost every natural method of healing known at the time. Her French husband, Dr. E. Maury, practised acupuncture and homeopathy, and inspired her to apply their treatment

principles to essential oil use. She eventually became a classic eclectic practitioner, finding the building blocks of her syncretic system of aromatic treatment in aspects of Tibetan, Chinese and homeopathic medicine (Maury 1961). Consistently pursuing a holistic emphasis of treating body and mind as one in the best vitalistic tradition, she created novel treatments for both maintaining well-being and for treating actual conditions. Administering essential oils just topically and by inhalation, she developed their use according to the laws of individual prescribing, as in homeopathy. Besides inhalation techniques, her main forms of treatment became oil applications for body and beauty, including aromatic massages – a union once aptly called ‘a marriage made in heaven.’

Essential Oil Therapy Today

The 1960s onwards saw more practices and training schools of ‘British aromatherapy’ being established by individuals such as W.E. Arnould-Taylor (who had also studied with Maury in Paris in the early 1950s), Robert Tisserand and Shirley Price. Each in their own way developed a particular style of practice that endures to this day. One result has been a gradual cross-pollination between these styles, particularly between the original forms of essential oil therapy, the French and the British. This has generated some interesting hybrid styles of treatment, particularly in Australia and the US, where experimentation has been carried out more freely.

However, some practitioners using essential oils have had to awkwardly come to terms with the paradoxes and contradictions generated by the attempt to combine the very different French medical and British holistic styles of practice. For many others, an uneasy truce has been an easier solution, whereby the tenets of the scientific medical approach are simply allowed to co-exist quietly with the holistic approach. Any creative friction arising between the two approaches has tended to be ignored, resulting in a loss of any possible integration. Others again have opted out of the French-British dichotomy entirely and moved on to embrace a vitalistic approach to essential oil use based on Chinese or Ayurvedic medicine. Still, the majority of practitioners using essential oils can be placed more or less uncomfortably somewhere on the continuum of the two polarized schools.

To this somewhat ambiguous situation is now added the significant appearance in the West of traditional medicines. The teachings of the world’s three major traditional medical systems, the Chinese, Ayurvedic and Greek, have been in a slow process of transmission to the West since the 1950s. In contrast to the scientific and allopathic character of Western medicine, these traditional systems are deemed ‘energetic’ and vitalistic by nature. The West in turn has continuously digested and transformed them into indigenous forms better adapted to local and contemporary conditions of culture and health care. Their integration into the theatre of Western medicine is currently well underway – notably Chinese medicine with acupuncture treatment at the forefront.

The long-term result of this transference has been the subsequent emergence of an 'energetic medicine' modality of essential oil therapy. A variety of 'energetic' treatments incorporating essential oils, usually based on the three medical traditions, is emerging. In some cases, these new treatments are simply described (and justified) as being enhancements or updates of traditional ones. They are genuine, timely attempts to bring forward and renew the traditional medicine in light of current health-care needs, using essential oils as a highly effective treatment modality. A separate chapter in the second volume of the present text covers the use of oils in Chinese medicine, based on the experience of the author and his students.

In other cases, however, these treatments have been disingenuously construed as having belonged to the mother tradition itself all along. Revisionism of historical facts is currently an unavoidable, if undesirable, aspect of essential oil therapies that purport to locate their source in the traditions of Chinese and Ayurvedic medicine.

Aspects of these traditional treatment modalities are now being hybridized at an astonishing rate, both within one therapeutic system and among different systems of therapy. This eclectic recreation involves both physical medicine and psychology, body therapies and psychotherapies, traditional systems and practices without any historical precedent or methodology. Hybrid practices of obscure origin and hazy rationale are sometimes labelled 'New Age' types of treatment.

This survey of current styles of therapeutic essential oil use would be incomplete without considering the seductive undertow of the mass marketing of essential oils that entered the scene in the 1990s. In a larger social context, essential oil use has been reduced to mass-marketed trends and the practice of questionable formulaic routines. The result of this general downgrading is an ongoing whirlwind of confusion and contradictions that shows no sign of abating. Largely fuelled opportunistically by commercial enterprises, it has exacerbated the allopathic-versus-holistic ambiguity surrounding the therapeutic use of oils. This confusion has also tended to further obscure the historical roots and context of clinical usage, allowing them to be revisioned for purposes of commercial promotion. Undermining the practitioner, it has also eroded clinical confidence. The identity and meaning of essential oil treatment itself has become unclear, creating a free-floating intersubjective space that offers little security. It is not surprising then that, in a popular context, key words that have defined the use of oils for treatment applications since the mid-20th century, such as 'aromatherapy' and 'clinical,' have lost much of their meaning and credibility. The fact that these days they can mean widely different things in different contexts to different individuals is confusing, disorienting and ultimately disempowering to the serious practitioner.

