**Advanced Aromatherapy™**

**Essential Oils for the Musculoskeletal System**

**Module 9**

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Colleen: Hello, everyone, and welcome to Module 9 of Advanced Aromatherapy: Therapeutic Application of Essential Oils for Clarity, Health and Happiness with David Crow titled Essential Oils for the Musculoskeletal System. This is your host Colleen at The Shift Network. Just a couple of reminders, if you have any technical issue or question and you're on the telephone with Maestro, please press 5 on your telephone keypad. And if you're on the webcast please type directly into the box and provide your email address so I can email you back. And now it's over to David. Welcome, David.

David: Thank you, Colleen, and welcome back to everybody. Let's get started as we always do by opening files. We have a few things to finish from last week. So if you would look at the course page and click on Module 8, that is the course page. Click on Module 8 and that will open the menu. I'll just tell you the link specifically. We do not need to open the first one, Essential Oil Studies for Cognition, because we've already covered that. And we really don't need to open Nervous System Therapeutics because we've covered that. But we would definitely like to open Pharmacopeia for Module 8 because we have several oils to review there, which we didn't have time to do last week. And we do not need to open Primary Essential Oils. Actually, let's open now and yes, Primary Essential Oils for the Nervous System. That would be a good one just to glance at as we're going along. Webcast questions we've already covered, deepening practices we've already covered, so just two files, the Pharmacopeia for Module 8 and Primary Essential Oils for the Nervous System. And then if you could scroll down on the course page to the next link, Module 9, Essential Oils for the Musculoskeletal System, that is our topic for today. And if you click that link you will see all the new files. We have a misspelled link here, Essential Oil Studies for Musculoskeletal Pain. Go ahead and open that one. And Musculoskeletal References, Modules 1 to 8, go ahead and open that one. That's a very important file. Musculoskeletal Synergies and Formulas, go ahead and open that. Musculoskeletal Therapeutics, you can open that. Pharmacopeia for Module 9, open that. Sources for Medicated Oils and Salves, this is a very helpful list of places where you can get base oils for making blends for your aches and pains. And webcast questions, you can open that, and deepening practices, you can open that.

 We obviously have plenty to do today and we also have many people who are now getting more interactive and sending in their experiences from blending. Some nice testimonials are coming in. I invite you to ahead and post those on the webcast if you are joining us live. And while we are waiting for that, I'll just go ahead and review a couple of the comments and questions that came in last week on the webcast. That file is now posted from Session 8. And an important question here concerning blending, we are going to be moving a step at a time into blending. I have added new a section to one of the files for today, which I will start making regular feature and that is what oils blend with each other nicely from the aromatic olfactory standpoint, not just the therapeutic standpoint. I've mentioned several times that many of the blends are formulated specifically for their therapeutics and some people are finding from the aromatic standpoint that some things don't agree with them. So this first statement here says that this person has mixed single essential oils and has started to do some blends, and they don't turn up to be as pleasant, and this is due to some interaction between the essential oils.

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Obviously, yes, it is an interaction. It's not a bad interaction. It's just that fragrances sometimes overpower each other or that they don't blend together well. But I have given a list here of a few of the basic principles of blending that we can start to think about now as we move forward because we would like to make blends that are not only therapeutic but are also enjoyable. Most things go fairly well together. Number one, blends need time to meld together. This is a basic principle of blending. When you put things together, they frequently smell very different when you first blend them than they do a month later. And often what happens is that the top notes, the lighter notes, things like the eucalypti, which is a very light type of top note, or neroli, a top note in the flower category. These top notes tend to be more absorbed into the base notes and the base notes tend to come out. Base notes will be things like the roots, vetiver, sandalwood, things like that.

 Point number two here, start with two oils at a time. For those of you who want to follow along with this particular page, what I'm looking at specifically is the webcast questions and comments. If you want to go back and find that, it is in Module 9 on the course page. Click on that and then click on the link that says Webcast Questions. That's the file that I'm referring to if you want to follow along with me. Point number two, just start with two oils at a time. Get a sense of how the two oils relate to each other. This is a good long-term way to study aromatherapy is just make a collection of two different oils in different proportions. Keep samples, write everything down and check on them once a week and notice how they change. Typically, to get a really good sense of how a blend is going to end up, it needs to sit for at least a month. Not always, but that's a good amount of time. Now if you're making something therapeutic, you don't have to wait that long. You can just go ahead and use it. But from the olfactory standpoint, it's interesting to notice how things change over time. This is also true from the stand point of distillation. Because when essential oils come out of the still they frequently smell very, very different than they do a few weeks later. Many essential oils share a kind of grassy, herbaceous, green, vegetative note in the first several hours when they come out of the still that slowly begins to dissipate. Some oils are stored for a period of time as well. Rose oil needs several months to just sit and get better, for example. So this is a principle. Then number, consider the oils from the standpoint of fragrance intensity. We're starting to discuss this. This will be one of the things we'll finish from last week because we have a practice of noticing the fragrance intensity. It was one of your deepening practices, but I'll spend a little more time explaining it in relation to restoring the sense of smell. Because the sense of smell seems to be very related to fragrance intensity when it has been damaged and we're trying to bring it back. Number four, if you don't like the results it may not be the blend of the oils but the proportions. Therefore, the simple solution to that is just add more of the oil that you like the most. Bring that proportion up a bit. Keep good notes on everything and then let it sit for a bit more. Then number 5, each monograph has a section on what oils would blend well with what other particular species. This is what I'm going to start including, but you can also go back retroactively and look at these things. I have included this list of the oils that are specific for the module on the musculoskeletal therapeutics. For example, we see that grapefruit blends very nicely with clary sage and with vetiver and with sandalwood and with rose and geranium, et cetera. Lemon balm blends very nicely with basil and clove and fennel and ginger and mint and so forth.

