

Aromatherapy: Past, Present, and Future

by Jenny Therkelsen

Aromatherapy is the use of essential oils for therapeutic treatment. Fraser (2002) defines essential oils as odoriferous active constituents found in the branches, leaves, flowers, and the roots of plants. The practice of this form of natural plant healing has been around since the earliest civilizations were forming. For many centuries, essential oils remained the main defense against infections and epidemics. This changed, however, when the scientific revolution emerged, essential oil constituents were discovered, and the modern drug industry was born with the development of synthetic constituents. Practices of alchemy and apothecary lost their credibility as worthy forms of therapeutic treatment. Today aromatherapy is widely accepted in perfumery, cosmetics, and the culinary industry. In the medical sector, aromatherapy is a form of complimentary alternative medicine (CAM). The future of aromatherapy and other natural plant remedies depends on relative research, educating people on the history of aromatherapy, warning them about the dangers of the synthetic ingredients in the products currently marketed in stores, and the clinical acceptance of holistic approaches in therapeutic therapies.

Past

Aromatherapy has been around for more than ten thousand years. It has been an integral part of many cultures both religiously and therapeutically. The earliest cultures used aromatherapy: the Indians, Chinese, Romans, Greeks, and, most importantly, Egyptians.

The Indus

India practices Ayurvedic medicine. The main feature of this form of medicine is aromatic massage using infused oils. Archeological evidence over four thousand years old from the Indus Valley indicates people's use of aromatic oils for that at least that long (Lawless, 1995).

This practice remains constant even today. The Vedic books, Ayurvedic books of scriptures, contain over seven hundred different herbs. Cinnamon, spikenard, myrrh, and frankincense essential oils are India's most popularly known oils. The translation of the Indo-Aryan tongue defines the aromatics as the essence, which constitutes the liturgical and therapeutic purposes of the plants. Perhaps this is why aromatic plants have been widely used in religious practices throughout the world (Lawless, 1995).

The Chinese

The Chinese, like the Indians, have used aromatic plants for thousands of years. They combine plant essence with acupuncture. *The Yellow Emperor's Book of Internal Medicine* records this practice. The book is from more than two thousand years BC (Lawless, 1995). More importantly is *Materia Medica* by Li Shih Chen, which lists over two thousand herbs and essential oils used for preparations. The book indicates oils such as rose, jasmine, chamomile, and ginger and provides symptoms these oils cure. Examples listed are symptoms of cough and colds to general tonics for the body (Dechen, 2009). Camphor was one plant essence that the Chinese used in their religious ceremonies long ago and today (Lawless, 1995).

The Egyptians

Camphor from China, cinnamon from India, rose from Syria, and gums and resins from Arabia were highly desired herbs for religious practices and of the many plant substance exported around the Mediterranean. These and many other plant materials came to Egypt for that same purpose. According to Manniche (1999), "They were taken, or applied as bandages and poultices. They were massaged into skin, or given by means of fumigation or inhalation" (p. 113). The Egyptians were the experts of cosmetology and were renowned for their unguents and ointments (Dechen, 2009). The Egyptians also

used aromatic plants for medicines, perfumery, and cosmetics. The physicians/priests of Egypt were aware of the properties in aromatic plants for remedies. Early Egyptians practiced embalming. In 1976, the mummy of King Ramesses II offered the world new plant names to the ancient plant flora. The data derived from the specimen of King Ramesses II's body indicated embalming with chamomile. Before then, Egyptians had not identified the Chamomile plant. Other oils used in this process were juniper, cinnamon, and myrrh (Manniche, 1999). The Egyptians blended plant material known as kyphi in the Greek language. "The combination of herbs and spices, wine honey, resin and myrrh is altogether reminiscent of some of the recipes for kyphi (Manniche, p. 58)." Kyphi had great use in the temples but its two main purposes were as incense and as a remedy for ailments (Manniche, 1999). Kyphi was of particular interest to the Greek physicians.

The Greeks

The Greek physicians were pivotal in transcribing the things they learned from the Egyptians. Herodotus first recorded the distillation method and wrote about perfumes and aromatics. Dioscorides wrote *Herbarius*, a reference book on herbal medicine that remained a standard medical reference for over one thousand years after his death. Hippocrates, known as the most famous physician, cured by prescribing aromatic unction's (Lawless, 1995). Unction is anointing with aromatic oil. The writings of Herodotus, Dioscorides, and Hippocrates came into Roman hands when they fled to Constantinople.

The Romans

Before the fall of Roman Empire, the Romans extravagantly used oils in baths, for massage, and as to scent their hair and body. They even used the oils to scent their clothes and their beds (Lawless, 1995). Political leaders of Rome used aromatics for political, healing, and

pleasurable purposes. They used rose petals to line the streets when distinguished guests arrived into the city. Aromas filled feasting halls during dinners.

