In This Issue:

- A Pure Journey
- Scoliosis: Part 2
- The Humble Case Study
- Teaching Essential Oil Chemistry
- Aromatherapy in Hospice
- Psychoneuroimmunology
- The Aromatherapy Business....
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Professional Aromatherapy Volume 2

In This Issue:

4  **Aromatherapy in Hospice**.................................Lisa M. Browder ICA, CR
8  **Psychoneuroimmunology and the Implications for the Practice of Aromatherapy**....Elaine Dohms, Certified Clinical Master Aromatherapist
18 **Teaching the Chemistry of Essential Oil: Why Bother?**...Andrea Butje, Certified Clinical Aromatherapist
22 **The Humble Case Study: Gold Dust at Your Fingers!**........Jane Buckle, Ph.D., MA, RN
26 **A Pure Journey**........................................Dr. Rev. St. James Burton, GRMT, LMBT
31 **The Aromatherapy Business Offers Practitioners Many Opportunities**.....Rose Chard, LMT
37 **Scoliosis: Effective Alternative Methods of Treatment Part 2**........Sylla Sheppard-Hanger, LMT and Don McCann MA, LMHC, LMT, CSETT

**Editor’s note:** Agarwood, Aloeswood, Frankincense, Rosewood and Sandalwood species are listed as both threatened and endangered. Please choose a different essential oil to work with to allow the trees to make a sustainable recovery. To learn more about endangered and threatened species please visit www.cropwatch.org for more information. NAHA does not encourage or endorse the purchase, sale or use of endangered essential oils.

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Hospices are well-suited for clinical aromatherapy programs but they face their own unique challenges: investment costs, skeptical clinicians, and the fear of possible lawsuits.

The costs associated with investing in an aromatherapy program can be significant so it’s imperative to set specific guidelines for what you hope to achieve. Perhaps your goal is to have the most comprehensive program in town in order to offer something your competitors might not provide. If so, then you’ll want to establish as many innovative uses of the essential oils as possible. That will necessarily raise costs since you’ll need a higher number of potentially expensive essential oils and a wide variety of supplies – carrier oils, lotions or creams, spray bottles and jars, inhalers, nebulizers and/or diffusers, mixing utensils and bowls, and labels.

For me, the major obstacle to overcome was the need to “prove” the program’s worth to staff skeptics. If that is so for you, you’ll want to start in a small and focused way to keep expenses reasonable and outcomes measurable. In a society where every grocery store item with a smell, whether called “ocean breeze” or “sunny day,” is labeled ‘aromatherapy’ why would they simply believe you when you tell them essential oils have physiological effects on the body?

A nurse at my facility loved to tell patients and families (but only if I happened to be present) what a wonderful thing it was to have aromatherapy. Shortly thereafter, in one of our interdisciplinary group meetings attended by representatives from nursing, pharmacy, physicians, social work, volunteer services, spiritual care and complementary therapies, the discussion focused on a patient’s symptoms and how the pharmaceuticals had not provided the expected relief. When I suggested adding a blend of essential oils to the treatment, she responded, “if our stuff hasn’t worked, yours isn’t likely to.”

That negativity can be pervasive so I would suggest that a good way to squash doubts is to start with staff complaints and offer to treat their headaches, backaches, stuffy noses, etc. Nothing is more convincing than a successful resolution and you will need staff support to work effectively.

Another thing that will give your program credence is to learn to speak their language. You’ll never assuage cynicism by speaking about concepts clinicians view as New Age fluff – auras, chakras and crystals. You’ll find that many will profess to believe in “those things,” just not for use with their patients. I would advise saving those discussions for a time when you’ve firmly established yourself and then they might begin to listen and to take them seriously.

Learning their language means knowing common hospice diagnoses, the associated symptoms and whether essential oils might be likely to help. Keep in mind that therapeutic essential oils are not appropriate for every symptom; you must know the diagnosis to determine the feasibility of treatment. For instance, hearing “constipation” is not enough information. If the diagnosis is colon cancer with a complete bowel obstruction, a constipation lotion would be contraindicated.

Likewise, if a patient is complaining of a constant headache, check the diagnosis. If you hear “glioblastoma,” you might want to hold your vasodilators and instead opt for something to help him relax. Increased circulation to the brain would not be helpful for a growing tumor.

Another effective communication tool is being able to provide double-blind/placebo or case studies. Keep several handy that you can cite or hand out because if you can’t hold your own with science-based clinicians, your program will quickly be seen as nice but unnecessary.
One such double-blind/placebo study was documented in the 2003 Journal of Clinical Psychiatry on the effects of Lemon Balm (Melissa officinalis) on the management of agitation in severe dementia. The results showed that Melissa is an effective treatment and that an added benefit was that quality of life indices also improved significantly. I cite this study frequently with clinicians who are skeptical of the benefits of our Agitation/Anxiety blend and it has made a difference in their acceptance.

More and more studies are also being done on the antiviral, antifungal, antiinfectious properties of essential oils and that’s great for those of us in hospice. One such case study by Irene Gilliland, RN, CNS, ACHPN, recently published in the September/October 2009 Journal of Hospice and Palliative Nursing is titled, “Use of Essential oils to Treat Methicillin-Resistant Staphylococcus aureus in End of Life: A Case Study.” Methicillin-resistant Staphylococcus aureus (MRSA), a particularly virulent bug, can quickly overwhelm a weakened immune system and is easily transmitted. In this study, Lavender (Lavandula augustifolia) was used in a saline eye wash for a 102-year-old nursing home patient who had been isolated for three years due to MRSA in the eyes. She had been treated with everything from Oxacillin, Imipenem and

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Moxifloxacin, to Mupirocin and Vancomycin. Nothing had worked. Someone suggested essential oils and the pharmacy mixed 15 drops of Lavender in 500ml of saline. They soaked a cotton ball in the solution twice a day and swiped it across the patient’s eyelid. One month later, the patient was retested and there was no sign of MRSA present. I love to quote that one because as our staff gets comfortable with the use of essential oils for things like constipation, edema, agitation/anxiety, depression, dry/itchy skin, respiratory issues and nausea, my attention is being drawn to more specific things like the treatment of MRSA, thrush, C-Diff (Clostridium difficile), flu and a host of others.

Clearly, the practice of aromatherapy in hospice requires a knowledgeable, intrepid aromatherapist who can pick her way through the minefield but it’s well worth the effort. The Director of Research at the National Hospice and Palliative Care Organization (NHPCO) said there are no available statistics on the number of hospices with an aromatherapy program. I suspect this may be because many have fledgling, ineffectual programs, primarily using Lavender (and nothing more) and often only as a room freshener. The possibilities for aromatherapy in hospice are therefore endless at this point.

### Massage Therapists’ Most Popular Essential Oil Creams:

**Dry/Itchy Skin Cream**
- Lavender (*Lavandula augustifolia*)
- Geranium (*Pelargonium graveolens*)
- Roman Chamomile (*Anthemis nobilis*)

**Muscular Aches & Pains**
- Lavender (*Lavandula augustifolia*)
- Rosemary (*Rosmarinus officinalis*)
- Fennel (*Foeniculum vulgare*)
- Black Pepper (*Piper nigrum*)
- Juniper (*Juniperis communis*)
- Peppermint (*Mentha x piperita*)

### Nurses’ Most Requested Essential Oils:

**Agitation/Anxiety Blend for Nebulizers**
- Lavender (*Lavandula augustifolia*)
- Melissa (*Melissa officinalis*)
- Sweet Orange (*Citrus sinensis*)
- Lemon (*Citrus limon*)

**Constipation Cream**
- Lavender (*Lavandula augustifolia*)
- Ginger (*Zingiber officinale*)
- Fennel (*Foeniculum vulgare*)
- Black Pepper (*Piper nigrum*)
- Rosemary (*Rosmarinus officinalis*)
Although not offered with a claim that they will prevent or cure disease, essential oils’ known historical properties, coupled with an array of recent reputable studies, show them to be highly effective in hospice, with the added benefit of having few (if any) contraindications (unlike pharmaceuticals). Because of this, it’s a pet peeve of mine to have clinicians suggest it would be unwise to use essential oils in hospice because they can cause allergic reactions. We routinely use pharmaceuticals that come with a laundry list of contraindications (many of them potentially lethal) and yet we never question their use. Likewise, we keep Material Safety Data Sheets on the chemical components of all the synthetic materials in shampoos, soaps, body lotions, laundry detergents, cleaning products and disinfectants. Yet we use them regularly and without hesitation.

I am lucky to be in a hospice that champions the use of essential oils for their therapeutic value. I continually search for the studies and information that help bolster the case for their safe and effective use. My goal is nothing less than an aromatherapy program in as many hospices nationwide as possible.

References:


National Hospice & Palliative Care Organization (phone call).

Lisa Browder manages the complementary therapies program at a hospice in Nevada and will be speaking at the National Hospice & Palliative Care Organization’s September conference in Atlanta on “Aromatherapy for Symptom Management in the IPU.” She is the Nevada Director for NAHA and sells therapeutic essential oil products to hospices through her company, Scentsibility.

www.scentsibility.cc
Psychoneuroimmunology is a large word that suggests an even larger impact on our future medical choices of wellness and healing. The practice of Holistic Aromatherapy, the use of Essential Oils to support and strengthen the immune function, will offer the possibility of improving health through direct effects on the mind/body connection. A relationship that defines and supports the concepts of aromatherapy has been recently enjoying a new acceptance in western medicine due to the successful research in the field of Psychoneuroimmunology.

Psychoneuroimmunology, (PNI) is the branch of biomedical science that explores the relationships between the nervous system, emotions, and the immune system. PNI studies the connections or links between our "state" of mind and our "state" of health. Interest in the relationship between psychiatric syndromes or symptoms and immune function has been a consistent theme since the beginning of modern medicine. Walter Cannon, a professor of physiology at Harvard University, looked at the need for mental and physical balance throughout the organism and created the term, 'homeostasis' in his book, The Wisdom of the Body, published in 1932. Dr. Cannon observed that any change of emotional state in his lab animal, such as anxiety, stress, distress, or rage, was accompanied by total cessation of stomach movement.

These studies into the relationship between the effects of emotions and perceptions on the autonomic nervous system, namely the sympathetic and parasympathetic responses initiated the recognition of the "freeze fight or flight" response. Picking up on Cannon's work, Hans Selye formed the empiric foundation of the ability for an animal to adapt, heal, and recover from adverse mental and physical conditions. Selye's work was summarized in the concept of the General Adaptation Syndrome (GAS). This syndrome consists of an enlargement of the adrenal gland, atrophy of the thymus, spleen, and other lymphoid tissue, and gastric ulcerations due to an environment of prolonged and/or chronic stress and the body's reaction to the presence of stress related stimuli.

