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Letter From the President

Denise Joswiak
Alliance of International Aromatherapists, President

Greetings, March 2023

Winter has traditionally been the perfect season to acquire new knowledge. That’s part of the reason I am over the moon excited about our upcoming conference. Amanda Lattin and the Conference Committee put together an amazing array of speakers and topics. Check out our sponsors, speakers & agenda on the AIA website. The title of our 2023 International Virtual Conference is Aromatherapy Research, Safety, and Application – Inspiring Momentum In Our Profession. On day one, we focus on research updates, including two research intensives. Jessie Hawkins will clarify “How to Design a Case Series Study”. Jacqui Stringer continues the theme by describing “Outcomes Assessment Best Practices For Aromatherapy Research or Case Studies.” On day two, our speakers share information on safety, regulation, and application. You can find more details about our conference in this journal. This conference is coming fast, so register now. You won’t want to miss it!

Speaking of new knowledge, after a sneak peek at the AIA Journal, I plan to curl up by the fire and savor every detail. Linda-Anne Kahn shared three research spotlights on hot topics we experience with our clients: sleep, antiviral agents, and autonomic nervous system regulation. Debrah Nadler authored another excellent Member Spotlight on Cyrene Banerjee. You will sense Cyrene’s wonderful spirit as you read it. Melissa Holman, our phenomenal representative mentor, outlines “Aromatic Records Keeping” for complementary modality practitioners. This is helpful information for those of us not working within an allopathic healthcare setting. I’ve been excitedly waiting for part three of “The Power and Energies of Smell”! Amanda May-Fitzgerald explores essential oils and epigenetics. Jeanne Calabretta shares a case study on hearing and tinnitus and Gracielle Pauline Dela Cruz shares a case study about a client experiencing depression, anxiety, and IBS-like digestive problems. I am grateful to all authors, those who routinely add to our body of knowledge, and those who are publishing their first article in our journal. A big shout out of gratitude to Crystal Brothers, our amazing editor. Our AIA Journal is one of our important member benefits and I am always impressed.

I am in my second year as president and have also been very impressed with our board of directors. I am truly thankful to work with this amazing assembly of aromatherapists. I especially want to thank Liz Fulcher for serving on the AIA board. Liz added her vast expertise and desire to help AIA continue to flourish and we will miss her. Our newest addition to the AIA board is Jirbie Go. She is from the Philippines and has already been very involved in AIA. We are excited to welcome her to the board of directors!

I’m also thankful for our AIA committees and representatives as they continue their important work. I would love to share a few updates. Our Clinical Committee is updating the Essential Oil Therapy booklet, one of our great member benefits. Social Media just keeps getting better! Jirbie Go is our committee chair and she shared metrics at our last general board meeting. We are reaching more people on Instagram, LinkedIn, and Tiktok, and we have added followers on every platform including Facebook. Thank you to every member who is commenting and sharing our posts, you all are helping to give AIA more visibility. Our 2024 Conference Committee is assembling and has begun meeting. Our AIA Representatives, under the skillful, caring leadership of Mary Ellen Dorey, have
added more representatives. Over the past few months, the reps held wonderful educational and social meetings. The next meeting you want to know about is open to all members and coming up quickly, Dori Bell is hosting another book club. The book this time is *Melissa Officinalis* by Elizabeth Ashley. I have not read it and I am intrigued!

And, I’ve mentioned it before but can’t say it enough, one of our member benefits is your opportunity to volunteer on one of our excellent committees or as a state, regional, or country representative. AIA benefits from your expertise and *you* will meet fun people and engage in important work that benefits our industry. If this appeals to you, fill out an [application](#). You won’t regret it!

I hope you enjoy the newest opportunities to expand your knowledge and become more engaged with AIA by perusing this journal and attending our conference. I hope to see you there!

With Love & Gratitude,

Denise
Letter from the Editor

Crystal Brothers
Editor, Aromatics in Action™

Dear Readers,

Welcome to volume 6 of Aromatics in Action™. This quarter’s issue is about herbal aromatics. Inside, you will find the last installment of our three part series on Energetics, Research spotlights, our Member spotlight, case studies using herbal aromatics, and much more!

If you haven't already registered for the upcoming Virtual Conference, please read about it in this issue and register for this exciting AIA event!

Please consider contributing as a writer to the upcoming issues of Aromatics in Action™. We are always looking for new and interesting case studies, articles, and book reviews.

Kindest regards,

Crystal

Journal.editor@alliance-aromatherapists.org

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The following schools have met the criteria for AIA’s school recognition program. Completion of a minimum of the 200-hour Professional Level curriculum from an AIA-recognized school will provide the requirements to sit for the Aromatherapy Registration Council’s examination to become a Registered Aromatherapist™.

*Schools are listed in alphabetical order.

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Coming Soon: 2023 AIA Virtual Conference

The AIA Board of Directors and Conference Committee are pleased and excited to announce the AIA 2023 Virtual Conference, “Aromatherapy Research, Safety, and Application – Inspiring Momentum in Our Profession”.

The two-day virtual event, March 31st to April 1st 2023, will be hosted in the Learning Management System (LMS) of the new AIA website. Participants will be able to attend the interactive presentations live via zoom, and watch the recordings, access presentation slides, and enjoy additional resources via the corresponding online classroom in the AIA website.

Online Classroom
The online classroom for the virtual conference will also feature an exhibit hall of case studies. Each case study poster presentation will consist of a written case study report and a short video from the aromatherapist discussing their experiences with the case study. The 50-minute lunch sessions each day of the virtual conference will feature community based open round table discussion with the case study authors; we are so excited to learn from each other!

Global Community
We are honored to feature the global community of the Alliance of International Aromatherapists with conference speakers from the United Kingdom, Belarus, Australia, the United States, and Canada. We want to invite everyone in the international aromatherapy community to join us virtually for this powerful and exciting gathering in our beloved modality and profession.

What to Expect
The first day of the conference will be focused on aromatherapy research. The morning session will begin with an hour presentation exploring research on the genus *Santalum* from the perspectives of biomedicine, TCM, and ancient mythology by Gabriel Mojay. The rest of the morning will focus on a range of key topics: highlighting important research updates on cannabis and essential oil constituents, discussing research tools which are important to aromatherapists, and insights into ongoing aromatherapy research.

The afternoon will feature two very special intensive sessions designed to foster research skill development for aromatherapists of all levels. The first 105-minute intensive will be taught by Dr. Jessie Hawkins on how to design a case study series. The second 105-minute intensive will be taught by Dr. Jacquie Stringer and will focus on best practices for outcomes assessment in aromatherapy case studies or research. We truly hope these intensive trainings will support the aromatherapy community in feeling more confident to design and publish their case study and research work!
The second day of the conference will focus on aromatherapy safety, regulation, and application. The morning session will open with an hour presentation from Dr. Benoit Roger featuring original work examining the oxidation products of essential oils. Other morning presentations will highlight key safety and regulation topics such as evidence-based cautions on internal use of essential oils, client and practitioner safety guidelines for trauma informed intake interviews, preservatives in aromatherapy preparations, and more. Having a stronger understanding of aromatherapy safety and regulations empowers us professionally and we hope it will also foster inspiration for further projects in these areas.

The afternoon of the second day of the conference will focus on aromatherapy application. The afternoon session will open with a one-hour presentation on aromatherapy and acupuncture clinical applications with David Tircuit, L.Ac. and Amanda Lattin. Elizabeth Guthrie will also be delivering an hour presentation on trauma-informed aromatherapy. Deby Atterby will explore Tissue Healing Using Australian Native Essential Oils and Extracts. And Natallia Dzichkouskaia will be sharing her clinical perspectives on aromatherapy without suppression—allopathic vs. holistic approaches to skin care. We are so excited to explore these areas of aromatherapy applications together as a community!

Register Today
Registration is open on the [AIA website](http://www.aia.com). Please join us for this special event and share some of your aromatherapy work by submitting a case study for the exhibit hall! See you in 2023!
Research Spotlight: Aroma Inhalation and Sleep

Submitted by: Linda-Anne Kahn. CMT, NCTMB, CLT-LANA, CCN

Overview
Sleep disorders, including insomnia, a common problem world-wide, are recognized as one of the most common diseases that affect people. Humans require sleep for mental stress recovery and rejuvenation. It has been found that stress exhibits a high correlation with sleep disorders; however, it is also known that stress is present with many other diseases. Alternative treatments to sleeping pills, such as aromatherapy, have gained attention as some of the drugs used for sleep aides have been found to lead to overdoses and addictions, and negatively impact daily life activities. Inhalation of aromatic essential oil molecules enter the olfactory epithelium stimulating the olfactory neurons. These neurons directly affect the central nervous system which is responsible for controlling human emotions and physiological functions, including sleep and stress. This meta-analysis quantitatively analyzed the effects of aroma via inhalation delivery for sleep disorders and assessed the most effective essential oil for sleep.

