



Aromatherapy

on the record

Canadian Federation of Aromatherapists Newsletter

Vol 5 Fall 2012



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Aromatherapy on the record

Volume 5—Fall 2012

The Canadian Federation of Aromatherapists
(CFA)

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110 Thorndale Place, Waterloo, ON N2L 5Y8

This newsletter strives to educate, inspire and provide a broad spectrum of information ranging from ancient methods, folklore, current research and practices both locally and internationally.

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Aromatherapy on the record

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Letter to the Editor

Having just spent an exciting day at the CFA annual Aromafest, I’d like to express my appreciation and at the same time try to let the membership know what they are missing by not attending such an event. I’ve attended many Aromafests over the years and each one has been a fulfilling experience. Each year I renew friendships and sometimes make new ones. I always learn something new, but I think what I enjoy most of all is the camaraderie. It is something special that I don’t get anywhere else and I love the feeling. I guess I could liken it to a family reunion.

Some of the attendees were mentioning that they would like more time to visit and get to know each other. Perhaps a ”Getting to Know You” theme could be considered for a CFA function in the future?

I used to host an Aroma Club for my graduate students and that was great fun. We met once a month on a Sunday afternoon and did something that would earn CEUs. I’m wondering if there is enough interest to start one up again in Guelph, so I’d like to invite your readers to contact me at joy@joyessence.on.ca if they are interested in forming a club.

I’d also like to take this opportunity to thank Tricia for her years of dedication to the CFA as office administrator, and now as President. When she received her certified aromatherapist certificate from me, she told me she’d like to get involved with the CFA and asked, “What can I do to help?” Little did she know what she was getting herself into! She has truly been a blessing to the CFA.

I sincerely hope other members will consider the many benefits of becoming more involved in this wonderful association.

Kind regards,
Joy Watson
Joyessence Aromatherapy Centre Inc.



Aromatic Kinesiology a Case Study

by Beverley Hawkins



As a therapist in active practice I am always looking for the best way to help my clients. Every client is different with respect to their needs and their preferences and having a number of different tools and modalities to draw on allows me to be flexible in my approach to helping them reach their goals. Aromatic Kinesiology is certainly one of those tools.

Set within the framework of Traditional Chinese Medicine, with its Meridians and Five Element Theory, Aromatic Kinesiology is a gentle approach that can be used to bring balance and facilitate positive change.

During the consultation simple muscle testing is used to determine the essential oil, the Heart Blossoming Point (acupuncture point) and the course of treatment required. To complete the session the therapists applies the essential oil to the Heart Blossoming point and then holds the point while reading the Essential Oil Reflection to the client. The client then follows the at home protocol as determined through muscle testing.

During the Level One training we were taught how to use Aromatic Kinesiology for: Balancing Meridians; Alleviating Stress; Emotional Stress Release Technique; Time Tracking; Cook's Energy Enhancer Technique and the Healing Endeavour Process. Over the years I have taken lots of workshops covering many different modalities and I decided that what I had learned in Level One was sufficient for the needs of my practice.

I have always strongly believed in the benefits of doing case studies, so before I officially added Aromatic Kinesiology to my service menu, I decided to set up my own small case study project and approached my client base and offered them the opportunity to participate. The case studies were set up as two appointments, an initial consultation and a follow up appointment. I decided to limit the case study group to 10 as this would entail 60 appointments and of course I needed time to see my regular paying clients as well. While there was no charge for the consultation I did





ask those participating to commit to keeping the second appointment to give me their feedback. They were assured that all feedback, good, bad or indifferent, was welcomed as this would be the only way I could get a more accurate idea of whether I wanted to add Aromatic Kinesiology to my service menu. 30 people signed up and took advantage of the first session, while 29 followed through and kept the second appointment.



issue. The client then sat and inhaled the essential oil, while I held specific points and read the appropriate Essential Oil Reflection to them. At the end of this session the perceived severity of the issue was once again assessed. 90% (27) of the participants felt that there was a decline in the perceived severity of their issue. Remarks included 'feel calmer', 'feel more relaxed'. 'feel fabulous'. 10% (3) of the participants did not feel any change at this time.

The age range of those who participated was from 6 years old through to early seventies. 87% (26) were female. 13% (4) were male .

Assessing case studies of this nature can be difficult so I decided to restrict the reasons for using Aromatic Kinesiology to reasons that were more easily quantifiable. For the most part we stayed with Alleviating Stress and using the Emotional Stress Release Technique (for past and present issues). Time Tracking was used in a few of the sessions and the information that came up with this was found to be very helpful.

During the first consultation the issue to be addressed was discussed briefly and assigned a number as to where it was perceived on the severity scale of 1 - 10 with 1 being not very much to 10 being over the top. I then muscle tested the participant for the appropriate Essential Oil; Heart Blossoming Point; Frequency of Application and Duration of Application. In some cases Time Tracking was used to get information on the origin of the

It was interesting to note that, although an Essential Oil or a Heart Blossoming Point might come up for more than one person, no two people tested for both the same Oil and the same Heart Blossoming Point. The frequency of use and the duration of use was also unique to the individual.