Selye describes three stages of adaptation, the initial brief alarm reaction, followed by a prolonged period of resistance and a terminal stage of exhaustion and death. This monumental work led to mid-20th century studies that reported that psychiatric patients experienced immune alterations including a decreased number of lymphocytes and a poor response to pertussis vaccination when compared to non-psychiatric control subjects. In 1964, George F. Solomon, et al. coined the term "psych-oimmunology" and published his landmark paper: “Emotions, Immunity, and Disease: a speculative theoretical integration”, Archives of General Psychiatry 1964; 11:657-74.
In 1975 Robert Ader and Nicholas Cohen at the University of Rochester advanced PNI research with their demonstration of classic conditioning of the immune function. The previous term of "psychoimmunology" was updated to "psycho-neuroimmunology". Through his highly controlled research with laboratory rats, he determined that there was a scientific connection between stress stimulation and immunosuppression. This was one of the first reproducible scientific studies that proved the nervous system can affect the immune system. Up until this point, immunologists believed that the immune system was an autonomous system and functioned independently from other body systems: R. Ader and N. Cohen, "Behaviorally Conditioned Immunosuppression", Psychosomatic Medicine, Vol. 37, Issue 4:333-340.

Contemporary advances in psychiatry, immunology, neurology, and other integrated disciplines of medicine have fostered enormous growth for PNI. In 1985, research by Candace Pert revealed that neuropeptide-specific receptors are present on the cell walls of both the brain and the immune system. The discovery that neuropeptides and neurotransmitters act directly upon the immune system shows their close association with emotions and suggests mechanisms through which emotions and immunology are deeply interdependent. Showing that the immune system and the endocrine system are modulated not only by the brain but by the central nervous system itself has a huge impact on how we understand emotions and disease.

PNI research is looking for the exact mechanisms by which specific brain-immunity effects are achieved. Evidence for nervous system - immune system interactions exists at several biological levels. The immune system and the brain communicate to each other through signaling pathways. The brain and the immune system are the two major adaptive systems of the body. During an immune response the brain and the immune system "talk" to each other and this process is essential for maintaining homeostasis.
Psychoneuroimmunology and the Implications for the Practice of Aromatherapy
Elaine Dohms, Certified Clinical Master Aromatherapist

Continued.....page 9

The HPA axis activity and cytokines (cell-messenger, hormone-like proteins that are produced in the hypothalamus) mediate and control the body's initial inflammatory and adaptive responses that are necessary to maintain homeostasis or internal balance. Like the stress response, the inflammatory reaction is crucial for survival.

Like the stress response, the inflammatory reaction is crucial for survival. Systemic inflammatory response results in stimulation of four major programs that are mediated by the HPA axis and SNS:

• the acute phase reaction
• sickness behavior
• the pain program
• the stress response

Common human diseases such as allergies, autoimmune diseases, chronic infections and sepsis are all characterized by dysregulation of the pro-inflammatory versus anti-inflammatory situation. Recent studies show pro-inflammatory cytokine processes take place during depression, manic and bi-polar disease, in addition to autoimmune hypersensitivity and chronic infections.

Chronic secretion of stress hormones, glucocorticoids (CGs) catecholamines (CAs), as a result of disease, may reduce the effect of neurotransmitters, including serotonin, norepinephrine, and dopamine or other receptors in the brain leading to dysfunction of neuro-hormones. The abnormalities and the failure of the adaptive systems to resolve inflammation affect the well-being of the individual, including behavioral parameters, quality of life and sleep. Systemic anti-inflammatory feedback and/or hyperactivity may be key factors in some metabolic and cardiovascular disorders and health. This same systemic neuro-inflammation and neuro-immune activation have been shown to play a role in the etiology of several neurodegenerative disorders such as Parkinson's and Alzheimer's disease, multiple sclerosis, pain, and AIDS-associated dementia. Never before has the phrase, "Stress will kill you!" meant more to today's individual.

There is now sufficient data to conclude that immune modulation by psychosocial stressors and/or interventions can lead to actual health changes. Although changes related to infectious disease and wound healing have provided the strongest evidence to date, the clinical importance of immunological disruption is highlighted by increased risks across many medical conditions and diseases.

Stress is thought to affect immune function through emotional and behavioral manifestations, such as fear, anger, sadness, and tension and physiological changes such as heart rate, blood pressure, and sweating. Researchers have suggested that these changes are beneficial if they are limited in duration, however, when stress becomes chronic, the body is unable to maintain homeostasis or equilibrium.

T.B. Herbert and S. Cohen examined 38 studies of stressful events and the immune function of healthy adults and published their results in the Journal of Psychosomatic Medicine in 1993. They found consistent stress-related increases in increased numbers.
of white blood cells as well as decreased numbers of helper T cells, suppressor T cells, and cytotoxic T cells, B cells, and Natural killer cells (NK).

E.P. Zorilla, et al published their findings and correlations of brain behavior and immunity in 2001. The communication and interactions of systems were identified:

Communication between the brain and immune system

- Stimulation of the brain sites alters immunity (stressed animals have altered immune systems)
- Immune cells produce cytokines that act on the Central Nervous System (CNS)
- Immune cells respond to signals from the CNS

Communication between neuro-endocrine and immune system

- Glucocorticoids and catecholamines influence immune cells[28]
- Endorphins from pituitary and adrenal medulla act on the immune system
- Activity of the immune system is correlated with neurochemical/neuro-endocrine activity of brain cells

Connection between glucocorticoids and immune system

- Anti-inflammatory hormones enhance an organism's response to a stressor
- Prevents the over-reaction of the body's own defense system
- Regulates the immune system
- Affects cell growth, proliferation and differentiation
- Causes immunosuppression
- Suppresses cell adhesion, antigen presentation, chemotaxis and cytotoxicity
- Increases apoptosis (necessary death of cells)

Corticotrophin-releasing hormone (CRH) The release of corticotrophin-releasing hormone from the Hypothalamus is influenced by stress.

- CRH is a major regulator of the HPA axis/stress axis
- CRH regulates secretion of Adrenocorticotropic hormone (ACTH)
- CRH is widely distributed in the brain and peripheral nervous system
- CRH also regulates the actions of the Autonomic Nervous system and immune system

Stressors that enhance the release of CRH suppress the function of the immune system and conversely, stressors that depress CRH release potentiate immunity.

What does all of this valuable research mean to the potential conventional medicine patient? It means that they may be treated with a new array of "Pharmaceutical advances" for all of our Psychoneuroimmunological disorders/conditions.

We now may correlate the medically monitored use of; Glutamate agonists, cytokine inhibitors, vanilloid-receptor agonists, catecholamine modulators, ion-channel blockers, anticonvulsants, GABA agonists (including opioids and cannabinoids), COX (Cyclooxygenase, a form of non-steroidal anti-inflammatory) inhibitors, acetylcholine modulators, melatonin analogs, adenosine receptor...
antagonists and the list of other treatment drugs goes on. The list of medications and drugs are impressive, however, the list of contraindications and side effects are lengthy and concerning. (Herbert TB, Cohen S. Stress and immunity in humans: a meta-analytical review. Psychsom Med 1993 55:364-379.)

Let’s review the Precaution List taken from the printed and distributed by "Publix Pharmacy” from a national data base known as "Prescription Facts". This is a printed form that accompanies the purchase of the lowest dose of an anti-psychotic drug, Risperidone that has been used for years to "restore the balance of certain natural substances in the brain" (neurotransmitters). The precautions warn that you should tell your doctor if you have: allergies, liver disease, kidney disease, low blood pressure, seizures, Parkinson’s disease, dehydration, breast cancer, diabetes, heart disease, high blood pressure, high cholesterol and triglyceride levels, dementia, and obesity. The warning also includes a detailed amount of information about heart rhythm (QT prolongation) effects. Please note that we haven’t reviewed the Side Effect list.

The Side effects listed for Risperidone are: dizziness, drowsiness, fatigue, nausea, fainting, unusual muscle movement, constipation, runny nose, increased appetite, weight gain, nervousness, acne, dry skin, difficulty concentrating, difficulty sleeping, and these are not listed in the "Serious Side Effects" section.

Serious side effects (please inform your doctor or report your side effects to the FDA, Federal Drug Agency at 1.800.FDA.1088), include: severe dizziness, fast/pounding/irregular heartbeat, mental/mood changes, fever, sweating, drooling, difficulty swallowing, seizures, numbness, sudden vision changes, slurred speech, chest pain, confusion, breast lumps and a slightly increased risk of developing heart disease or experiencing a stroke.

With all due respect for modern medical drug therapy, it is apparent that there is a distinct possibility that the prescribed medication may be more detrimental to the individual than the original symptom(s) that are being treated.

There are available choices for alternative, complementary, more natural therapy or treatment that returns the body/mind to a state of improved unity without compromising an individual's state of wellness. Precise statements about the specific interaction between essential oils and the various functions of the immune system are not as comprehensive as the PNI research that we have listed. However, there are many other interventions that have been found to boost the immune system and counteract the effect of stress on individuals without damaging side effects. Some of these interventions and lifestyle changes include progressive relaxation, mental imagery, breath work, proper diet and exercise, biofeedback, massage therapy, expressive therapy, energy work, counseling, aromatherapy and many more health and wellness treatment options.
Continued.....page 12

One of the most promising findings in PNI is the exciting implications for the practice of aromatherapy, which offers the possibility of improving health through direct effects on immune function, as well as through the mind/body connection.

Aromatherapy has been in use since early civilization. The first drug directory that we know as "Pen Tsao" was written by herbalist Shen Nung in the year 2,800 BC. Ancient civilizations of Egyptians, Greeks and Romans all referred to herbal remedies for symptoms of disease. Ali-Ibn Sina, known as Avicenna the Arab, wrote books on the properties of over 800 plants and their effects on the human body in the years of 980-1037 AD. During the plague in Europe (1300s), aromatic wood was burned in the streets. Experimentation and documented findings continued throughout the 1800s with the discovery of terpene molecules. Charles Cumberland published a report that studied the effects of diffused essential oils of cinnamon, geranium, oregano and angelica on the inhibition of Staphylococcus, Meningococcal and Salmonella typhi.

Work in the aromatherapy field continued into the 1900s with further proof of the efficacy of microbes becoming unable to reproduce (Cavell). Rene-Maurice Gattefosse, PhD, dedicated much of his work to help identify the healing/antiseptic components of essential oils. His book "Aromatherapie" was published in 1937. This book set the chemical and scientific basis for the utilization of therapeutic essential oils.

Marguerite Maury introduced the idea of combining essential oils with massage. Inspired by the methods used in traditional Tibetan medicine, she developed the individual prescription. Essential oils were selected according to the physical and emotional needs of her clients. As the mental and physical patterns altered, she modified the aromatherapy treatment. She noticed beneficial side effects and was amazed to see improved skin conditions, relief from arthritic pain, heightened sexual pleasure, insomnia relief and a generally improved mental state.

The complete history of the use of aromatherapy substances, from ancient ritual and medicinal application to today's research, is evidence that essential oils have served as natural support and relief for many disease related symptoms for centuries.

The natural chemical complexity of essential oils derived from plants makes them an ideal form of natural pharmacological therapy. The synergies of essential oil constituents in their natural state are easily adapted to human physiology and when safely and well-prescribed are free from undesirable side effects.
as protection against insect, bacterial, and viral invasion. There is evidence that essential oils work synergistically to therapeutically enhance metabolic processes of the human body. (Battaglia, Salvatore, The Complete Guide to Aromatherapy: The Perfect Potion (Australia) Pty Ltd., 1995 90-98.)

