



Essential News

Essential Therapeutics

The Ultimate Practitioner Range

Vol 13 June 2003

Greetings

With the fear of the SARS virus upon us, it is interesting that we had already chosen **Essential Oils for Respiratory Conditions** as a leading article for this issue.

We have already been asked this question quite a few times over the past weeks – are there any essential oils effective against the spread of this deadly virus? Given the effectiveness of some essential oils against selected viruses such as *Herpes simplex*, all I can say presently, is that I would not at all be surprised! However, to fully determine the truth of the matter would require comprehensive (and expensive) research studies. Such questions highlight the need for more well-designed studies in general, so that 'Aromatherapy' can further enter into the world of 'evidence-based medicine' and be put to greater service.

To complement the **Respiratory** article,



we discuss a unique native Australian essential oil, *Melaleuca ericifolia*. As Dr. Daniel Pénœl suggests, this oil is a unique 'aromatic gift' that deserves to be better appreciated.

Lastly, we review the traditional healing oil of Arnica. As an 'infused' or 'macerated' herbal oil, Arnica oil presents a number of useful properties – either on its' own or in synergy with appropriate essential oils.

Best Regards,

Ron Guba, Editor

New product! Rosemary Hydrosol

Essential Therapeutics is pleased to offer an excellent water of distillation derived from Rosemary CT 3 verbenone, grown locally in Western Victoria.

The farm has not yet converted to organic certification, but we can state that the Rosemary is grown without the use of pesticides, herbicides or synthetic fertilisers.

The leaves and flowering tops of the Rosemary are harvested and then distilled using a simple, small-scale stainless steel water still. This creates a water of distillation of superb quality.

Uses:

Rosemary has long been regarded as an excellent tonic for the hair and scalp. It's stimulating and cleansing properties help to promote a healthy scalp. Try using Rosemary Hydrosol as a final hair rinse; it leaves the hair clean and shining.

As a facial tonic Rosemary Hydrosol is excellent for normal to oily skin types. Use as a toner after cleansing, in facial steams, as a refreshing facial mist spray, as a useful addition to cream and gel bases, or creating Argiletz clay masques.

Available in:

100mL Cobalt blue spray bottles for \$12.50

1 litre white HDPE bottles for \$40.60

'Sweet' Tea Tree

Melaleuca ericifolia – a unique Australian 'aromatic gift'
Common Name

Of the tree: Swamp Paperbark or Heath Melaleuca

Of the essential oil: no real common name. Some people have used a "made-up" name of "Rosalina" or "Lavender Tea Tree". As in the case of high-linalool Basil, which is referred to as 'Sweet Basil', for the sake of this article, I will refer to *Melaleuca ericifolia* as 'Sweet Tea Tree'.

Botanical Name: *Melaleuca ericifolia* Smith

Plant Part used: Terminal branches

Extraction Method: Small scale water distillation

Habitat: *Melaleuca ericifolia* is found in Tasmania, the Bass Strait islands, southern Victoria and along the coast of New South Wales. It's preferred habitat is low lying swamps, along creeks and behind sand dunes in coastal areas, on low level to high salinity soils. There are two chemical variants or chemotypes of *M. ericifolia*. The southern range predominantly produces an essential oil chemotype rich in 1,8 cineole and the northern range, the preferred linalool chemotype. We are specifically considering the linalool-type oil in this article.

Origin: The high-linalool essential oil is sourced from Northern New South Wales. Wild harvested terminal branches of the tree are used for steam distillation.

Essential Therapeutics provides wild-harvested *Melaleuca ericifolia* essential oil as a raw material for the compounding of products and prescriptions by qualified therapists.

Aroma: *M. ericifolia* is one of the most fragrant of the *Melaleuca* oils and embodies a pleasant camphoraceous/floral aroma with rosy backnotes.

Principal Constituents, as determined from a typical analysis with our in-house GC/MS:

Monoterpenes: -pinene - 5.4%, p-cymene - 1.6%, limonene - 3.1%

Oxides: 1,8 cineole - 25.6%

Monoterpene alcohols: linalool - 43.4%, a-terpineol - 3.7%, terpinen-4-ol - 0.8%

Sesquiterpene hydrocarbons: aromadendrene - 2.8%, allo-aromadendrene - 1.1%,

History: *Melaleuca ericifolia* was first identified as a potential "new" Australian essential oil in the early 1950's. It is not known whether this plant was used in the traditional pharmacopoeia of native Australians. One can suggest that it is highly likely that *M. ericifolia* was used in traditional medicine, given the composition of the essential oil. *M. ericifolia* is similar in composition to "common" Tea Tree oil (*M. alternifolia*), the primary exception being that the monoterpene alcohol, linalool is the main constituent instead of terpinen-4-ol.'