Background
A literature search was done of five Korean-language databases, six English-language databases, and gray literature that included unpublished articles. Search terms included insomnia, sleep disorder, sleep problem, aromatherapy, and aroma inhalation therapy. The extensive search selected 34 articles that included aroma inhalation as the method of intervention for people with undiagnosed sleep problems between the...
ages of 20 and 60. This resulting study summarized primary outcomes of sleep quantity and quality of studies using tools with proven reliability and validity; and secondary outcomes of depression, stress, anxiety, and decreased fatigue.

**Discussion**

This systematic literature review showed that aroma inhalation therapy was effective in improving sleep. Additionally, it found that aroma inhalation was more effective for those experiencing sleep disorders as compared to those with general sleep problems. While the aroma inhalation had a significant effect on the secondary outcomes of stress, anxiety, depression, and fatigue, it did not exhibit a statistically significant difference between groups. Studies revealed that lavender was used the most in both single and mixed aroma blends and the use of a single essential oil was significantly more effective than the aroma blends. The results found that direct inhalation before falling asleep was more effective than longer periods using indirect inhalation. Furthermore, both primary and secondary outcome analysis showed a significant increase in effects with increased number of aromatherapy sessions. Limitations in this study included that lavender was the most used essential oil in all of the studies analyzed; however, the reason for using lavender was not addressed. The authors suggest further qualitative studies are necessary to identify the reason for using lavender for sleep issues.

See full-text article here: [https://journals.lww.com/md-journal/Fulltext/2021/03050/A_systematic_literature_review_and_meta_analysis.aspx](https://journals.lww.com/md-journal/Fulltext/2021/03050/A_systematic_literature_review_and_meta_analysis.aspx)
Research Spotlight: Essential Oils as Antiviral Agents

Submitted by: Linda-Anne Kahn. CMT, NCTMB, CLT-LANA, CCN

Essential Oils as Antiviral Agents, Potential of Essential Oils to Treat SARS-CoV-2 Infection: An In-Silico Investigation


Context
In silico studies use computer modeling to measure the likelihood of interactions between compounds. In the context of the SARS-CoV-2/COVID-19 pandemic, in silico studies have been key to quickly identify existing medications to use with COVID-19 patients. Likewise, in silico studies examining aromatic compounds could identify those effective against the virus.

Aims
An in silico study by da Silva et al. focused on 171 essential oil constituents to study their action on ACE2, RBD (ACE2 binding region of the viral S protein), and 3CLpro (Silva et al. 2020). This study also examined other viral targets: SARS-CoV-2 endoribonuclease, SARS-CoV-2 ADP-ribose-1’’-phosphatase, and SARS-CoV-2 RNA-dependent RNA polymerase.

Methods
The chemical components were chosen by reviewing the literature for antiviral action, and include many compounds known to have antiviral action against viruses such as influenza (several strains) and herpes simplex viruses (HSV-1 and HSV-2).

Results
The authors found that (E)-β-farnesene had the highest docking score to SARS-CoV-2 3CLpro, but also note that the scores for (E,E)-α-farnesene, (E,E)-farnesol, and (E)-nerolidol are good. The same compounds scored highly against SARS-CoV-2 endoribonuclease.

Conclusions
The authors reported alpha-farnesene, beta-farnesene and farnesol have the strongest binding scores, but when normalized, these docking scores do not appear to be very significant. As such, it is unlikely that any of the examined compounds will bind viral targets (Silva et al. 2020). In contrast to other in silico studies, this study found that docking scores for carvacrol and 1,8-cineole were low. It is unclear why the binding scores were low in this study, but significant in others. Regardless, these compounds, or essential oils containing them, may warrant additional studies.

See full text here: https://dx.doi.org/10.3390/ijms21103426
Research Spotlight: Aromatherapy and ANS Regulation

Submitted by: Linda-Anne Kahn. CMT, NCTMB, CLT-LANA, CCN

Effect of Aromatherapy on Autonomic Nervous System Regulation with Treadmill Exercise-Induced Stress Among Adolescents


Background
Study participants were adolescents tested for exercise-induced stress.

Aims
A study evaluating the effect on regulation of the autonomic nervous system (ANS) when sandalwood or a sandalwood-lavender blend is inhaled for relaxation in an acute setting.

Methods
Participants were all junior college students. The study utilized a quasi-experimental three–treatment trial. The intervention groups included sandalwood, a sandalwood-lavender blend, or water as a control.

Forty-three patients were tested, 35 females and 8 males. Students were screened for previous allergies to flowers, plants, and essential oils. Those with a history of allergies were omitted. Testing for olfactory bias, odor recognition, or anosmia was not addressed. Data collection consisted of five heart rate variable (HRV) parameters, 1) mean heart rate, 2) standard deviation of the NN, 3) low–frequency band, 4) high–frequency band, and 5) low frequency/high frequency. The Friedman test was used to examine aromatherapy and analyze differences between aromatherapy interventions. The Wilcoxon signed–rank test was used to analyze the significance between essential oil treatment and control when the Friedman test showed significance.

The aromatherapy intervention consisted of oil administration of a 1:75 dilution of 2.5% *Santalum spicatum*, 2.5% *Santalum spicatum*, 2.5% *Lavendula angustifolia* blend, or water for the control group that was added to an ultrasonic diffuser. The size of the diffuser or amount of water used was not provided. The diffuser was placed approximately 50 cm from the study participants.

Participants sat in a chair (sitting position) for 15 minutes, followed by an assessment of their baseline ANS performance. Participants then walked on a treadmill with increasing speed until their heartbeat reached 100 beats per minute for 10 seconds. Following the walk, participants rested for 15 minutes in a sitting position. During the rest period, the aromatic intervention was applied in a quiet, temperature and humidity–controlled room.

Results
The study results show that sandalwood and the sandalwood and lavender blend of essential oils did affect HRV parameters and impact stress relief. However, the oil blend showed a bigger impact than the single oil. The impact on these parameters resulted in a decrease in sympathetic nervous activity and activation of the parasympathetic nerves. In the subgroups, there was only an impact on participants who were in the low stress category, not in the medium and high stress category.

Reviewer’s Comments
The aromatherapy portion of the study is lacking. The study does not mention if the investigators had any
aromatherapy training themselves or if a qualified aromatherapist was consulted for the study. While the Latin binomial, oil source, percentage of dilution, and method of administration were cited, there was no data on the extraction method, cultivation method, or origin of the oil. Most importantly, no identification of constituents was given. The authors cite the constituents of sandalwood in the discussion section, but do not provide the specific data for the oil used in the study. For the subgroups, there was an impact on participants with low levels of stress, but not on participants with medium and high levels of stress. The authors do not go into detail or speculate about these findings. The authors co-mingle emotional stress with physical stress. In the study, it would be helpful to test these two types of stress responses individually if possible. Finally, as the author’s suggested, a controlled randomized study is needed to support these findings.

See full-text article here: https://doi.org/10.1371/journal.pone.0249795

Linda-Anne Kahn is a nationally certified massage therapist, Lymphedema Therapist and Clinical Aromatherapist with over 30 years of experience. She is also a CIDESCO Beauty Therapist, nutritional consultant, and Integrative Health Coach. She practices at Beauty Kliniek Day Spa and Wellness Center in San Diego and Lymphatic Therapy Services (www.LymphaticTherapyServices.com).

She is regular presenter at National and International Conferences and teaches Aromatherapy Certification programs. She has been on the AIA research committee since its inception and was a past chair. Linda-Anne has a passion for helping and supporting her clients who have lymphatic challenges. She gives personalized and caring service to all her clients.
Meet the AIA Representatives

Representatives are here to serve you! Representatives help our members by answering questions and hosting educational and social meet-ups. To learn more, please check out the representatives area of the AIA website.

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Amanda May-Fitzgerald

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Jirbie Go

Representatives’ Mentor
Melissa Holman
Member Spotlight: Cyrene Banerjee

Debrah Nadler, RA™

Cyrene Banerjee is Canada’s AIA Representative and now has a co-rep, Tresa Staevens. Cyrene lives in Calgary, Canada and in her home country, India, splitting her time between the two countries.

Cyrene’s pathway to the world of aromatherapy began with a very deeply alluring fixation. Cyrene lived in the UK in the early nineties and a saunter on King’s Road in central London led her to a tiny store with an array of magical scents neatly lined up in a row. She felt she was transfixed; she could not move. She went through the aromatic wonders in a blitz to capture all the individual aromas simultaneously. This intake of the aromatics made her feel she was a confused mess. Someone was observing her from behind. A delectable French accent whispered into her ear: “Your oil is Lemongrass.”

Cyrene was instantly relieved from her pangs of indecision. She tried to engage with that voice to ask, ‘How do you know?’, but it disappeared as quickly as it had arrived. Cyrene left the store with the Lemongrass and a few other blends that yelled out to her. To this day, the half-used blend from that store is still in her collection. Its aroma has not diminished with age nor time, and select Lemongrass continues to lift her up like a symphony. How accurately a stranger in a store could intuit her lifelong propensity for Lemongrass intrigues her to this day.