Essential oils have properties that include:

- **Alterative effect** - remedies that cleanse and detoxify the blood (angelica root (*Angelica archangelica*), cypress (*Cupressus sempervirens*), fennel (*Foeniculum vulgare*), grapefruit (*Citrus paradisi*), geranium (*Pelargonium graveolens*), juniper (*Juniperus communis*), lemon (*Citrus limonum*), orange (*Citrus sinensis*), peppermint (*Mentha piperita*), rosemary (*Rosmarinus officinalis*) and others)
- **Anti-inflammatory effect** (chamomile (*Chamaemelum nobile*), geranium (*Pelargonium graveolens*), helichrysum (*Helichrysum italicum*), myrrh (*Commiphora myrrha*), patchouli (*Pogostemon cablin*), rose (*Rosa damascena*) and others)
- **Antibacterial and antifungal effect** (eucalyptus (*Eucalyptus globulus*), ravensara (*Ravensara aromatica*), niaouli (*Melaleuca viridiflora*), marjoram (*Origanum marjorana*), rosemary (*Rosmarinus officinalis*), peppermint (*Mentha piperita*), geranium (*Pelargonium graveolens*), cypress (*Cupressus sempervirens*) and others)
- **Astringent effects** - that have a firming and healing action on irritated membranes or exposed tissues/wounds (grapefruit (*Citrus paradisi*), chamomile (*Chamaemelum nobile*), geranium (*Pelargonium graveolens*), cypress (*Cupressus sempervirens*), cedarwood (*Cedrus atlantica*), rose (*Rosa damascena*), galbanum, (*Ferula galbaniflua*) and many more)
- **Antibacterial or antifungal effects** (tea tree (*Melaleuca alternifolia*), angelica root (*Angelica archangelica*), lime (*Citrus limetta*), niaouli (*Melaleuca viridiflora*), bergamot (*Citrus aurantium*), lavender (*Lavandula angustifolia*), chamomile (*Chamaemelum nobile*), rosemary (*Rosmarinus officinalis*), myrrh (*Commiphora myrrha*), patchouli (*Pogostemon cablin*), and many more)
- **Carminative effect** - relief of intestinal pain, gas and distention (basil (*Ocimum basilicum*), mandarin (*Citrus reticulata*), caraway (*Cananga odorata var. macrophylla*), cardamom (*Elettaria cardamomum*), fennel (*Foeniculum vulgare*), melissa (*Melissa officinalis*), peppermint (*Mentha piperita*) and more)
- **Diuretic effect** - stimulates increased kidney production (basil (*Ocimum basilicum*), tea tree (*Melaleuca alternifolia*), juniper (*Juniperus communis*), eucalyptus (*Eucalyptus globulus*), chamomile (*Chamaemelum nobile*), lavender (*Lavandula angustifolia*) and others)
- **Expectorant effect** - promotes the discharge of phlegm or mucus from the lung membranes (eucalyptus (*Eucalyptus globulus*), galbanum (*Ferula galbaniflua*), orange (*Citrus sinensis*), cypress (*Cupressus sempervirens*), benzoin (*Styrax benzion*) and others)
Aromas and scent do affect emotions by the direct contact with the brain/limbic system. The limbic system is the "oldest" part of the brain. It is where thinking and analytical development occurs. The limbic system tells your body how to react to a situation or stimulus, the "fight or flight" reaction previously discussed in PNI research. Essential oils "hit" the limbic system in less than 1 second via inhalation and within 1-3 seconds with skin application. There is no need to have the body process essential oils by the digestive system or blood stream which is the common mode of absorption in other medication/remedies.

Essential oils can support and strengthen the immune response in two ways:

i. by directly opposing the threatening microorganism with antibacterial and antiviral properties

ii. by stimulating and increasing the activity of the cells involved by hormonal organ interaction

The use of essential oils via inhalation therapy is effective in treating the responses to inflammation that present in adverse immune reactions like asthma and autoimmune disorders. This area of research has been explored by Michael Alexander who states, "The desired effect is immunosuppression. Immunosuppression is a term used to describe therapeutic intervention which attempts to suppress immune responses that are overactive, persistent, and cause harm to the body." (Alexander, Michael, The Prophylactic Use of Essential Oil Inhalation Therapy and its Mechanisms of Action in the Treatment of Respiratory Hyper-sensitivity Reaction, Aromatherapy Journal, 2002.11(3&4), pg.19.)

In this article, Alexander goes on to discuss essential oils which inhibit the inflammatory process which include lavender, peppermint, rosemary, and blue chamomile. In addition to acting directly on immune system function, aromatherapy has the potential to strengthen and normalize the immune system and improve health and individual wellness through the mind/body connection by reducing stress and promoting relaxation.
Psychoneuroimmunology and the Implications for the Practice of Aromatherapy
Elaine Dohms, Certified Clinical Master Aromatherapist

Continued.....page 15

Essential oils are truly made from nature and they possess great beauty and healing potential. Aromatherapy based on such oils is in sharp contrast to the conventional medicine paradigm. Aromatherapy presents a rare and valid alternative to mainstream medical consumerism. (Schnaubelt, Kurt; Medical Aromatherapy: Healing with Essential Oils (Frog LTD., 1999) 262.)

Balance and good health is a personal choice. Combining aspects of beneficial exercise, proper nutrition, stress management and lifestyle is a commitment each person must make. Aromatherapy has the potential of contributing to the overall benefit of the choice of mind/body balance and wellness.

In the future, aromatherapy and other alternative methods which rely on natural substances to unite the psychological and physical healing will become increasingly more important. Exciting new research in the field of psychoneuroimmunology reveals a close relationship between emotional and nervous processes and the human immune system. This proves scientifically the fact that many have known for a long time: the psychological constitution of the individual is of the utmost importance in the healing process.

The selection of essential oils that have a calming and restorative effect on the mind/body are impressive and numerous. The contraindications and warnings are limited to photosensitivity, pregnancy and select medical conditions and medications and homeopathy treatments. The potential for relief of stress related symptoms is promising and extensive. The future of health and healing supports amazing opportunities and indications for the ancient healing practice of aromatherapy.

I am a new face on the Aromatherapy scene. I recently received my Certified Clinical Master Aromatherapist designation, in addition to my Reiki Master/Teacher credentials. A personal, incredible aromatherapy healing experience launched me down the educational pathway of essential oils and therapeutic aromatherapy. This knowledge has created the possibility of healing and individual choice in my life without compromising my health. I have become captivated by the potential healing and wellness that aromatherapy holds for the community of new medicine.

I share my life with seven children, three dogs, four cats, numerous rehabilitated squirrels and a very patient husband. edohms@tampabay.rr.com
Do you have a professional quality article that we can consider for publication in the NAHA 2011 E-Journals?

We are particularly interested in receiving proposals for articles on the following:

**2011 E-Journal Theme Concepts**

*Aromatherapy for Natural Skin Care at home and in the Spa*

Submission Deadline: November 1, 2010

*The Mother’s Issue: Aromatherapy for pregnancy, childbirth, infant and child care*

Submission Deadline: January 1, 2011

*Professional Aromatherapy Volume 3*

Submission Deadline: March 1, 2011

*Essential Oils as a CAM Modality*

Submission Deadline: June 1, 2011

Visit the NAHA website for a copy of the [Writer’s Guidelines Outline](#)

As always, well researched, anecdotal articles on specific essential oils are appreciated as are current event news-making items.

NAHA Aromatherapy E-Journal Topics/Themes are scheduled to change based on content received. We are open to ideas and suggestions for future e-journal publications.

Article submissions sent to NAHA are not guaranteed to be published. All information is subject to The NAHA Board of Directors approval. All articles and data are subject to editing by the editorial board. Authors are not promised that their submission will be included in any specific journal.
Teaching the Chemistry of Essential Oils: Why Bother?
Andrea Butje, Certified Clinical Aromatherapist

What do you think is more fun, teaching students to make body butters or teaching them chemistry? Is it easier for you to talk about lavender (Lavandula angustifolia) than chemotypes?

The chemistry of essential oils is often presented as an advanced, complex subject. Many consider it difficult to teach. Seriously? It's not that hard! I never took chemistry in high school or college — that is another story. I've taught myself essential oil chemistry over the years.

My self-taught perspective has given me tools I need to teach chemistry to total beginners. I’d like to share some of my teaching methods to hopefully inspire a better understanding of essential oil chemistry.

Let's look at the context first.

1. Why do we want to talk about Carbon, Oxygen and Hydrogen?
2. Do we really need to understand GC/MS (Gas Chromatography/Mass Spectrometry) reporting?
3. What is the big deal about chemotypes?
4. What about the Chemical Family theory?

Some people are afraid that knowledge of essential oil chemistry will demystify aromatherapy and reduce it to a cold and clinical science — taking away from the magical, intuitive and energetic aspects of this healing art. This has not been my experience. I have found that increasing my knowledge and understanding of essential oil chemistry has only heightened my respect for these remarkable gifts of nature. Understanding both the art and science of aromatherapy gives us a balanced perspective that enhances our therapeutic uses of the oils.

How do I teach this material?

1. The building blocks: Carbon, oxygen and hydrogen.

Introduce the basics of chemistry by discussing shelf life, a very practical issue for all aromatherapists. In order to understand the approximate shelf life of an oil, we need to understand carbon, oxygen, hydrogen and oxidation. To understand oxidation, we need to introduce the factors that influence oxidation — such as the vulnerability of carbon double bonds to oxygen, molecular size, and how heat and light can rearrange molecules.

Context helps students understand why we are asking them to learn chemistry in the first place. I write these bullet points on the board and discuss them with my students.
• Understand oxidation to understand shelf life
• Appreciate why certain oils have a particular therapeutic activity
• Select essential oils for therapeutic effect
• Understand safety issues concerning certain oils
• Relate to journal articles, keep up with current essential oil research and comprehend professional lectures at conferences

2. GC/MS, the standard in quality assurance.

Why is GC/MS important? The precise breakdown of the chemical components in individual oils (listed on a GC/MS report) is important because the therapeutic benefits of essential oils can often be determined by their chemical components. The safety issues of essential oils are determined largely by the components of the oil, as well as by the dose and application.

In order to introduce this material in a practical setting, I have students format a GC/MS report. I recently spoke with a student who is taking our Aromahead Institute online Aromatherapy Certification Program. She was working on this activity. The activity instructs the student to take a typical GC/MS report (long list of chemical components with percentages) and categorize the components into their correct chemical families.

Before she could do the activity she needed to clarify the difference between a component and a chemical family. Next, she needed to identify to which chemical family the component belonged. In order to do this, she needed to look at the component’s molecular structure, define the backbone (10 carbons, 15 carbons, benzene ring etc.) and then figure out which functional group, if any, was attached to it. Once this was clear, the family (or families) the component belonged to became obvious and she was able to categorize the component correctly.

This kind of activity helps the student feel more comfortable with the GC/MS reports, the component names and the chemical families.

3. Chemotypes, when a tiny difference can be a big deal.

Introduce this concept by explaining that being able to identify the specific chemotype of an essential oil can easily be done through studying a GC/MS report. In class, we discuss the idea that some plants have the genetic ability to produce different chemical constituents based on the environment in which they are growing.

Use a case study to demonstrate. We use the examples of rosemary (*Rosmarinus officinalis*) and thyme (*Thymus vulgaris*). We explain that depending on the country of origin and the growing conditions, both of these oils can produce very different essential oils. “Chemotype” literally means a different chemical type. The oil components can vary so dramatically that the oil can even change primary chemical families.