To best describe the qualities and applications of 'Sweet' Tea Tree following are excerpts from the story "**Australian Rosalina Oil: the latest aromatic gift of Australia to the aromatic world**", from the book, *Natural Home Health Care Using Essential Oils* by Daniel Pénœl M.D. I have added my own comments in **continued overleaf**

'Sweet' Tea Tree *continued*

italic and have changed 'Rosalina' to *M. ericifolia* throughout. "Aromatherapists will love to work with *M. ericifolia* and to use it with their clients, especially in the context of ... diluting the essential oil in a carrier vegetable oil to give body massage. This is not because the essential oil is strong or irritating; on the contrary, it is exceptionally gentle, even when applied neat on the skin. It is simply that using it in a diluted massage is the way to obtain its maximum benefits. When studying a new essential oil, it is important to analyse the subject from three points of view.

The "matter" aspect starts from the understanding of the molecular components, qualitatively and quantitatively. In short: what are the different aromatic molecules and what are their relative proportions?

It is important to notice the relative proportions of the constituents. In this case, the prevailing molecule is linalool, from 35% to 55% of the total.

You should remember that the analysis of the *M. ericifolia* oil shows only the significant constituents and that there are many more molecules than those shown in the analysis. From a biochemical point of view, we know that **alcohols** have good anti-infectious and especially anti-bacterial properties. Because of the significant presence of **1,8 cineole**, we can deduct that *M. ericifolia* oil will be helpful in treating the respiratory system, especially for infections of the upper respiratory system. This is because it is so mild on the skin that it can be applied undiluted two or three drops at a time along the side of the neck (on the area of the lymphatic nodes).

For children who are prone to ENT (*ear, nose & throat*) infections, *M. ericifolia* oil is a good choice, either by itself or in a synergistic blend that will rein-force its action. *Useful synergistic oils include Eucalyptus radiata, Spike Lavender and Spanish Marjoram (T. mastichina).*

The skin is the best interface for *M. ericifolia* oil. Because it is a very new essential oil, we will collect more information in the coming months from aromatherapists who use it. But I think it is important to provide some basic guidelines and then to gather the results of each therapist...

... From the Energy point of view, the high content in linalool accounts for its deeply relaxing effect. Linalool is considered a molecule which is soothing to the nerves, calming and even to a certain degree sleep-inducing (hypnotic). For this reason, *M. ericifolia* oil should be used in the evening or even before going to sleep. Unless other dynamic activities are intended in bed (!), *M. ericifolia* oil massaged in the back will quickly trigger a state of letting go of the tensions and induce a deep sleep. The good thing is that this *Yin* action is harmonious and respects the body and the brain. When you wake up, you do not feel like a person who is taking pharmaceutical sleeping pills.

For the respiratory interface, *M. ericifolia* oil is superb when diffused with the Osmobiosol (*this is the same as our Aromatizer aerosol diffuser*), having the outlet directly facing the nostrils, using a very low output of air. Again, it will be highly sedative. A patient who comes to me under stress, in particular with strong and accelerated heartbeats and an arterial pressure that appears excessive, would immensely benefit from a full session, with the aromatic massage followed by a complementary rest under the diffuser...

The "olfactive-respiratory" approach to a new essential oil should be done in conditions of meditation or reverence (the best French word is "recueillement") you gather all your senses and your psychic capacities to "make one" with the very essence of this tree and receive an inspired message from it. This is a procedure to do when you are alone at home, the phone being disconnected and the children (and spouse) out of your home, so that you have at least the favourable material conditions to

undertake this inner travel accompanied by your "new aromatic friend."

The "centers of action" of *M. ericifolia* oil are definitely the upper ones, from the heart Chakra to the throat and the third eye. However, it should be remembered that many problems existing in the lower sphere (solar plexus, navel, hara, root chakra), particularly with human beings, are immensely influenced by disturbances and blockages in "upper spheres." This is one of the reasons for a holistic choice of action, which is much different from the allopathic reductionist approach. Integral aromatherapy is able to focus on local or regional problems, without forgetting to replace them in a wider context, in which the psyche and the body are in constant and intense interdependent relationship. Though there are no esters or ether molecules (for a direct anti-spasmodic action) in *M. ericifolia* oil, because of its profound nerve-and mind-relaxing effect, it can work indirectly on the digestive area which is so closely related with our state of mind and our emotions.

