

Aromatherapy Undiluted- Are we in complete denial?

(Previously titled: “Aromatherapy Undiluted- Safety and Ethics” 2005)

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This is a sort version with summary of a paper that has been presented several times in the last two years at aromatherapy conferences (Denver, 2004; ST. Petersburg, March 2006; Boston, 2006) and is part of those proceedings; and has been published on the internet in its entirety since 2005. It is imperative that anyone using essential oils read and understand this information as it pertains to the entire industry, our professional image (scope of practice, liability, ethics, etc.) and personal integrity. The facts present here are the most current safety data to date, including more recent reports. The full paper (18 pages) and the complete bibliography can be found at:

<http://www.naha.org/articles/aromatherapy%20undiluted.htm>.

NEAT OILS or UNDILUTED USE

Because of the rapid growth of aromatherapy practices since the internet has arrived, the use of undiluted essentials oils has increased dramatically – especially among holistic therapists and lay people who use oils without any safety training. Uninformed people at trade shows, fairs, and hundreds of entrepreneurial single trader businesses on the internet sell concoctions of essential oils without a thought about any possible risks. Natural perfumers (‘botanical formulators’), untrained therapists, even consumers are using undiluted oils on the skin without knowing they could be setting up setting up the conditions for sensitization to occur. Sensitization is becoming the principle problem of this profession, and the aromatherapy profession is largely in denial over it.

One reason is that therapists were badly instructed by mentors or suppliers at trade shows and conferences, or they may have read a popular high-street book and decided that since oils are natural they will not be harmful. One acupuncturist in her twenties that this author spoke to recently said that she routinely puts several drops of some 2 or 3 neat essential oils directly onto her hands and runs down the client’s spine with this mixture first, before working on the feet (still applying undiluted oils) - prior to commencing acupuncture treatment. Since she learned the risks of this approach, she now dilutes her oils, saving money, and achieving the same therapeutic effects, keeping everyone safer and avoiding lawsuits.

Others are involved in the growing phenomenon called “Raindrop Therapy”, which uses seven single neat oils (4-6 drops each: thyme, oregano, followed by cypress, birch, basil, and peppermint) neat, and 3 essential oil blends (only 2 are diluted in almond oil). This concoction represents a huge dermal insult from several milliliters of undiluted oils that are known-irritants being dripped onto the spinal area of

subjects' backs. After working the oils in with the fingertips along the spine, the area is covered with a warm towel "while they rest" (Stewart, 2003). The diluent ("V-6 mixing oil") was used only if the "burn gets too bad". This is followed by neat application again on the both legs of 2-3 each drops of these 4 oils (in this order): cypress, birch, basil, and peppermint (<http://www.naturesgift.com/RDT.htm>). These treatments have become quite common in homes, spas, and treatment offices, as they claim to cure everything from brain injury to scoliosis (which is "due to a virus"). Testimonials abound for this miraculous cure, as they tend to do in multilevel businesses, and the use of undiluted oils sells a lot of product up and down line. Unfortunately horror stories also are emerging, as injured folks seek relief and want to finally tell their story. Often the business owner trusts the therapists and has no idea this is even being performed. Many injured parties don't want to admit they got burnt (no pun intended), so few get reported to the authorities, but it won't be long before someone gets sued over this. An excellent overview is given in the White Paper mentioned above, which asserts an opinion against the use of a technique using undiluted known-irritant oils called "Raindrop Therapy", as it currently cannot be supported as a recognized aromatherapy "best practice."

As an addendum, a manager of a high end resort/day spa and was horrified to find out how their favorite (money-making) treatment could hurt someone, saying "no one has ever complained" (SSH: private communication 2005). But as we know, it is often difficult to establish legally the direct cause of irritation/sensitization, and many are dissuaded from taking it further. A positive development as a result of this episode is that the spa in question still offers the same treatment but now dilutes the oils, reducing overheads, and achieving the same results, so everyone rests easier at night. Dilution is such a simple and safe solution.

Aromatherapists are reported as applying undiluted essential oils to the skin in certain 'minor emergency' situations – tea tree oil for small skin traumas, lavender oil for *very minor* burn areas, cajuput or niaouli oils for insect bites, stings, etc. Unfortunately, now some of those early lavish users are now sensitized to lavender. Some people think if we have a question as to use an oil or not, to do a "patch" test to see if that causes a problem. Besides the fact that few carry this out, we know this procedure can actually set up a sensitization reaction. (Why bother with a known sensitizing oil anyway? There are plenty of other oils.) Many people think since they have "never had a reaction", it's not a problem, or with "hundreds of clients we've not had any reactions". Yet how would they know? With many sensitization reactions it may be hard to determine the exact origin of the problem. And many people do not associate the reaction with their therapy, or don't want to complain, feel embarrassed they let someone do this to them, or were convinced it was toxins or something else.