How does this relate to practical aromatherapy? Aromatherapists use the chemotypes of oils for different medicinal purposes and must be aware that they may have different safety concerns.

It is helpful to have the various chemotypes you are discussing available for the students to smell. The impact of smelling Thyme ct thymol versus Thyme ct linalool helps hammer in the concept of chemotypes and the importance of the issue.
4. Putting it all together: Chemical family theory.

A solid background in the chemistry of essential oils will add new dimensions to the student’s blending abilities.

Share the following concepts with students:

- Essential oils are composed of natural plant chemical components (also called constituents). These components are physical substances that can have some measurable therapeutic activity, sometimes validated through research.

- A GC/MS analysis of an essential oil gives us a list of components that are present in that oil, along with the exact percentages of each component present. Essential oils can have very few or more than 200 components.

- I give the students a list of chemical families and common components found in each family. Every component on the list belongs to one specific chemical family (with a few exceptions like eugenol which belongs to both the Phenols and Ether chemical families). I explain that they are going to be studying ten chemical families, each of which has its own list of components.

- Under each chemical family there are many chemical names; these are the chemical components. I ask them to look on the list and find a chemical component, such as a-pinene.

- I point out that on their handout they see ten headings in bold. Monoterpenes, Sesquiterpenes, and so on. I tell them that these are called chemical families and that a chemical family is a grouping of chemical components based on specific similarities in their molecular structure (also called their functional group).

- For example, all Monoterpenols have a functional group, called a hydroxyl group, attached to a 10-carbon backbone. Depending on the structure of molecules the essential oil contains, it is classified into a specific chemical family or several chemical families. Some oils are made up of primarily one chemical family (like lemon which contains 90-95% Monoterpenes), while others are made up of two or more significant chemical families (lavender).

- Each chemical family is associated with certain generalized therapeutic properties. For some of the families we can make broad generalizations about the therapeutic properties. For others we cannot. We begin by generalizing to start the learning process and introduce an understanding of essential oils from a chemical family perspective. This way, the student develops a system for blending more effectively for specific health issues. Of course, there are many limitations to the chemical family theory and we discuss those at length as well.

- Along with the chemical families, some of the individual components have been researched and have been found to have specific therapeutic activity associated with them. I give them a list of all the components with known, researched therapeutic activity.

- Classifying essential oils according to their chemical families can help us understand the activity of an essential oil. This classification also helps us to understand why several oils can have the same basic properties. If three oils all possess the same chemical family and many of the same constituents, we can guess that some of their therapeutic activities might be similar. This goes a long way in providing us with good choices for combining essential oils to make a potent and effective blend.
Continued…..page 20

• Another advantage to understanding the chemical families and the individual components is safety. Most of the safety concerns of essential oils are based in chemistry, dose and usage. As you understand the chemistry of essential oils, the safety concerns become increasingly clear and easy to understand.

• As you study an oil, it is always helpful to look at its GC/MS in order to see which chemical families and components are present in significant percentages. This will help you understand some of the behavior of the oil.

• Shelf Life: Monoterpenes oxidize more rapidly so oils high in monoterpenes, like expressed Citrus oils and Pine, have shorter shelf life.

• Getting to know the qualities of a chemical family is like getting to know a new friend. We can make generalizations about their personality that usually hold true, and there are always quite a few interesting exceptions. We discuss all the exceptions we are aware of, and how the generalizations about chemical families can also be limiting. We use these generalizations as a starting point in our learning, and modify our understanding as we go along.

Summary

Teaching basic essential oil chemistry helps the student understand the following:
• shelf life
• molecular structure
• the chemical family theory
• chemotypes
• GC/MS
• some therapeutic properties of essential oils
• most safety issues

Working knowledge of essential oil chemistry can facilitate the student’s ability to follow up-to-date oil research, which can be a very useful way to keep aromatherapy education fresh and current.

An understanding of chemistry empowers the student and provides an effective way to develop a deeper relationship with essential oils. I encourage you to share essential oil chemistry with your students through creative, hands-on teaching methods.

Andrea Butje has been teaching courses in the therapeutic uses of essential oils since 1995. After co-founding the successful Finger Lakes School of Massage in Ithaca NY, Andrea developed Aromahead Institute and the scientifically-based 200-hour Aromatherapy Certification Program approved by the National Association for Holistic Aromatherapy and the Alliance of International Aromatherapists. She also designed the exclusive Aromahead Institutes Scholars Program, a 400-hour Aromatherapy Certification Program. By working directly with distillers around the world and participating in research and teaching, Andrea remains on top of current issues and trends in the growing practice of Aromatherapy. Aromahead Institute classes are held in Sarasota, Florida, Ithaca NY and online. She also offers business classes, teacher trainings, advanced blending programs and website templates for healthcare professionals.

Aromahead Institute: www.aromahead.com

International Directory of Essential Oil Distillers: www.distillerdirectory.com

Website templates: www.businessscentsc.com
One of the main criticisms about complementary medicine is there is not enough research. I agree, but I think one small word needs to be added - there is a lack of published research.

However, there is a wealth of clinical observation that goes unrecognised because no one documents it in a way that conventional medicine would accept. However, that could change.

The humble case-study, that is what we take every time we see a client, is the basis for a case-series. The case-series is the basis for a clinical trial. A clinical trial is the basis for the randomised, placebo-controlled trial that conventional medicine loves so much. So, how does this work? Well, you may begin with just a hunch and you try it on yourself. It works! Then you try it on a friend or one of your family members. It works! Now you are ready to try it on a client (with their consent). This study needs to be carefully observed and documented. More case-studies follow. Then, when you are absolutely sure of the exact essential oil/s you want to use (and the percentage) for the outcome you want to achieve, you are ready for a case-series. During this study, every person receives exactly the same treatment. The case-series may only have 6-10 people in it, but it becomes the evidence base for a clinical trial. A clinical trial is where someone other than you does either the treatment or the analysis of the outcome. This is to ensure that you can’t be accused of bias. Finally the clinical trial – sometimes called a pilot study, leads to the randomised, placebo-controlled trial that has a lot of rules and regulations. I can write about that in another article if anyone is interested. The thing to remember is that it all begins with the humble case-study!

The single case-study is important enough for the US government (who give out hundreds of millions of dollars each year for research into CAM) to ask the Office of Cancer: Complementary and Alternative Medicine to put a sample case-study on their website because they have been actively recruiting for best case-studies for funding!

Imagine if all aromatherapists agreed on a set format for a case-study database. Imagine if that set format was set up in a software program - something like Filemaker - so the details of each case-study could be entered into that database. Imagine if the database was coded into headaches, skin complaints, sleep disorders, menstrual problems and so on. Imagine that each condition was rated on a visual analogue

Continued.....page 23
from 0-10 (where 0 is no complaint and 10 is the worst possible) before and after the treatment. Now imagine that anyone who has a recognised aromatherapy certification could enter his/her own case-studies and anyone could search this resource. I hope you are getting excited about the potential we have if we combined our efforts. United we stand, divided we fall.

So that leads me on to the ‘perfect case-study’ format that could form the basis of those going to be entered into a database.

Case-Study

You need to be focused, precise and objective. It is like writing a recipe. Someone else needs to be able to do exactly what you did. There should be a confirmed documented diagnosis from a certified health care practitioner. There should also be a documented history of the disease that will include:

Conventional Treatment or other CAM

1. History of disease/symptoms plus dates
2. Exact treatments tried (drug, dosage, time frame), success or failure
3. Current status in as much detail as possible – blood pressure, pulse, temp, any medical results, WBCC, ESR (blood tests where relevant)
4. No concurrent (including other CAM treatment) that could confound (confuse) the outcome*
5. Detailed outline of current regime: drugs, diet, sleep, stress
6. Subject needs to give informed consent (written)

Aromatherapy treatment

7. Date of commencement of aromatherapy treatment
8. What essential oil used and why**, what percentage and why, when and how
9. Follow up in hour, day, week or month depending on your expected outcome
10. Results
11. The report should be very succinct – just a few paragraphs
12. Most importantly, be objective, not subjective

Bear in mind that the above case-study is for cancer patients.

* If you use a mixture of treatments, you won’t know what has been successful. This has been one of the criticisms about aromatherapy as often massage is also used. Is the effect caused by the massage, the oils being absorbed through the skin, inhaling the essential oils, or all of the above? If you use a mixture of essential oils, you will not know if all, some or the combination has produced the effect. Music can also confound the outcome, as can scented candles, so avoid those.
** Pubmed is a good place to start or Scholargoogle. If you are not sure how to do this, write NAHA with your questions and I will write another article to help you.

IFPA (International Federation of Professional Aromatherapists; UK) gives out an annual prize to the best case history. The prize was recently awarded to an excellent study from a student at Napier University, Scotland. NAHA is now considering awarding an annual prize for the best case-study, too.

Case-studies play a vital role in the two courses RJ Buckle Associates provides:

1) Clinical Aromatherapy for Health Professionals – a taught, clinically based, research backed program that requires 66 case-studies and a small research project. Students present their case-studies in each of the four modules. Graduates can put CCAP after their name (Certified Clinical Aromatherapy Practitioner).

2) Foundations in Clinical Aromatherapy: Distance learning. 6 case-studies required. Both courses are only open to licensed health professionals.

I hope that this article will inspire more people to conduct case studies and that this will also spur the development of a recognized, common database.

Jane Buckle PhD. MA, RN is the author of Clinical Aromatherapy: Essential Oils in Practice, now on its 8th reprint. She is an NIH grant reviewer and has taught over 1,500 nurses and helped integrate aromatherapy into many hospitals across the USA. She won an NIH-funded post-doctoral research scholarship to attend the University of Pennsylvania and then moved to the UK to be a full time academic in London. She retired from university life last month to concentrate on her USA business RJ Buckle Associates LLC – an educational consultancy in clinical aromatherapy and the M Technique. She is based in London but travels across the pond frequently!

For more information please see:

www.rjbuckle.com

and

www.mtechnique.co.uk.

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Call for NAHA E-News Articles 2010-2011

Mini-Article Topics:

- Essential Oil Profile Highlight
- Aromatherapy Blending Tips
- Seasonal topics and much more!

Visit the NAHA website for a copy of the Writer’s Guidelines
Submit a detailed case study from your own work with pure essential oils. Case studies will be judged on observation and documentation, the overall content and submission requirements.

Prizes Awarded:

First Prize:
- Free NAHA Membership for one year
- Your case study published on the NAHA website and in an issue of the NAHA E-Journal
- A copy of Dr. Jane Buckle’s Book: *Clinical Aromatherapy; Essential Oils in Practice*

Second Prize:
- Your case study published on the NAHA website
- A copy of Dr. Jane Buckle’s Book: *Clinical Aromatherapy; Essential Oils in Practice*

Third Prize:
- A copy of Dr. Jane Buckle’s Book: *Clinical Aromatherapy; Essential Oils in Practice*

[Click here](#) for a copy of the Case Study Contest Submission Requirements.

Contest Submission Deadline: September 1, 2011*
Up to 50 entries will be accepted.
(*Deadline date can change based on amount of entries received.)

