

Essential Oils In Chinese Medicine

Peter Holmes, LAc, MH

The use of essential oils by consumers continues to rise, both as a separate commodity and indirectly through a large range of beauty-care and aromatherapy products. Individuals are increasingly aware of the importance, even necessity, of fragrance in their daily lives, regardless of what the source of that fragrance may be. Long neglected and denigrated through centuries of dualistic Western culture with its intrinsic body/mind split, the sense of smell seems to be coming back with an aromatic vengeance. As practitioners providing an important health-care service, we simply cannot ignore this burgeoning trend. When we see patients who are using essential oils in any number of different ways, we cannot help but ask ourselves, "What exactly is this doing to their *qi*?"

For a start, we may wonder if they are using partly synthetic oils that would add to their burden of toxicity from the environment. Are the oils affecting their pulses, their tongue or masking their symptoms the way that medications do? Is the patient using the oils in a way that balances their condition or in a way that supports their inherent imbalances? These and other basic questions are becoming increasingly unavoidable, because popular aromatherapy really shows no sign of going away.

Clearly, we would do well to at least understand this growing phenomenon and gain some basic but reliable information on essential oils and their popular applications. Just as it helps us greatly to understand how Western drugs affect the body's *qi*, *shen*, the pulses and so on, it would help us to have a core insight into how and why the oils work on the body-mind energy system.

What are the actual energetic effects of the particular oils they are using? What is the relationship between the patient's oil or perfume use, the pulses and the symptom-sign presentation? What exactly is the effect of long-term usage of certain oils as opposed to short-term or intermittent use? What is the energetic effect of the various essential oil applications, both in the environment and on the body? What exactly are the safety issues we need to be aware of? Is there any possible interaction between essential oils, herb use and medication? Burners, diffusers, nebulizers, hot stones, aromatherapy baths, steam inhalations and applications in liniments, massage and even acupoints; the long list of applications alone seems endless and initially overwhelming.

As practitioners of Chinese medicine, we might also wonder whether essential oils have any place at all in a clinical practice. If they do have the ability to modulate the individual's *qi* through direct energetic action and even somewhat effective for the various conditions that the aromatherapy books and commercial sales patter claim, how does this relate to the Oriental system of body-mind energetics? Is it then possible to understand the *qi*-modulating effect of essential oils in our own terms? Can we define their actions in Chinese medicine terms, ranging from the simple cosmological models (e.g., *yin/yang*, the five elements, the six divisions) right through to the rubrics of diagnostics and therapeutics (e.g., the eight principles, the *zang fu* syndromes, pulse taking, observation, meridian

palpation)?

Another question: How reliable is the Western information that is already available in the first place? Some of it seems confusing and some of it contradictory. How can we be sure as to its accuracy? What are the different schools of thought concerning dilutions, appropriate applications in various disorders, and so on? How can we even begin to include essential oils correctly in practice if there is disagreement among the sources of the received information?

Considering all these issues that can arise as soon as we start looking into possibly incorporating them in our practice, we need to ask ourselves this bottom-line question: At the end of the day, is there really any potential for enhancing clinical practice by including essential oils in some way? To get us closer to an answer to this question, I would like to start by broadly surveying the main two ways in which essential oils can potentially find use in the day-to-day running of a clinic.

In the waiting room or reception area. Essential oils can be diffused in a low-key way in the waiting room with great benefits. The intention here is to create a pleasant, welcoming, fresh and relaxing environment that will put the patient at ease, allay any anxieties about acupuncture, fear of needles or doctors in white coats. This technique can generally enhance the treatment session from the very moment the patient steps through the door. It will allow the pulses to settle down after the stress of arriving for an appointment and so will increase the chances of clear tell-tale pulses, as well as resulting in a clearer intake.