The second consultation was set up after the participants had finished using their essential oil as per their At Home Protocol. During the second consultation we checked in to see whether the participant noticed a difference in the severity of the issue now. 77% (23) did. In some cases the differences were dramatic and in other cases the differences were very subtle. 20% (6) did not feel there was a difference. Only 3% (1) did not give us any follow up feedback.

When asked whether they would use the protocol again: 47% (14) said 'Yes'; 17% (5) said "I might"; 10% (3) said "Probably Not"; 20% (6) said "No"; 3% (1) said "I don't know"; 3% (1) provided no feedback on this. For some the changes were subtle, and it was only when revisiting the information shared in



the initial consultation was the change perceived, for others the changes were quite clear. The passage through change was also quite different for many of our participants.

For some the changes took place quietly and they were able to move forward with ease and grace.

For others the changes were more dramatic. There were participants who experienced a dramatic change during the first appointment, while the period of time they used the protocol at home was pretty uneventful.

There were some participants whose changes were accompanied by quite dramatic physical reactions. For some participants the reactions experienced had elements one would be more inclined to expect if one went on a cleanse or detoxifying regime (diarrhea, more frequent urination, skin breakouts).

Some participants found that the physical pain they were hoping to get relief from first worsened. There were other participants who found that they were laid low with the onset of flu like symptoms.

Our participants who got to experience these dramatic reactions were all very brave and continued to use the protocol despite their reactions. All found that after a few days these symptoms eased and they all experienced a significant shift in their way of being and/or in their issue.



It was also very interesting to note that a number of the participants also experienced a shift and change in other areas of their lives, which apparently had nothing to do with the original issue we thought we were addressing. In fact, in some cases, the changes in these other areas were more profound than the changes in their original issue.

As a result of the overall positive feedback I received on the Case Study Project I decided to add Aromatic Kinesiology to my services menu. When I am working with clients and looking at different approaches they might take to move forward the more tools one has to draw from the better.

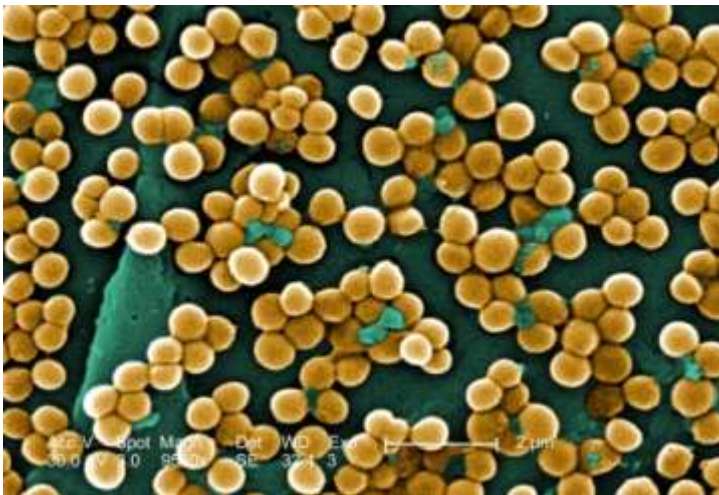
Beverley Hawkins - Essential Oil Therapist – EOT®, Registered Aromatherapist – RA®, CAHP, NCTMB, Di.SPE., BFRP, has been a member of the CFA for many years. She is the owner/operator of the West Coast Institute of Aromatherapy and has been offering quality professional Aromatherapy Courses through home study since 1999. In addition to the school she maintains a busy private practice offering services in Aromatherapy Massage, Lymphatic Stimulation, Reflexology, Seated Chair Massage, Reiki, Reconnective Healing, Bach Flower Remedies, Aromatic Kinesiology, Spiritual PhytoEssencing and the Hawkins Protocol.



Effective Antimicrobial Essential Oils for Protection against Dangerous Infection by Maggie Tisserand

The Rise of MRSA

MRSA is an acronym for methicillin-resistant *Staphylococcus aureus*, and refers to strains of this bacterium that are resistant to the antibiotic methicillin, and to other classes of antibiotics.



MRSA is often referred to in the press as a ‘superbug’, meaning a bacterium resistant to several antibiotics.

MRSA infections are classified as either healthcare-associated MRSA (HA-MRSA) or community-associated MRSA (CA-MRSA), although this distinction is more complicated than simply where the infection was caught. MRSA was first reported in the United Kingdom in 1961, and in the United States in 1968. A combination of its virulence, ease of transmission and antibiotic resistance has resulted in MRSA becoming a major problem in the health care setting and in the community.