NAHA reserves the right to cancel the contest based on insufficient participation and lack of quality submissions. NAHA reserves the right to change or substitute contest prizes. All contestants agree that their contest submissions can be used by NAHA for publication on the NAHA website, journals, newsletters and any e-communication resources. See Contest Submission Requirements for more details.
I came into aromatherapy class thinking, “Oh well. This will be a fun little course. No hard work!” Boy was I wrong. I started the Professional Level I class at Greenville Technical College in Greer, SC under the instructor Barbara (Shellie) Enteen, South Carolina Director and Vice President of the National Association for Holistic Aromatherapy (NAHA). As soon as the class started we began to discuss the topic of quality and purity of essential oils. For some reason I was entranced and fascinated by how delicate and thorough the process of obtaining true essential oils is and should be.

Our class had a student kit with oils from what I will call Company 1. Our instructor had a larger, more expensive kit with oils from this company and another new one that would be providing the oils in the future, Company 2. Wondering how pure the oils from Company 1 and Company 2 were, I decided to do some research.

The first thing that stuck out about Company 1’s oils was the prices. For an ounce of essential oils, the price was below the majority of the other companies I viewed online. That was the red flag for me. Company 2 was my next hurdle.

Prior to this investigation, I had spoken with another prestigious aromatherapist in the southeast region and she gave me information about Company 2. She had explained to me that the founder of Company 2 acquires oils from someone in Europe, another famous aromatherapist. She also gave me some interesting information about a different well known company (Company 3) owner that had apparently at one point acquired his oils from Company 2. Upon hearing this, I attempted to contact the European company owner and confirm these findings about both Company 2 and the owner of Company 3 resourcing their oils through him. Unfortunately he would not give me the information saying that it was “unethical to disclose the details (regarding their) customers or make comments regarding other companies.” (Ed., brackets mine.)

However, understanding ethics from being a massage therapist, I respected his response and moved down one link on the chain to approach both of these companies directly. I contacted the founder of Company 2’s granddaughter who is also a sales representative for the company. She confirmed all of the information I had previously received and also assured me that their essential oils were tested by an independent lab and that I could get results for specific oils, but said she would not divulge the name of the lab. The fact that she was so honest and open with me about answering my questions made me feel very secure about the purity of my current Company 2 oils.

Now, I attempted to contact the famous Company 3 owner. I was informed that there was no way for me to contact the company owner directly and that for product questions I must e-mail Product Services. Questions for the company owner were to be sent to Customer Service at which time they would forward the e-mail to his personal assistant. My first e-mail went to Product Services with the following questions:

1. How many different types of testing do your essential oils undergo and what are the tests?

2. How many different independent testing sites do you send your oils to and what are the names of the testing sites?
1. Can I request the testing results for the individual oils I buy from each of the testing facilities?

2. How do I know from what countries these essential oils originate?

3. How do I know if the essential oils were wild-crafted or organically cultivated?

4. Is there anything you could send or tell me now that would further convince me that your oils are the best I can buy?

After receiving a reply and reading through it, I was very disappointed. I was told they do very extensive testing which includes: Physical Density, Optical Rotation and Refractive Index, and Chemical GC/MS Testing. Wonderful, right? Wrong. The reason being because I was informed that I could not receive these test results because they are “unique in how [they] distill their oils” and this information would appear on the testing results so they can’t reveal the results or they would also reveal their secret process to competitors. My problem though is that, as a prospective customer, if I can’t read the results, how do I know they are what they say they are? I was also told that all testing is done “in-house”! Well isn’t that comforting?! Not really. Yes it’s cheaper for the company but the results can also be easily manipulated. Oh, and the other problem with this is that this company has representatives that claim the oils are tested by AFNOR and ISO. However, the company when questioned said all their oils meet AFNOR and ISO Standards. According to the company they also own or supervise all the farms from which they attain their oils. In answering my organic and wild-crafted question, I was told “The reason why our oils are not 100% certified organic is due to the fact that we occasionally import some oils from different countries. As most of these countries do not have organic standards set or organic standards that match the US standards, we are unable to certify them organic.” My question is, if they supervise all of the farms, how is it that they themselves cannot certify whether or not the oils are organic due to their own growing methods? Regardless of whether or not the country has organic standards, they are importing them to the USA and they are supervised by their own US company. Finally, at the bottom of the e-mail I was assured their essential oils are “therapeutic-grade”. (This is a terminology which is not accepted as legitimate by the aromatherapy industry.) Apparently what makes their oils “therapeutic-grade” is:

1. “Exceptional soil” - Whoa. What? They mean to tell me there are giant trucks importing and exporting this “exceptional soil” to all these countries where they grow all these plants for their oils? I had an interesting moment imagining these caravans of dirt, ceaselessly on the move.

Continued....page28
1. “[They] make every effort to preserve “nature’s living energy” in a manner as close to its natural state as possible.” - Ok, then why is Oregano the only wild-crafted oil they offer? I would have to say that wild-crafted would be as “close to its natural state” as you can get, right?

2. “Unadulterated, uncut and totally free of chemicals, pesticides and metals.” - Well if that’s the case why can these oils not be certified organic? Isn’t that what organic means?

Things get interesting when the buyer is educated and can think for themselves. All in all, the buyer must make the final decision. If you are interested in obtaining pure, quality essential oils, take what I have said here and use it to pose questions to your current supplier and make sure YOU are satisfied. Don’t go by what anyone else tells you. You are the aromatherapist, so it is up to you to do the work to protect yourself, your clients and ultimately our profession.

Knowing I am buying top quality, pure essential oils enhances the good feeling I have when working with them for myself and for others.

Dr. Rev. St. James Burton, GRMT, LMBT is a Holistic Health Care Professional in South Carolina. He is a licensed massage and bodywork therapist, aromatherapist, grand reiki master/teacher, psychic, reverend, honorary saint and doctor of divinity, and registered prayer partner. When he was 9 he realized that the rose-colored glasses everyone was seeing through were not for him. He questioned everything and accepted those things that resonated strongly with him to create his own spiritual path. He feels it is his duty to show people how to find their own path just as he has.

Contact Email: admin@thecollectiveone.com

(Note: Both NAHA and the author agreed not to disclose the names of the companies and persons interviewed so as not to endorse or condemn any company or person or otherwise prejudice the reader.)

Since I have been an LMT for over 25 years and an Aromatherapist for over 20 (and now an RA) who has also been a teacher in the massage program at a local community college and also wrote and taught a professional and an introduction to Aromatherapy course there for the past three years, it was with great interest that I read the new textbook by Jade Shutes and Christina Weaver that was created to cover both of these bases. Aromatherapy is a natural adjunct to massage and some say massage is the best way to deliver an essential oil session. I have seen amazing things happen through aromatherapy massage and bodywork and I do hope that massage schools everywhere will realize that their students need more than a two or three hour class on working with essential oils and will adopt a qualified program and use a text such as this one, as a way for their students to get the vital preparation they need to work with aromatherapy safely and effectively.

“Aromatherapy for Bodyworkers” is a wonderful showcase for all the extensive aromatherapy information and knowledge Jade Shutes has collected over her many years in the field. There is no one who could fail to appreciate and acknowledge the range of her education and experience and those she acknowledges as her teachers and mentors. In writing a book that focuses on bodyworkers, she has engaged the input of Christina Weaver, who seems to have a lot of good credentials and experience in the holistic health field. Consequently, there is a lot about this book to like.

Continued.....page 29
In the history section, I truly enjoyed the in depth treatment of the famous Gattefosse, which makes him much more dimensional than the usual view as providential creator of a lab accident. I also liked the recognition of both Dr. Jean Valnet and Marguerite Maury. (I am a big advocate of the Individual Prescription that was her strong belief.) Chapters 2 through 4 do a wonderful job explaining essential oils, methods of extraction, ways to judge quality through various pieces of important information such as: the latin binomial, country of origin, part of plant used, chemotypes and so on; a particularly clear chapter on basic chemistry, olfactory experience, safety issues. It would be easy for an instructor to make this complicated and detailed information available to students in a way they can understand without the kind of confusion that certain areas (like chemistry) can create.

There are also chapters that make this a wonderful book for those who focus on the spa industry. There is an illustrated example of an aromatherapy face massage treatment and a chapter on how to go about setting up a practice. Truly all bases are covered in a very clear way, including the way to break down costs (often not discussed in basic aromatherapy classes) and with the inclusion of ‘new terminology’ lists, worksheets and chapter tests that make homework assignments an easy task.

If I would change anything about the book’s format it is the location of the information on the specific essences themselves and the idea of treating some in depth and others in a shortened version. This information is in the last chapter and the essences themselves have been named many times earlier in the book in lists for various reasons (from blending tips to addressing certain client complaints). As a teacher of Aromatherapy, I would like to see the student engaged in getting a good understanding of the essences themselves before they start doing blends and bodywork. And it isn’t clear why certain essences (bergamot, grapefruit, jasmine, lemongrass) were in the ‘short version’ category while others (black pepper, fennel, patchouli) get the longer version and the way these sections follow each other in the same chapter is a little confusing if one is looking an essence up alphabetically. I also wondered why I missed seeing certain familiar safety data for certain oils.

Which brings me to the one thing regarding content that, as a Professional Member who is on the Board of NAHA and as such, following NAHA safety education guidelines, I do need to question. In one chapter, undiluted use of essences on the skin is described as unsafe practice but Chapter 8 contains a list of oils that are said to be safe to use undiluted and an insert which discusses the controversy among aromatherapists over dilution which engages the reader not to ‘live in fear’ but to “work toward gaining a greater understanding of the potential benefits” of undiluted use. Where I can see how this kind of discussion could be appropriate in a professional journal article or a presentation at a conference, I question if encouraging a beginner to make this kind of judgment and to experiment without a greater foundation and experience with essential oils truly supports the purpose of the text. This expression of a personal point of view is not in keeping with the scholarly, researched tone of the rest of the book.

The inclusion of endangered oils such as sandalwood and frankincense might be understood by the 2008 copyright. One would expect to see an explanation of endangered oils in a revised version.

Having said this, all in all, “Aromatherapy for Bodyworkers” is a book that both Jade Shutes and Christina Weaver can be very proud of authoring and one which, in the hands of a qualified instructor, would be extremely useful.

(Received 2007-05-07, Re: appearance of Sandalwood on ‘safe to use’ list, there are reports* that sandalwood (Santalum album) has caused dermatitis and allergic reactions in hypersensitive individuals. *Sylla Sheppard Hanger, Aromatherapy Practitioner Manual, Vol II.)
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- GC/MS tested
- Free Recipes

aromaticsinternational.com

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This is an exciting time to be involved in the aromatherapy industry. More people are choosing a simplified lifestyle, and they are looking to the natural health industry for support and guidance.

The aromatherapy industry holds a tremendous growth opportunity when we consider all the areas in which this discipline is beneficial. As aromatherapists, we have the opportunity to grow along with the industry. To do this, it is important that you establish your own business model which includes understanding the aromatherapy community as a whole and what your specific contribution will be. Your attitude and the ways in which you deliver information have a profound impact on the aromatherapy community as a whole. To maximize your success, it is essential that you understand these concepts, the bigger picture, and create your personal business model with them in mind.