In these powerful cross-currents of traditional treatment modalities on one hand and popular cookie-cutter procedures on the other, both original streams of 20th century 'aromatherapy' have been increasingly subjected to modification and variation. It comes as no surprise then that some practitioners using essential oils, weakened by insecurity, now find themselves prone to an eclectic pick-and-choose approach to

treatments. Like diners at a full-on Victorian or Chinese dim sum banquet, they will sample one item at a time, selecting whatever treatment would work for them in a particular situation. Hybrid practices that combine a variety of different treatment styles are on the rise.

Essential Oil Therapy as Aromatic Experiment

The wide range of essential oil modalities practised today may certainly be seen as a response to the challenges raised by modern health-care needs and by the critical state of Western health care in general. It is true that essential oils offer superlative treatment options in certain areas of health maintenance and therapeutics. Notably, these include the prevention and treatment of infectious diseases, the treatment of systemic or terrain conditions, the maintenance of mental-emotional balance and the treatment of mood disorders. In each of these different areas of therapeutics, essential oils will shine in the hands of a trained professional. Their wide range of clinical applications is partly due to their existing in both a liquid and gaseous state, as well as their inherent volatility. Their volatility is a key factor in their ready absorption by inhalation. On one hand, oil inhalation favours application to treating respiratory conditions as the oil is absorbed by respiratory membranes into the sinuses and bronchi. On the other hand, inhalation favours treating mental-emotional conditions as the oil is decoded by dendrites as olfactory messages for the hypothalamus. Moreover, when used in a purely liquid state, oils present various further treatment possibilities. Topical forms of administration, such as liniments, gels, creams, spot treatment, etc., and internal forms such as tablets, gel caps, suppositories and pessaries, all rely on maintaining the oils in a liquid state and actively preventing a loss of potency through evaporation. Clearly, regardless of the styles, methods and applications of treatment being used, essential oils with their extreme versatility are able to effectively provide treatment options for many of today's key health-care challenges.

However, this alone does not account for the profusion of essential oil or 'aromatherapy' products and services currently being offered. Since the 1960s, the appreciation of essential oils and other aromatic plant extracts purely for their fragrance has rapidly increased. The close connection between fragrance and general well-being has always been instinctively acknowledged by essential oil practitioners, as well as some perfumers and fragrance research scientists, and is under increasing investigation (Rhind 2014). The continued experimental use of aromatics for simple olfactory pleasure and the instinctive enhancement of quality of life – and not necessarily for therapy – has resulted in a proliferation of preparations and treatments, many of them designed to promote individual balance and integration on all levels. Natural perfumes, misters and single or blended essential oils for various daily activities and occasions are just some examples of these.

Above all, the increased use of natural fragrances has resulted in a rebirth of natural perfumery, i.e., perfumes composed entirely of authentic aromatic plant extracts, notably plant absolutes and essential oils. These are reminiscent of the natural perfumes created during the first golden age of Western perfumery itself, between the 1650s and the 1780s. Significantly, solid natural perfumes and aromatic waters (hydrosols) – popular fragrance preparations of that expansive era – are now making a comeback. Likewise, in the area of cosmetology and cosmetics in general, essential oils and even hydrosols are enjoying a new-found niche throughout an ever-expanding range of ‘natural’ beauty-care products.

Driven by a general increased appreciation of the sense of smell, the aim of this aromatic experiment is arguably the drive to personal integration and balance in the individual and in society as a whole. A key aspect of this need is the integration of mind and body, and of the five senses among themselves – an integration of the various endemic human splits. This alone might explain the immense popularity of British Holistic Aromatherapy throughout the world. Bringing the sense of smell up to the same stage of development as the other special senses, especially the sense of sight, is a phenomenon peculiar to Western culture since the mid-20th century (Ackerman 1990). This process has been instrumental in satisfying the need for increased olfactory awareness and for enhanced olfactory perception. It has also led to investigations into the fascinating history of scent as a cultural vector, now maligned, now glorified, but always significant (Rovesti 1995, Le Guérer 1994, Classen, Howes and Synnott 1994, Dugan 2011).