In 2018, while wandering through the marketplace during her annual meditation gatherings at the Heartfulness Institute in India, she was once again lured into an aromatic booth that was filled with essential oils from all over the world. Some of the oils were endemic to India such as Ashwagandha (not believed to be therapeutic in its distilled form), Turmeric oil (rhizome and leaf), and the essential oil from the infamous Ghost pepper, at one point the hottest pepper in the world (which would most likely be used as anaesthetic as it numbs the skin). These oils were sitting alongside the wildly aromatic Ylang Ylang, Lavender, Jasmine, Rose, Geranium, and Sandalwood—among many others. Again, she was transfixed. She did not leave the booth until it closed for the night.

Cyrene’s commitment to aromatherapy began that day. Inadequately equipped to answer questions on essential oils and their safe and therapeutic use, she found herself scrambling for information online and hit a roadblock. When the Tisserand Institute opened its doors, Cyrene signed up for the first of many courses with them, and with many other schools subsequently: Aromahead, Healing Fragrances School of Aromatherapy, Lipid Oils Academy, and the School for Aromatic Studies. With the research-backed information from these schools, Cyrene felt her imposter syndrome was diminishing. She helps the visitors who come to meditate select ‘the’ essential oil that lifts their spirit and raises their frequency, much as her silent, discreet observer had done for her in a store 30 years ago. Instead of “there is an oil for that”, Cyrene’s endeavour is “there is no oil for you” – at least for this time and this phase you are going through. She feels as a person’s cells change, and they change, so may their needs in future.

Cyrene’s membership at the AIA and with other organizations such as ICAN (International Clinical Aromatherapy Network led by Rhiannon Lewis), and the Bev Hawkins and Dr. E. Joy Bowles Membership Club last year, exposed her to wonderful mentors who strengthened her core foundations in aromatherapy. Cyrene uses her memberships to the fullest, volunteering wherever she can. She believes that she advances most when she volunteers.

Her work for the Heartfulness Institute is entirely voluntary. It is not work at all. Like hundreds of thousands
of people from all over the world, this institute charges no one for meditation. Just as someone invested their time and love into coaching Cyrene for over 25 years (and they still do)—she, in turn, coaches new seekers in how to use their heart as a compass for their life. The Heartfulness Institute currently has approximately 14,000 trainers worldwide. Every one of the trainers, including their guide, are volunteers.

In their 1400-acre headquarters in South India, The Institute has one of the world’s largest meditation halls, a conference hall, a yoga center, a school, and a plethora of activities for visitors, including a distillation unit where they distill their own essential oils from endemic species. Green Kanha is their environmental initiative. It nurtures our biodiversity, indigenous and endangered species.

Even with everything she has going on, Cyrene is a patient engagement researcher for Alberta Health Services in Calgary, Alberta and a volunteer with the Diabetes, Obesity, and Nutrition network to raise awareness of foot and eye health clinics among vulnerable populations. She is a passionate—if not skillful—billiards player. Cyrene splits her time between Canada and India and enjoys learning something new every day.

Cyrene feels her feverish passion for continuing education from leading institutes in the industry and her mentors, of which she has many, is what makes her successful and keeps her ahead of the competition.

She feels her perfect client is a co-partner with her to improve the client’s issue and is compliant with lifestyle modifications to achieve their health goal.

In 2020, Cyrene was with Dr. E. Joy Bowles’ Journal Club where two board members from the AIA were also present. Upon their suggestion to get involved with the organization she joined the AIA and feels it is a wonderful institution and it has been for her, personally.

Cyrene does not have a personal business since all her work and study is for the benefit of the Heartfulness Institute. The world of Aromatherapy and every other aspect of voluntary work could use more people like our AIA member, Cyrene Banerjee.

Debrah Nadler, BS, MBA, CA, RA™ was born and raised in rural Vermont. Living in Vermont’s green mountains, she developed a great love and appreciation for the plant world. Her education began in the medical field. After two years, she switched to business, where she worked as an Accountant in the health care industry. Living in Largo, Florida, she assists clients seeking plant-powered solutions as a complementary approach to healthy living. In addition to her aromatherapy practice, she teaches workshops & promotes aromatherapy within local communities. She is super excited to introduce the HEARTS Process into her practice to help people with pain and relaxation. She is the AIA FL State Representative. Contact: www.AromaWellnessTherapy.com, debrah@AromaWellnessTherapy.com
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Mentor Moment: Aromatic Records Keeping

Melissa Holman, RA™

As an aromatherapist, you know how important it is to keep accurate records of your blends: which essential oils, which base oils, which emulsifiers, how much of each, what container – they are all significant. Some of you keep your records the old-fashioned way – in a physical notebook, while some keep your records in documents on your computer. In contrast, others may already use online software to manage your formulation records.

What about those who work with clients? What about your client records? Aromatherapists are generally a creative bunch! We love to blend; we love to help; we love to heal. But keeping records usually isn’t something we adore. What’s an aromatherapist to do? Keeping accurate, secure, and continuous client records can make or break your practice.

You probably learned about SOAP (Subjective, Objective, Assessment, Plan) notes in your Aromatherapy training. You crafted a document, or two, to fill in the blanks as you work with your clients. You may have even created online forms to manage your clients’ histories. You may have physical folders or computer files full of documents. But what should you do with them?

In our unregulated field, it’s not easy to know what you should keep, how long you should keep it, and even how the records should be stored. There is no standard. There is no governing body threatening review or malpractice. Who decides what the best practices for Complimentary Modality Practitioners (CMP) are?

A traditional medical record may include the following:

◆ patient data
◆ prescription information
◆ appointment information
◆ lab/imaging results
◆ diagnoses
◆ medical history
◆ immunization dates
◆ insurance information

As a CMP seeking to provide quality services, modeling your records after the medical community is optional but helpful. Though you will not include every aspect of traditional medical history, being able to arrange your client records similarly will add validity to your practice and help build bridges with allopathic providers who request to interact with you on behalf of their patients.

Keeping your client records uniform across all clients will help ensure you complete all client interactions thoroughly. Whether you choose to keep your documents by hand or use an Electronic Health Records (EHR) provider, maintaining thorough records is critical to the well-being of your client and the health of your practice.

Suggested information for the Aromatherapist Client Record:

◆ client data– most of which will be on the client intake form
  • demographics
  • social screenings: profession, stress level, etc
  • genetic information: autoimmune disorders, endocrine issues, etc.
  • medical history, including diagnoses from MD
  • medication list
  • diagnostic testing conducted by MD
  • allergies

◆ appointments– past and future
◆ billing information– for prompt payment for services
◆ session SOAP notes– complete record of interaction with your client
◆ blend formulations– including detailed instructions for use

While simple and accessible, keeping paper records is outdated in most medical offices. In 2009, the HITECH Act was passed, which mandated using electronic health records (EHR). The EHR requires healthcare providers to convert all medical charts to a digital format (2022). As a CMP, you are not bound by the HITECH act; however, to be in alignment with allopathic providers, utilizing an online EHR program, like Carepatron (free and paid...
plans) or Simple Practice (paid plans only), makes practice management, including note-keeping, simple and secure.

As a complimentary provider, paper is still acceptable for client record keeping. However, utilizing an EHR system is encouraged if you want to align with the expectations of allopathic providers.

How long should you keep your client records?

United States Federal law asserts that medical practitioners must keep their patient records for seven years (Taylor, 2021). As a CMP, again, you are not bound by the same requirements. However, good practice, and the natural flow of our world, indicates that a seven-year cycle is appropriate.

◆ Astrology affirms that shifts and changes in the cosmos influence the energies in our lives in significant ways every seven years.

◆ In Chinese Medicine, women’s lives go through predictable periodical cycles, each one bringing about significant change in our bodies and lives every seven years (Maizes, Low Dog, 2015).

◆ According to psychologist Andrew Fuller, in his recent book Your Best Life at Any Age, the seven-year cycle is the basis for many of the common patterns he sees in his patients (Fuller, 2019).

Keeping records for each of your clients for seven years is the standard. But how you choose to keep your records is still up to the individual practitioner. There is one thing that is non-negotiable when it comes to your clients’ records: privacy. If you choose to keep paper records, you must ensure that they are kept in a secure location to maintain the confidentiality of your clients.

The Department of Health and Human Services (HHS) in the United States mandates that doctors, clinics, psychologists, dentists, chiropractors, nursing homes, and pharmacies are bound by the HIPAA (2022). You will note that Complimentary Providers are, again, excluded from this order. However, if you choose to store your client’s records on an EHR system, you would be wise to become familiar with the rules that govern allopathic providers.