The aromatherapy industry has a lot of work to do to fight the myths regarding aromatherapy and the plethora of inferior products sold every day to consumers by larger companies interested in capitalizing on the term “aromatherapy” without actually producing a true aromatherapy product. Consumers are unknowingly purchasing inferior products which cannot provide the therapeutic property intended. In turn they pass off aromatherapy as ineffective and the aromatherapy industry loses credibility.

Becoming an aromatherapist indicates that someone has naturally been drawn to the botanical world, understood its value and decided to get educated. As aromatherapists, it is our responsibility to inform customers or clients about the true discipline of aromatherapy. Unfortunately, many aromatherapists I’ve met don’t fully understand the power in the wealth of knowledge at their disposal and so hesitate to educate the public. However, many in the general public would welcome and embrace this knowledge if the proper principles were shown to them. Unless we do our part in correcting the common misperceptions of aromatherapy, we cannot end the confusion that surrounds our industry. This is why our dedication to supporting our clients with true aromatherapy education is so essential to the growth and credibility of the aromatherapy industry.

As an aromatherapist, you are more of an expert than you think (given that you follow the ethical guidelines), and the education you have is very valuable, possibly even essential, to the interested consumer. The knowledge you hold may seem basic and obvious to you but it is a treasure to a great many that are beginning their aromatherapy journey. Learn to trust that the knowledge you have is valuable to people. Before you can build your business model, the first thing to recognize is that you are a representative of the greater industry as a whole. Cherish this knowledge and strive to make the industry proud. As you flourish, there will be a multitude of grateful people that are able to have better lifestyles.

Once you embrace your responsibility and dedication to the greater aromatherapy community and accept that the knowledge you have is of substance, you do need to think about how you will deliver your message. There is a myriad of ways to use essential

Continued.....page 32
Continued.....page 31

oils and aromatherapy as a lifestyle. There are many essential oils out there and at least twelve different ways of applying them such as in carriers, a bath, in diffusers. Similarly, essential oils can be used for skin and beauty, fragrance or well-being. Then consider other aspects of aromatherapy such as safety, profiles of individual oils, methods of absorption, therapeutic properties, deciphering pure oils from synthetics, dealing with inaccurate information and dubious products with aromatherapy labeling and so forth. Even these aromatherapy basics are an incredible amount of information to absorb. Make no mistake – aromatherapy is a discipline, but it is a worthy one.

Newcomers will not immediately be able to grasp the full concept of aromatherapy and you will be unable to communicate this information without a good business model. First, decide what your area of focus will be and then build a strong base around that. You may decide you want to focus on a small aspect of the aromatherapy industry or encompass multiple aspects. For example, aromatherapy education, retail, consulting, manufacturing your own products, or using the principles of aromatherapy to increase the quality and the value of the services you provide in conjunction with another related discipline such as massage therapy. Many massage therapists don’t think twice about the massage lotion or oil they use on their clients and look for the cheapest or the most comfortable to apply. It may not occur to them that most of the standard massage oils and lotions on the market are packed with preservatives and artificial fragrances. (Interestingly, they are doing the most damage to themselves as their skin is absorbing the lotion every day with every massage.)

And some massage therapists are using quality products including pure essential oils but not taking the opportunity to promote this fact and the extra care they are giving their clients. A massage therapist with aromatherapy training should make it very clear to clients that their service has that additional value. Unless it is for promotional reasons, a massage therapist should not offer aromatherapy for free as it removes the value that true aromatherapy has to offer as an industry. There is a great opportunity for massage therapists to educate the public and reclaim the perception of aromatherapy as well as derive direct compensation for the body work.

The massage therapist might want to begin with creating a selection of pre-made blends that clients can choose from, such as a muscle blend for those who complain about fatigued muscles, a relaxation blend for those who need to unwind and so forth. Take the time to consider your choice of blends and then add them to a cold pressed carrier oil – and consider avoiding the use of any carrier oil which may cause a reaction for clients who have peanut allergies.

Once you have your blends, you can promote them on a laminated sheet presented to clients before the treatment. Indicate that an extra charge will be added for the blends. If a client asks what the benefit of aromatherapy is you have the opportunity to educate them. For example, “Our muscle rub is made of ginger, black pepper, clove etc. This blend will help warm the area and bring blood to your sore muscles more quickly… essential oils, which should not be confused with fragrance oils, have known therapeutic properties …” Or perhaps your client wants to relax, in which case you might say, “Would you like to try the lavender blend? Lavender does a wonderful job of relaxing your nervous system and has a very comforting effect.”

Continued.....page 33
Even if your client declines the blend you’ve still educated them a bit and they will know that you follow true aromatherapy principles. Those clients that do add the aromatherapy option, will notice how much the aromatherapy enhanced their massage and appreciate that you took the time to discuss your aromatherapy expertise with them.

Your clients will also appreciate knowing that you are using quality essential oils and quality carrier oils. If you are providing your clients these services without promoting it, then you are missing a terrific opportunity to set yourself apart from other businesses. Worse still, your clients will not know the important added benefits you offer.

Whether you are a massage therapist, cosmetologist or are involved in another aspect of the industry, it is a good idea to take time to think about where you want to focus your efforts. Do not be overwhelmed with having to incorporate everything if there are areas that are not relevant to you. Some companies have built their entire business based on one essential oil - an impressive feat!

inferior products to save a buck will not make you successful. Quality products and services will speak for themselves. Keeping costs down with quality stock is harder so consider starting out with a smaller stock of well chosen quality products. A less obvious benefit of this approach is that because there are more people using inferior quality products there is a lot of competition among those who work with inferior products. Happily, when you maintain a high standard of quality in your products, you will find yourself facing less competition.

We mentioned earlier that there are many misconceptions regarding aromatherapy. One is that aromatherapy is “fluff” and is all about fragrance only or relates to ambiguous, foolish new age jargon like “unleash your inner goddess.” I am sure you have heard a response like the following when discussing aromatherapy: “Oh, I am not into smells”, or “I have a friend that is into new age stuff but that’s not my thing.” I can tell you, I have encountered many people like this my career – both male and female. In most cases, when I explained aromatherapy in more accurate and realistic terms, many of these same people ended up becoming the biggest users of essential oils.

Whatever area of aromatherapy interests you, always keep in mind that the focus should not be quantity over quality. If you are going to do something, do it correctly. This will serve you well in differentiating what you offer from other services and products out there. If you are offering quality aromatherapy products or services, then stick to that commitment. It is important to be discerning in your own purchasing because you need to keep an eye on the finances in your business. However, purchasing
Before you can begin successfully selling your service or product, you need to understand what aspect of the aromatherapy business you are marketing to and who populates that market. Ask questions such as: Where do I practice? What is my typical demographic? How many people do I want to appeal to? For example my company, Your Body Needs, is located just outside Washington DC. Most of the clientele in this area work long hours, are middle to upper income and are generally not considered ‘laid back’ types. We have had great success explaining the basics of aromatherapy from a simple academic approach rather than a more ethereal one. We may say something like, “the essential oil of ginger and black pepper in our muscle rub encourages better circulation and brings blood to an area more quickly.” Most of our clients would not relate to a sentence like “ginger oil will stimulate the yang energy of the kidneys.” We have made firm decisions about what is important to us as a company and how we want to represent the business of aromatherapy. We made these decisions based on who we are, what we offer and who our target audience is. This will be a very helpful approach for you to consider when beginning a business. Even though it is important to have your business reflect you, it is equally as important to assess what your clients or customers really need or want and find how to integrate both.

It is an exciting time to be in this wonderful industry. There is tremendous potential to succeed if you are respectful of the discipline as a whole, accept that the knowledge you have is valuable and that people will benefit from it, have clarity on how you will communicate your message and execute your services or products in a focused and professional way.

Rose Chard is the owner of Your Body Needs…a massage and aromatherapy studio providing products and services in Crofton, Maryland and online at www.YourBodyNeeds.com

Rose gained her Certificate in Aromatherapy from the American College of Health Sciences in Portland, Oregon; a leader in natural health education. Rose’s dedication to the field earned her a nomination as outstanding Graduate of the Year in 2004. Rose has incorporated essential oils in her personal life for more than twenty years and now her company has its own growing line of quality aromatherapy products and essential oils. Your Body Needs helps people discover the everyday benefits of aromatherapy and also offers popular aromatherapy workshops. Rose is an adjunct staff member at Anne Arundel Community College teaching the principles of Aromatherapy to other health care professionals. She is a licensed massage therapist and Professional Member of the National Association for Holistic Aromatherapy, the Aromatherapy Registration Council and the National Certification Board of Therapeutic Massage and Bodywork.

Rose is a NAHA Regional Director for Maryland.

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Rehabilitation of Scoliosis Conditions

This is the second installment of our article on Scoliosis inspired in response to a mother seeking help for her 7-year-old daughter who was recently diagnosed with mild scoliosis. She wished to check on the safety, validity, and efficacy of using large doses of undiluted essential oils on the spine to correct scoliosis due to it being caused by a “virus harboring in the spine” (a.k.a. Rain Drop Technique, or Therapy, RDT). Part 1 attempted to cover what scoliosis is based on current medical community definitions regarding currently known causes, and possible cures; and it addressed why a massive dose of essential oils may not be the best treatment. We introduced Structural Energetic Therapy® (SET), founded by Don McCann, which defines and treats scoliosis based on a structural core distortion of the pelvis and spine that forms as the fetus develops. (See Note 1). Four case studies previously published by Don McCann were presented as well including one dealing with a child.

In this installment Sylla shares the benefits of having had the therapy herself, and will show how adding Structural Energetic Therapy® to her aromatherapy massage practice has refined her skills so she can address acute and chronic pain. In addition Don will also describe how the Structural Energetic Therapy® techniques will effectively resolve scoliosis problems for each of the cases that were described in the first installment. Let us review our scoliosis cases from the last issue.

Shirley, a 35-year-old mother of three children, was referred to me for low back pain that developed after the delivery of her third child. She reported that she had been doing a lot of lifting of all three of her children ages 5 years, 3 years, and 6 months, and that her back was getting worse. In addition, she had complications during the last month of her pregnancy, so the doctor had insisted that she stay in bed and off her feet as much as possible. She brought her chiropractic x-rays that showed a narrowing of the disc space in the lumbar region with some arthritic spurring already developing, a scoliotic curvature of her entire spine and significant rotation of her iliums, one anterior, one posterior resulting in a tipped sacrum. It was obvious that Shirley could not stop lifting her children, but she needed relief from her back pain as soon as possible.