In the early 1980's many of us budding aromatherapists were poorly advised on how to use oils, especially undiluted before we knew better. In the 1990's, we witnessed demonstrations of all sorts: oral use and oils applied directly to the skin; we saw Daniel Penoel apply oils neat to someone's spine in a demo, even using a hair dryer to "help absorb" and cause a cure; with no warnings about adverse reactions. Qualified medical practitioners may prescribe essential oils for neat use or orally (in capsules) or larger than normal doses, but legally they are qualified to practice medicine. We hear charismatic speakers at conferences touting wondrous healings with massive doses of irritant oils for clinical cases of

severe infection or chronic diseases. But for the majority of us using essential oils for health, very few are appropriately qualified in appropriate disciplines, or even need to use essential oils this way (is this in our scope of practice?). And in light of the previous information available, in doing so is endangering ourselves as therapists, endangering our clients and promoting more reported skin problems from our oils in the world. At some point we have to 'get real' and admit we have been misled - the evidence from dermatologists is already making us look unprofessional and I repeat, in denial.

If you think about it, if relatively high amounts of essential oils are absorbed and localized in the dermis as we claim, and can also enter the bloodstream via inhalation, then the oils are physiologically active, and few of us are qualified to predict the consequences of this. In the case of birch, methyl salicylate is quickly absorbed and large or repeated exposures may constitute a toxic dose, especially to children. Recently a young woman's death was due to over dose of methyl salicylate from an over the counter sports cream. It can happen.

What about interactions. Do we know all medications our clients are taking and the possible reactions? And do we really need to? Many ailments only require a change of attitude, and just the exposure to low doses via the sniffing of oils works well in that way!! Some with a more spiritually based approach believe dropping the oils through the "aura" affects the person, and it may well do so, but if it's a frequency based phenomenon at work, then the diluted oils will theoretically work just as well as we see in homeopathy. (See *What the Bleep do we Know?*)

Undiluted oils should not normally be used topically especially on sensitive areas (like the eyelids, on diseased skin, mucous membranes, etc.) due to the risk of inflammation. It is conceded that many essential oils will contain individual chemicals which have been separately shown to contain individual irritants and sensitizer chemicals. Work is going on to establish when these chemicals naturally occur in essential oils, they are equivalently adversely active. It is fairly safely presumed in the meanwhile, that these substances may only show their adverse effects if applied at a concentration above the NOEL. So in other words, dilution is the safest method to prescribe.

In summary

Safety- armed with the foregoing information, we know that undiluted oils can be inflammatory; and the use of undiluted essential oils is not safe. Not only do they bring risks like burns and injury if undiluted, but also the risks of sensitizing both your subject and yourself. Remember the healer's rule to first "do no harm". Why risk it?

Efficacy- is neat really better? We know that 'more' is not always 'better', and that diluted oils work just as well. It is also true that some essential oils show one set of physiological properties at lower concentrations and another set of effects at higher levels - for example 1,8-cineol-containing oils can show this effect under certain conditions. It's also true that essential oils can produce psycho-physiological effects at concentrations below odor threshold or odor recognition levels.

Legal perspective- if we use oils undiluted, do they (as we say), "penetrate the skin" which could legally be considered administering a drug, and if so are we practicing medicine without a license here? Not everyone agrees that diluted oils necessarily penetrate faster or yet permeate the bloodstream. Some would say they are held in the dermis as a 'reservoir' and may be acted on by P450 enzymes in the dermis, or meet other biological fates. We also don't know much about toxico-kinetics - this being one of the areas that the SCCP have criticized essential oil toxicology studies as being deficient in. So if we accept that we have progress to make in toxicological understanding, it makes sense to err on the side of caution with sensible measures to protect ourselves, and to be aware.

We do however know which oils should not be used on the skin (known irritants like thyme and oregano; and known sensitizers like lemon verbena, etc.), and how to safely dilute them. If someone has a problem after a treatment you have given with your product, and decides to sue you, do you have liability insurance that will cover something out of scope? Can you get that in writing? Do you really think you would stand a chance if you knowingly put a well-known irritant/sensitizer on a client, who then develops a severe reaction and decides to sue you? Do you think it matters to a judge if you have never seen or known of anyone who'd have a bad reaction and therefore assumed it was safe? These are issues that should be addressed if one chooses to use neat oils or an irritant/sensitizer.

Ethics- This topic is the crux of this entire paper and the take home message. If the reader did not understand anything else, please understand this. Ignorance is not an excuse and will not hold up in a court of law (at least in the USA). When we use oils undiluted, or any of the toxic oils, or the known irritant/sensitizers we break the first rule of healers: "do no harm", because we are a danger first to ourselves, secondly to our clients and third, our profession. If you don't care about yourself, please care about your clients and the entire aromatherapy profession, not to mention the health of the world.

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Please feel free to copy/distribute and share this information. I have listened to the feedback from this paper for two years and I feel the alarm it has begun to filter through our industry, and it makes me happy to see responsible people stepping up to the facts. I am glad to hear the exposure has brought changes to oil supplier, bottle labels, practice protocols, and to therapists who are now practicing with more care and safety for themselves and their clients. Please if you have questions or feedback contact Sylla Sylla@tampabay.rr.com or Tony: tony@tonyburfield.co.uk