With more and more people returning to or discovering CMPs anew, we can add validity and trust between ourselves, our allopathic providers, and our clients by keeping our records secure and precise. We get to decide our best practices for maintaining quality client records. Utilizing an Electronic Health Record or the tried-and-true paper filing system, securing them with lock and key or passwords, and taking detailed and accurate notes during each client interaction, we will set ourselves up for success for the inevitable wave of clients seeking to improve their well-being with Aromatherapy.

Please submit your question for the mentor to Melissa: melissa@lemonbalmcoaching.com
Melissa Holman is a Master Transformational Coach, the owner of Lemon Balm Coaching, the producer and host of the Aromatic Chat Podcast, and the Central Region Representative and Mentor with AIA. She was ranked 30th among the 50 Most Influential People in Aromatherapy for 2022 and was a speaker at the 2022 Aroma Summit. She is an RA™, a graduate of ACHS, and now combines Coaching and Aromatherapy to help men and women find their voice, reconnect to their desires, and create meaningful connections with themselves and others. Her passion is helping others succeed, and achieve balance, victory, and transformation.
The Power and Energies of Smell – 3 Part Series

Amanda May-Fitzgerald, Linda-Anne Kahn, Barb Kurkas Lee

Introduction

The internet is flush with people touting the powers of essential oils in their lives. They claim healing and cures for many ailments. What is occurring in the human experience and aromas? How can aromatherapists find the patterns of positive changes in cognitive perceptions and humans recovering from wounds in a credible and useful clinical practice?

The Evidence-Informed practice (EIP) model can be the structure to follow the movements of the power and energy of smell. The evidence-Informed practice model is the combination of blending the best research evidence, aromatherapist knowledge, and skills plus the presentation of the client themselves. In this article, three clinical aromatherapists will describe their clinical experience and expertise in case studies and the best aroma research evidence in their field.

The aroma research has been poor, in part, due to the lack of adequate systematic investigations of human subjects for the purposes of safe aromatherapy applications in clinical settings. Hospital settings and outpatient wellness clinics are focusing on better understanding and communication of the energy changes noted in clients when they smell the aromas for comfort and wellness (Boyce & Natschke, 2019).

The purpose of these papers is to describe the power and the energy of smell with the evidence-informed practice model. Each clinical aromatherapist will explain their clinical expertise, their clients' values, and aroma preferences, and the best research evidence they have discovered. Blending the three clinician's experiences can add to the aromatherapy body of knowledge by sharing their “art” of experience, client energy changes with aromas, and best research. Linda-Anne will discuss the body and mitochondria effects of lymphedema. Mandy will share working with the mind and ancestral coping with chronic pain. Barb
Epigenetics: Can botanical extracts, such as essential oils, act on the changes caused in our DNA brought on by generational trauma? (Part 3 of 3)

Amanda May-Fitzgerald

Introduction

As aromatherapists, we have been taught about the changes in chemical profiles resulting in chemotypes among botanicals. It is recognized that these changes are attributed to the environments and conditions in which the plant is raised (Amin, Naik, & Hussain, 2017). Researchers are beginning to discover and describe how human DNA is affected and changed through the field of epigenetics (Lazar-Contes, Roszkowski, Tanwar, & Mansuy, 2020). Parents with post-traumatic stress disorder (PTSD) may have an impact on their offspring’s DNA—bringing about changes to markers resulting in an altered phenotype, known as epigenetics (Yehuda, Lehrner, & Bierer, 2018). Considering the energy, or chemical profile (as I see it), of botanicals and their essential oils, one could take an imaginative leap and suppose epigenetic changes may be affected by the chemicals found in essential oils. I invite you to come take that leap with me.

Background

I grew up hearing from my mother frequently that she was going to “break the cycle.” The “cycle,” she referred to was generational abuse which she had endured in childhood and hoped to overcome and save my generation from its lasting effects. This became engrained in my own persona and I, in turn, have lived my life with the same motto. Years ago, when I first recognized severe traumatic memories from events that I had recovered from my early twenties, I set out with the intention of getting to the bottom of exactly how it had affected me—both psychologically and physically. At the time, I was experiencing widespread body pains. Some came on suddenly, and would leave just as quickly, others would linger for days or weeks—sometimes even months. The pains fluctuated from intense to mildly irritating. It varied from a sharp stabbing to widespread and grinding. At times, it felt like I was sustaining an acute injury, but from no source of trauma that I could find. Then I began to recognize that I had experienced extreme traumas and, like a miracle, the pain also began to dissipate. I still will have flare-ups, but for the most part, I have it under control and lead a relatively pain-free existence. Much of the

References


relief I found came from working through my memories with a therapist, acupuncture, and of course, aromatherapy.

Still carrying my mother’s mantra, “I will break the cycle,” I have had this feeling I must fix me in order to be sure my children did not suffer like I had. My children had not experienced the extreme traumas that were mine, but still, I had this feeling—perhaps an intuition? Attempting to help me understand how this pain could have presented and persisted in me, my therapist recommended I read, “The Body Keeps Score” by Bessel van der Kolk. It was in his book that I first read about epigenetics, and realized there just may be something to my intuition. Van der Kolk states:

Life events can trigger biochemical messages that turn them on or off by attaching methyl groups, a cluster of carbon and hydrogen atoms, to the outside of the gene (a process called methylation), making it more or less sensitive to messages from the body. While life events can change the behavior of the gene, they do not alter its fundamental structure. Methylation patterns, however, can be passed on to offspring—a phenomenon known as epigenetics. (Van der Kolk, 2014)

If methyl groups affect our DNA in this way, is it possible the methyl groups of essential oils can as well? For instance, methyl benzoate is found in Jasmine (Jasminum sambac), Ylang Ylang (Cananga odorata), and Tuberose (Polianthes tuberosa L.) (Tisserand & Young, 2014). Can these methyl groups have an effect on the epigenetic changes in our DNA as well? Is this the action we feel from them? Is this a part of their “energy”? There are many well-known actions of essential oils that can be traced back to a physical response from the body. For instance, the analgesic action of Peppermint (Mentha x piperita) is linked to its constituent menthol (Pergolizzi, Taylor, LeQuang, & Raffa, 2018). In fact, researchers have looked at utilizing synthesized chemicals for reversing epigenetic changes (Molokie et al., 2017).

The Leap

As my experience has unfolded, I am curious about a few details of my own case study that lead me to take this leap. My first curiosity: I was diffusing Rosemary (Rosmarinus officinalis ct. verbenone) on an intermittent 2hr setting in a bamboo tabletop diffuser, while I studied 5-6 times a week. My intention at the time was to use Rosemary while I read as a tool, so that when I took my finals I would again diffuse Rosemary with the hope that it would aid in my memory recall. I developed the idea after learning about Rosemary’s affinity for memory in my aroma studies at American College of Healthcare Sciences (ACHS). I had been practicing this for around four weeks when one morning I woke to a very vivid flashback. Shortly after that flashback, my pain began intensifying to the point that I had difficulty performing daily tasks.

Let me take a moment here, to note the many limitations with this current leap. I would like to include more details, but unfortunately, I have put much of this together in hindsight. Some of the details mentioned may not be accurate, such as the amount of time spent with the diffuser on. I would like to be able to note how far the diffuser was from my nose, exactly how many drops I used each time and the length of exposure, but unfortunately, not knowing what was to lie ahead, I did not think to do this. I have considered some of the other factors at play at the time. Hadn’t I used Rosemary essential oil before in the eighteen-some years since I began using essential oils? Yes, but until
this time, I had not consistently—for extended periods of time—used just one essential oil in this manner. Also, I had not used the chemotype verbenone, nor had I, prior to my studies at ACHS, been exposed to the quality of essential oil that came with my study kit.

Back to my curiosity, did this use of Rosemary essential oil diffusion contribute to my vivid dreams and bring flashbacks of memories to the forefront of my mind? I had not experienced these seemingly new-to-me, very vivid details of my trauma prior to this time, and it came on after I began diffusing Rosemary as described.

My second curiosity: My daughter has now developed a chronic and painful condition that remains undiagnosed, but presents itself very similarly to mine. Did epigenetic changes caused by my PTSD pass this to her? Which then leads me to: How can I undo this for her—reverse these epigenetic changes, if she has no memories to work through? I recognize my path to healing has been multi-faceted and recognizing where the pain had come from was a huge step towards that healing, but for her, there are no memories to work through. What might help her then?

Discussion
I have described my own case study, one I could have documented better—had I known my studies at ACHS would lead me to unraveling a deeper mystery in myself that was the root of my chronic pain. My curiosity piqued; I propose there may be something to the energetic nature of essential oils that could provide benefit for those with epigenetic changes on their DNA. A study looking into reversing the epigenetic marker of sickle cell disease showed promise utilizing synthesized chemicals (Molokie et al., 2017). The research into epigenetics is very new and researchers in the field have cautioned us to be mindful that these changes have the potential to be reversed and do not have to remain permanent (Yehuda, Lehrner, & Bierer, 2018). Could the naturally existing components of essential oils contain the ability to act on these markers?