The world we live in is full of bacteria, the vast majority of which are harmless, although some are more dangerous than others. MRSA is perhaps the most dangerous of infectious diseases, not because it is a ‘rare beast’ but precisely the opposite - because it is commonplace. *Staphylococcus aureus* is known as a commensal of humans i.e. it comprises part of the body’s normal bacterial flora, but without causing disease. Staphylococci frequently live on the skin, especially in folds such as the armpit and groin, in the nose and less commonly in the throat. MRSA strains give rise to the same diseases and conditions as those caused by antibiotic-sensitive strains, and are usually no more aggressive or infectious; they are only more serious than other *Staph. aureus* infections because they do not respond to antibiotic treatment. The World Health Organisation published a report in 1982, warning that the spread of antibiotic resistant bacteria in hospitals would make the choice of antibiotic ‘a gamble of worsening odds’. Following this report, WHO initiated a survey of hospitals in fourteen countries which concluded that ‘hospital infection is a common and serious problem throughout the world’

MRSA is an international problem that affects the health of young and old alike. It can be picked up in the community as well as in hospitals and nursing homes. It is affecting the health of both domestic and agricultural animals. It has become adept at surviving long journeys. It can lie dormant on clothing and commercial items. It can be carried in the nostrils and on the bodies of healthy individuals. Researchers tracking the spread of MRSA say



EFFECTIVE ANTIMIROBIAL ESSENTIAL OILS

that the disease is distributed by the movement of people and goods around the world. In North America the number of MRSA deaths outnumber those from AIDS by a factor of five, yet current funding for MRSA research is a tiny fraction of the funding available for HIV/AIDS.

Essential Oils Clinical History against Infections

Essential oils have a long history of use in combating infection and many are marketed for their antiseptic properties. Science is now backing up these claims and an internet search for ‘antimicrobial research with essential oils’ will bring up hundreds of research papers. Scientific research is ongoing, and as recently as November 2010, an international conference on antimicrobial research took place in Spain. One session, entitled: “Antimicrobial natural products”, covered a wide range of natural substances that included essential oils and aromatic plants. Essential oils are nature’s antiseptics and their ability to kill microorganisms has been well documented over the centuries. Hippocrates, the founder of medicine, used aromatic plants as early as 500BC. Essential oils are most commonly extracted from plants of a single botanical source by steam distillation and are known to be a complex mixture of organic hydrocarbons. Chemical analysis of essential oils allows them to be classified depending upon the nature and ratio of components in the oil and this significant difference in chemical composition is what gives each of them their unique properties.

The scientific testing of essential oils against microorganisms has been taking place for

.....MRSA is often referred to in the press as a ‘superbug’, meaning a bacterium resistant to several antibiotics.

decades, with the majority of the work seeking out effective preservatives for the food industry. As food poisoning can cause fatalities whenever there is an outbreak, a vast amount of research has been undertaken with food grade essential oils such as thyme, peppermint, lemon, cinnamon, clove and oregano. Some essential oils with significant antimicrobial credentials, such as eucalyptus oil, are too highly scented to be used as a food preservative and have instead been utilised in toothpastes, mouthwashes, cough drops, pastilles and decongestants. Thyme oil has been used as a fumigant in sick rooms and places of worship by many ancient civilizations. As far back as 1887, thyme was recognized as having antibacterial properties, although it wasn’t until the 1980s that it became the subject of scientific interest. The majority of microbiology research into thyme’s ability to kill bacteria has been published in food journals. Thyme oil is also much respected for its antibacterial triumph against gum disease.

Canadian researchers evaluated twenty-eight essential oils for their antibacterial properties against four bacteria prevalent in the food industry. *Staphylococcus aureus* was one of the four. Of the essential oils tested, the most effective were the thyme oils, having significant levels of the aroma-chemicals thymol and carvacrol. These two plant constituents were found to be the most potent against the four main bacterial pathogens responsible for out-



breaks of food poisoning. In Canada alone, the cost of treating food borne disease due to contamination with bacteria is estimated to be \$500 million a year.

Microbiology testing of essential oils as an alternative to antibiotics

For decades, research institutions from around the world have been taking a serious look at essential oils as potential alternatives to antibiotics, with tea tree oil being the most researched essential oil by far. The antimicrobial activity of an essential oil is determined in the laboratory (in vitro) by a number of standard methods. One of the commonest methods employed in the laboratory is the Zone of Inhibition test. This is a very quick and easy method where a standard number of microorganisms (about 1 million bacterial cells per millilitre) are applied to the surface

of an agar plate, which allows bacteria to grow. A measured amount of essential oil is added either to a paper disk or to a 'well' bored into the agar. The components in the oil will diffuse into the culture medium and a circular zone will be visible if there is any antimicrobial activity. Tea tree oil, as an example, disrupts the cell membrane of the bacterium, causing a loss of potassium ions from the cell.

The lipophilic (lipid loving) monoterpenes integrate with the phospholipids in the membrane and leakage occurs. Antimicrobial essential oils have also been

known to cause inhibition of glucose dependent respiration in *S. aureus*, *E. coli* and *C. albicans*. As well as effective trials with the essential oils when putting them in direct contact with bacteria, the vapours released from essential oils have also been proven to be highly antimicrobial. A recent study has shown that MRSA and *Clostridium difficile* have been killed in the laboratory by a blend of vapours released from a variety of dispersion devices. The most efficient system is the use of 'venturi technology' where air is forced over the surface of essential oil blends causing the antimicrobial vapours to be released into the atmosphere, killing bacteria in the air as well as on surfaces. This method of using essential oils opens up an exciting possibility for reducing the spread of airborne healthcare-associated infections.



