



## Webcast Questions from Session 6 - 09/28/16

-1h 51m 55s - I have made many blends for digestion with essential oils that have been very effective. I see the advantage with EO's for digestion is that I can combine several in one salve to rub on the belly to do a bunch of good at one time ... I think that would be better than drinking lots of cups of different teas.

You can also combine the herbs into a blend and drink that as a tea; you don't need to drink each herb separately. Drinking the tea reaches the GI tract directly, using the oils reaches the GI tract indirectly, which is why using oils it is more supportive rather than primary. Supportive doesn't mean ineffective, however, and the oil blends used on the abdomen can certainly be effective.

-1h 42m 57s - What variety of Frankincense Resin do you recommend for 'chewing' among those offered on Floracopeia?

The Hojari Superior is the best.

-1h 42m 14s - David, do you have any comments about Dill as the herb or the Essential oil to benefit digestion (e.g colic)?

Dill is an excellent herb for infant colic, and is the basis of what is traditionally called Gripe Water. It should not be given to babies in essential oil form.

-1h 39m 45s - Can you suggest some oils and synergy s for someone with asthma? Or are the respiratory oils in general used, as if with bronchitis?

See the file attached, and we will also return to this when we finish the digestive modules.

-1h 13m 16s - also there is a hybrid system that uses TCM points given by Peter Holmes and Tiffany Pollard.

Yes, along with traditional marma uses of attars in Ayurveda and the system by Jeffrey Yuen. I imagine that many bodyworkers and acupuncturists have devised various systems of their own, as the use of the oils on points is very flexible.

-1h 7m 7s - What is your opinion of using Isopropyl Myristate as a carrier?

It is regarded as a safe ingredient of cosmetics, but it is a synthetic oil. I suggest using carriers that are actually foods for the body, and this seems questionable whether it has any nutritive or health benefits other than being a thickening agent.

-1h 3m 58s - David can you please explain how you decide on ratios in blends? Do you consider factors like odour intensity? Is there documentation available on the odour intensity factor of each oil? ie a number out of ten. I used to have this info decades ago when practicing but no longer have it.

Odor intensity is a primary factor in blending perfumes, but less in making therapeutic blends. For therapeutic blends, we should think first of the dermatotoxic potential, and use less of the oils can are potentially caustic. The range of dermatotoxic potential for different groups of oils is outlined in the file titled **Primary Functions Of Botanical Therapeutic Categories** in module 3, and I repeat that information frequently. You can also see how this principle is applied in many of the blends that are given in the monographs.

-59m 37s - I always thought that Oregano oil (and herb), used in a diffuser, is very good for respiratory infections?

Yes, it is, along with other herbaceous spices such as thyme, tulsi, marjoram and so on.

-15m 19s - What can diabetics use in place of honey?

I know there are a few natural sweeteners that are ok for diabetics, such as stevia, but I don't know of anything that has the consistency or therapeutic benefits of honey for cough syrups. Maybe someone in the class could make some suggestions.

-12m 49s - My husband was exposed to moldy corn while cleaning out a grain bin. His lungs have been compromised and has a chronic cough and phlegm running down his throat. I have been diffusing several of the respiratory oils. I read that Inula is for chronic respiratory ailments. Are there any other of the oils that would be more beneficial than others? I realize that due to this being chronic, he has a long road to healing.

You can start with the general information that has been given for bronchitis so far. However, this should be supported with an herbal program, so please send me further details at the consulting email.

9m 55s - Hi David Enjoying very much these aromatherapy sessions! I am wondering where we might find a source of Inula oil (elecampagne?), as I didn't see it on the Floracopeia site. Thanks so much!

Thank you! We will be offering inula shortly.

9h 50m 34s - The concept of regulating the terrain of the mucus membranes is new to me. Can you unpack the science/healing of what's happening to the mucus membranes when we use eucalyptus and/or the conifers to regulate the terrain?

Regulating the terrain means that there is not excess mucus (kapha), inflammation (pitta) or dehydration (vata). As explained, the oils have tridoshic effects that are beneficial for balancing the terrain, which could be translated as meaning that there is good respiratory system immunity.

3d 37m 16s - Hi David and thank you for the thorough course and consultative email responses with the information I have needed your expert knowledge to decipher! Thank

you also for referring me back to Module 2 for dilution rates as I was becoming very confused relating to drops of oil ratios to carrier oil dilution. I have to change the ratio slightly as it seems we have different measurements for 1 tablespoon (which would explain why a few of my researched cake recipes sometimes fail!!). Our notes state a half ounce is equivalent to 15ml however, in the UK and Australia, a tablespoon is equivalent to 20ml, 5ml more! Our blends are usually made up in a 10ml or a 5ml rollerball bottle, in most cases, for personal use. Some 10ml blends have 3+ different oils, the EO drop rate varying (too many variables on pinterest!), but some are 5+5+5 drops of EO for example. This equates to 15 EO drops in only 10ml of carrier oil when the recommendation is 15 drops in 30ml. I am not arguing your clinical information, nor dismissing that some oil blends are using mild EO's only, but simply advising I have discovered the great differences once the tablespoon measurements are adjusted accordingly! The percentage rate certainly helps in this instance as information previously given to me was simply a 1:1 or 1:5 rate where the left number is the EO drop and the right number is the number of carrier oil millilitres....this may also be the contributing factor to increased toxicology of late... My question related to module 2's Toxicology and Safety page is that the bold print states not to use essential oils on infants, children, etc, yet there is a dilution rate for children under 12 at 1% for massage and bath oil. Is this correct? Further, the second of the two sentences under that dilution rate peters off without closure, stating 'You can add 15 drops to 1 ounce of.....' could you please complete the blank space ? (is it supposed to read 'carrier oil or bath oil' there?). Many thanks for your utmost patience with my delayed learning. I am most grateful to you providing your wealth of knowledge.

Here are a few more conversions, just to make it more complicated:

1 ounce [UK, liquid] = 0.960 ounce [US, liquid]

1 Tablespoon [UK] = 0.960 Tablespoon [US]

A difference of 0.04 oz. is important in the pharmaceutical and perfume industries when dealing with large volumes, but for our purposes of general aromatherapy it makes no difference.

Here is another:

1 Tablespoon [UK] = 14.206 milliliter, not 20ml as you say. Maybe that is what is ruining your cakes, or maybe the oils are evaporating in the oven.

I'm not sure who you are referring to when you say "our blends are usually made up in a 10ml bottle." Maybe you mean this is a standard size that some companies in the UK use. 10 milliliter = 0.338 ounce [US, liquid]. This means that up to 15 drops are being used in about a third of an ounce. If we multiply that by three to get to an ounce, we see that this means that 45 drops are being used per ounce. Using our system of ratios, we see:

1% = 6 drops per oz

2% = 12

3% = 18

5% = 30

10% = 60

Keep in mind that this is somewhat general as the drops of essential oils are different in volume depending on the oil...again, this is only relevant to industry, and not to our purposes. Therefore, we can see that 45 drops per oz. is around 6% dilution. Whether this is safe depends on the oils being used, the individual skin reactions, and the practitioner or teacher. For most mild oils I would say this is fine, but a 6% dilution of cinnamon oil is dangerous. And yes, many cases of contact dermatitis are because the oils are not being diluted enough.

Yes, don't use essential oils on infants and children. Then, as you learn more, you will find that some uses of essential oils are fine for children, especially for older ones and in the proper dilutions. We always start with conservative rules of safety, and then modify the rules as we know how to do it safely. We will unpack this more in module 15.

Yes, the sentence should read "You can add 15 drops to one ounce of carrier oil."