Conclusion
Epigenetic changes are a phenomenon not only those with direct exposure to extreme trauma can develop, but similar changes have been linked to their offspring. I have briefly described here aspects of my own case study as well as changes I have seen in my daughter. This article raises many questions: What are the possibilities of impact for essential oils and their constituents on epigenetic changes in humans? Is it possible these actions are a part of the “energy” we feel from essential oils, but have yet to describe? Could we elicit these changes in the future to turn off or on genes impacted by generational trauma? We need only take that leap.
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Amanda May-Fitzgerald (Mandy) has over 7 years experience as a professional aromatherapist. As Founder of Wild At Heart Botanicals and Lead Practitioner at Pharmaca Carlsbad, she consults and educates clients on aromatherapy practices, formulation, and integrating aromatherapy into other health modalities. She is the secretary of the Aromatic Research Quality Appraisal TaskForce’s (ARQAT) executive committee and sees the improvement of research methods as paramount to furthering best practice in the field of aromatherapy. A member of AIA for five years, she currently serves as the Pacific Region Representative, the Research Committee Co-Chair and as a Board Director.
Hearing and Tinnitus

Jeanne Calabretta, ND, CNHP, AAS, CMSAT

Introduction
This client is a 71-year-old minister who, in his spare time, enjoys watching sports car racing, photography, growing bonsai, and playing classical guitar. In August 2019, he sought relief from a hearing problem. It is difficult for him to hear unless another person is in the same room with him, and often they need to face him and speak loudly so he can understand what is being said.

In his younger years, he was a professional race car driver, worked in several print shops, did landscaping, and played in bands. These activities may have contributed to his hearing condition at present. When he was two-years-old, he contracted meningitis, which almost took his life. Meningitis can cause cochlear degeneration, as can other childhood diseases like mumps, measles, chicken pox, and high fevers (Healthcare Lab). He also damaged one ear drum when he jumped into the water from a high diving board. A surgeon took part of the sheath from his jaw and tacked it to his eardrum, thus saving his hearing when he was in his 30’s.

The conduction of sound vibrations to the inner ear with their conversion into electrical impulses that are sent to the brain can be interfered with—affecting hearing. Exposure to noise and medications can affect hearing. Certain medications, more than 200 of them, including aspirin, can damage the sensory cells of the inner ears causing hearing loss, tinnitus, or balance issues. These medications are deemed ototoxic (Cone et al., n.d.). About one-third of adults ages 61–70 are affected by hearing loss, with men experiencing this more often than women (Walling and Dickson, 2012). Dr. McDougall stated that just as the arteries supplying the heart and brain become clogged, the vessels to the inner ear may also become clogged (Healthcare Lab).

History
Currently, this client takes no medications except for aspirin for headaches—which he seems to have often. Sometimes essential oils or homeopathic remedies take care of the headaches, but when they get too severe or turn into a migraine, he does resort to aspirin.

Being in the ministry can be very stressful. The inability to hear everything that is being said compounds the felt stress. Oftentimes he is very frustrated—he feels like he is on the outside looking in when he cannot hear everything that is being said. He also has psoriasis and an intolerance to gluten. Since he has a very keen sense of smell, it was vital that the essential oils offered are agreeable to him. Sometimes herbs have the opposite effect on him, so he was concerned that the essential oils might affect him that same way. In addition to hearing loss, he endures tinnitus. To him, it sounds like crickets are singing in his ears constantly. He sought an aromatherapy blend for his hearing-related complaints. After smelling the essential oils and the carrier oil, he agreed to try the blend.

He also took an on-line hearing test to have a baseline for comparison to see if there were any improvements after using the blend for several months. Lower notes on the music scale are easier for him to hear but higher notes, such as women’s voices, are a challenge to hear—let alone, to understand.
Topical Formula

◆ 12 drops Helichrysum (*Helichrysum italicum* (Roth) G. Don) essential oil
◆ 6 drops Cajeput (*Melaleuca cajuputi* Powell) essential oil
◆ 5 drops Sweet Marjoram (*Origanum majorana* L.) essential oil
◆ 1 oz. Tamanu (*Calophyllum inophyllum*) oil

Client Protocol

After a full consultation and smelling the essential oils presented by the practitioner, the client agreed to use this blend of essential oils in carrier oil. He commented that the blend was pleasant and the smell was soothing to him. When it was first applied to his feet, he noticed that the tinnitus was reduced by half the noise. However, the tinnitus returned to the former noise level the next day.

His formulation included Helichrysum, Cajeput, and Sweet Marjoram mixed in one ounce of Calophyllum oil in a rollerball bottle. This blend was applied topically: to the opening of his ear canals, on his face just in front of his ears, to the ear reflex points on the bottom of his feet (between the little and second toes), and to the upper part of the bottom of his feet toward his toes. This was done every evening before bed. He only missed two or three nights over the course of seven months. During this time, he used 3 rollerballs of his formulation.

Rationale

Helichrysum essential oil has as its major chemical constituents: neryl acetate, nerol, and diOMe (Hargis, 2015). It was chosen because for some, it helps restore hearing as it has the ability to regenerate damaged cells and tissues (Shutes, 2019). Dr. Richard Restic, one of the leading neurologists in the United States, states that because essential oils are electrical, they can stimulate axon firing to increase the neurotransmitter that converts the axon to an electron. Once it starts firing, it will grow together until it hard-wires (Young, 1998, p. 8). Helichrysum is an anti-inflammatory agent, but the article further stated that most of its traditionally claimed applications are not yet proven scientifically (Viegas et al., 2013). This essential oil may support neurological tissues, cleanse the body, and support emotional wellbeing. Helichrysum has high levels of neryl acetate which is known to heal wounds, cool inflammation, and help with aging issues (O’Connell, 2020). Both neryl acetate and nerol are rich in antioxidant and anti-inflammatory compounds; the ORAC (Oxygen Radical Absorbance Capacity) value of Helichrysum showed similar value to Acai berries (Combes 2017). The diOMe that is part of Helichrysum can help with angiogenesis (Winter et al., 2015). Helichrysum is the most powerful regenerative essential oil used for tissue repair—allieving pain and swelling by reabsorbing cellular debris from damaged tissue to create less pressure on nerves (Stiles, 2017).

There are several chemically distinct essential oils that are distilled from the Melaleuca genus including Cajeput oil (*Melaleuca cajuputi* Powell). Melaleuca genus members have primarily been used for their antiseptic and anti-inflammatory properties (Carson et al., 2006). Cajeput essential oil has as its major chemical constitutes: 1.8 cineole, linalool, α–terpineol, and terpinen–4–ol (Jedlickova et al., 1991). It is difficult to find much research on this essential oil. However, a very important use of this essential oil is based on its ability to penetrate the skin. According to Feinblatt (1960),

The pharmacologic basis for the use of the camphoraceous benzene derivatives of the terpene series is that these compounds have the unique property of mixing with sebaceous secretions in such manner as to gain entrance under the top layers of the skin. Thus, they affect the subcutaneous layers and carry their disinfecting action to a deeper point than many emollient creams. (p. 32)
This may have attributed to some of my client’s initial relief with tinnitus. Another study involving human skin showed that 1.8 cineole increased delivery of chlorhexidine (CHG) to skin tissues by 33.3% after 24 hours compared to skin that did not have 1.8 cineole applied with the CHG solution (Casey et al., 2017). Cajeput oil has antispasmodic properties (Sinha, 1896). Linalool has been shown to have a broad spectrum of bioactive properties which include: anti-cancer, anti-inflammatory, anti-hyperlipidemic, antimicrobial, antinociceptive, analgesic, anti-oxidative, anti-depressive, and neuroprotective (Pereira et al., 2018). It has been shown that α-terpineol enhances skin penetration (Khaleel et al., 2018). Terpinen-4-ol, which is also in Sweet Marjoram, has antioxidant and anti-inflammatory properties (NCBI, 2015).

Sweet Marjoram has the major chemical constituents of terpinene 4-ol, cis- and trans-, and thujanol 4 (Hargis, 2015). Because of Sweet Marjoram’s ability to calm muscular aches and pains, it may be useful in relieving reoccurring tension in the upper back and area around the neck. It also may be useful for releasing long-held mental and emotional patterns of deep tension and stress (Stiles, 2017). Terpinene 4-ol, cis- and trans-, and thujanol 4 have antioxidant properties (Lagouri et al., 1993). The secondary metabolite components have health superiority properties such as antioxidant values of reducing, scavenging, and inhibiting free radicals (Farzaneh and Carvalho, 2015). Sweet Marjoram is used for swollen nose and throat, ear pain, muscle spasms, headaches, as a nerve tonic, to improve blood circulation, dizziness, migraines, nervous headaches, and paralysis (RxList, 2019). It is a vasodilator, has a cordial effect to warm the body, to improve circulation, expels excess phlegm, and aids urination thus removing toxic substances from the kidneys (Nagdeve, 2020). According to Traditional Chinese Medicine, diminished hearing loss, deafness, and tinnitus show a disharmony related to the kidneys. The ears are the openings of the kidneys to the outside world (Shen-Nong, 2002 – 2005).