Microbiology research in 2001 looked at the antibacterial effect of a blend of Australian tea tree and New Zealand manuka essential oils.

When the blend had more manuka than tea tree, the mixture was more effective against Gram-positive organisms such as *Staph aureus*. Conversely, when the mixture had a higher proportion of tea tree to manuka, the mixture was more effective against Gram-negative organisms such as *E. coli*.

Blending essential oils together has been found to create powerful and effective mixtures of aroma-chemistry. In 1998, a patent was filed for a natural broad-spectrum antibiotic. It consisted of a combina-



EFFECTIVE ANTIMICROBIAL ESSENTIAL OILS

tion of tea tree and thyme oils. The specific thymes used in this research were white thyme (rectified *Thymus vulgaris*) and wild thyme, (*Thymus serpyllum*). *Staphylococcus aureus* was the organism tested, not MRSA. The patent was later withdrawn.

Essential Oils in Clinical Trials

Some clinical research in 2003 set out to compare tea tree oil with the standard topical antibiotic mupirocin. The purpose of the trial was to compare two methods of eliminating MRSA - from the nose, where it can be carried by hospital patients who could then infect themselves, and from body sites where MRSA bacteria can be harboured. The standard treatment was a 2% mupirocin nasal cream used in conjunction with a triclosan body wash. The tea tree regimen used a 4% tea tree oil ointment for use in the nose plus a body wash with 5% tea tree oil. At the end of the trial period the researchers concluded: “the tea tree oil products appeared to work as well as the standard hospital treatments.”

In 2004, another clinical trial was carried out in the UK. The randomised control trial compared the efficacy of tea tree preparations to a standard hospital regimen for the eradication of MRSA colonisation. The standard regimen comprised the topical antibiotic mupirocin in a 2% dilution for nasal treatment, along with chlorhexidine and a silver- infiltrated cream for cleansing colonised body sites. The tea tree regimen consisted of a 10% tea tree cream and 5% tea tree body wash. One hundred people were involved in the five-day trial with the standard regimen, and by the end, 49% were cleared. A similar number of peo-

ple were treated with the tea tree products and 47% were cleared. The trial conclusion was that whilst the topical antibiotic was more effective at clearing nasal carriage of MRSA, the tea tree products worked better at clearing the colonised body sites.

In 2005, I began working with scientists at the University of Brighton to try to find effective essential oils or a blend of essential oils that would offer an alternative to the much-tested tea tree oil. It had to be safe to use on the skin whilst being powerful enough to kill epidemic strains EMRSA-15 and EMRSA-16. Common thyme oil was not included in tests, as its skin irritant factor is well known, but I did include a sub species of thyme which produced good results against both epidemic strains as well as two strains of MSSA (methicillin-sensitive *Staphylococcus aureus*). Over a period of months several different species of thyme were investigated, culminating in an optimum blend of four individual thyme species. Tea tree oil was also investigated and a comparison of the results was made. Both the tea tree and the thyme blend (named Benchmark thyme) were effective in killing the MRSA and the MSSA.

There is no shortage of academic evidence to show that essential oils and their individual components are antimicrobial, but having access to the research is just the first step on a long flight of stairs. Unfortunately, each ascending step has onerous costs and difficulties, mainly with the setting up of clinical trials and the gaining of regulatory approval that only large, financially strong companies can consider undertaking. Another hurdle is that because of the vast financial investment



needed to bring a medicinal product to market, even large pharmaceutical companies need to be able to secure a patent in order for them to retain exclusive marketing of the product and recoup their investment before the patent expires. So, for the time being, there are no licensed products, based on essential oils, to combat MRSA.

Bibliography

The article is a compilation of passages taken from 'Aromatherapy vs MRSA' by Maggie Tisserand. Published by The Clarity Press, 2011. www.theclaritypress.co.uk
Special acknowledgements must go to contributors to the book - Dr Jonathan Caplin of

the University of Brighton for contributing Chapter 4 and to Professor Val Edwards-Jones, Manchester Metropolitan University for contributing Chapter 5.

© Maggie Tisserand

N.B.

It is important to have an understanding of essential oils and how to use them and I recommend the reader purchase one of the many excellent books on the subject of aromatherapy. Many of the above oils are detailed in 'Aromatherapy vs MRSA'.