Essential oils express fragrance in a singularly pure, clear and unalloyed way in contrast to the diffuse, opaque and compound nature of scents generally encountered (whether natural or in the form of synthetic perfumes). They also express fragrance in small portions that possess simple, potent aromatic information instead of the complex, diffuse fragrance notes found in perfumes since the early 20th century. It is entirely plausible to assume that this large-scale olfactory enhancement and re-education would then tend to regulate brain chemistry, promote sensory integration and, ultimately, serve to foster a healing of inborn human splits. In simplest terms, today’s renewed appreciation for the dimension of fragrance could be seen as a natural coping mechanism for the sensory overload that modern stimuli provide, at a time when multitasking and a five-minute-long attention span are often considered normal functions for an individual.

Untangling the Threads of Essential Oil Treatment Modalities

Clearly, what is required now is an untangling of the many threads that currently constitute therapeutic essential oil usage. A key step here is making systemic differentiations among the basic types and styles of treatment modalities. This in turn will allow us to create stronger definitions for the principles and practices of essential

oil therapeutics as a whole. Creating differentiations will also re-establish semantic weight and accuracy to basic terms, thereby restoring true meaning and value to them. Strong, unambiguous definitions of key concepts of essential oil therapeutics will result. Important questions we should ask ourselves at this point would be, What are the different paradigms that inform essential oil usage today? Which treatment modalities currently include essential oils in their practice? What are the basic types of treatment pathways and effects currently being engaged with essential oils?

Differentiating paradigms

Based on the ever-evolving morphic fields in the intersubjective space of Western culture (Sheldrake 2009), two opposing paradigms can be seen at work in the current emergence of essential oil therapy in its many variations: the Western scientific and the vitalistic paradigm. These drive the nature and dynamic of the various essential oil treatment modalities and strongly define the way different individuals and groups tend to view essential oils and their role in treatment.

The first paradigm entails the conservative pull of linear logic exerted by orthodox Western science, itself based on material reductionism. With its need for validation through objective scientific research, for evidence-based procedures and for reductionist scientific explanations, the paradigm of orthodox Western science remains pervasive in our cultural and scientific discourse, coloring every thought process with its bright analytical light.

The vitalistic paradigm is responsible for the radical pull of non-linear knowledge through subjective inner intuition. Needing to explore new methods of healing, different treatment techniques and experimental remedies such as essential oils, it represents an individual and collective striving to reclaim and validate inner wisdom. The paradigm of vitalism is particularly prevalent in traditional energetics-based medical systems, such as the Chinese, Ayurvedic and Greek; it is the basis for their epistemology as highly developed systems of clinical science.

Practitioners searching for meaningful solutions and for greater therapeutic effectiveness using essential oils are caught in the cross-currents of the morphic fields that generate these two paradigms. Practitioners now stand polarized between the outer necessity of scientific certainty and the inner desire to break through to new sources of knowing and understanding. Interestingly, the traditional streams of essential oil uses that are based on a vitalistic paradigm by far outnumber those based on a Western science paradigm. These include Western herbal medicine, British Aromatherapy and now the various traditional medical systems, mainly Chinese, Ayurvedic and Greek. The main practice that is based on a scientific paradigm is French medical aromatherapy, firmly anchored as it is in the rationale of essential oil pharmacognosy and pharmacology. Despite this disproportion, however, the pull exerted by the paradigm of Western science through pharmacognosy and pharmacology is equally as strong as all those based on vitalism for the simple reason that it constitutes the

basis of modern Western culture's world view and epistemology. In Western societies, it forms the larger context in which the vitalistic paradigm manages to somewhat express itself in the form of these various treatment modalities. This phenomenon is consistent with the postmodern aspects of many of today's Western societies.

Differentiating treatment modalities

Looking beyond the fundamental nature and dynamic of treatment modalities, we can differentiate among the different ways that essential oils are actually used for treatment today.