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But most oils actually go fairly nicely with each other and we can approach that from large therapeutic groups or large botanical groups so we can see that the respiratory oils, the conifers and eucalyptus actually go very nicely, very harmoniously with most of the citruses. Most of the citruses go very harmoniously with the flowers. The flowers go very harmoniously with the sacred scents and so forth. Where it becomes more complicated is when you start mixing a lot of different things together. Two oils, three oils, those are relatively easy to get a nice fragrance out of. But there are infinite variables, so my suggestion is just start playing with it and have fun with it. Very nice testimonial.

 The next comment here is about the use of rosemary for concentration. This was one of the topics from last week, concentration and memory and how we can use essential oils as a mnemonic device where we are sampling a particular fragrance while we are studying and then we can use it again when we go for our test. This is from a medical student in a naturopathic college, Ayurvedic medical school. They chose rosemary and not only took it internally with the tea but started using it in a diffuser and smelling it during the exams and noticed a dramatic increase in memory and recall through doing this practice including a five to ten-point increase in exam grades. So congratulations! That is a great testimonial. And if anybody else would like to post a testimonial along these lines, something from last week, I know it's still a little too early to tell if you're just starting this, but maybe you have already been doing this and has something to say about it, so thank you. Great! Excellent testimonial and feel free to share it with everybody on the social media pages if you would like. Another question here, the essential oils contact with the lungs and the brain for someone whose sense of smell is very reduced such as dementia, would it still be helpful? Yes. But that is a very good question and I'll explain why. A basic question that comes up many times when we're talking about antidepressant oils or oils for cognitive function as we did last week. Do you actually have to smell them for them to work? That's a basic question that's being asked here. Do you have to smell them? I always like to present that back to the audience when we're in a live aromatherapy study session and ask do we need to smell them for them to be effective? And people will always respond with mixed results. Some people would say, yes, we have to smell them, and some people would say, no, we don't have to smell them. Both are correct, but it depends on what the oil is and what it's being used for. For example, we do not need to smell the tea tree oil that we put on our toenails for fungus. As a matter of fact, it would probably be better not to especially since when we don't have to do it every day for years and years. But when it comes to oils for the limbic system which we will be getting into very soon in future modules, for emotional wellbeing, we're going to be exploring a lot of different oils such as rose, beautiful fragrances from the flower category, sacred scents, frankincense and palo santo, and things like this. We're going to learn that these oils have a very significant impact on our moods and our state of mind and we're going to learn that they're good for anxiety, they're good for depression and so forth. So the question then can be asked well, if a person cannot smell rose oil, is it going to be good for their depression? And I think it is probably accurate to say that it may make a person's depression worse if they can't smell it because somebody is saying oh, here is this beautiful rose oil and they cannot perceive and it's reminding them of that particular chemosensory disorder and they cannot enjoy it.

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The second answer, therefore, is that when the therapeutic effect is based on the arising of pleasure reaction, the pleasurable sensations within consciousness, then yes, we do need to smell it. Those are the two simple answers. One, for some things therapeutically, especially externally, no, we don't have to smell it. But even abdominal massage like we talked about last week for digestive system and the week before. A lot of that effect is not just through absorption through the skin. It's also through stimulation of the Prana Vata, the subdosha that goes to the brain that stimulates the appetite because there's a link. Obviously, if we cannot smell, then it's not going to stimulate our appetite. That's why people lose their appetite when they lose the sense of smell.

 Now, the other side of it, however, is that if the therapeutic response is from the pleasure of sensation, then absolutely, we do need to smell it. But in this particular case, the question is if there is reduced or nonfunctioning sense of smell, will it still be helpful? I think that there's a third possibility, and that is that in the case of dementia that a person may not be cognizant of the fragrance, their sense of smell may have declined significantly, and yet there is probably undoubtedly some kind of activation that is more subtle that could still be helpful at some level. This will take us back in a moment to completing the idea of how we use essential oils for restoring the sense of smell because what I have found is that over time, if people are using a variety of oils that in some cases using a variety of oils is like giving your olfactory system exercise, or doing eye exercises to improve your vision and so forth. I think there is some potential for that. That is the answer to that excellent question.

 I'm just scrolling down here quickly. There were several nice comments, feedback on the class in general. Thank you very much. There's a good question here related to using lemon balm. We talked about lemon balm fairly extensively last week as one of the cognitive oils and the question was is there a reason to not use it. Should it not be used in cases of hypothyroid or Hashimoto's? This question comes up a lot and I have researched it to some degree and this is something that is you have hypothyroid, and since we have a fairly large audience, I imagine there may be some cases, or Hashimoto's thyroiditis. It is possible that lemon balm might be problematic for you, but here's my opinion about it based on a lot of other researchers and writers. First of all, lemon balm is a very mild herb, and so we would have to actually drink a lot of the tea for it to be problematic. Now if we're the tea one cup a day, maybe if you have an extremely unstable situation with your thyroid, maybe it could have some impact. But my feeling is you'd have to drink an awful lot of the tea and you would have to inhale an awful lot of the oil. Some people have actually asked me, can I just put essential oils directly on the thyroid for treating it? And I think that that's possibly a viable method, but we don't know a lot of the glandular reactions of the thyroid to direct application of essential oils. This is a very, very new field. Keep in mind that aromatherapy, in general, is a very new field. That the level we're talking about, most of the therapeutic applications discussed in this course really are just now coming out through research. Some evidence going back some way in history, but this is not something that's well-established like herbal medicine.