The Arabs

The discovery of distillation was pivotal to the uses of aromatherapy and its history. Since distillation developed over hundreds of years, no one person or culture can take complete credit for its discovery. However, Avicenna, an Arab scholar, invented the refrigerated coils and this was a key piece in the distillation process (Lawless, 1995). This part allowed for the production of pure essential oils and aromatic water. Rose water became the most popular scent. The West knew no other aromatic remedies until the Crusades brought rose water and other rare essences.

The Europeans

During the middle ages, Europe became privy to the “perfumes of Arabia.” Europeans began using aromatic plants to protect themselves against plagues and other infectious diseases. Europeans did not have the gum-yielding trees of the Orient, so they began experimenting with plants native to Europe. Lavender, sage, and rosemary were the first specimens. In fact, lavender protected Bucklersbury, England, from a plague when the other towns’ residents were dying in multitudes. Bucklersbury was the center of the European lavender trade (Dechen, 2009). Lavender has antibacterial, antibiotic, antifungal, antiseptic, and antiviral properties. Oils from these plants, called “chymical oils” [sic], were for purchase at apothecaries. These aromatic materials provided protection against epidemics and remained in pharmacopoeias for many centuries. Pharmacists researched and recorded new essential oils and applications for use. The perfume industry became a separate industry from aromatics, leaving aromatics strictly in

the hands of the apothecaries. The practice of alchemy could no longer maintain the idea of the relation of matter and the spirit and the interdependence of medicine and psychology. During the scientific revolution in the nineteenth century, chemists identified for the first time the chemical constituents of essential oils and named them. This research laid the groundwork for the creation of synthetic oils and led to the growth of the modern drug industry (Lawless, 1995). With the discovery of chemical constituents, herbal medicine and aromatic remedies lost their validity. Individuals could no longer self-treat; professionals treated even minor ailments. Use of essential oils reduced to the perfumery, cosmetic, and culinary industries.

Rediscovery

Greek physicians Herodotus, Hippocrates, and Dioscorides, and Arab physician Avicenna recorded herbal medicine and aromatic remedies. The books these early scientists wrote were the bibles of medicine. The modern drug industry diluted the vital practices and diligent work of famous and creditable physicians until 1910 when a chemist named Gattefosse accidentally discovered the therapeutic properties of lavender after burning his hand in his family's perfumery business (Dechen, 2009). He shared his findings with a colleague, Dr. Gene Valnet. It was at this time Valnet realized that essential oils were more beneficial in their true form than in the form of a synthetic substitute. Valnet began using therapeutic essential oils to treat soldiers in WWI when the antibiotic supply ran out. He saved many lives with these oils. Valnet and two students clinically researched the properties of essential oils and, through their work, the benefits of essential oils resurfaced (Dechen, 2009). In 1928, Gattefosse coined the term "aromatherapy" (Lawless, 1995).

Present

Currently, aromatherapy has sparked a global interest known as complementary and alternative medicine (CAM). According to Fraser (2002), “In North America we are now experiencing a resurgence of herbal medicine, a green revolution that is reawakening human consciousness to the incredible powers of natural plants” (p. 101). There is an international demand for oils, and countless companies that sell natural aromatherapy products and offer education for lay people and practitioners in the field. “The art of aromatherapy at the present time is the most recent link in an unbroken chain of practices which originated in the ancient civilization such as the Egyptian’s and the mere ‘antiquity’ of the concepts is as much part of the remedy now as it was to the people of the ancient world (Manniche, p. 9).” Many magazines, books, and talk shows discuss the topic of aromatherapy and there are journals dedicated to aromatherapy and aromatherapy topics, like the Journal of Essential Oils and the International Journal of Clinical Aromatherapy (IJCA). There are also extensive clinical trials going on all over the world testing the use of essential oils for the plagues of our time. France thinks so highly of aromatherapy that colleges and universities require medical students to study herbal medicine and aromatherapy. There are also many organizations dedicated to promoting, educating, and keeping aromatherapy creditable.

Credibility

The National Association for Holistic aromatherapy (NAHA) is an educational, nonprofit organization dedicated to enhancing public awareness of the benefits of true aromatherapy. NAHA is involved in promoting and elevating academic standards in aromatherapy education and practice for the profession. NAHA furthers education to the public about the perception and knowledge of true aromatherapy and its safe and effective application in everyday life. NAHA’s mission is to revive the knowledge of the medicinal use of aromatic plants and essential oils fully and to restore aromatherapy to a truly holistic professional art and science (National Association for Holistic Aromatherapy, 1990). This

organization certifies aromatherapists. It requires two hundred course hours for the completion of certification. The Aromatherapy Registration Council (ARC) promotes the advancement of aromatherapy research and practice. ARC's mission enhances the credibility and visibility of aromatherapy to the public and other medical professionals. Other organizations include the Alliance of International Aromatherapists (AIA) and the American Alliance of Aromatherapy. By demonstrating the aromatherapy industry's commitment to safety standards and ethics, a greater degree of confidence in aromatherapy can be created in the value and safety of aromatherapy (Aromatherapy Registration Council, 2011).

