Introduction to Aromatherapy

Essential Oil – term is misleading since non-greasy, volatile

From different parts of plants (flowers, buds, leaves, roots) and minerals (frankinsense/myrhh)

Complex chemically – some have 100’s different chemical compounds that make them have their effect Ex:

Phenols (strongly antiseptic, antifungal, anti-inflammatory)

Adlehydes (Antimicrobial)

Other chemical components see first page of handout

Made from distillation process

Hydrosol

Properties

Volatile – diffuse in air – smell – limbic system

Smell processed by limbic system (memory, emotions, ANS)

Memory – smells can really transport us to memories

Have students think about most memorable smells – perhaps from childhood, a vacation, a fair, the ocean, a pine forest, etc.

Readily absorbed through skin –affect internal organs

Most are antibacterial, antiviral and antifungal (properties in plants to protect the plants)

Quality and storage of essential oils important

Store in cool, dark, dry – limit air exposure (don’t want them to oxidize)

Last < 2 years (high notes like citrus deteriorate more quickly)

**How to apply:**

***In carrier oil/lotion, applied during massage (whole body or certain areas)***

Apply mixed with oil or lotion safer than undiluted

***In foot bath:***

Even if putting in water for foot bath better to mix with oil first (or small amount of soap, honey, etc) , because the essential oils are not water soluble, therefore if straight in bath not really diluted

If used with or after hydrotherapy absorbed even faster with warmth

Therefore, be especially careful with hot oils: cinnamon, ginger, clove

***To diffuse in air:***

1. Can put a drop of oil on tissue under face cradle (to use and diffuse less so that the room isn’t as scented for the rest of the day’s clients)
2. Candle diffuser - cheap
3. Nebuliser – advantage that heat isn’t destroying oils
4. Aromamist – (mist over client in high arch) hydrosol, or essential oil in water

Can use to soothe and calm clients – help them with disorders triggered or exacerbated by stress (like asthma, IBS, Fibromyalgia, hypertension)

**Peppermint:**

Uplifting, engergizing, stress relieving, helps focus/concentration

Cooling

For itching (highly diluted)

Anesthetic – tx. Headaches (drop on temples)

Inflammatory pain

Nausea

Digestion

Respiratory problems

Stimulates circulation

Avoid with children and people with cardiac fibrillation

**Making Blends:**

Don’t blend too many things together – 3-4 usually plenty

Can blend based on actions, what you’re drawn to, “recipes”

Top-Middle-Base notes

Be careful to not use endangered plants: spikenard, sandalwood (Australian not endangered), rosewood

**Cautions:**

children, elderly, people with sensitive skin or skin problems, pregnant women, people with epilepsy

Hypertension – rosemary

Questions to help determine if someone has skin sensitivity:

\* Have you ever reacted badly to detergent or perfumes?

\* Do you ever break out after you’ve used household cleaners?

\* Have you had an aromatherapy session before or used lotions/oils with essential oils? How did you react?

Medication CC:

wintergreen or birch with anticoagulant

if allergic to aspirin then don’t use wintergreen & birch

(primary component methyl salicylate is related)

for homeopathy not eucalyptus, wintergreen, birch, peppermint

If allergies of any kind start with smaller amounts (more diluted)

To be sure someone is ok with an essential oil can do a patch test inside their arm (cover 24 hours)

Generally don’t use diluted: Some essential oils are especially irritating if used neat or in strong dilutions

Ex: cinnamon (cassia), clove, thyme (see handout table 10.1)

Photosensitizing (don’t use in the at least 12 hrs before sunbathing, using a tanning bed or spending more than a short time in direct sunlight)

Ex: grapefruit, lemon, lime, mandarin, verbena (see table 10.6)

To dilute:

Approximately 1 drop of essential oil to 1 tsp oil to get a 1% dilution

Pricing blends: see last page of handout