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 Now, other writers and researchers feel that lemon balm can be beneficial or a problematic depending on the immunological type that you are if you have Hashimoto's which is basically broken down into T1 or T2 dominant. That's medical language and if you are curious about it you can send me a letter to the consulting email. But my position personally is I tend to agree with everybody. It's very dependent on the individual but the herb is extremely mild and safe. And if you don't feel like experimenting, then don't do it. That's all that we should take the time for on this particular file. I write out answers for everybody so you can just go ahead and take the time, but there were a couple of other things I wanted to mention that came in through the consulting email box and a couple of things that have come in on the webcast also we can touch on briefly. A very nice story about using rosemary oil and I didn't give the specific recipe. We did cover last week quite a bit of how rosemary essential oils very good as an oil for cognition, memory and concentration. This woman does a dilution in coconut oil and has been using it as an application for a head massage because her husband was increasingly concerned about his hair going gray. Now rosemary oil is a frequently found ingredient in hair oils for preserving hair, stimulating hair growth, good for the scalp and it just happens to have all of these other cognitive enhancing benefits. So it's a good oil for your brain and hair. What she reports is he, the husband, was becoming increasingly reticent about reading, apparently because it was giving him headaches. But after a couple of rosemary oil head massages, he has gone back to being absorbed in reading again without getting headaches. That's a beautiful statement because it covers so many things. It means that mental energy and concentration have come up. It means that possibly hair is not going gray and it's also cleared up the headaches. So great testimonial, thank you very much.

 I also wanted to mention one that has just come in on the webcast. I'll go ahead and post a longer answer here for next week. But the story is the use of a few drops of fennel diluted in coconut oil and there's a specific way that she applied it which you can read in the file next week. But what it was for was that she was having acid reflux. And from the acid reflux and the belching she was also getting a lot of nausea. The short version of the testimonial is within minutes, literally less than two minutes, she felt the calming effect and the burning acid reduced as she stopped burping and the reflux settled. She was pleasantly surprised and very appreciative of the care and now has a new love for the scent of fennels. So thank you very much for that wonderful testimonial. These are the kind of stories that are very fulfilling for me personally to hear because it means that people are actually feeling better from using herbs and essential oils, and it's also very educational for everybody. So please, if you have these kinds of stories, don't hesitate to share them. Let's continue with our discussion from last week. We have a few things to finish before we get into of the musculoskeletal pain and what we should look at here, let me just go ahead and find my file. I'm just going to go ahead and give a lecture here for a little bit about some of the essential oil treatments for nerve pain and using essential oils for concentration and memory. That's where we left off, and I gave several recipes of how you could blend some things together and we touched on the major oils for doing that.

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 Now let's go a little bit more deeply to this bigger subject of neurodegeneration and chemosensory disorders. Talk for a few minutes about using essential oils to restore olfactory function, finish a few things related to migraine headaches and nerve pain, review the pharmacopeia of a few of those essential oils and then we'll be done with last week's material. A chemosensory disorder means something is wrong with our sense of smell or taste. All of our sense organs are basically receptors for energy in the outer world. The outer world is made of energy. It is not a substantial thing. It appears to be a substantial thing because our brain creates it as a substantial thing, but a physicist will tell you that light is radiant energy, and sound is kinetic energy, and touch is composed of thermal energy and mechanical energy and various types of energies. And taste is chemicals, chemical molecules that come to the taste buds that stimulate the nerve endings that are transformed from chemical energy into neurological energy which is our Prana Vata as we talked about last week. The same is true for sense of smell. Our eyes are receptive to light energy, ears to kinetic vibratory energy and atmosphere, touch to a variety of different kinds of energies, and taste and smell are chemically stimulated. What that means spiritually, which is a wonderful meditation practice, is that the world is energy, and the body is basically a big receptor site that is receiving all this energy all the time and it is converting it from various forms of energy into one primary form, which is neurological. That's the importance of our Prana Vata. And the neurological energy is all flowing inward and upward, culminating in the brain, which is why the Prana Vata is said to be centered in the brain.

 One of the things that is now known and I first heard about this quite a while ago, actually many years ago, about the sense of smell is that as we get older our sense of smell naturally declines. But if our sense of smell is declining, it is also potentially an early warning signal of neurodegenerative diseases such as Parkinson's and Alzheimer's. And now, apparently, olfactory testing is being used to indicate early stages of neurodegeneration in these two conditions specifically. When I first heard that, my thinking was well, if neurodegeneration manifests externally as a loss of sense of smell. Then possibly using fragrance could stimulate the central nervous system in such a way that it could reverse neurodegeneration. That was the information that I gave you last week with the research studies on lemon balm and rosemary specifically and a few other herbs showing that they seem to be beneficial for enhancing cognitive function, concentration , learning memory and possibly slowing down or reversing early stages of neurodegenerative disorders. So science has confirmed what my suspicions were 10 years ago and now more studies are coming out and we're seeing things like lemon balm and rosemary are probably going to start to get more widespread use. The way that they're going to work is that they're going to stimulate the brain through the olfactory system in a particular way to strengthen neurological function, and there's more and more detailed research about how that actually works.

 If we look at that, then we come back to a term that I have used before in previous classes which is sensory intelligence. Sensory intelligence means that the more we use a sensory organ. And especially the more we use it mindfully the more that sense organ develops and not just develops, but it develops that part of our brain that's associated with that sense organ. Therefore, if you become a musician, learn how to play an instrument, that part of your brain will start to develop. The neurons will start to create more synaptic connections and the auditory center of your brain will become more developed. We can say that with sight if you become an artist or the whole physical body if you become a practitioner of yoga or an athlete or a dancer or something and so forth.

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 So aromatherapy then, in a very basic way, is developing the olfactory centers of our brain and we are becoming more aromatically intelligent. We are becoming more intelligent through the sense of smell by paying more attention to it. This is a very common report that I get from people who are in live events. We're there for a weekend, we're smelling all kinds of oils, and then I hear from people later during the week and they say that they left the weekend event and their appreciation and perception and awareness of fragrance in the world was greatly heightened. I imagine that most of you are starting to experience this already because you've been doing the contemplative aromatherapy practices, which is making you very aware of the subtleties of fragrance and that carries over into probably noticing subtleties of fragrance in general. And if some of you are experiencing that, that would be another wonderful testimonial to hear from you. So what we can say then in this particular class using essential oils, we are developing the sensory intelligence of our olfactory system.