HERBAL MEDICINE AND FRENCH MEDICAL AROMATHERAPY

There is no clear distinction today between the way that a practitioner of Western herbal medicine (or phytotherapy) and a general practitioner of allopathic Western medicine uses essential oils. As seen in Chapter 1, French medical aromatherapy is a direct descendant of Western pharmacy as a whole, itself rooted in the Western herbal medicine tradition that is embedded in traditional Greek medicine. Here, essential oils are employed as liquid aromatic remedies alongside other herbal preparations, whether water-based, alcohol-based or prepared in various other ways.

The oils' therapeutic actions are explained, as much as possible, in terms of their known pharmacognosy and their pharmacological functions with respect to basic tissue pathology such as pain, spasm, inflammation and infection. The ideal logical emphasis underpinning oil remedy selection, like that of herbal remedy selection, is on a putative *a priori* structure-function analysis of the oils' constituents. Despite this, however, practitioners of both Western herbal medicine and French medical aromatherapy will admit that the fundamental rationale for oil or herb remedy selection remains the traditional body of actions and indications acquired empirically. The epistemology for herbal medicine practice is still essentially based on empirical clinical knowledge, not scientific research. The rationalisation of a remedy's therapeutic functions with reference to its constituents usually comes after the fact, not before.

Treatment itself is based on known Western physiopathology, with a focus on the relief of symptoms and the management of known diseases. Its efficacy relies entirely on the internal absorption of essential oils in liquid form in the case of internal conditions, and on dermal absorption in the case of skin, soft tissue and neuromuscular conditions. Administration forms are both internal and topical, drawing on a range of pharmaceutical preparations developed in the long tradition of Western pharmacy. Internal delivery methods include drop-size doses in gel caps, sublingual tablets, sugar cubes, specialized nebulizers, suppositories and pessaries. Topical methods include gels, lotions, creams, compresses and liniments.

Within this basic framework, some variations exist regarding the interpretation of essential oil pharmacology, treatment strategies and delivery methods. The differences

result chiefly from various emphases given by various herbal and naturopathic medicine trainings. Some schools do retain traditional functional concepts of herbal medicine, for example, such as the 'restore-relax, stimulate-sedate' rubric of Eclectic and Physiomedical herbal medicine (Holmes 1999). Others will openly encourage incorporating traditional uses for herbal remedies even though no satisfactory pharmacological explanation can be found. Others again will selectively include aspects of energetic pharmacology based on any of the traditional medical systems, Chinese, Greek and Ayurvedic. For example, they may respect the warming or cooling, drying or moistening properties of herbs and oils when prescribing. Likewise, some practitioners will emphasize endocrine balance when treating internal conditions, while others will focus more on disease management and symptom relief. Whatever the condition being treated, practitioners have a variety of different treatment strategies available to them, and most have favourites among them that they have consistent success with. All these approaches will modify essential oil selection when these are included in a formula or topical preparation.

Differences also result from the medical and socio-political divide that exists between the training of a herbal practitioner and a medical doctor. Of note is also the fact that the majority of herbal and naturopathic medicine practitioners in the West rarely, if at all, use essential oils as remedies by themselves. Oils are most often compounded with herbal extracts of various kinds to make a compound herbal preparation. Likewise, the vast majority of medical doctors also do not prescribe essential oils. Those very few who do, however, have developed ingenious delivery methods in addition to building a solid *Materia Aromatica* of physiological functions and indications based on cumulative clinical experience.

BRITISH HOLISTIC AROMATHERAPY

With its eclectic origins, this style of essential oil use is clearly a postmodern child of the human potential movement of the mid-20th century. British Holistic Aromatherapy is a composite of various topical, psychological and aesthetic oil applications that may be used separately or together in any combination, as required by the condition presented by the client. In contrast to the French tradition therefore, it is a non-traditional, eclectic, innovative system of treatment. Essential oils are used here as independent therapeutic agents without the help of other types of remedies, whether aromatic or not, herbal or otherwise. The functions of the oils themselves are understood and classified in very general terms, such as 'stimulants,' 'relaxants' and 'regulators,' as well in more specific terms such as 'euphorics,' 'mental stimulants' and 'sensory integrators' (Tisserand in Van Toller 1988).

Treatment itself is based on restoring overall balance to the individual in physical, emotional and mental areas. British Holistic Aromatherapy therefore relies on very diffuse, generalized treatment methods. It employs two main techniques. Firstly, topical application of essential oils in a carrier oil on the skin with resultant mild transdermal

(but only minimal internal) absorption, as well as possible minor inhalation of the oils arising from topical evaporation. Secondly, mild direct inhalation of essential oils in vapour form from a diffuser, resulting in a psychological effect (and possibly a mild physiological effect).