Calophyllum, the carrier oil, has main constituents consisting of sesquiterpene hydrocarbons and sesquiterpene alcohol carotol. It is interesting to note that it is a combination of a fatty and aromatic oil and is produced by pressing the calophyllum tree fruit. Its main use is to eliminate unwanted waste from the immune system (Schnaubelt, 1995). It is effective in wound healing (Price and Price, 2007). Sesquiterpene hydrocarbons have many beneficial qualities including: antimicrobial, antioxidant, anticholinesterase, antimutagenic, anticancer, anti-inflammatory, mood elevator, brain enhancement, reducing work-related stress, and stimulating bile in the liver (Fu et al., 2013). Sesquiterpene alcohols, either by inhalation or application to skin, can interact with cell membranes, thereby influencing enzymes, carriers, ion channels, and receptors. Because of these activities, sesquiterpene alcohols may create brain stimulation, anxiety-relieving sedation, antidepressant properties and increase cerebral blood flow (Svoboda and Hampson 1999). This may have attributed in some degree to the partial success of the combined modalities.

**Follow-up**

The client reported a reduction in tinnitus after the first application of this oil blend. However, upon waking, it [tinnitus symptoms] had returned and remained for many months, despite the application nearly every night of the formulation. Upon further research to write this case study, an article was found that applied massage techniques to many areas of the body at one sitting, to open the kidney meridians or flow channels of the body with Shen–Nong. This Traditional Chinese Medicine approach is a system that seeks to maintain full flow of substances within the body, and to create harmony between the body and mind. The specific set of techniques that was chosen, focused on reducing or eliminating tinnitus. So, instead of applying this blend to the reflexology points of the feet, the formulation was applied to the areas specified in Shen–Nong. When the first round of massage points were completed, the tinnitus reduced by half of the previous level. This technique was done every night. After a few nights, the noise intensified, but after completing the next night of massages, it returned to the lower level. However, the client had experienced some ear congestion, which may have contributed to the tinnitus returning briefly then quickly returning to the previous lower level of reduction of noise. Since he did a free on-line hearing test before and after, this served as an objective measuring tool. Both tests showed the same issues with both ears regarding difficulty with: understanding speech on TV or radio, following conversations at dinner parties, and hearing high frequency sounds (4000 Hz)--which is essentially the sound of a bird’s chirping. He did not find it challenging to have a conversation in quiet surroundings or talking on the phone, either before or after the essential oil applications.
Conclusion

Feeling a need to improve his hearing and tinnitus, the client sought essential oils to reduce tinnitus and improve his hearing abilities. After months of the application of this formulation, unfortunately, there was no change in his ability to hear. Upon using the Shen-Nong massage with this formulation, it appeared to lessen his tinnitus by one half, according to the client. It is the conclusion of this practitioner that this essential oil blend did not perform in the area of hearing improvement, but could be useful with Shen-Nong in the reduction of stress levels associated with tinnitus. Perhaps acupuncture or acupressure in conjunction with this blend might be another avenue of consideration, as well as a Chinese kidney drainage herbal blend.

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Jeanne grew up on a small family farm then earned an Associate of Applied Science degree in laboratory technology, and worked at two different hospital laboratories. She attained CNHP and ND through Trinity School of Natural Health and is a Holistic Health Practitioner, and Certified Meridian Stress Analysis Technician for the Qest4. Through Lorrie Hargis International School of Aromatherapy, she became a Certified Aromatherapist. She creates personal custom aromatherapy and flower essence blends for each client using 4Qest.

Jeanne resides in Bowie, TX and can be reached at jeannecalabretta@gmail.com.
Holistic Aromatherapy for Depression, Anxiety, and IBS-Like Digestive Problems

Gracielle Pauline Dela Cruz

Introduction

This case study aims to help ease the client’s five-year struggle with depression as her primary condition and anxiety and stress as secondary conditions. These are nervous conditions and considered chronic, therefore treatment should last for a maximum of six months, depending on the conditions’ improvement. However, as this case study requires, it lasted four weeks. Her IBS-like digestive problems will also be addressed as her tertiary condition.

This study also pursues to exhibit how an imbalance in one body system affects another body system and how holistic aromatherapy is able to address them at the same time to promote health and balance of the body, mind, and spirit.

Case description

The client is a 21-year-old, 4th year college student. She was referred by a friend who knew I was looking for case study volunteers and thought aromatherapy might help with her mental health.

Client’s mental health conditions began five years ago when she was in senior high school. As a graduating student, she bore a lot of pressure in that she had to study harder to get high grades, be an honor student, and choose a course that she could take in college. She wanted to take up a Bachelor of Science in Tourism but she was asked to choose something else. She settled with Bachelor of Science in Accountancy the following school year because she was told of the many possible opportunities.

During this time, she also dealt with different family problems. At a young age, this pool of dilemmas caused her depression, anxiety, and stress. She suffered from lack of sleep, palpitations, difficulty in breathing, agitation, headaches, and shoulder pain. The pressure in her studies, school workload, and various issues at home went on and on until she could not take them any longer.

Consequently, in July 2019, she attempted to commit suicide. She was brought to the hospital and the attending physician suggested that she consult a psychiatrist. She did and was given medication for 90 days. They only had three sessions and she did not find them helpful. She had to hold back her emotions and couldn’t open up because she was being accompanied by her parents inside the clinic.

Her conditions ultimately improved, but she’s still battling with them. She manages them by distracting herself through exercise or working out, cleaning, or any task that keeps her busy. When she’s stressed, she tends to comfort eat.

Client has also described digestive problems likened to irritable bowel syndrome (IBS) symptoms such as spasms, bloating, the urgency to move bowel after meals, loose or soft stool and the sensation of incomplete ‘evacuation’ (EOT, 2020a). Stress is said to be a contributing factor as well when she drinks coffee, milk, and milk tea. Green Tea on the other hand helps to make it better. She hasn’t consulted a doctor for this condition.

Severity of the conditions were rated as follows: Depression – 5/10; Anxiety and Stress – 6/10; and Digestive problems – 8/10.

Client looks forward to having her conditions addressed and thinks that this aromatherapy intervention is very timely and will be very helpful as classes have already started.

Protocol

Objective

The client has dealt with depression, anxiety, and stress from a very young age. It started when she was 16 years
old--when she felt a lot of pressure with her studies. It continued to affect her to the point of attempting suicide. She went to seek professional care but it did not help that much. She doesn’t deserve this and as a student, she should just be enjoying her life while she’s young, receiving love and support. With the help of the blends, this consultation aims to quiet her mind, take away her worries, stress and sad thoughts, bring calm, inner peace, high spirits, positivity and happiness, boost her self-esteem and give her comfort. This consultation will also help manage her digestive issues similar to IBS, headache and shoulder pain brought by stress and to help support restful sleep. Since nervous conditions and pain affect our immune system, I also intend to support her immunity.

**Formulations**

**Formulation A: Calm and Uplift S-A-D (Stressed-Anxious-Depressed) No More** inhaler blend

| 2 drops | Grapefruit | *Citrus paradisi* |
| 2 drops | Mandarin   | *Citrus reticulata* |
| 4 drops | Geranium   | *Pelargonium x asperum* |
| 4 drops | Roman Chamomile | *Chamaemelum nobile* |
| 2 drops | East Indian Sandalwood | *Santalum album* |

Table 1. Number of drops of essential oil and the essential oil and carrier oil common and Latin names used in Formulation A (nasal inhaler).

**Formulation B: Relaxed and Happy S-A-D (Stressed-Anxious-Depressed) No More** massage blend

| 1 drop | Grapefruit | *Citrus paradisi* |
| 2 drops | Mandarin   | *Citrus reticulata* |
| 2 drops | Geranium   | *Pelargonium x asperum* |
| 3 drops | Roman Chamomile | *Chamaemelum nobile* |
| 2 drops | East Indian Sandalwood | *Santalum album* |
| 10 ml  | Fractionated Coconut oil | *Cocos nucifera* |
| 9.5 ml | St. John’s Wort infused oil | *Hypericum perforatum* |

Table 2. Number of drops of essential oil and the essential oil and carrier oil common and Latin names used in Formulation B (massage blend). Blend dilution rate is 2.5%.
Formulation C: Happy Tummy stomach relaxer massage blend

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
<th>Latin Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 drops Grapefruit Citrus paradisi</td>
<td>2 drops Mandarin Citrus reticulata</td>
<td>4 drops Geranium Pelargonium x asperum</td>
</tr>
<tr>
<td>4 drops Roman Chamomile Chamaemelum nobile</td>
<td>2 drops East Indian Sandalwood Santalum album</td>
<td>1 ml Arnica infused oil Arnica montana</td>
</tr>
<tr>
<td>28.25 ml Sweet Almond oil Prunus amygdalus dulcis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3. Number of drops of essential oil and the essential oil and carrier oil common and Latin names used in Formulation C. Blend dilution rate is 2.5%.