 Now, we can apply that approach and that information, that concept to the problem of a chemosensory disorder in the olfactory system, which will also impact the taste perception because when the sense of smell is lost, then sense of taste is the next to go because so much of the sense of taste is actually sense of smell combined. If a person is beginning to show loss of sense of smell, that is a warning sign. And in my opinion, if you have the resources and knowledge and ability that person should start aggressively on an herbal program. They should get a diagnosis of course, but there could be something pointing to the early stages of a neurodegenerative condition. That's when the herbs work the best, and there's a whole category of herbs like turmeric for inflammation and gingko for circulation and bacopa and gotu kola for strengthening the neurons and there's also this whole range of essential oils. I have had some limited experience with this. This is not something that I've seen a lot of cases. But what I do know about it is that the loss of sense of smell is not just from neurodegeneration. It can happen from a lot of different things. It can happen from injuries. I've seen loss of smell from trauma, injuries, and physical injuries. It can happen from infection, it can happen from nerve damage, it can happen from many kinds of things. So the answer to this is well, use some essential oils.

 Now, what I have found that's very interesting is that when people start using essential oils and they are not smelling them, over a period of time they may begin to smell them. They may start to feel certain sensations returning, but there is no specific aroma that will do it. That's what's curious about it is that you would think that something with a really high fragrance intensity level like rosemary that also has its known function to increase concentration and help with neurodegeneration. You would think that that type of high intensity oil would maybe be the first thing that they would respond to. And I think in some cases they would, but I have also seen some cases where people couldn't smell those types of oils, but gradually what they could smell were the low intensity oils such as sandalwood, which you can put on a perfume strip and you can barely smell it. Medium intensity would be something like the flower oils, like lavender oil or rose oil, things like this. So from that, I basically developed a very simple system for people who have lost their sense of smell and that is that you take a range of essential oils, some of which are very sharp and very strong like tulsi, clove, or cinnamon, rosemary. Some that middle notes with a softer kind of fragrance intensity like the lavender or the geranium, even though that's fairly intense but it's softer than some of them; and then go all the way down to something very, very soft like sandalwood.

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And have the person rotate through the oils several times during the day. So one hour basically with a perfume strip and just breathe in rosemary and then put it down. And the next hour sit for a few minutes with lavender, next hour sit for a few minutes with sandalwood like this. Over a period of time in my opinion, that may be a method that could be helpful for restoring the sense of smell. This is directly related to the deepening practice that I gave you last week, and that was to start to notice the different fragrance intensity levels. We will continue unpacking that as we go, but now you have a little bit more of a sense of that.

 Let's turn our attention now to the treatment of headaches and migraines briefly because this is something that we definitely would like to conclude before we move on. We did find in the files of the research study last week, we did find that two essential oils were significantly beneficial. Those were lavender and peppermint in terms of the research. Now there's a larger list of oils. Those are the oils that have some scientific substantiation. But in the file that you have open now titled Primary Essential Oils for the Nervous System from last week, there's a section titled Headaches and Migraines. So again, that file is Primary Essential Oils for the Nervous System for Module 8, and the first paragraph is basically headaches and migraines and so you see a list of oils here. Again, we have the same general confusion that arises with essential oils as we have with herbal medicine. We see a list here and there's a whole collection of essential oils, and they're all different. Basil, a spice; bergamot, a citrus; cardamon, a different type of spice; chamomile, sweet flower; clary sage, a sweet flower; eucalyptus, a conifer; frankincense, a risen; ginger, a spice; jatamansi, a valerian root, and so forth. And if we look at it from the olfactory standpoint, there's absolutely nothing in common with these. We would see the same type of thing if we looked at a collection of herbs that are just put together, herbs that are used for headaches and migraines. There will be all kinds of things. There would be some of the aromatics and there would be some of the sedatives and some of the antispasmodic and some of the anti-inflammatories, and it would be very difficult to actually say what is the common thing. So obviously with aromatherapy and with herbal medicine you have to take a step further. Otherwise, it's very symptomatic and that's where it gets very confusing. And why you really need to have a deeper level of herbal education because somebody will say, well, here's this list of essential oils for headaches and migraines but you don't know which one is going to be helpful. Why don't we don't we start with a few basic principles? If the headache is really very closely related to the sinuses, if you have a sinus infection, then obviously there's a link eucalyptus, maybe even frankincense. If the headache is really primary because of tension, then you would look at the flowers and those would be ylang-ylang, rose, and lavender. And you might find that there's some crossover. And if you have a tension headache with some inflammation, then the flowers can help lift the inflammation as well.

 Then you might find that there's no correlation whatsoever. You just have this headache, it's not a tension headache, it's just you get headache periodically, maybe it's related to food intolerance. Well, in that particular case, you are going to have to experiment. And so how do you experiment? You start with the ones that have the reputation of being the most helpful. My suggestion if you would like to try this is start with lavender because lavender is a lot easier for people to use than peppermint. Peppermint can cause all kinds of adverse reactions. Lavender generally will not. What would you like to do? Put it in the diffuser. Well, that's okay. It's not a particularly strong dose but you could start with it. Or if you want to make a strong dose put a couple drops of the oil directly on the palms, direct palm inhalation. Or you might want to do lavender in a carrier oil and massage it on your neck, something like that.