British Holistic Aromatherapy is clearly a unitary body-centred system that aims to cut through the body-mind dichotomy endemic to the West. By engaging an undifferentiated physiological-psychological therapeutic effect during treatment, this approach is able to transcend treatment of either body or psyche alone. As such it can be said to run parallel to body-centred psychologies such as Bioenergetics, the Hakomi Method, and so on. By providing a diffuse rather than an intense type of aromatic treatment, this approach is able to address chronic and systemic conditions that present the whole continuum of mental, emotional and physiological aspects.

British Holistic Aromatherapy is also a return to Vitalism, an approach largely lost since the decline of Greek medicine principles since the 18th century. As in traditional Greek medicine, its aim is ultimately to regulate the individual's vital energy rather than treat particular disorders, the emphasis being to maintain well-being and therefore prevent the development of actual disorders.

In its purest form, this approach to oil use may be seen as an elegant holistic system of therapeutic interventions that in many respects mirrors the principles of Five-Element Acupuncture as we know it today. Originating in an oral tradition that harks back to the famous 12th century Chinese physician Liu Wan-Su, this style of acupuncture was introduced to the West by the celebrated French acupuncturist Jacques Lavier during the 1950s. It is no coincidence that Marguerite Maury was busy developing her holistic style of essential oil treatments during the very same decade! (Five-Element Acupuncture was further popularized by Lavier's many students, among them notably J.R. Worsley in England) (Eckman 2007). Like this acupuncture system itself, British Holistic Aromatherapy has been widely adopted across the world, testifying to its timeliness and viability as a modern health-care option.

However, an interesting and confusing paradox emerges when we realize that, since the 1960s, this modality has consistently looked to orthodox pharmacognosy and pharmacology for its basic essential oil rationale (Tisserand 1977, Lis-Balchin 2006). This chemistry-based approach is more consistent with French medical aromatherapy. It has tended, firstly, to reduce the scope of the holistic British approach in actual practice; and secondly, to subtly undermine its theoretical basis, which is clearly a holistic paradigm. Modern attempts to align essential oil pharmacology with a holistic paradigm of some kind are aimed at rescuing and consolidating the holistic aspects of 'British aromatherapy' (Holmes 2008, Rhind 2012). They are fully consistent with the wide explorations in vitalistic medicine pioneered by its founder herself, Marguerite Maury. These attempts and their application in the present *Materia Aromatica* will be explored in later chapters of this text.

The many variations within British Holistic Aromatherapy, particularly as practised in North America and Australia, arise mainly from the emphasis given to one or another treatment method in actual practice. While some practitioners will stick to the traditional body applications, aromatherapy massage and mild inhalation techniques, others prefer to include more specialized psychological, skin care or environmental oil applications derived from a variety of other sources.

ENERGETIC MEDICINE SYSTEMS

It would not be too far-fetched to say that essential oil treatment modalities that claim to be based on a form of energetic medicine are actually an extension or variation of British Holistic Aromatherapy. Energetic medicine, such as Chinese medicine and Ayurvedic medicine, is vitalistic by nature and holistic in therapeutic approach – key features shared by the ‘holistic aromatherapy’ approach originally developed by Marguerite Maury. Still, systems of essential oil usage that are based on a system of energetic medicine are distinct enough to merit the definition of a separate treatment modality.

For one thing, energetic systems of treatment are typically based on acupuncture points and meridians of vital energy flow in the body rather than on modern physiology. For another, they are languaged in the specialized medical terminology of that particular system. Essential oil treatment based on Chinese medicine, for instance, usually involves applying oils to points with the intention of addressing the whole syndrome presenting. Based on a diagnosis of signs such as the pulse, tongue, complexion and breathing, and of the patient’s symptoms, in the process it often involves balancing of meridians and energy transfers based on Yin-Yang and Five-Element laws, as well as the treatment of various types of energy blocks.