Which oils to choose? I recommend a blend rather than a single oil to avoid any unknown negative memory associations from being triggered with a single-plant fragrance (there are people who have negative experiences involving even the normally innocuous smell of lavender, for instance). A simple combination of a sweet-citrus oil and lavender oil usually works really well:

- two parts sweet orange to one part lavender (this is especially nice for infants and children)
- one part bergamot or red mandarin to one part lavender (the most balancing blend for everyone)
- two parts mandarin to one part *may chang* (more uplifting than the other two, especially useful in winter)

Energetically, these three blends all do the same thing. They regulate the *qi* and harmonize the *shen*/mind, thereby being effective, regardless of whether the person's mind tends more toward anxiety or to depression. The diffusion should be low-level, but can be ongoing. The scent can be so soft as to be actually imperceptible and therefore guaranteed inoffensive to anyone on a conscious level. The best way to diffuse the scent in a waiting area is in a diffuser with a built-in heat source such as a small bulb or tea light. Four to eight drops of the blend should be placed in the receptacle that holds the warm water. This can be topped up from time to time with more oil and water as evaporation occurs.

Note that by "lavender" in the above-mentioned formulas, I mean specifically *Lavandula angustifolia*, not any other species or hybrid. The bottle should have this full botanical name printed on the label, otherwise the chances are that this would not be a genuine essential oil, but rather a mix of synthetic chemicals or a composition of cheap lavender species highlighted with synthetics.

On acupoints prior to needling. Essential oils can be applied directly to the points before needle insertion to enhance their action. The technique of applying oils alongside acupuncture goes back quite some time to an unknown French acupuncturist who was also familiar with the properties of

essential oils. So far, I have not been able to find out his name or the particular technique he used. However, after hitting on this idea myself (quite independently) more than 20 years ago, I have developed a specific protocol that meets the following requirements: safety, control and efficacy. The basic idea is to perform the oil application first and the needling second in order to make them two separate procedures.

Place two to four drops of an essential oil or oil blend onto the end of a Q-tip and apply directly onto the skin over the point. Holding the Q-tip for a while over the point will make the oil(s) seep down through the skin to the area of the point, which will energetically activate it (I will discuss exactly how it does this in a future article). The point can be held for anywhere between one and 20 minutes, after which, needling can proceed as usual. Before or even instead of needling, the oil application could be followed with application of a tiger-warmer or moxa-warmer device to enhance oil absorption, which is especially useful in cold and deficiency conditions.

The oil or blend will directly affect the acupoint in a way that is synergistic with the needling, assuming that the oil selection is appropriate. The key here, of course, is to select the oil, or combination of oils, that has a specific affinity for certain points and meridians. Knowledge in this area is currently still in the relatively early stages of development and experimentation. Empirically, however, some practitioners have found good point-oil combinations that seem to enhance either the physiological or psychological actions of the points. The result is clear changes in the pulse and especially the *shen* of the complexion and the eyes.

Every point has a number of different oils that could enhance one or more of its actions. For instance, if we wanted to treat someone coming down with an external wind invasion, and the main points selected were LI4 and Lu7, we would choose an oil with the same action, such as eucalyptus. We could even apply rosemary on LI4 and eucalyptus on Lu7 to somewhat refine our selection, because rosemary has a greater affinity for the LI channel, whereas eucalyptus's actions are all about the Lung.

If we were treating someone for general *qi* stagnation and decided to use the Four Gates, we could use *qi*-regulating oils such as spearmint, bergamot and mandarin. Of these three, spearmint would be the most appropriate for LI4, while either of the other two oils would be extremely compatible with Liv3. Again, this is based solely on knowing the actions and indications of both the oils and the points, and matching them as closely as possible. Alternatively, we could make a blend of spearmint and one of the other two oils and use them on all four points.

Conversely, taking the example of a single oil such as rosemary; once we know its actions and indications in Chinese medicine terms, we could potentially find it useful for a number of different points, including Sp6 (to move blood and *qi* in the lower warmer), CV17 (to tonify lung *qi*), Lu9 (to warm the lung and expel phlegm) and Bl37 (to dispel wind-damp-cold obstruction).

A final note. As can be gleaned from my comments about the proper lavender oil to choose, not all available oils are equal. The stores are flooded with essential oils that come straight from the perfume and food-flavoring industries, which virtually monopolize the global market and whose aim is to produce standardized fragrances (by chemical means if necessary), rather than therapeutic agents. These types of oils are not appropriate for therapeutic use for many reasons. Good-quality essential oil is a crucial component in the equation between accurate oil selection and therapeutic efficacy. A future article will present some guidelines and criteria to help us identify oils with therapeutic potency.

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