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 Now if you're going to use peppermint dilute it down and just use it very, very sparingly. Some people say put it on your temples. That's okay as long as it's dilute and it doesn't burn. It could be that peppermint is very helpful. What about something that's more of a stimulant like rosemary? Well, that would be if the headache is basically because of tiredness, exhaustion, nervous system exhaustion. Rosemary is more of a tonic for the brain. Therefore, we could go back and think about that testimonial that we heard of the woman who's giving her husband a head massage with rosemary oil in coconut that is not only relieving his headache but actually giving him more mental energy so that he can read without getting headaches. And rosemary is an excellent example of strengthening the brain to get rid of a deficiency type of headache. Lavender is a good example of getting rid of a heat type of headache. Eucalyptus is a good example of getting rid of a sinus type of headache. That's how we can break it down a little bit. There are a few more things that I want to say along these lines because I am not going into a lot of diagnostic information here. I'm just starting from the standpoint that you know what you have. So I'm not going to give you a lecture on different types of migraines and different types of headaches and all these and the different kinds of causes. We know there are all kinds of headaches and all kinds of causes. But in general, the most important oils are those that have significant pain-relieving properties and peppermint and lavender are at the top. And then you can also add that the chamomiles are also very relaxing, antispasmodic, cooling and anti-inflammatory; and therefore, they help with a wide range of headache conditions. You will also see when we get into treating this particular symptom that it opens up the possibility for a lot of new applications and I've already mentioned one. That is the scalp massage. You can dilute the oil accordingly based on the principles that we've already studied, the ratios we've already studied, and then you can use a little bit of oil. You don't need a lot. This is not like in a panchakarma clinic in Kerala in South India, for example where they pour gallons and gallons of warm oil all over you. This is simply putting a few drops of the aromatic oil, a carrier oil with a few drops of the essential oil in the palms and then rubbing it vigorously in your hair to stimulate the scalp or have it done for you. That's even nicer.

 A full body massage using these types of oils is also very helpful because a full body massage is a main therapy for headaches anyway. It really helps to bring down the rising heat. Many headaches in Chinese medicine are from liver chi stagnation which causes heat to rise, so the energy of the body is moving upward. The heat of the body is moving up and a full body massage will help to move it down. Also keep in mind that reflexology draws energy down. So treatment on the bottom of the feet with essential oils diluted properly can also be a very nice way of treating headaches, migraines of all different types. And we actually don't have to differentiate here. We don't have to say this particular oil is specific for migraine, this particular oil is specific for cluster headaches, this one is specific for gluten intolerance type of headaches. This is something that is not well defined in general. Different writers say different things and different people respond in different ways. So my suggestion is just start with the most basic ones and then use them in these very nice applications. So again, scalp massage, full body massage, and also the essential oils in many cases can be very helpful if you make an aromatic bath. You already know how to do that. There are different ways that you can mix 5 drops, maybe up to 10 drops of some of the safer oils into salt, put that in to disperse or into milk, put that in to emulsify and so forth.

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Sometimes a cold compress for the more extreme types of heat conditions could also be helpful. So you could put a couple of drops of lavender on a cold compress and just put it on your forehead, and maybe that could be helpful as well. That basically covers the information that I wanted to give you about the headache and migraine treatments. But I also wanted to mention that you can get better results if you combine these with the herbs. We're taking a few minutes out of each module. Whenever we're talking about specific treatments, we are also adding few herbal suggestions along with it. I'll just mention that few of the herbs that are really famous for treating migraines specifically, feverfew and white willow bark, feverfew and white willow bark. These two herbs are easily available in tincture form. If you have migraines and you have not found a solution for it, this is something that you can definitely try. Another herb that is very famous for head pain in general of all different types is called wood betony. These would be from the western herbal tradition, the three primary herbs that you would think about for treating migraines and headaches in general. The wood betony is also very specific for when the head pain is accompanied with very, very tight muscles, muscle spasms. Then, we also see that there's a very extensive list of analgesic herbs that can be very helpful. Again, we see the white willow bark and we see a lot of the antispasmodic herbs, like for example cramp bark, that's an herb that the name tells you exactly what it does. Cramp bark is easily available than black cohosh, a very, very famous herb for menopausal symptoms but it's an antispasmodic and analgesic. Wild yam is also a very, very important herb and most people think, well, that's a source of natural progesterone. It is not. It's a source of a precursor that you use for processing into progesterone products. The wild yam as an herb is first and foremost an antispasmodic.

 A couple other things just to consider. Kava-kava, for example, is a very, very good antispasmodic for muscle spasms, tension, anxiety, back pain, all kinds of things. Those are just a few herbs that you can add along with your essential oil treatment. One more thing that I want to touch on here important subject from the last module, neuralgia nerve pain. And nerve pain, there are many, many kinds. There's trigeminal neuralgia, there's pain from shingles and from the inflamed stage or what's called postherpetic neuralgia. Since I've had a little personal experience with shingles and this type of neuralgia as a result of my adventures in India, I learned so much about medicine and healing from my illnesses that all came from being in India 12 different times. I thought I would take a few minutes and touch on that because I have great compassion for anybody whoever gets shingles. It's really a drag and extraordinary painful and it needs to be treated correctly because if it's not treated correctly during the acute phase it can settle into a chronic phase that can be very problematic. It can go on for years and years and it can cause nerve damage. So I'll say first of all that essential oils can be very helpful for neuralgia in general and that for neuralgia and specifically for treating shingles that you should also think about combining it with acupuncture. If we're looking at the file that is still open titled Primary Essential Oils for the Nervous System. Where we're just looking at the primary oils for headaches and migraines, you'll see that there primary oils for neuralgia here but the list is somewhat shorter: Birch oil, chamomile, cinnamon leaf, laurel, lavender, lemon grass, eucalyptus, lemon balm, marjoram, neroli, palmarosa, pine, ravensara, spearmint and vetiver.

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 Now, again, we are faced with the same problem that some of these are extremely heating and some are very cooling. What you need to do then is to take it a step further and you need to decide and you need to have clarity about whether the nerve pain is in a state of intense inflammation or whether it is more of a chronic cold nature type of thing because that will make a lot of difference. For example, would I recommend that you put cinnamon leaf oil on an active outbreak of shingles? No, I would not because in Chinese medicine that would be described as a fire toxic condition inflaming the nervous system. Even though cinnamon leaf has very strong antiviral properties, you're fighting fire with fire, and it's going to make the inflammation worse. This is going to be very painful. That's all. So you want to go more with cooling types of oils for the inflamed conditions such as chamomile, lavender, lemon balm, neroli, and vetiver. Those are the cooling things. And the mints, which I think possibly have a role here. But in the case of shingles in the acute phase, the number one thing that you want to think about is the antiviral oil of ravensara. Ravensara is really getting a lot of good research and support now for its antiviral properties. But it is also somewhat irritant to the skin, so you must dilute it. And you can dilute it with medicinal carrier oils that are more nutritive, heavy, stable, and anti-inflammatory. One good one I think you could consider would be the tamanu oil, which is a very thick green oil, and rosehip seed oil. Those would be two things you could consider putting the ravensara oil into as a base and start with very low dilution. But that's a very helpful oil.