It is interesting that correlations between essential oils and points were already made in Paris in the 1950s, where acupuncture made its first big debut in the West, courtesy of acupuncture giants such as Soulié de Morant, Jean Borsarello and Jacques Lavier. Further correlations between oils and points have been published by Holmes (Holmes 1994, 2008, Holmes and Pollard 2013), Mojay (2008) and Odoul (2004). Similar treatment approaches using herbal remedies on acupoints are to be found in Chinese, Ayurvedic, Thai, Tibetan and Mongolian medicine. Here, instead of an oil being applied to a point, it is a single herb or herbal formula, ground up and made into a bolus, that is applied. It should also be noted that the tentative early use of essential oils on points was seen merely as an adjunct to acupuncture; typically the point would be oiled prior to needle insertion with the idea of preparing or boosting the point. Today, the combined 35 years’ experience of Holmes and Pollard, applying essential oils to points in treatment, leads us to believe that this is actually a treatment modality in its own right (Holmes and Pollard 2013). Moreover, the clinical results achieved by this aromatic modality are somewhat different from those achieved by acupuncture. Whereas acupuncture excels at treating physiological issues such as pain, spasm and

inflammation, essential oils have the potential for reaching further into the mental-emotional aspects of the individual to create healing. Highly energetic themselves by nature, they seem better able to get to the core energetic disturbance presenting. From any holistic and developmental perspective, this is an exciting dimension of essential oil usage today.

The functions of essential oils may also be understood and expressed in a language based on energetic medicine, and in relation to conditions of functional pathology such as heat, cold, damp, etc., as well as in terms of syndromes of the organs, meridians and Five Elements. However, the problem here is that no energetic functions for essential oils exist in Chinese medicine, nor in any other system of traditional medicine. Developing largely in an agrarian society, Chinese medicine has always relied on acupuncture, herbal medicine, dietary therapy, *tui na* massage and *qi gong* exercise for its treatment methods. It is only the recent explorations by the authors just mentioned that have opened up this completely uncharted territory.

As seen in Chapter 1, distilled essential oils are a particularly recent discovery in the West and were only gradually and tentatively introduced by practitioners into the Western materia medica from the late 1500s onward. Even then, they never gained the full therapeutic status that other herbal, mineral and metal preparations enjoyed, such as tinctures, fluid extracts, elixirs and homeopathic remedies. Consequently, any descriptions of essential oil usage in energetic medicine (e.g., oil functions and indications) are of very recent origin and should be seen as purely tentative and experimental. The descriptions of essential oil use in Chinese medicine in the present text, therefore, are merely initial explorations. It will take the combined, cumulative experience of many practitioners over many years to consolidate and refine this emerging body of medical knowledge. A parallel may be seen here with the tentative descriptions of Western herb use in Chinese medicine that have emerged since the 1980s (Holmes 2010).

PSYCHOTHERAPY AND SOUL HEALING

The modern use of essential oils for psychotherapeutic purposes may also trace its roots to British Holistic Aromatherapy. Here the essential oils are vaporized and inhaled to create a beneficial effect on mental and emotional disposition. Various types of research since 1922 have shown essential oils by inhalation to be instrumental in modulating brain hormones and neurotransmitters, resulting in changes in perception, cognition, mood and even sleep patterns (Gatti and Cayola 1922, Van Toller and Dodd 1988, Kirk-Smith 1995, Torii 1997, Buckle 2015). These effects were formally categorized mainly by Tisserand (1988) and, as noted above, have since become an integral part of mainstream British Holistic Aromatherapy. Various categories of essential oils are thought to affect certain brain structures and modulate the functions of their associated peptides, i.e., neurotransmitter and hormone functions. Ongoing research continues to validate the potential uses of essential oils for this purpose. Moreover, the exciting

advances in brain imaging research and interpretation have opened a new avenue of possible investigation on the effects of essential oils on neuroendocrine functions (Amen 1998, 2008).

Despite these recent advances in the neurosciences that portend vast potential, however, the number of therapists, counselors or even neuropsychiatrists using essential oils in this way is likely to be minuscule – and certainly much smaller than the number of French medical doctors using essential oils in internal medicine, for instance.