AROMATHERAPY TREATMENT



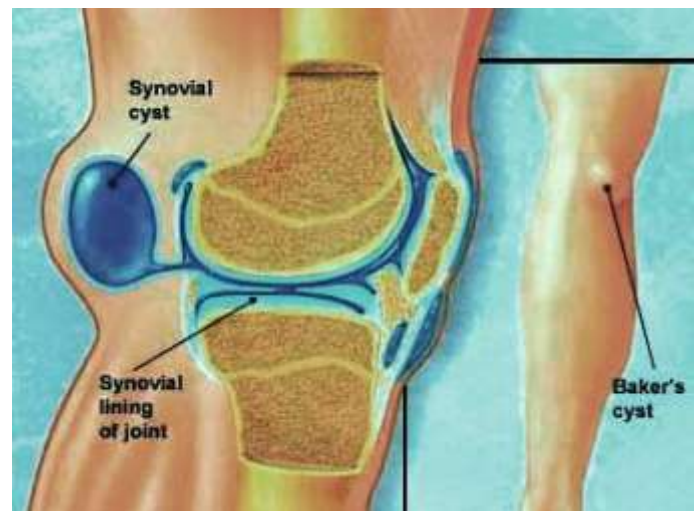
BAKER's CYST

Life Style & Client Profile:

Leslie is sixty, he is overweight and suffers from arthritis and slightly high cholesterol. As his job is a field representative in agriculture requires, he spends long hours driving and sits long hours at a computer filing reports.

Recently, the company management increased his work load. Being a perfectionist and very particular about the accuracy of his work, he was feeling frustrated and stressed. He was also feeling tired, nervous and had difficulty with sleeplessness.

He tries to eat a balanced diet but has not much time for regular exercise.



Last year he got a baker's cyst behind his right knee that caused him inflammation and pain. Leslie's family Doctor had him have the cyst aspirated and injected with a corticoster-



AROMATHERAPY TREATMENT

oid to reduce inflammation. The treatment worked well but unfortunately after a few months a new cyst formed behind the same knee. It caused him pain and he was walking with a limp.

Treatment Plan

The overall systems Leslie would like to improve are his skeletal, muscular and nervous systems.

Besides his baker's cyst he suffers with neck and back pain due to arthritis, therefore we are going to focus on something that will help ease the discomfort. The muscles on his lower back and legs also become sore and tight. He could also like to reduce his stress level and improve his sleep.

The first oil I chose for him is **Black Pepper**. This oil has a warming effect which reduces inflammation caused by arthritis. It will also help reduce muscular aches and pain.

The second oil I chose is **Cedarwood Atlas**, it is beneficial in relieving arthritis and rheumatism pain. It also helps in treating stress and nervous tension.

The third oil was **Basil** which is an aromatic nerve tonic. It is beneficial in treating insomnia and nervous tension. Basil is also excellent for muscular aches and pains when treating rheumatism.

I ensured that Leslie had a patch test for any oil he is using 48 hours beforehand.

30 ml of fractionated coconut oil and 3% of essential oils.

Black pepper (M) 5 drops
Cedarwood Atlas (B) 5 drops
Basil (T) 8 drops

I planned to have a weekly aromatherapy massage and a daily massage of the back right leg focusing on the knee area using circular movements and applying the leftover of the oils blend. I advised Leslie to make some time for himself and go to the local swimming pool – it is at walking distance from our house - at least twice a week.

After the first aromatherapy massage he felt relaxed and less sore. That night he had a good night sleep.

Being my husband, I could take care of his aromatherapy treatment daily and after the first week I felt the cyst gradually become less hard and smaller in size.

Leslie feels more relaxed and has had no re-occurrence of a cyst in almost a year. Regular aromatherapy massage has proven to be very

The pain gradually diminished and after two weeks of treatment, Leslie was no longer limping.

beneficial in alleviating the pain in his lower back and neck.

August, 2011
Maria Hansford
27/07/2012

Submitted by Joy Watson



A frequent speaker, Christine has spoken at the Canadian Federation of Aromatherapists Symposium, the Rowcroft Hospice in Torquay England, the 2010 National Conference for Young Women Living with Breast Cancer, The HSW/PSW Annual Conference for 11 First Nations, The Radiance Technique International Association's and the Canadian Hospice Palliative Care Association's conferences. Most recently she gave two presentations at the 6th World Conference on Breast Cancer.

Christine Maria Gross, CAHP, RRPr, has been leading groups for over 18 years in natural health care and stress reduction. As an Ayurvedic Health Practitioner, Christine inspires others to optimum health and quality of life. She completed Body Mind training at Harvard Medical School and has studied a variety of meditative/contemplative techniques from many traditions.

Cancer free for 21 years, Christine's goal is to support others in learning the pillars of health. She is a professional member of the Association of Ayurvedic Professionals of North America, and Canadian Federation of Aromatherapists. Christine also works part-time as Coordinator of Complementary Programs at The Hospice of Windsor and Essex County and is the Director of Portal Wisdom Healing Arts. She offers workshops and trainings internationally.

Her publishing credits include **Canadian Breast Cancer Network News** magazine and her forthcoming publications (December 2011) book and DVD entitled, "*We Are Timeless: The Radiance Technique® in Hospice Care*".

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- * The Four Pillars of Health-*Simple Wisdom for Longevity and Happiness*
- * Mind/Body Fitness & Healthy Living Series for Managing Stress
- * Sleep Programs-*The Secret to Sleep: Natural Approaches to Getting a Good Night's Sleep*
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- * The Radiance Technique® Certified Trainings
- * Community Immunity-*Using Aromatherapy for Health & Wellness*
- * *Personalized Wellness Consultations*

I help you discover how to live & eat for vibrant health through the development of powerful lifestyle, meditation & dietary practices that will naturally promote peace, balance & healing within you." Contact Info: christine.gross@sympatico.ca



IN THE SPOTLIGHT

An Interview with Christine Maria Gtoss

1. What is your past work experience in Aromatherapy?

I have included Aromatherapy for my personal life, in my private practice in Natural Health Care, as well as with friends and family.