In the holistic approach, which is best suited for *M. ericifolia* oil, the full or partial body massage, if performed by the right person in the right context, will enable the essential oil to work at

the best of its subtle healing and balancing potentialities. Its gentle fragrance will surround the patient and the skin penetration of a small amount will work on many different aspects of the body, from its physical aspect to its finer, hidden levels...

The subtle balance of cineole (which remains in a lower proportion) associated with linalool and nicely accompanied by well-balanced hydro-carbonated molecules should make *M. ericifolia* oil a staple one for in-depth treatments of children known in homeopathy as having a phosphoric constitution and a tuberculinic terrain. Those children are rather thin, nervous, easily infected; they are intelligent but highly sensitive and they react excessively to their environment. In particular, if conflicts exist within the family, they will feel them with abnormal intensity and develop inner problems that allopathic drugs do not address. In order to provide these in-depth treatments, I suggest that *M. ericifolia* oil be used over at least three periods of three weeks, interrupted by one week off...

I leave you now discovering your new aromatic friend and I am sure that all of us together, united by the same feeling of deep respect and love for this latest immigrant in the aromatherapy world, will work for a better understanding of its healing, prevention and personal development potential.

And let us collectively give thanks once more for this Australian essential oil gift, sent to us by the continent blessed by the aromatic gods..."²

'Natural Home Health Care' is available from Essential Therapeutics



SUMMARY OF REPORTED USES

Mild anti-infectious, expectorant
Useful for respiratory infections with congestion, such as in bronchitis, sinusitis, colds and 'flu, etc. For topical infections, such as acne, boils, tinea, herpes.

Relaxing, calming, "yin" For sleep and stress related disorders, such as mild insomnia and agitation/anxiety.

Appears to be energetically related to the Crown, Pineal and Throat chakras.

Contraindications: None at usual doses. Some people have a sensitisation (allergic) reaction to Tea Tree oil (*M. alternifolia*), which has been demonstrated to be due to unidentified sesquiterpene hydrocarbon compounds in the oil. Given similar compounds in *M. ericifolia*, a possibility exists for such reactions, though none have been reported to date.³

Toxicity Rating: 3 Safe for general use, including on young children and during pregnancy.

Essential Oils for Respiratory Conditions

With the oncoming of the Antipodean Winter, we can expect to see an increase in the incidence of colds and 'flu, as well as respiratory infections caused by bacteria. Essential oils present a wide range of possible benefits in dealing with common respiratory complaints.

'Aromatic Medicine' treatments are an excellent form of *complementary* treatment. That is, they will complement other treatments, be they naturopathic or conventional medical treatments, if required. In this regard, it can be said that in general, there is no contraindication to the use of essential oils in conjunction with other medical treatments, such as the use of conventional antibiotics.

Let us discuss some of the noted properties of essential oils that can be useful for respiratory conditions:

Antibacterial

There are numerous studies detailing the strong antibacterial power of essential oils (including pathogenic fungi and yeasts), which includes studies on antibiotic-resistant strains of bacteria. We can consider essential oils as the strongest 'plant-based' antibiotic compounds available in complementary therapies. In French practice, essential oils rich in phenolic compounds, such as thymol, are considered to be the 'major anti-infectious oils'.¹

This includes the essential oils of Red Thyme, Wild Thyme, Oregano, Clove Bud, Cinnamon Leaf and Bark (rich in the aromatic aldehyde, cinnamic aldehyde). These oils have demonstrated a wide spectrum of activity against many common disease-causing microorganisms. The consideration of ingestion aside, for topical applications and inhalations, these essential oils must be used in a diluted fashion, lest they cause irritation of the skin and mucous membranes.

Further, there are a number of 'medium anti-infectious oils', that generally are rich in monoterpenic alcohols (such as linalool, terpinen-4-ol and geraniol) and/or monoterpenic aldehydes (neral, geranial, citronellal). Such essential oils generally represent less skin irritation potential (excepting the high-citral oils, such as Lemon Myrtle) and less potential toxicity. They do not demonstrate the same strong wide-spectrum activity as the phenolic oils, but can be very powerful against specific microorganisms. Their overall anti-infectious power make them very beneficial to use along with the phenolic oils.