Rationale
The essential oils chosen for this case study are Grapefruit (Citrus paradisi), Mandarin (Citrus reticulata), Geranium (Pelargonium x asperum), Roman Chamomile (Chamaemelum nobile) and East Indian Sandalwood (Santalum album), while the carrier oils are St. John’s Wort (Hypericum perforatum) infused oil, Fractionated Coconut (Cocos nucifera) oil and Arnica (Arnica montana) infused oil. They were chosen for the therapeutic properties that are known to be exhibited by the chemical constituents they contain.

Grapefruit
Grapefruit essential oil is indicated for depression, IBS, headache, muscle stiffness and immune system. It is uplifting and balances the central nervous system (CNS). For the emotional and energetics aspect, it is indicated for sadness and apathy (EOT, 2020b, c). It is an antidepressant and Zeck (2004) explains that the light fruity aroma of Grapefruit lifts the spirits and radiates optimism. It helps focus thoughts on the positive aspects of life.

It is suggested to be blended with Geranium and East Indian Sandalwood for stress and anxiety (Battaglia, 2018). Worwood (2016) suggests Grapefruit for headache, IBS, depression and stress with therapeutic properties such as cholangogus, immunostimulant and a digestive aid.

Colleen Quinn’s LabAroma (2022) recommends this oil to calm nerves and ease migraines caused by anxiety. Emotionally, it is uplifting and cleansing, used when looking to inspire positive energy and is a welcome comfort when dealing with situational anxiety or depression.

Grapefruit primary constituents and therapeutic properties
Grapefruit contains limonene 93% (anxiolytic, sedative, analgesic and immunostimulant); myrcene 1.8% (sedative, analgesic and anti-inflammatory); α-pinene 0.5% (antispasmodic, analgesic and anti-inflammatory); delta-3-carene 0.01% (anxiolytic and anti-inflammatory); terpinolene 0.01% (antidepressant) and linalool 0.05% (analgesic, sedative, anxiolytic, antispasmodic and immunostimulant) (EOT 2020d; Plant Therapy, 2020).

Mandarin
Mandarin essential oil is indicated for depression, anxiety and stress. It is highly sedating, relaxes the CNS, calms the intestines and is a carminative. It is uplifting, promotes tranquility and fills emptiness (EOT, 2020b, c).
Therapeutic actions commonly cited in aromatherapy literature include antidepressant, antispasmodic, carminative, cholagogue, digestive aid and sedative. Holmes (2016) states that it promotes emotional stability, optimism and joy and can help lift dark, negative and morbid feelings.

Mandarin, like Grapefruit, is suggested to be blended with Geranium and East Indian Sandalwood for anxiety, stress and depression (Battaglia, 2018). This oil is also anti-inflammatory, calms emotional distress and supportive for anxiety and depression (LabAroma, 2022).

*Mandarin primary constituents and therapeutic properties*

Mandarin contains limonene 69.5% (anxiolytic, sedative, analgesic and immunostimulant); γ-terpinene 17.1% (antispasmodic); α-pinene 1.9% (antispasmodic, analgesic and anti-inflammatory); myrcene 1.7% (sedative, analgesic and anti-inflammatory); β-pinene 1.4% (anti-inflammatory); linalool 0.17% (algesic, sedative, anti-inflammatory, antispasmodic and immunostimulant); terpinolene 0.78% (sedative, antidepressant and antispasmodic) and para-cymene 0.67% (anxiolytic, analgesic and anti-inflammatory) (EOT, 2020d; Plant Therapy, 2021).

**Geranium**

Geranium essential oil is indicated for anxiety, stress, depression, IBS, diarrhea, headache, aches and pain and is an immunostimulant. Emotionally and energetically, it promotes self-worth, peace and warmth (EOT, 2020b, c).


Like Grapefruit, Geranium is suggested to be blended with Roman Chamomile, Mandarin & East Indian Sandalwood for anxiety and stress (Battaglia, 2018). LabAroma (2022) describes this oil as analgesic, anti-inflammatory, antispasmodic, antidepressant, sedative, and it helps to lessen feelings of stress while uplifting and stabilizing one’s mood.

Valerie Ann Worwood (2016) recommends this for depression, stress related conditions, as an analgesic, antidepressant, anti-inflammatory and is a nervine.

*Geranium primary constituents and therapeutic properties*

GC/MS shows geraniol 13.65% (anxiolytic, antispasmodic and anti-inflammatory); linalool 4.70% (algesic, sedative, anxiolytic, antispasmodic and immunostimulant); α-pinene 0.55% (antispasmodic, analgesic and anti-inflammatory); α-terpineol 0.35% (analgesic and anti-inflammatory); citronellyl acetate 0.31% (analgesic and
Roman Chamomile
Roman chamomile essential oil is recommended for anxiety, stress, depression, IBS, muscle tension and pain, diarrhea, and insomnia (EOT, 2020b, c; Battaglia, 2003). It also promotes calm and inner peace (EOT, 2020b).

Roman Chamomile is an anxiolytic, analgesic, anti-inflammatory, antispasmodic, carminative, cholagogue, digestive, sedative, antidepressant, calming, immunostimulant and nerve (Worwood, 2016; Battaglia, 2018). It promotes the free flow of Qi, which is important for relaxing the nerves, relieving spasms and easing pain and makes it beneficial for nervous tension, insomnia and headaches. Battaglia (2018) suggests this oil to be blended with East Indian Sandalwood for insomnia and Geranium and East Indian Sandalwood for anxiety and stress.

Roman chamomile primary constituents and therapeutic properties
Roman chamomile’s primary constituents are α-pinene 10.3% (antispasmodic, analgesic and anti-inflammatory); isobutyl angelate 8.7% (sedative, antispasmodic and anti-inflammatory); β-pinene 2.2% (anti-inflammatory); limonene 1.72% (anxiolytic, sedative, analgesic and immunostimulant); para-cymene 0.47% (anxiolytic, analgesic and anti-inflammatory) and linalool 0.19% (analgesic, sedative, anxiolytic, antispasmodic and immunostimulant) content (Plant Therapy, 2018; EOT, 2020d)

East Indian Sandalwood
East Indian Sandalwood essential oil supports symptoms of anxiety, stress, depression, insomnia, nervous tension, headache, and IBS (Battaglia, 2003; Battaglia, 2018; Worwood, 2016; EOT, 2020b, c). Its therapeutic actions include antidepressant, anti-inflammatory, antispasmodic, carminative, sedative, calming, and nerve (Worwood, 2016; Battaglia, 2018).

East Indian Sandalwood primary constituents and therapeutic properties
East Indian Sandalwood’s primary constituents are α-santalol 47.21% (sedative, analgesic and anti-inflammatory); z-b-santalol 19.93%, z-α-santalol 3.54%, z-trans-α-bergamotol 4.89%, cis-lanceol 2.38%, and cis-nuciferol 1.49% content. (Eden Botanicals, 2020; EOT, 2020d)

Carrier oils
Moreover, for the massage blend I used St. John’s Wort infused oil as it is great for pain, depression, anxiety, and stress (EOT, 2020b). It contains hypericin which is known as a psychotronic activator of neuronal metabolism which possibly accounts for its antidepressant and mood-lifting properties (Battaglia, 2003). This oil is a good anti-inflammatory and muscle and joint care. The hypericin and hyperforin calm inflammation and soothe the pain (Tedeschi et al., 2003; Koeberle et al., 2011; Wolfe et al., 2014; Marelli et al., 2016; Aromahead Institute, 2019; Novelli et al., 2020). I blended it with fractionated coconut oil as it is suggested to be good for massages as well for its anti-inflammatory properties (EOT, 2020b) (Table 2).

The stomach relaxer blend was made with Arnica infused oil, which is known to be used for pain, inflammation, and digestive issues (EOT, 2020b) as these relate to its analgesic and anti-inflammatory properties (Worwood, 2016; LabAroma, 2022) (Table 3).

I used a 2.5% dilution rate for the massage blend as it will address both pain and nervous conditions and will be applied daily. A higher rate could be used for pain since it’s just on a local area - the back, shoulders and temples; however, nervous conditions require a lower dilution so 2.5% provides the right balance for both conditions (Table 2).
A 2.5% dilution rate is likewise used as a stomach relaxer. I considered the frequency of use, which is thrice daily for a month, so a higher dilution rate is not appropriate (Table 3).