2. What does your Aromatherapy practice involve currently?

I continue to use Aromatherapy in my private practice, as well as with my work with hospice patients and their caregivers by providing special blends and applying on their hands and feet.

3. Do you currently make your own blends/products?

Yes. My background in Ayurveda helps me create a blend specifically to the imbalances of a person, and not contributing to more imbalances by using incorrect oils.

4. Aromatherapy is a holistic modality. What is your philosophy on the importance of ensuring that body, mind and spirit hold equal value in determining client care and choice of oils?

We are energetic beings, so to focus only on the body for example would be a mistake. Aromatherapy is such a great modality for supporting a client holistically. Ayurveda has guided me to choose the right oils for a person at the right time. A lot of what I originally learned in Aromatherapy on selecting oils, is now more refined based on the current imbalances on any level, so the process of how I choose oils now is enhanced and more precise.

5. I understand that you have recently published a book and DVD; can you tell us something about it?

We Are Timeless: The Radiance Technique in Hospice Care book and DVD, are inspiring documentaries of how The Radiance Technique®, Authentic Reiki® provides effective stress relief, comfort and peace to people experiencing health challenges and those caring for them. Based on real life inspirational stories of volunteers, patients, caregivers, nurses and social workers, one discovers life's journey through this ancient healing art.



There is a special chapter on *Exploring TRT® with other Modalities* such as Aromatherapy, and how it comforts and supports people. The book recently received a silver medal in the *Living Now Book Awards* in the USA.

You can download the Introduction and watch clips from the DVD at www.PortalWisdom.com



6. What prompted you to write this book and DVD?

Over the years so many people spoke about their experiences, so I thought let's put it together in a book and a DVD to help others get an understanding of how this Radiant energy supports the human journey and that there is something you can always do. TRT® helps one discover the possibilities of well-being and greater quality of life, no matter what is happening physically.

7. What would you consider the best strategy for someone who wishes to start a career in the field of Aromatherapy?

- * First you need passion, don't see it as a job, but as a life changing experience for you.
- * Go for a series of sessions with a CAHP, and try the many ways you can use Aromatherapy for yourself.
- * Attend a CFA Conference or Aroma Fest and ask questions.
- * Study from a Certified Instructor/Course credentialed through the Canadian Federation of Aromatherapists.

8. What strategy would you use to gain employment as a CAHP in a long-term care/hospice facility?

- * Have at least 2-5 years of private practice before applying.
- * Then decide if that is really what you wish to do, as Long-term Care/Hospice is not for everyone. If unsure, think about volunteering to get an idea of the environment and if it is for you.
- * Offer a free information/educational presentation/demonstration to management and staff, because still today, many people really don't know what Aromatherapy is. The CFA made a PowerPoint presentation some years ago, which is a good start.
- * Seek additional education/learning and personal study in this area by taking specialized workshops and education offered by CFA and NAHA, and reading literature.

9. 10. What would you suggest to build a more cohesive aromatherapy health professional community?

I am a big believer in continuing education. Even though Aromatherapists take their original training, there is always more to learn, and so I am happy that CFA has that as part of their CAHP requirements.

I think CFA could try online Education Webinars where people from all over can tune in and receive this knowledge no matter where they reside in Canada and they can do from the comfort of their home or office.



For information on Canadian Federation of Aromatherapists Certified Schools, available CEU courses, upcoming events, general information on aromatherapy, please go to the CFA Website at

www.cfacanada.com

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CORIANDER

Citrus/ Lemon/ Earthy Scent

Botanical Name: Coriander Sativum
Botanical Family: Umbelliferae Family

Coriander is native to Europe and Western Asia. It is a bright green annual with pink umbrella shaped flowers. This plant grows in high altitudes up to 0.8m.

The fruit of the plant are the seeds and the leaves (cilantro) are the respiratory organ of the plant and are lobe like in shape. The leaves have a very pungent aroma and are generally used for culinary applications.

The seeds are crushed and then steam distilled to extract the oil.

Coriander seed oil is pale yellow in colour has a woody-spicy aroma with a peppery-woody overtone.

The active constituents of the oil are: linalool 69.4%, limonene 6.2% and camphor 4.1%. There are other chemical components of the oil in minute amounts.



Linalool is the major component of the oil which accounts for its relaxant effects on the digestive system and also in the relief of rheumatic pain. Limonene helps to promote bile flow but is found in low concentrations in this oil and therefore its effectiveness will be minimal.

Coriander oil is anti-inflammatory, antibacterial, analgesic and hormone like. Coriander is mainly used for painful digestion often related to nervous tension, gastro-intestinal spasms, leg cramps, constipation, painful urination and hormone balancing. Coriander is also known as the 'happiness oil'.