Jason, a 49-year-old accountant, had been rear-ended in an auto accident two years ago while sitting at a stop light. He had been receiving chiropractic care ever since the accident until his insurance was depleted. His diagnosis was a flexion/extension injury of the cervical spine with a slight herniation between C3-C4 and a bulging disc between C7-T1. In addition, his x-rays showed a significant degree of scoliosis of his entire spine with the rotation of the iliums and tippage of the sacrum. The chiropractic notes indicated treatment of the flexion/extension injuries of the neck only, and no mention or diagnosis of the scoliosis in the thoracic and lumbar spine. The discs that were injured were at the greatest degree of the scoliotic curvature. Jason came to me because a friend of his had insisted that Don could help him, and since his PIP had run out insurance no longer covered chiropractic care. The sad part is that, even though he had two years of treatment, he only had minimal improvement and was now also experiencing severe headaches. He needed some effective therapy.
Carol, aged 13, was brought to me by her mother after she had been picked out of a school scoliosis screening and was referred to a neurosurgeon for possible surgical intervention. The parents were scared when they saw that Harrington rods were part of the surgical intervention suggested for their daughter’s scoliosis. The x-rays and MRI’s that confirmed the scoliosis showed a more than 40 degree scoliotic curvature. The neurosurgeon had told them that since she was in a growth spurt this would probably progress to somewhere around 50-60 degrees by the end of her normal growth and would leave her incapable of bearing children. Carol was reasonably athletic and really wanted to join the high school girls’ volleyball team as she was already 5’10” and played very well. She only occasionally complained of back pain or any discomfort. However, she shared her parent’s concern about the prognosis of dire pain, disc degeneration and inability to carry a child due to the scoliosis.

Anita, a 63- year-old massage therapist who had been practicing for 20 years, came for sessions because of a sizeable dowagers hump and inability to stand up straight. After a bone density test she was told by her doctor that she had osteoporosis and was collapsing into a scoliotic curvature of her spine. Other than reinforcing her bone mass with medication and exercises, there was little else she could do. In addition, they informed her that the scoliotic collapse was irreversible, and that chiropractic manipulations might cause fractures of her weakening spine. They also told her that she would have to quit doing massage because the scoliotic collapse and fractures of the spine would worsen almost immediately. Having been a massage therapist for 20 years, Anita had heard of the soft tissue work that Don does and wanted to know if the scoliotic curvature of her spine could be rehabilitated so she could continue doing the massage she loved.

Now let’s look at the way that Structural Energetic Therapy® techniques effectively address the rehabilitation of each of these cases.

Shirley had lost a great deal of the tonus in her intrinsic muscles that had previously counter balanced her scoliosis after having a month’s bed rest. In addition, the spreading of her pelvis during the birth process had further rotated the iliums and weakened the ilium/sacrum relationship causing her left ilium to move even further into anterior rotation and the tippage of the sacrum to increase. The Structural Energetic Therapy® techniques, which included the Cranial/Structural Core Distortion Releases and the pelvic balancing protocol, were applied. These techniques addressed the anterior/posterior rotation of the iliums and the tippage of the sacrum that were exaggerated during pregnancy and birth, along with the musculature of her hips, legs and abdomen. This unwound and released some of the lumbar curvature of the scoliosis resulting in a significant decrease in the scoliotic curvature and low back pain.

Jason was experiencing most of his pain in his neck and shoulders due to his auto accident that had increased his scoliosis putting pressure on his cervical and lumbar discs. Structural evaluation revealed an acute head forward posture, head tipped to the right, right shoulder medially rotated and dropped, left shoulder higher at the superior angle of the scapula, and a shortening of the back of his neck. This time the Structural Energetic Therapy® Cranial/Structural Core Distortion techniques were applied integrated with the soft tissue Head, Neck and Shoulders protocol to address the neck and shoulder pain. The pectoralis muscles and the anterior neck muscles were treated first to move the head and shoulders back out of the head forward collapse. This was followed by treating...
the shoulders and posterior neck. After several sessions the scoliosis in the rest of his spine became the limiting factor and needed to be addressed by balancing his pelvis with the pelvic balancing protocol as in Shirley’s case. Following that same sequence the anterior/posterior rotation of the iliums and tippage of the sacrum were addressed along with the hips, legs and abdomen which took the pressure off the curvatures in the spine and allowed his lumbar discs to heal.

Carol, the 13-year-old, was in excellent shape being an athlete, but was facing a growth spurt that could increase the developing scoliosis. She also had a major anterior/posterior ilium rotation with a substantial tippage in her sacrum, and her head was significantly in front of her shoulders resulting in a shortening of the back of her neck. Since Carol was constantly jumping up and down playing volleyball, balancing the iliums to support a balanced sacrum was the focus of the initial treatments. Without this support the curvature in her spine would have rapidly increased. As in the previous cases, Cranial/Structural Core Distortion techniques and pelvic balancing protocol of Structural Energetic Therapy® were applied to release the anterior/posterior rotation of the iliums and tippage of the sacrum, and to treat the hips, legs and abdomen. After several sessions, the ilium rotation was decreased, her sacrum was leveling out, and the curvature of her lumbar and thoracic spine was rapidly improving. It was now time to treat the neck and shoulders using the Structural Energetic Therapy® head, neck and shoulder protocol to move her head and shoulders back and into balance with the pelvis. For the next four weeks the treatment alternated between the neck and shoulders and the low back. When Carol was re-evaluated, her scoliosis was in the 20 degree range and her parents were extremely pleased. Due to the fact that she was in a growth spurt, and actively jumping and jamming the sacrum, the treatment continued on a monthly basis for the next five years. Her scoliotic curvature remained stable and she was able to have a college career in volleyball.

Anita was aggravating her scoliotic condition by doing massage. Her structural evaluation showed her head was far in front of her shoulders and the back of her neck had become very shortened. She had a very exaggerated dowager’s hump from using her arms and locking her shoulders down while doing massage. This area was also where she experienced the most pain and difficulty while doing massage. Therefore, initial treatments focused on releasing her internally rotated shoulders and anterior neck allowing her head to move back, then releasing the tops of her shoulders and back of the neck allowing her to straighten up and her shoulders to drop. Using the head, neck and shoulder protocol after the initial application of the Cranial/Structural Core Distortion Releases. This also had a dramatic effect on reducing the size of her dowager’s hump. It was then necessary to build support in her low back by balancing the iliums and reducing the tippage of her sacrum using the same sequences within the pelvic balancing protocol as in the other three cases. Another important detail for Anita was to change the height of her massage table so that her shoulders were not hiked up and her head was not thrust forward when she was doing her massages. Once this was accomplished she was able to maintain correct posture, and continued working even though the osteoporosis was still in a degenerative state and she was losing bone mass. With the scoliotic curvature greatly reduced, the pressure was now distributed evenly across the vertebral surfaces and no longer on the edges of her vertebrae which prevented the compression fractures. She was now able to enjoy giving massages again.

When working with all four of these clients, the most effective method of working with the soft tissue was the three-step approach which is the basis of all the soft tissue protocols of Structural Energetic Therapy®. This involves 1) releasing the fluids and toxins to reduce inflammation and clear the trigger points, 2) applying directed myofascial unwinding strokes to release the myofascial holding patterns within the
fascia that held the distortion of the structure, and 3) releasing individual fibers, scar tissue and adhesions. This approach enabled each of the clients to be treated within their pain thresholds, in spite of the acuteness of the condition, and to have deep structural balancing work that might have been impossible without working slowly into the tissue in this manner.

How can we add aromatherapy to this approach? There are several ways in which aromatherapy can be used in these treatments. Aromatherapy has the ability to help clear toxins and trigger points. The essential oils can also be used on the pain, soreness, and swelling that occurs for the cases previously mentioned. Since these are resolved cases, it is obvious that Structural Energetic Therapy® (SET) stands alone just fine on its own. So, adding aromatherapy is an extra bonus. Having a pleasant smelling office and therapy room can put people at ease and make a good first impression as well as keeping the air clean and fresh. This is most easily accomplished with an ultrasonic diffuser that adds a mist to the air, rather than a heated or air dispersal machine. Essential oils diffused in the air can also help clear any energy that may be released during a session since the body work can release deep emotional energies that have been stored in the body.

With some clients I can muscle test them using Robbi Zeck’s Blossoming Heart book and chart for the essential oil they need. This is a simple method discussed later on in this paper, to identify what someone may need, using the body and applied kinesiology. Once I get their particular oil and give them a sniff on a tissue I read out loud to them about the oil, and what it could mean for them. I may also intuit what it may mean and share if appropriate. Perhaps I may use that essential oil in their blend below as well, or give them some to work with later.

During the actual SET therapy we use a thicker cream or butter to prevent sliding on the tissue as the movements are very slow and deep. I previously used fractionated coconut oil for typical massage, but now I prefer organic shea butter for this bodywork. Sometimes I will warm it up, or mix in coconut (raw) oil to make a thinner butter- either way it melts at body temperature and absorbs quickly into the body. Since I use a separate container for each treatment, I can easily add an essential oil or blend to use during the treatment, just as in any massage session. If there is any left, I give it to the client to use at home.

Specific blends can be used either to address immediate pain or swelling along with the bodywork, or just for a pleasant scent while working. Sometimes clients will come in wishing to work on an issue such as clarity or compassion. Together we can choose the oil that speaks to them and use that in the session to facilitate the work on those issues. The blend or oil can be sent home with the client for later use, including sore areas of the body where the SET therapist worked, or anywhere there may still be some pain. Essential oils I have found useful for pain are: helichrysum and lavender, lavandin, rosemary camphor, peppermint. For inflammation a combination of blue tansy and helichrysum work wonders along with German Chamomile, yarrow and others. Anti spasm oils like Roman chamomile, petitgrain, sweet marjoram, and lemon eucalyptus would be good on any acute spasm. All of these would be properly diluted of course! (10% or less is sufficient if working a small area).

The muscle testing or kinesiology is part of the twelve class program of the SET training. This is how we confirm what we see structurally in the body in the initial body reading. This single tool has taken the guesswork out of my treatments. This was not new to me as I learned Touch for Health in the 1980’s. I have had it used on me during chiropractic treatments in the past, and more recently I re-learned it in Robbie Zeck’s awesome Aromatic Kinesiology class several years ago. This changed the way I decide what essential oils to use on people- (barring an emergency of course, or when treating a physical illness, acute pain, wound, etc.) After that class I am now able to use the chart in the book to muscle test and ask the body to determine which category: Emotional, Mental, Spiritual, or Physical, and then to narrow down to one oil. I then use an Energetic Oil kit Marge Clark (naturesgift.com) put together to give a sample of the diluted oil on a tissue while we read what the oil is saying to them. They always say it is right on! That method really cut my work in half. It also showed me that what I may think they need is one thing and what their body tests for is something else! This simple method works very well at health fairs and trade shows to give someone a quick reading on an essential oil they may need and an insight on a personal issue.

Personally, having experienced Structural Energetic Therapy® and then learning the techniques has transformed my life in several ways. Since I was about 14 I have suffered on and off with low back pain, and
was diagnosed early on with a birth defect that allowed my vertebrae to shift, especially when lying down. During my work as massage therapist and aroma therapist I tried every therapy (chiropractic, neuromuscular, Rolfing, etc) and every essential oil to no avail. I was still in some pain most of the time. In 2005 I finally heard my daughter Nyssa’s voice saying I needed to try the SET therapy (she had seen it at massage school), but it was when I read a case study that could have been my story in one of Don McCann’s articles that I called to set an appointment. Thus began my unwinding from my own Core Distortion, old patterns, thoughts and beliefs, and stuffed emotions that I have held onto all these years.

After a year of receiving the therapy and realizing the potential to be pain free, I asked my daughter to take the training figuring she could take care of me. During her first year I realized I was referring my clients to her because I could not get them out of pain and she could. Thus, I signed up for the program to learn myself what I needed to progress, and to finish the bodywork I needed to be pain free! I also realized that sometimes it is not good for a family member to work on another, so I needed others to work on me. Now have a network of SET therapists who will trade with me.