By all accounts however, the practice of inhaling aromatic substances in one way or another is the most ancient and widespread of all methods of essential oil delivery (Rovesti 1995, Morris 1983, Faure 1987, Fischer-Rizzi 1991). The recognition that this type of inhalation can benefit well-being by supporting and promoting balance to human mental, emotional and spiritual functions is also perennial. These benefits are experienced in the cultural intersubjective and are then expressed in the artifacts and practices of a particular culture. This is understandable once we realize that different cultures actually exist in different stages of development and express different types of consciousness (McIntosh 2007). As a result, the positive experience and expressed benefits associated with a particular fragrance is seen to vary widely in different cultures. Certainly, for most civilizations in the BC era, for instance, fragrance was associated mainly with a connection to the divine and with spiritual realms in general. Classic examples are ancient Sumerian, Babylonian and Egyptian practices. For other cultures, the inhalation of fragrance serves as a doorway to the individual or group soul within, with its rich reservoir of normally unconscious information; this is seen in the temple practices of ancient Cretan and Greek cultures, as well as in shamanistic practices performed worldwide in general. For others again, fragrance is an important marker of significant community and family events, such as births, weddings and funerals, being an essential aspect of ceremonies and celebrations of all kinds; this is seen in ancient Middle Eastern cultures, especially in Hebraic and Arabic ones. For yet other cultures, especially the Chinese and Japanese, fragrance becomes a key aspect of their cultural aesthetic and an artistic expression of their sensibility – the Japanese incense art of *koh-do* is a clear example of that. However, the beneficial influence of inhaling aromatic substances on emotional and spiritual well-being is universally experienced and recognized, regardless of how the positive effects of fragrance are expressed through the creation of aromatic products and practices.

How can modern individuals express and define our experience of aromatic substances on the way we feel and think at the deepest level? More specifically, how can we map what we know about the fascinating essential oil-brain connection through direct inhalation of aromatics? And how can we do this without falling into the trap of materialistic scientism while attempting to describe experiences that truly reach into the depths of the soul and the psyche?

While a separate chapter in Volume 2 of this work will explore these questions in more depth, it is clear that the way forward is twofold. Firstly, the psychological

effects of essential oils need to be based on our actual sensory experience of them. The starting point should be: when inhaling an oil, noticing the way that an oil makes us feel in our own bodily experience, nothing more and nothing less. The next step in the process is simple observation, noticing how certain body-centred experiences seem to be associated with particular types of fragrance. The third step is making systemic deductions about the various fragrance qualities and their psychological effects and functions. The fourth step would be to link the oils' fragrance qualities to their known chemical constituents. This final step completes the loop of inquiry which links subjective experience with a deduced conclusion, and this in turn with objective knowledge. This approach to understanding the psychological effects of essential oils has been called the 'psychosensory approach' (Rhind 2012).

Secondly, again using the word 'psychological' in its most generous sense, the effects of essential oils should be established and described afresh in simple language. The language should not be restricted to science-based psychology, but should encompass all functions of the true psyche, properly and traditionally called the 'soul.' With simple language, we can describe the effects of fragrance on most aspects of the soul's functions. These will range from its effects on purely mental and cognitive functions, to its effects on the unconscious lands of the soul inhabited by motivations, instincts and desires, and finally to its effects on our emotions and feelings.

Clearly, most types of treatment with essential oils involve some degree of inhalation and therefore necessarily a psychological effect. However, that effect can be magnified and controlled when the aim is psychotherapy or soul healing. The focus then becomes entirely the inhalation pathway of delivery, which can be engaged either to promote general wellbeing or to create specific effects on brain functions for treating particular conditions, e.g. mood swings, depression, anxiety, PTSD, and so on.

As we explore the current streams, modalities and paradigms of therapeutic essential oil use, the larger question raised in Chapter 1 comes to mind, namely: Is essential oil therapy a development within herbal medicine proper, or is it a separate treatment modality in the process of emergence? Given the contradictions and confusion surrounding essential oil use today, we can now proceed to parse this question into a series of further questions. Is essential oil therapy emerging as a single modality, or as a cluster of different treatment modalities? In other words, are the various essential oil modalities practised today merely parts of an overarching system we may call essential oil therapy, or is each modality becoming a self-sufficient system?

Because these questions reflect the developmental nature of essential oil therapy as a work in progress, they really have no definite answers yet. It would seem best to remain suspended with the questions and remain content to paradoxically speak about both 'essential oil therapy' as a single modality and 'essential oil therapies' in the plural as the various modalities emerging today. Regardless, it is clearly exciting to consider the expanding avenues for effective treatment with essential oils. The *Materia Aromatica* gathers the various streams of their clinical uses and creates a rich tapestry of therapeutic potential.