Caution: do not use cilantro oil (coriander leaf) on the skin as it may cause irritation.

Thanks to Sanjay Ancharya and Thamizhparithi Maari for the Cilantro Pictures



My name is Bonnie and I have worked in an office for over 20 years and during that time I have noticed how people sit and the neck and back problems that go hand and hand with sitting day after day at desks, on the phone, writing, etc. My dream was to visit corporations and to help the employees and the employer distress their day.



My training in holistic health began at the Aromatica Centre for Natural Therapies & Holistic Study in Windsor, ON.

In January 1998, I became certified in Reflexology and then in March of that same year, began certification in Aromatherapy. By March of 2000, I received my Advanced Registration in Aromatherapy. In between all of these courses, I have taken workshops and attended seminars to keep myself current in all

areas of my practice. Along with massage, I am a Reflexologist and enjoy making my own Aromatherapy candles and products.

I purchased my first Massage Chair in November 1998 and December of that year gained my first employment opportunity ~ massage for employees at a local bank. How did this come about? I just happened to have a meeting with a bank associate and asked if she thought the staff would be interested in getting a chair massage. She said she would definitely bring it up at the meeting the next day. I was there the following Tuesday doing Chair massage and I was there every 2 weeks for 5 years. Due to new management with a different perspective (that massage interfered with employee working time) I no longer offer massage at these banks. News of my work however, led to credit unions, schools and other businesses requesting my services. I periodically see a few of the bank staff as they miss their 10 minutes of relaxation.

Essential oils have been a joy and a blessing throughout my life for me, my family and my clients. I have developed a wonderful clientele and enjoy helping them achieve and maintain better health and wellness. I have added a new treatment to chair massage that incorporates the use of heated stones for even greater relaxation.

Twice a month, I offer my services to the seniors and staff at The Senior Centre here in Windsor. Everyone loves the massage and the aromatic smell from the essential oils either from my own Aromatherapy candles or a diffuser. This is a win-win situation for me. I help everyone and I in turn get a treatment too



AROMATHERAPY PRACTICE

and I love working with the seniors; they are a joy.

Anyone interested in working at various corporations, just get out there and start with the ones that you either know the owner or know someone that works there and go for it! It never hurts to ask! My mom still says this and she is ninety-six. This has worked for me and I have been doing "Chair Massage" at different places since 1998 and I continue to enjoy it! Massage is the study of anatomy in braille ~ gotta love it!



Blessings all!
Bonnie Dupuis, C.H.A.P., R.R.Pr.

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- Chocolate Christmas Ornaments
- Truffles of many flavours
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- Samples to Delight
-and much, much more!*

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Starting January 2013

The CFA will be offering 3 to 5 minute aromatherapy infomercials each month.

Anyone interested in presenting an Infomercial, please contact the CFA office.

For topics we would like to cover, please see the president's message on page 20.

Your name and business info will be displayed at the end of the video so a wonderful opportunity to share your knowledge and area of expertise.

WHATS COOKING?

Aroma Chat on Twitter

Every Monday night
10-11 pm EST
Open to everyone

Hosted by:
Michelle Reynolds
CFA Member
Contact Michelle at @Aroma_Health

Don't forget....

We are looking for
**ARTICLES &
PHOTOS** for our Newsletter and Web
site — help make our presence a
sensational one...

Email cfamanager@cfacanada.com

-Essential oil containers..... Herbs.....
- Aroma Massage Pretty unlabeled bottles
- ...Healing hands Petals floating on water.....
-Essential Oil Plants.....Herb gardens.....
-Drops of essential oils on water.....
- ...Calming Scenes.....Massaging of hands.....
- Foot Massage.....Massaging shoulders
- ...Diffusers.....Your aromatherapy room.....

Use your imagination — send us your visions!

AND

Please send Your Articles or suggestions for
ARTICLES you would like to see in your CFA
Newsletter

Thank you for your contributions
The CFA editing team

Upcoming Webinars featuring
special guests will be posted on
the CFA web site on the
Events Page

Keep Posted!



Presidents Message



Fall is upon us with a fabulous array of colours this year and winter is quickly approaching. The new board of directors met in September to determine what our agenda will be for the coming year.

Did you know

2013 marks the 20th Anniversary of the Canadian Federation of Aromatherapists (CFA) and is also the oldest aromatherapy association in Canada?

To celebrate this very special year the CFA will be posting short aromatherapy infomercials each month on the CFA website. These infomercials would begin in 2013.

The topics would include:

- * Safe use of essential oils
- * House cleaning the green way
- * First Aid I & II
- * Womens Health – PMS
- * Womens Health – Menopause
- * Insect Repellant
- * Stress and Life Balance
- * Insomnia
- * Headaches
- * Colds & Flu
- * Dry Skin
- * Scenting your home for the holidays

If you would like to present one of these infomercials which would include your business name and/or contact information, please contact call the office for details:– 519.746.1594

Another aim of the board is to provide our members with a minimum of 2 webinars. We are planning a special **Fall Aromafest** in celebration of our 20th year.