It took some time for my body to respond, but today I can easily move, dance, and exercise without fear of something pulling and, more importantly, without pain!! I am the most balanced I have ever been in all areas because when you balance the structure, everything moves more readily into place. I’m no longer slightly irritated with a nagging ache. I can sit and meditate for an hour without pain. I am still in amazement that I can live the rest of my life with no discomfort, having previously thought I would always be in pain due to buying into the beliefs about being older and having arthritis, etc.

Going back to school at 58 years old was not easy, but I was committed. I am fascinated with this therapy and want to make it part of my work along with the essential oils. I continually learn about myself as I go through these classes, and feel I have a higher level of professionalism, much more self-confidence and finally the ability to help others out of acute and chronic pain. SET has transformed my business as well, gaining more clients because I can do more than just a relaxing aromatherapy massage now. I already have some good success cases of getting people out of pain quickly that refer me more business.

In the next installment and we will go more in depth into other areas of combining essential oils and Structural Energetic therapy© such as the autism work I have already begun, and how SET works to facilitate the feeling of well being on other levels with emotional energy release.

NOTE 1: Structural Energetic Therapy© or SET (www.structuralenergetictherapy.com). SET has been developed over 30 years by Don McCann and is constantly in a state of evolution. SET is a rehabilitative therapy which integrates Cranial/Structural Core Distortion Releases with specific deep soft tissue protocols designed to address and release the soft tissue holding patterns of the core distortion and structural sub-patterns that cause painful conditions and dysfunction. These soft tissue protocols include postural analysis, directed myofascial unwinding and individual fiber strokes, scar tissue and adhesion release, along with other Cranial/Structural releases specific to each structural pattern distortion. Emotional energy releases are also used to release the tensions within the body holding the distortions. The SET Therapist first addresses the primary area of discomfort using these protocols, and then releases any restrictions causing imbalances in the other areas of the body so the improved alignment is supported. When this is accomplished, the whole structure supports balance and function, and maximum rehabilitation is achieved. SET compliments standard medical treatments and chiropractic, both as a primary therapy and an adjunct therapy.
Scoliosis: Effective Alternative Methods of Treatment Part 2
Sylla Sheppard-Hanger, LMT and Don McCann MA, LMHC, LMT, CSETT

Continued...page 40

Authors:

**Sylla Sheppard-Hanger** has thirty years experience with bodywork as a Natural Health Care Practitioner, licensed massage therapist, Aroma therapist, and licensed cosmetologist and most recently a Structural Energetic Therapy® Practitioner. She is the Founder and Director of the Atlantic Institute of Aromatherapy (Tampa, Florida) and author of the Aromatic Spa Book (2007), The Aromatic Mind Book (2008), The Aromatherapy Practitioner Reference Manual (1995), and The Aromatherapy Practitioner Correspondence Course. Sylla teaches aromatherapy - please visit the site: Atlantic Institute of Aromatherapy www.AtlanticInstitute.com. Sylla founded and still directs the volunteer team for the United Aromatherapy Effort, Inc, a non-profit corporation that collects and disseminates aromatherapy along with chair massage to emergency relief workers after disasters. www.UnitedAromatherapy.org.

**Don McCann, MA, LMHC, LMT, CSETT** developed Structural Energetic Therapy® over 30 years, and is a Structural Energetic Therapist, Certified Postural Integrator, Licensed Mental Health Counselor (MH0705), Licensed Massage Therapist (MA0003267), past FSMTA Executive President, Certified Reichian Release Therapist, has expertise in N.I.C.S. Craniosacral Therapy, Bioenergetic Therapy, Rebirthing, Gestalt Therapy, and Hypnosis. He has lectured and instructed at Universities, National and State Conventions, and Health Shows, teaches an intensive training in Structural Energetic Therapy® (SET), twelve workshops, produced three video tapes, authored A Treatment Manual for Structural Massage Therapy, Relief From Head, Neck, and Shoulder Pain - Quick Release Technique, Relief From, Neck, and Shoulder Pain, Relief from Carpal Tunnel Pain and Other Nerve Entrapment Syndromes, Relief from Back Pain & Associated Conditions of the Lower Extremities. He is a past staff therapist for Tampa Bay Rowdies. www.structuralenergetictherapy.com

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Event Title: 10 Day Advanced Graduate Program
Educator: Andrea Butje
Facility: Aromahead Institute, Ithaca NY
Contact: Andrea Butje Phone: 941-323-3483
Email: andrea@aromahead.com
www.aromahead.com

August 12 through August 15 2010
Event Title: Aromatherapy intensive.
Educator: Mindy Green
Address: Rochester, MN. Mid-West Herb Conference
Email: herbstoya@msn.com
www.greenscentsations.com

August 14, 2010
Event Title: Touch With Oils Hand Massage
Educator: Candace Newman MAT LMT
Facility: Pagosa Mountain Hospital
Address: 95 S. Pagosa Blvd, Pagosa Springs, CO
Contact: Candace Newman 866.304.3451
Email: olatwo@earthlink.net
www.Oil-Lady.com

August 14, 2010
Event Title: Self Care with Aromatherapy
Educator: Candace Newman MAT LMT
Facility: Pagosa Mountain Hospital
Address: 95 S. Pagosa Blvd, Pagosa Springs, CO
Contact: Candace Newman 866.304.3451
Email: olatwo@earthlink.net
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August 20, 2010
Event Title: Integrate Aromatherapy into Your Practice
Educator: Candace Newman MAT LMT
Facility: Pagosa Mountain Hospital
Address: 95 S. Pagosa Blvd, Pagosa Springs, CO
Contact: Candace Newman 866.304.3451
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August 27 through August 28, 2010
Event Title: Essential Oils in a Complementary Care Medicine Conference
Educator: Mindy Green
Address: Quebec, Montreal Complementary Medicine Conference
Email: sheryl@belarome.ca
www.greenscentsations.com

August 27 through August 29, 2010
Event Title: MCMC2010 Montreal Complementary Medicine Conference
Educators: Mindy Green, Jennifer Jefferies
Facility: Le Nouvel Hotel
Address: 1740 René-Lévesque West
City: Montréal, Québec, Canada
Contact: Sheryl Beller-Kenner
Phone: 1-514-487-4401
Email: mcmc2010_information@belarome.ca
www.belleorigine.ca

August 28, 2010
Event Title: Instructor Course: Touch With Oils Hand Massage
Educator: Candace Newman MAT LMT
Facility: Mercy Regional Medical Center
Address: 1010 Three Springs Blvd, Durango, CO
Contact: Candace Newman 866.304.3451
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Sept 4-11, 2010
Event Title: Bali Women’s Retreat
Facilitator: Robbi Zeck
Location: Ubud Bali Indonesia
Email: info@aroma-tours.com
www.aroma-tours.com/bali-women.htm

September 11-12, 2010
Event Title: Aromatherapy & Essential Oils in Practice-Level 2
Educator: Joie Powers Ph. D.
Facility: The Aromatherapy School
Address: Southern Appalachians, GA/NC
Contact: Joie Powers Ph. D.
Email: info@aromatherapy-school.com
www.aromatherapy-school.com

September 16, 2010
Event Title: Female Health: Essential Oils for Maintaining Hormone Balance Part 2
Educator: Dr. Vivian Lunny MD, RA, MDMA, FIFA
Facility: NAHA Tele-Conference Center (via your phone)
Contact: Register via the NAHA Online Feedback Form
www.naha.org

Event Title: Aroma 303: Aromatherapy II Online
Educator: American College of Healthcare Sciences
Facility: American College of Healthcare Sciences
Contact: 800-487-8839
Email: admissions@achs.edu • www.achs.edu

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2010 Calendar of Events

Event Title: Aroma 304: Aromatherapy III Online
Educator: American College of Healthcare Sciences
Facility: American College of Healthcare Sciences
Contact: 800-487-8839
Email: admissions@achs.edu • www.achs.edu

Event Title: Aroma 203: Aromatherapy I Online
Educator: American College of Healthcare Sciences
Facility: American College of Healthcare Sciences
Contact: 800-487-8839
Email: admissions@achs.edu • www.achs.edu

September 21 - October 26, 2010
Event Title: Bach Flowers for Animals 100
Instructor: Kelly Holland Azzaro, RA, CCAP, LMT
Facility: Online course via computer (CE’s available)
Email: ashitherapy@skybest.com
www.horsecourses.net

October 2,3 (7 month Program) 2010
Event Title: Advanced Aromatherapy Apprenticeship Program
Educator: Jade Shutes
Address: EWSHAS Snohomish, WA
Contact Name: Jade Shutes
Phone: 919-894-7230
Email: jadeshutes@embarqmail.com
www.theida.com

October 11, 2010 Through November 26, 2010
Event Title: "C.A. Certified Clinical Aromatherapist" Program
Educator: Marlene Mitchell.
Facility: International Certified Aromatherapy Institute
Address: 3909 Cty. R. 7, Chesterville, ON, Canada
Contact Name: Marlene Mitchell 613-448-2965
Email: info@aromatherapyinstitute.com |www.aromatherapyinstitute.com

October 14, 2010
Event Title: NAHA Tele-class; Making and Marketing Aromatherapy Jewelry
Educator: Cathy Gins
Facility: NAHA Tele-Conference Center (Via your phone)
More info: NAHA Tele-Conferences
Contact Name: Register via NAHA Online Feeback Form
Email: info@naha.org • www.naha.org

October 18, 2010 – February 21, 2011
Event Title: Aroma 101: Introduction to Aromatherapy Online
Educator: American College of Healthcare Sciences
Facility: American College of Healthcare Sciences
Contact: 800-487-8839
Email: admissions@achs.edu • www.achs.edu

November 2 - December 7, 2010
Event Title: Animal Aromatherapy 100
Instructor: Kelly Holland Azzaro, RA, CCAP, LMT
Facility: Online course via computer (CE’s available)
Email: ashitherapy@skybest.com
www.horsecourses.net

November 11, 2010
Event Title: NAHA Tele-class; Create Simple and Effective Bases for your Aromatic Blends
Educator: Kayla Fioravanti RA
Facility: NAHA Tele-Conference Center (Via your phone)
More info: NAHA Tele-Conferences
Contact Name: Register via NAHA Online Feeback Form
Email: info@naha.org • www.naha.org

December 6, 2010- Through December 10, 2010
Event Title: "C.A. Certified Aromatherapist" Program
Educator: Marlene Mitchell.
Facility: International Certified Aromatherapy Institute
Address: 3909 Cty. R. 7, Chesterville, ON, Canada
Contact Name: Marlene Mitchell 613-448-2965
Email: info@aromatherapyinstitute.com
www.aromatherapyinstitute.com

December 16, 2010
Event Title: Exciting New Hydrosols for 2011
Educator: Ann Harman
Facility: NAHA Tele-Conference Center (Via your phone)
More info: NAHA Tele-Conferences
Contact Name: Register via NAHA Online Feeback Form
Email: info@naha.org | www.naha.org

January 4 - March 8, 2011
Event Title: Animal Aromatherapy 101
Instructor: Kelly Holland Azzaro RA, CCAP, LMT
Facility: Online course via computer (CE’s available)
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