Current and Emerging Research

There are many current and emerging applications in aromatherapy as the world faces the plagues of the day. There are recently documented cases reporting the effectiveness of aromatherapy with dementia, hypertension, and Methicillin-Resistant Staphylococcus Aureus (MRSA). The dementia study shows evidence that aromatherapy has sensory effects that reduce the neuropsychiatric symptoms in patients. Five trials on hypertension concluded that aromatherapy produces positive effects in lowering blood pressure. Ongoing research indicates aromatherapy oils as alternatives to no-longer-effective antibiotics against these potentially deadly bacteria. Moderate doses of eucalyptus oil have broad-spectrum antimicrobial effects against MRSA, as well as *C.albicans*, the prevalent fungal infection also becoming resistant to a number of widely used drugs (Horowitz, 2011). Aromatherapists have known this information for a long time. Researchers suggest disease-fighting oils be added to soaps and hygiene products. What is more shocking is a study in England that indicates that thyme essential oil destroyed MRSA in two hours (Horowitz, 2011). This trial also indicated that a thyme-like plant is a down regulator in MDM2 gene expression in cancer, which means it has potential intervention in cancer prevention and treatment. There are two hundred and seventy references to essential oils in studies currently running. This research is a relevant reference to both lay people and clinicians.

Future

Clinical Demands

Aromatherapy is in a time of change and transition. Clinicians demand a scientific approach. In order for aromatherapy to be more widely accepted, it will have to go through randomized clinical trials (RCTs). This is a challenge for some aromatherapists because RCTs interfere with holistic decision-making. One essence of aromatherapy is patient uniqueness. That uniqueness creates a paradox in regards to RCTs. Aromatherapists resist the possibility of the standardization in their practices because of positive conclusions in RCTs. However, in an article in a journal called *Complementary Therapies in Clinical Practice*, one RCT had different results. The conclusions in the article indicated that the aromatherapists that participated felt they had a positive experience participating in the trial because it allowed them to re-examine their own practices and it enhanced the body of knowledge about aromatherapy known to clinicians (Kyle & Marks-Maran, 2008). New RCTs start every day, for example studies on pain and anxiety related to cancer, childbirth, and distress in infants.

The Compromise

Now more aromatherapists have a need to convince the skeptics. What is emerging is the need for new research paradigms for complementary therapy. This would provide the evidence without restricting the holism (Kyle & Marks-Maran, 2008). There are more clinicians incorporating aromatherapy in their practice with efficacy and safety. Patient satisfaction and well-being are outcomes needing consideration because they may justify our ethical use of aromatherapy even if well-controlled trials investigating other outcomes do not provide positive results (Robins, 1999). The future of aromatherapy depends on relative research and education. Consumers need to learn that plant constituents are better for them than the synthetic counterparts commonly used in household products and drugs. It should be a priority to warn people of the dangers of synthetic ingredients in products like

lotions and shampoos currently sold in stores. We need to achieve a clinical acceptance of holistic approaches in alternative therapeutic therapies.

What we have learned from aromatherapy's past about the constituents of plants keeps aromatherapy evolving in the present and leads us into the future. In an eloquent description of the "operating room of the future," Mailhot stated, "we may be performing procedures on patients 'anesthetized' by acupuncture, therapeutic touch, and aromatherapy in a totally bloodless environment" (Mailhot, p. 12). The future, much like the past, can provide the tools for lay people to once again self-prevent infection and disease, treat common ailments and suppress symptoms of genetic diseases with natural plant remedies and aromatherapy. This will bring back respect and integrity to aromatherapy as well as honor to its founders.

Bibliography

- Aromatherapy Registration Council. (2011). *About Aromatherapy Registration Council*. Retrieved from Aromatherapy Registration Council: <http://www.aromatherapycouncil.org/>
- Dechen, S. (2009). *Aroma Apothecary Clinical Aromtherapy Course 1 Workbook*. Crestone.
- Fraser, J. (2002). *The Healer's Wisdom, Fundamental's of Whole Body Healing*. St. Paul: Llewellyn Publications.
- Horowitz, S. (2011, February). Aromatherpy: Current and Emerging Applications. *Alternative and Complementary Therapies*, pp. 26-31.
- Kyle, G., & Marks-Maran, D. (2008). How aromatherapists feel about changing their practice through undertaking RCT's. *Complementary Therapies in Clinical Practice*, 14, 204–211.
- Lawless, J. (1995). *The Illustrated Encyclopedia of essential Oils, The Complete Guides to the Use of Oils in Aromatherapy and Herbalism*. Italy: Barnes and Nobles by arrangement with Element Books LTD.
- Mailhot, C. B. (1996). The operating room of the future. *Nurse Manager*, 27, 12.
- Manniche, L. (1999). *Sacred Luxuries*. New York: Cornell University Press.
- National Association for Holistic Aromatherapy. (1990). *About NAHA*. Retrieved from www.naha.org: <http://www.naha.org>
- Robins, J. L. (1999). The Science and Art of Aromatherapy. *Journal of Holistic Nursing*, 5-15.