 What I did when I was in India with this massive inflammation all over coming out of my lower lumbar spine and spreading around my waist traveling around for months with a large group of people in a tour. I had some essential oils of flowers, and I just applied them continuously. I put rose and I put geranium and I put ylang-ylang. I had those types of oils. Those are very, very safe to apply directly to an inflammation like that. What I can say is that the infection healed up relatively quickly. A shingles outbreak is going to last for at least a month. Well, mine lasted a month. That's not the most important thing. I mean definitely you don't want it to go on for two months or three months. What you want is you don't want the pain to be lingering, showing that there's been any nerve damage. You want the thing to be totally healed up. What I can say is by daily regular applications of the flower essential oils, because that's all I had, that I was able to work this thing through that it ran its course fully in a month. Very minimal postherpetic pain remaining after that for maybe a couple of weeks afterwards. Nothing since. And it's been six years, so I can say that it is definitely very helpful. One of the primary ones if we're looking at the shingles/herpes zoster list here. You're going to see eucalyptus; this is also very safe and mild, very cooling; helichrysum, very, very good for the anti-inflammatory; lavender; and rose. Rose is I think one of the best and then the ravensara for its antiviral.

 Okay, then just to conclude this there are other types of nerve pain conditions. We're not going to have time to go into a lot of details. But I will just mention that you can make a lot of different formulas and use them in a lot of different ways. I've listed the key essential oils in that particular file there, but I'll just mention a few. For general purposes, the chamomile is going to be very important. Marjoram and eucalyptus are also very, very good and so forth. How about a couple herbs? The number one herb that you want to think about for inflammation of the nerve is St. John's wort. St. John's wort tincture can be taken entirely. Very, very helpful for nerve inflammation.

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But St. John's wort is one of the few herbs that absolutely should not be taken if you are also taking antianxiety medications or antidepressant medications. The reason for that is because the St. John's wort detoxifies your liver which drops the levels of the drug in your blood, and therefore, you could run into problems. So it's a paradoxical thing. The herb is actually good for you. The herb cleans your liver out, but that means that you may have a recurrence of symptoms. Another really nice thing to think about in terms of nerve pain and that could be diabetic neuropathy. I mean there are so many different things. But one of the ways that we could possibly use aromatherapy is to also consider hydrosols. So a hydrosol of rose sprayed on a healing area, an area that's healing from shingles, that's going to feel very, very nice. And then also think of St. John's wort infused oil, arnica oil. Any of these trauma oils are going to be very, very helpful for pain of the nervous system. Okay, so that's a lot of information, and it's time to move on. Let's go ahead and take a look at an excellent file to transition out of this particular topic and that would be Sources for Medicated Oils and Salves. So now we're going to talk about something that is partly in the nerve pain and partly in the musculoskeletal pain department. If you would open the link Module 9 and scroll down and you will see the link titled Sources for Medicated Oils and Salves. This is both applicable for nerve pain symptoms that we just got done talking about and the things we're going to talk about now in the musculoskeletal department.

 If you open the file you're going to see how it's organized. There's a company called Herb Farm and I'm giving you links to their products. This is a company that's certified organic, very high quality, reputable and so forth. You'll see here that there are a lot of different products. We're talking about salves, we're talking about infused medicated oils, and we're also talking about some of the Ayurvedic preparations and a few things that come from some lesser known sources. Basically, this opens up now a whole new category of carrier oils. Because we're already familiar with the file titled Carrier Oils from Module 2 that gave you dozens and dozens of different kinds of carrier oils, heavy vegetable oils. But now we can fine-tune it a bit and we can actually look at the therapeutics of calendula oil; we can look at the therapeutics of arnica oil, which is really excellent for bruising; we can look at therapeutics of St. John's wort oil, which is excellent for nerve pain. So now we can go back and we can look at infused medicated oils that are a carrier for the specific oils that you would then use for the specific kind of condition. Therefore, calendula oil, very anti-inflammatory. You might want to use calendula oil. Put some chamomile in it or some of the flower oils in it and that can be excellent for the postherpetic pain. That's a basic concept of the products from Herb Farm. And then I'm giving a few sources for mahanarayan oil. I've mentioned this before and this is a very famous compounded oil of herbs that are cooked for an extended period of time in sesame oil. There are two sources: TriHealth Ayurveda has a mahanarayan oil; Banyan Botanicals has a mahanarayan oil, and don't forget you have a discount that is good at Banyan Botanicals.

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Banyan also has a joint balm. This is moving into a new department because salves and balms are things we have not talked about very much. I mentioned them, but you can buy an unscented neutral type of salve or balm and put whatever essential oil you want into it. Or you could buy something that is specifically a chest rub and put more eucalyptus oil for the respiratory system. You could buy something like a joint balm and put more frankincense in it. You could do a lot of different things. There's a third source of mahanarayan from the Muzda Company. And then something that you might enjoy and I hope these people enjoy my promoting them because these are some small family-run companies throughout North America. One of them you'll notice there at the end, laughinglichen.ca. This is just a couple. They spend their time out in the woods wild harvesting things. And several of these other listings here: Fireweed Botanicals, Common Sense Farm. These are just family operations. I know nothing about them. I've never met these people. But I wanted to introduce you to Balm of Gilead. Balm of Gilead is a very, very ancient famous remedy. It's basically the buds of cottonwood tree that have a resin in them. Sometimes they're distilled, but a lot of times they're just cooked into a salve. But I found that it's a very difficult product to find. It's not commonly available through the other larger companies. So some links here. Hopefully they have something and hopefully you would enjoy it very much. It's a very, very effective thing for musculoskeletal pain type of salve.