**Methods of application**

To address her primary and secondary conditions – depression, anxiety, and stress, I made her a calming yet uplifting inhaler blend. This will help calm the nerves, relax the mind, alleviate nervous tension, and release anxious and stressed feelings. Moreover, the blend will radiate optimism and joy, uplift the spirit, and comfort a dispirited heart. This will also help relieve her tension headaches. Further, it is easy to use whenever she needs it. She can immediately use it when she wakes up in the morning and just reach for it when she feels anxious, stressed, or depressed in the middle of the day. It’s portable as well so she can bring it to school or anywhere else.

To use, she has to hold the inhaler tube below her nostrils and smell the aroma by taking slow, deep breaths for five to ten minutes. This will allow the body to absorb the aromatic molecules and therapeutic benefits of the blend well.

I instructed her to use the blend every morning for a calm yet cheerful start, then use it again anytime she feels restless, stressed, or gloomy and disheartened. Nervous conditions such as depression, anxiety, and stress are best addressed with the inhalation method since aromatic molecules pass through the brain and affect the central nervous system.

Additionally, I made her a relaxing massage blend to be used before bedtime by putting 10–12 drops on the palm and massaging it on her back and shoulders with the help of her mom. Both the blend and the massage will promote relaxation of the mind and body, dispel depression, induce a restful sleep, and relieve her back and shoulder pain.

Massage will allow fast absorption to the skin and stimulate circulation. The blend may also be used to soothe her headache by spreading a drop between her index fingertips and gently massaging it on her temples and forehead.

For her IBS-like digestive issues, I made her a stomach relaxer to ease gastric spasm, bloating, calm the digestive tract, prevent frequent bowel movements and aid complete evacuation. She has to put six drops on her palm and massage her abdomen in a clockwise direction thrice a day after every meal. Massaging it directly on the site of concern will improve absorption and efficacy.

**Client response**

The inhaler was helpful for the client for the first week. She had noticed its effectiveness in calming her down and it had been extra useful for her mood swings when she had her period during the week. For almost the entire week, she had only used it once in the morning, except for the three days that she also used it later in the day.

She had used it once for her headache and according to her, it worked after 10 minutes. She found the massage blend perfect and felt how relaxing it is until the morning. She had also used the blend one time to soothe her headache. The stomach relaxer was her favorite for the week. She was so amazed at how the blend literally relaxes her stomach. Although there were a few times her stomach reacted to the choco coffee she drank, it did not cause so much stomach pain like it used to. There were no post-meal spasms, bloating, nor immediate bowel movements.

On the second week, she loved how the inhaler blend gave her a calm morning and helped her survive the daily challenges in school—especially with tasks and extracurricular activities. For the times when she had a lot to worry about, felt down and helpless, she sniffed on the inhaler and quickly felt uplifted, as if something is telling her, “You got this! Fight!” She commented that the aroma is very irresistible and gives her a garden vibe all the time.

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2 Choco coffee is a 3-in-1 instant coffee mix with a blend of coffee, chocolate, and cream.
Additionally, the inhaler had also been helpful for her headaches. She said it worked in as fast as three minutes and prefers this method over topical application of the massage blend as she has observed that inhalation takes effect more quickly. Her favorite for the week was the massage blend as it always makes her feel good at night and alleviates her shoulder pain. What makes this blend her favorite is the warming effect of the blend on the skin. She finds it to be very relaxing. Further, the stomach relaxer had been very effective in relieving her post-meal digestive problems. No bloating, gastric spasms, nor frequent bowel movements after meals. She had relied on it already and makes sure she brings it to school when she has onsite classes.

She consistently gave good feedback about the blends for the last two weeks. The inhaler blend never failed to calm her emotions and address her nervous conditions. It had been helpful for her to easily deal with school work load and remained unflustered despite her busy schedule.

The massage oil on the other hand, never failed to enliven her after a long, challenging day. It quieted her mind and gave her a restful sleep despite having a lot of things going on her mind, relaxed her body, and soothed back and shoulder pain.

The stomach relaxer blend has greatly addressed her IBS-like digestive issues - no gastric spasms, bloating, or frequent bowel movements after meals. She didn’t have to worry about going to the restroom frequently, especially when she’s not at home. She is always able to empty her bowel completely as well.

After the four-week consultation, she rated the severity of her conditions as follows: Depression - 4/10, Anxiety and stress - 3/10; and Digestive problems - 0/10.

**Reflection**

Much consideration and caution have been observed when I was planning for the blends, especially that it was my first time to blend for a condition similar to IBS, more so, a student. For this reason, I was conservative in formulating the blends and made sure I practiced safety by using low dilution rates both for the essential oils and carrier oils.

Had I known that the client would love and prefer a warmer oil blend for her abdomen and massage oil and that it would not cause adverse reaction on her skin, I could have considered using a higher dilution rate for Arnica Infused oil. I’ve used St. John’s Wort Infused oil’s maximum dilution rate already so I wouldn’t increase it. Nonetheless, I was satisfied with the blends I made knowing that I’ve helped her feel better without causing her any harm. The concept of therapeutic window is still best to apply.

Further, this case study has shown me how our body systems are connected to one another that one blend of essential oils can address different conditions. By applying holistic aromatherapy, I was able to deal with my client’s depression, anxiety and stress which consequently addressed her stress-related conditions such as tension headache and back and shoulder pain.

When she told me that the inhaler helped more for her headache than the massage oil, I realized that because her headache is caused by stress and depression, it makes sense that inhalation takes effect more quickly as it acts directly on the cause. So as soon as the mental conditions have been relieved, headache relief will follow.

Another body system connection that had been exhibited in this case study is the gut–brain axis which, according to Mojaj (2020), is a bidirectional communication system between the central nervous system and gastrointestinal tract. The gut bacteria produce neurotransmitters that are responsible for our mood, feelings, and emotions such as serotonin, gamma-aminobutyric acid, dopamine, and norepinephrine. It is said that abnormal levels of serotonin can cause an effect on the central nervous system like anxiety and depression, and at the same time, cause gastrointestinal disorders such as IBS, constipation, and diarrhea (EOT, 2020e). Addressing the client’s nervous conditions may have contributed to the improvement of her IBS-like symptoms and vice versa.
**Evaluation**

The client was very amused and satisfied with the outcome. She is even amazed at how one blend of oils can address different conditions. The blends have greatly managed her conditions - she was able to control her emotions, she had peaceful, relaxing, restful yet uplifting days and her IBS-like digestive problem has been resolved 100%. She doesn’t have to worry about frequently going to the loo anymore. To quote her own words, “My condition was improved by aromatherapy in a way that made me feel calm and reminded me of good things to remember. It makes sense to have an aromatherapy regimen designed for you. The potency of my blends prompts me to urge others to try them because of how effective they are.”

Based on the reported outcome, I believe this consultation went well. The client’s reported conditions have been addressed and have absolutely improved. Even though it was a bit hard to talk about depression during the intake because it’s a sensitive topic, I was still able to gain her trust by asking her to share whatever she could share. It felt good to be able to cheer and give comfort and encouraging words to someone who is young and battling anxiety and depression—like a big sister.

Additionally, I find that being able to provide help and a more natural management for her mental conditions, headache, and digestion problem is fulfilling. She loved the feeling of being in a garden every time she uses the inhaler – happy and calm, to which I can say has obviously worked on her mental health. She became calm, relaxed, happy, and more optimistic. She is able to control her emotions as well. Her response from the stomach relaxer blend is impressive. The blend helped control the cramping, bloating, and evacuation, her regular bowel movement didn't get affected nor did she get constipated. Additional benefits for her headache, back and shoulder pain have also worked.

In my opinion, all of these can be attributed to the synergy made by the essential oils and carrier oils used. Their therapeutic actions have been very beneficial for the conditions. Moreover, the client’s correct usage and regular administration of the blends as instructed are other factors for the successful outcome.

Since her primary and secondary conditions are nervous/emotional conditions and are considered chronic, the client was advised to continue using the blend. Conditions such as these typically require longer duration and consistency as they do not get resolved instantly. As for her IBS-like digestive issue, she may continue using the blend as well, especially if the condition is linked to her nervous conditions. Otherwise, she may stop using it as it has already been addressed and may just use it again if the need arises. Reassessment may be done to check if the blends still work or if a new one is necessary. She could also consider seeing a gastroenterologist to have herself checked and be able to identify the root cause of her digestive problems.

The nervous and digestive conditions responded well with the blends. With the impressive improvement of her digestive problem from 8 to 0, considering the brain-gut relationship, it could be possible that her digestive problem is only induced by her nervous conditions or something else has to be addressed in her digestive tract. Nevertheless, with the simultaneous improvements of the conditions, I am hoping it is the former.

As exhibited by the successful outcome of this study, with the rising cases of depression, anxiety and stress-related conditions such as digestive issues (e.g., acid reflux in young adults and adults), it is worth exploring the use of holistic aromatherapy to help address them. Although aromatherapy doesn’t intend to replace medications and claim to treat or diagnose, there are existing studies in the field that show essential oils are as good as them. It doesn’t only address the conditions, it naturally promotes health as well as balances the mind, body, and spirit.

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