There are a number of essential oils in this category. Major essential oils include Tea Tree, *Melaleuca ericifolia*, Spike Lavender, Palmarosa, Geranium, Niaouli and *Eucalyptus radiata* and *globulus*. Essential oils rich in 'lemon scented' aldehydes include Lemon Myrtle, Lemon Tea Tree, Lemongrass and *Eucalyptus citriodora*.^{2,3}

Common respiratory conditions caused by bacteria include bronchitis, sinusitis, conjunctivitis, middle ear infections (otitis) and the secondary bacterial infections often suffered as part of colds and 'flu.

Antiviral

Common respiratory complaints such as colds (rhinoviruses, coronaviruses, etc.) and influenza (influenza virus) are due to viral

infections. With viral infections, common antibiotics are of no effect – although still too often prescribed. Other common viral respiratory complaints includes viral bronchitis, pertussis ('whooping cough'), and viral conjunctivitis.

Essential oils have been studied for their antiviral activity, although not to the same degree as for infectious microorganisms. These studies include viruses causing infections in humans, including respiratory infections, such as Herpes simplex 1 & 2, some adenoviruses, and influenza virus.^{4,5,6}

Far more common are the numerous case histories reported by practising therapists dealing with viral infections in clients. Overall, major essential oils reported to be of value in dealing with common viral respiratory infections include *Eucalyptus radiata* and *globulus*, Niaouli, Ravensara, Peppermint, Spike Lavender, Black Pepper, Spearmint and the phenolic oils as listed previously.^{7,8}

Antiseptic

Various essential oils have been demonstrated to be excellent **air antiseptics**. That is, when diffused into the air, they destroy airborne moulds and bacteria within a short period of time. Hence, diffusing essential oils can be a useful method to help limit the spread of airborne bacterial infections.^{9,10,11} The use of an essential oil aerosol diffuser, such as our **Aromatizer** diffuser would be most suited for this application.

Anecdotal results suggest various essential oils when diffused *appear* to destroy at least some disease-causing viruses. With the threat of serious emerging viral infections like SARS and the ever-present possibility of a new virulent influenza strain, this potential benefit of essential oils truly deserves further study.¹²

Essential oils that demonstrate the best air antiseptics qualities include those rich in monoterpene hydrocarbons (citrus oils, Scotch Pine, Spruce, Cypress, etc.), phenolic essences such as Red Thyme and Clove; Tea Tree, *Melaleuca ericifolia* and Lemon Tea Tree to name a few.^{13,14}

Expectorant and mucolytic

Excessive mucous congestion is often an aspect of respiratory complaints, be they of an acute or chronic nature. Various essential oils have been demonstrated to have a positive expectorant effect (increasing secretions) and mucolytic properties

(thinning mucous secretions).^{15,16,17} Aerosol diffuser inhalations are well suited for this purpose. Topically applied preparations are also of some value.

Essential oils that have demonstrated such effects include *Eucalyptus* species (with 1,8 cineole and terpene hydrocarbons), citrus oils (rich in limonene), essential oils rich in other terpene hydrocarbons (such as Nutmeg, Scotch Pine and related species), essential oils rich in various ketones (such as Spike Lavender, Spearmint, Rosemary CT1, Hyssop and Sage), Fennel and the powerful essential oil of Sweet Inule. Such essential oils are the basis of our *Respiratory Diffuser Blend*.

Antispasmodic

Coughing is another common aspect of respiratory complaints. The antispasmodic property of various essential oils can be useful in relieving the spasms of coughing.^{18,19} Applications can be in the form of 'cough syrups' (essential oils added to honey), externally on the chest and throat or in the form of 'medicated lozenges', where essential oils are applied to chewable Vitamin C tablets. Useful essential oils include Peppermint, Sweet Marjoram, Basil and Cypress.

The antispasmodic properties of essential oils can also be useful in helping to reduce the bronchospasm of asthma. Obviously, asthma is a complex issue, and it calls for a well-considered treatment approach for each individual, if Aromatherapy treatments are to be of the greatest benefit.²⁰ Essential oils reported to be of value include Mandarin rind and leaf, Basil, Tarragon, *Eucalyptus radiata*, Rosemary CT verbenone, Roman Chamomile, Khella and Hyssop.

Certainly, this article is but a brief overview of a large subject. *Essential Therapeutics* offers a seminar of the same name, **Essential Oils for Respiratory Conditions**, which goes into greater detail regarding specific Aromatherapy treatments. Please contact your nearest distributor for further details.