 Okay, let's do one or two herbs from the last monograph and this will also be part of the transition into the new one. So what are we talking about here? We're talking about Pharmacopeia for Module 8. So you have to look at the link for Module 8. Open the pharmacopeia. Let me just remind you that this is what you were to be reading through in some detail. Grapefruit, lemon balm, peppermint, ravensara, rosemary and tulsi, those are the ones that are most directly related to the cognitive function. Let me just give you the quick overview. Grapefruit, as you will remember, is one of the major oils for mental energy. Lemon balm, as you will remember, is one of the primary oils for neurodegeneration, cognitive function and calming purposes in the agitation of Alzheimer's. Peppermint, one of the primary oils for headache. And you've seen it over and over again in all kinds of things for respiratory system. Ravensara, I think that will be the one we will focus on, but I'll just give you the quick overview first. This is a very important antiviral, and the reason that it is in this one is because it's for the nerve pain of shingles. But you have also heard of it in lots of the aromatic formulas previously. Rosemary is specific for the cognitive function. We don't need to spend time with that because I've already spent so much time looking at the studies. And then tulsi, the holy basil, is very powerful clove-like type of herb that has a lot of applications in the respiratory system and also for strengthening your brain. So let's just take a minute now and open the ravensara monograph because this essential oil is very, very important. I'll do a quick scan through this monograph. It's a tree form from Madagascar. It works on the respiratory system and the musculoskeletal system. It's highly revered and thought very highly in African traditional medicine. Essential oil, pale yellow color. Aromatic profile is very pleasant. It's very compatible with lots of other essential oils. Excellent for addressing respiratory ailments, soothing musculoskeletal problems and it can be used somewhat interchangeably with eucalyptus or tea tree. That tells us something important because it's very, very good for common colds. So we look at the therapeutic actions and benefits: anti-inflammatory, antibacterial, so many things, decongestant and so forth, affinity to the respiratory system. That's how most people think of it is that it is an excellent essential oil for colds and flus. As a matter of fact, at the early onset of colds, ravensara is the oil that you want. You want to put it in the diffuser, you want to do it for direct palm inhalation. It clears the sinuses, decongest the airways, boosts the oxygen intake and so forth and it's relatively mild especially in the diffuser. You can use it for children. It's also a good choice for asthma because with asthma you also have to consider the antiviral properties to avoid infection. And it is also like the other conifer oils actually, like spruce, pine, fir and eucalyptus, the respiratory oils. It is also very good for musculoskeletal conditions because it's very soothing.

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So you will find ravensara oil is also very good. It's going to pop up here in a few minutes in the musculoskeletal department as well. It's strengthening and tonifying to the nervous system as well. So there's a very quick overview of it and you can use it topically in massage, compress, massage oils, so many different things. And then again good recipes at the end. Let's conclude Module 8 and move into Module 9. I will encourage you to read monographs further and let's go ahead. We have already started to open up the files from Module 9. Let's look at what the studies tell us. This will be in the link in Module 9 titled Essential Oil Studies for Musculoskeletal Pain. This particular file is not as easy to read. It's a little more unpleasant because these types of studies are done on animals, and I always find that a bit more depressing than the clinical studies. But if we go through this, the scientific language here is also a lot more complicated than some of the ones that I've shown you before. But these have to do with basically pain and neuropathic pain, neurological pain, arthritic pain mostly. But there's a nice term that I wanted to introduce here and a nice study that is very interesting from the aromatherapy essential oil standpoint and that is the very first word there at the top of the file: antinociceptive effects. What is antinociceptive? Antinociceptive basically means that it reduces the stimulation of the pain reaction. Let me give you a very specific definition here. It's the nervous system's response to certain harmful or potentially harmful stimuli. In other words, chemical stimuli like you get chili powder in your eyes, mechanical stimuli like cutting the skin, thermal stimuli like burning the skin. What reacts then are the part of the nervous system, the sensory nerve cells that are called nociceptors. Therefore, this particular study is looking at the role of essential oils for reducing the effects of stimulating those nerve endings specifically, that type of nerve. What this study shows, and there are many, many of these references in this particular file to the antinociceptive effects of essential oils. They were looking at does rosemary essential oil have the potential to reduce pain, specifically arthritic pain in rats by application to calm down those nerve endings? The result is the essential oil in these various types of dilutions here produced a dose-dependent antinociceptive effect manifested, and this is what's important, as a significant reduction in the dysfunction in the pain-induced functional impairment mostly at high doses. So what that means, when we are in pain, when the nociceptors are being stimulated, then we start to lose functionality in different areas. So we would like to basically reduce the stimulation of that part of the nervous system. I thought that was a very important introduction to how essential oils work on the musculoskeletal system. They can reduce the stimulation of those receptor sites.

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Next study, neuropathic pain. The important thing here is at the end, the data gathered so far indicate that the essential oil of bergamot is antinociceptive and it contributes therefore to having a rational basis for rigorous testing of its efficacy in complementary medicine. That's a lot of these studies in is that yes, it works. Therefore, we should study it more, which I assume means therefore we try to get more grants so that we can make more money and do more studies and refer and make more recommendations and do more studies after that. Next study, the one that starts with Ocimum gratissimum, which is a type of basil, concludes by saying, "The findings demonstrate that this essential oil and its active compounds possess antihypernociceptive activity in neuropathic pain." That means basil oil has been found to reduce the hyperactivity of the nociceptors. Now we go to arthritis pain and I'm not going to take much more time with this. I'll leave this for your reading enjoyment or complexity or lack of enjoyment as it might be. It's not pleasant reading, easy reading, relaxing reading. This requires a big dose of rosemary oil every few minutes to get through this stuff. What you find is that lots of different essential oils are helpful for arthritis. Well, imagine that, anti-inflammatory. Here's one. Betula, which is the Latin name for birch oil. Well, birch oil is one of the primary oils that we're going to be studying in the musculoskeletal department. What did they find? Conclusions: Birch oil has antinociceptive and anti-inflammatory effect. Well, that's something people have known for centuries and centuries. It's a pharmaceutical candidate for the treatment of arthritis. And guess what? It should be studied further.