Please help to continue the CFA for the next 20 years by fully supporting events. We aim to keep costs low due to the current economic climate and at the same time, continue to provide you with quality educational experiences.

Tricia Eagle



2012 Fall Aromafest

A great time was had by all at our fall event! All 4 workshops offered something for everyone. They were presented by CFA professionals who knew their subject matter and who offered insightful information on a variety of topics. All workshops rated an A from those who attended.

A group of vendors displayed their products during breaks and after workshops ended.

The food was delicious and the folks who attended re-connected with old friends and connected with new. At the end of the day, there were smiles and farewells until the next time. We look forward to meeting up again!

*Professional members of the Canadian Federation of Aromatherapists (CFA) are required to accumulate a **minimum** of 12 Continuing Education Units (CEUs) over every 2-year period.*

PLEASE NOTE: CEUs cannot be banked or carried forward from one 2-year period to the next 2-year period.

These continuing education units are divided into primary and secondary activities. Primary activities are directly related to aromatherapy (1 hour of activity is required to achieve 1 CEU). Secondary activities are indirectly related to aromatherapy (2 hours of activity are required to achieve 1 CEU). **A minimum of 6 CEUs must come from Primary Activities for each 2-year period.**

Professional activities include:

PRIMARY ACTIVITIES (1 hr = 1 CEU):

- Active participation as a CFA director (maximum 12 CEUs in a 2-year period)



CFA MEMBERS

INFORMATION REGARDING CONTINUING EDUCATION UNITS (CEUs) FOR CFA PROFESSIONAL MEMBERS (Cont'd)

- Volunteer work for CFA functions
- Attendance at CFA conferences/workshops (maximum 7 CEUs per full day event)
- Attending workshops/seminars/meetings/webinars directly related to aromatherapy such as essential oil chemistry, pregnancy and aromatherapy, perfumery, and psycho-aromatherapy
- Presenting volunteer aromatherapy workshops/seminars to promote aromatherapy
- Participating in formal research
- Submitting articles to the CFA Newsletter for publication (Each 500 word article counts as **2** CEUs to a maximum of **4** CEUs per collection period)

SECONDARY ACTIVITIES (2 hr = 1 CEU): (Maximum 6 CEUs in 2-year period)

- Business courses (computers, marketing, small business management)
- Volunteer activity for non-aromatherapy health related community events
- Taking health related correspondence courses
- Enrolling in health related college or university courses
- Training in other modalities, accompanied by a certificate of participation/attendance.

CFA Committees

Would you like to earn CEU's by volunteering on CFA Committees. This is an excellent way of earning CEU's, staying in touch with the current trends in Aromatherapy and meeting fellow aromatherapists.

Outlined below are the CFA committees. Please review and see if your skills match one of the committees. If you would like to volunteer please contact me via email or by calling 519.746.1594.

CFA Active Committees:

Note: Committee work requires liaising with other committees depending on the task. There is always a sharing of information. Members ensure that contact information is available for each committee. Also, tasks vary from year to year, depending on the strategic plan, created and followed by the board of directors.

Following are examples of tasks you may encounter on a committee:

Membership Committee

- * Initiate connections to aromatherapists in provinces
- * Create data base of aromatherapy professionals Canada wide (province by province)
- * Liaise with advertising committee to promote to aromatherapy professionals CFA Canada wide
- * Initiate support system for CFA members
- * Provide ideas for webinars, on-line information etc.

Advertising Committee–

- * Prepare advertising for all events in a timely manner



- * Provide support to all committees who require advertising
- * Provide ideas / layout for web advertising
- * Contact vendors & aromatherapists for discounts on products for CFA members in return for presence on web.
- * Maintain data base of contacts

Social Media

- * Update web content
- * Monitor and contribute to CFA Blog
- * Contribute to facebook postings
- * Twitter postings
- * Newsletter

Research

- * Contact aromatherapists, companies, writers, etc for articles to be posted in newsletter and web within timelines especially for newsletter
- * Gather information on aromatherapy in the health field – provide information to social media for web articles

Event Planning Committee

- * Research and arrange location and time frame for Event
- * Contact and confirm speakers for each event
- * Provide accommodations, travel, time slots for each speaker (within budget)
- * Arrange for webinar if required – set up laptop to record if required; set up and provide access to equipment speakers may require such as speaker system, screen etc
- * Provide for food and drinks
- * If a 2 day event, ensure accommodations are easily accessible for those attending
- * Liaise with advertising & social media for posters, web event,
- * Contact vendors and for event

Education Committee

- * Maintain contact with all CFA schools & outreach to schools
- * follow up on board direction checking how schools are working within the parameters of CFA protocol
- * Provide examination papers to schools
- * Be available via e-mail for students/public who may need information on CFA aromatherapy course, curriculum etc.
- * Gather and provide educational articles for the web and newsletter

Public Relations Committee

- * Aromatherapy week designation with suggestions for supporting materials.
- * Set up and organize National Aromatherapy Day, November 25th.
- * Created DVD, powerpoint on Aromatherapy to be shown in public venues
- * Increase public view of aromatherapy and public reach

Aromatherapy



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