

## THERAPEUTIC EFFECTS OF ESSENTIAL OILS

There is a body of anecdotal information concerning the potential therapeutic actions of essential oils, such as their anti-inflammatory, sedative and analgesic effects (Bowles 2003).

When looking at essential oil chemistry, we attempt to associate essential oil constituents with properties – including therapeutic actions and toxicity. Price and Price (2007) describe an extensive range of properties, most of which are backed up by some research. For a summary, please see Table 17.

Despite some of the potential uses of essential oils contained in Table 17, it is not the role of the aromatherapist to treat specific conditions such as infections. However, the therapist can include appropriate oils in a holistic context, and can offer aromatherapy support preparations for home use.

It is a reasonable belief that essential oils possess a fairly wide spectrum of therapeutic effects, some of which have been investigated. Despite the wealth of anecdotal evidence regarding the therapeutic efficacy of essential oils, a few scientific studies, and a reasonable working hypothesis regarding the actions and modes of action of essential oil components, there is still a uncertainty over a few aspects - notably the amounts of essential oils reaching the cells, tissues and organs, and indeed whether this is sufficient to exert significant, systemic pharmacological effects.

**Table 17 The therapeutic effects of essential oils (from Price & Price 2007)**

Therapeutic property	Comments	Aromatherapy application
Antibacterial	Research to support this Aromatograms	Synergistic blends may minimise resistance, air disinfection, skin and respiratory tract infections, MRSA
Analgesic	Traditional medicine e.g. clove oil for dental pain, peppermint for headaches Anecdotal evidence Specific research lacking Complex mechanisms, psychological aspects	Chronic pain Headaches Joint and muscle pain
Antifungal	Research to support this	Fungal infections and yeast infections
Antiinflammatory	Abundant anecdotal evidence Some research on specific components e.g. $\alpha$ -bisabolol & chamazulene	In synergistic blends for clients where appropriate e.g. pain, infection, irritation etc.
Antipruritic	Abundant anecdotal evidence One clinical study has confirmed that a blend of lavender & tea tree in jojoba and sweet almond oil has antipruritic effects.	Skin irritation and itching
Antitoxic	Limited studies have suggested that oils such as chamomile can inactivate bacterial toxins	Incorporation of chamomile in blends where infection by <i>Staphylococcus</i> spp. and <i>Streptococcus</i> spp. can cause pain and irritation.
Antiviral	Anecdotal evidence and limited scientific evidence Possibly due to lipid solubility	Support for clients with viral infections, Herpes simplex
Deodorant	Anecdotal evidence and limited scientific evidence	Disease processes that generate unpleasant smells e.g. burns, wounds Personal care products for underarms and feet
Digestive	Traditional uses of aromatics – spices, citrus and oils from the Apiaceae – to increase gastric secretions, stimulate secretions from the gall bladder, stimulate peristalsis, improve liver function Research to support this property, but not specifically in the context of holistic aromatherapy	Appetite stimulation, support for digestive process, constipation
Diuretic	Some writers attribute this property to essential oils especially juniper berry (specifically terpinen-4-ol) but others disagree	Fluid retention Encourage excretion process
Energising	Essential oils can correct deficits or blockages in energy Difficult to back up with scientific research, but nevertheless an important property in aromatherapy	Synergistic blending using the energetic approaches
Granulation promoting or cicatrisant	Anecdotal evidence (beginning with Gattefosse) Studies support this property for some oils (hypericum, chamomile)	Healing the tissues e.g. lavender for minor burns Price & Price (2007) recommend geranium
Hormone-like activity	Claim that some oils can normalise endocrine secretions via hypophysis, but no research to support this Anecdotal evidence and folk medicine Sclareol, viridiflorol & Trans-anethole – oestrogen analogues? <i>Pinus sylvestris</i> – cortisone analogues? Stimulants of supra renal glands, modulators of adrenal cortex, thyroid stimulation & regulation Franchomme & Péroël support hypothesis; limited research	Dysmenorrhoea and amenorrhoea  Pain relief Stress Allergic reactions Thyroid
Hyperaemic	Primary irritation of skin results in release of mediators e.g. bradykinin which causes vasodilation ; humoral reactions result in antiinflammatory effect	Poor circulation, warmth, comfort, pain relief
Immunostimulant	Niaouli may have an immunostimulant effect by increasing level of immunoglobulins - Péroël , not 'proven' Probably conferred by a range of physical and psychological effects	Debility Convalescence Stress
Mucolytic expectorant	Supported by studies	Improve function of lungs, bronchodilation, bronchitis, congestion, chest infections
Sedative	Anecdotal and scientific evidence supports this property	Calming, stress, anxiety, insomnia
Spasmolytic	Research supports the antispasmodic activity of some oils in smooth muscle Anecdotal evidence supports spasmolytic activity in skeletal muscle	Digestive or skeletal muscle spasm Cramp Muscular tension