June Specials

See page 4 and

enjoy **10% off**

selected products

until 30th June

Arnica Infused Oil

A Review of a Traditional Healing Oil

Since antiquity, Arnica flowers have been intimately connected with life in the European Alps. Here, it remained the main remedy for injuries, as in the case of wounds and contusions. As well, Arnica was employed to check bleeding, to relieve muscular and nerve pain, to relieve venous congestion, abort the onset of colds and flu and more. It is said that the Romantic scientist and poet, Goethe, used to wax lyrical after a stiff draught of Arnica tea, consecrating this plant to the sun god Helios.¹

Native Americans have also used similar species of Arnica for many of the same purposes before the advent of European settlement. All in all, Arnica is an excellent *vulnerary* herb.

Arnica flowers are obtained from *Arnica montana* of the family Asteraceae, a herbaceous perennial growing to 30-60 cm that is native to mountainous regions of Europe. Its large, orange flowers bloom from June to August. Arnica has traditionally been used for hundreds of years in European herbal medicine, especially in the form of tinctures, particularly for external application. Several arnica-based ointments are currently marketed in Germany.²

The therapeutically important anti-inflammatory effects of Arnica preparations are attributed primarily to the sesquiterpene lactone, helenalin, whose actions include a marked anti-edemic (reduction of swelling) effect that has been confirmed in experimental models, such as carrageenan-induced paw oedema and adjuvant (chemically induced) arthritis in rats. Other sesquiterpene lactones found in Arnica may also contribute to the therapeutic activity.³ One study also demonstrated an *immunostimulant* effect, increasing phagocytosis (the 'eating' activity of macrophages of foreign material, bacteria, etc.)⁴

Constituents: The flower of arnica contains from 0.3% to 1.0% of lipophilic compounds which in turn is made up of approximately 50% fatty acids. The most prominent fatty acids are palmitic, linoleic, myristic and linolenic. The

aromatic constituents are terpenes, thymol, thymol methyl ether and derivatives. Arnica also contains a resin, arnicin (a bitter principle), helenalin, dihydro-helenalin, tannin, a steroid (arnisterin, arnidiol), flavones, choline, betaine, inulin, loliolide, luteine, phytosterol, trimethylamine, xanthophyll and carotenoids.⁵

Essential Therapeutics produces Arnica Infused Oil by a lipophilic extraction process, using a 1:8 extraction ratio of the flowering tops of *Arnica montana* in coconut oil fractions (capric/caprylic triglycerides).

Arnica Infused Oil is specifically offered as a raw material for the compounding of products and prescriptions by qualified therapists.

Reported Properties and Uses:

The 1984 German Commission E monograph states that Arnica flower preparations are indicated for external use in the treatment of: post-traumatic and post-operative conditions such as hematomas, sprains, bruises, contusions, fracture-related oedema (swelling), and rheumatic ailments of the muscles and joints.⁶

Arnica preparations, containing a variety of lipophilic (oil soluble) active components (including the sesquiterpene lactone helenalin and it's derivatives as anti-coagulant compounds) is specifically useful to promote tissue repair, to reduce inflammation and swelling, to relieve pain and resolve bruising.⁷

Arnica preparations may assist in the treatment of:

- Any type of traumatic injury with unbroken skin, such as contusions, bruising, sprains and strains.
- Sore muscles due to overwork, surgery, etc., including backache, general "aches and pains".
- Nerve and joint inflammations as in neuritis, sciatica and rheumatoid arthritis.
- Other indications include insect bites and stings, furunculosis (multiple boils) and superficial phlebitis (venous inflammation).^{8, 9, 10}

Contraindications:

- Arnica infused oil is for topical use only (the herb has a moderate toxicity when ingested).
- Undiluted Arnica oil should only be used on unbroken skin. Arnica oil can be used on small open wounds, but should be used at no more than a 10% concentration and for limited periods of time, say two weeks.
- Some sensitive individuals can react to Arnica preparations with allergic dermatitis. This sensitivity appears due to the helenalin content.

Sensitive individuals can be cross-sensitised to other members of the Asteraceae family (German Chamomile, Feverfew, Tansy, and Yarrow), that contain other sesquiterpene lactone compounds.

- Any allergic reactions generally occur after long-term daily use. Hence, it can be recommended that topical Arnica preparations be used on an occasional, 'as-needed' basis. Discontinue use should any reaction occur.^{11, 12}

JUNE SPECIALS

Enjoy 10% off the following products until 30th June

Our new Rosemary Hydrosol
100mL and 1 litre

Melaleuca ericifolia essential oil
10mL and 50mL

Respiratory Diffuser Blend
15mL and 100mL

Arnica Infused Oil
100mL



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