 All right, just scanning through here more. Another study on basil for arthritis, a few other things, essential oils attenuates or that means it reduces its severity of arthritis in rats. Many of these kinds of studies, I'll just go ahead and let you read through that. I wanted to see if there was any other thing. Oh, yes, aromatherapy on pain, depression and life satisfaction in arthritis patients. What do they say here? The result of the study clearly shows that aromatherapy has major effects on decreasing pain and depression levels in arthritis patients. These are more uplifting because their clinical studies are actually showing that these works on humans, not animals. "Based on our experiment findings, we suggest that aromatherapy can be a useful intervention for arthritis patients." So we're on the right track here. We're finding that essential oils can be very applicable for musculoskeletal pain and arthritis. One last thing here that is a very unusual case, it's actually titled "An Unusual Cause of Arthritis" but I found this striking because it shows the degree of need in our society for natural medicine and educated natural medicine, not just anything, not just internet medicine. Somebody had so much knee pain that they went a natural clinic and they got a bunch of essential oils apparently in some type of mixture and they got it injected into their knee and they put themselves in hospital for 21 days. So don't do that. Let's move on. We can close that file.

 Now let's look fully at this particular topic of using essential oils for autoimmune inflammation, degenerative joint problems, fibromyalgia, protecting the joints and the muscles, many things that we're going to be unpacking here. Let me see what file we should to look at first. Why don't we see open the file, which should already be opened, titled Musculoskeletal References: Modules 1-8? Now from now on, as we go through the course, we're going to be looking back through the other modules to see what you already know about this particular subject. Because with both herbs and essential oils we see that one herb has a multitude of functions, one essential oil has a multitude of functions and that's confusing. We then have to make it more specific. Is it heating or cooling? Is it for Vata, Pitta or Kapha? These are systems that help us to apply a vast range of possible solutions to get the best result.

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But one of the ways that we can do is we can also go through the different modules and we can look at the information that has already been given and we're going to start to see patterns of how certain things work. This is a very high level of education, very deep understanding when you can finally start to connect all the dots and really see what oils, what herbs work in what systems, for what conditions. That is our goal, but it requires a lot of study. Now, what I have done is I've gone through and I basically just did a data search. You can do this yourself for any subject. Just go to the pharmacopeia. Open the pharmacopeia for Module 3, for example. That's where the pharmacopeia started was in Module 3. Just go to the Module 3 pharmacopeia and type in a keyword. So what I did was I just scrolled through and I looked at all the essential oils and I looked at what was listed in their functions under the musculoskeletal category. I'll just read this to you very quickly. You can follow along with me. What you're going to see is you already know a lot of information about how to use a wide range of oils for musculoskeletal conditions. Number one, bergamot relieves joint and muscular pain, soothes sore muscles. Excellent. Clove relieves joint and muscular pain, soothes sore muscles, helps in stiff and painful joints, helps in arthritis, promotes musculoskeletal health. Right away we've got a problem here. You should already have red flags going up. Bergamot is highly phototoxic. How am I going to use it? Clove is highly dermotoxic. How am I going to use it? Well obviously, bergamot is better used indoors in the afternoon because its phototoxic effect will wear off after eight hours. Clove you must use it highly diluted. So what do you do? You go back and you look and you'll start to see that there are recipes and there are concepts that are given proper dilution ratios. That's how you connect the dots. Now, eucalyptus, musculoskeletal, alleviates muscular aches and pains, relieves stiff joints, aids in arthritis and rheumatism. We've already talked about eucalyptus and the conifer oils as being so beneficial for the muscles and joints and you should not have any concerns. You know by now eucalyptus is a low dermotoxic oil. Frankincense relives muscular and joint pain, aids in rheumatism, relieves neuralgia, soothes sore muscle, aids in carpal tunnel and restless leg syndrome. There are two specific conditions and we're also going to look at some specific remedies for those in a few minutes. Lavender, you know a lot about lavender, but have you used it yet for muscular and joint pain, rheumatism, neuralgias and soothing sore muscles? Well I just gave you a specific application for the postherpetic pain or the inflammation of shingles. That's neuralgia side of it. Tea tree, you think of it as antibacterial, antifungal, but it's like the conifer oils. It relieves muscular and joint pains, rheumatisms, neuralgias, sore muscles.

 We move into the pharmacopeias for Modules 4 and 5. We see the conifer oil fir -- arthritis, muscle aches and pain, rheumatisms. We're seeing the same symptoms over and over again. This was in the module on the respiratory oils. Inula we know as one of the most important decongestant, expectorant, mucolytic essential oils and here it is again. Relieves joint muscle pain, soothes sore muscles, relaxes strained muscles. Laurel, same thing. Muscular aches and pain, stiff joints, arthritis, rheumatism, again a specific oil for carpal tunnel and plantar fasciitis, which is basically the inflammation in the fascia in the sole of the foot. Monarda, another respiratory oil; myrtle, another respiratory oil; pine, pinyon pine; spruce, all of these are very good for musculoskeletal aches and pain.

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 Then we look at Modules 6 and 7. Here are the digestive oils and here they are in all of these different uses. Again, black pepper. I have mentioned black pepper is a very, very good oil for relieving joint and muscle pain, soothing to sore muscles. Cardamon, you wouldn't think it but there it is. Chamomile, very definitely important oil, especially for its anti-inflammatory and its antispasmodic function. So it's good for neuralgia pain, sore muscles, again carpal tunnel, restless leg, reducing inflammation. Fennel, we think of it as a digestive oil, but there it is. Again, all the same musculoskeletal issues. Module 8, which we just got done with, all these oils for cognition, you look through the list you'll see the same thing. They're all good for muscular pain, aches, joints and so forth. That's a good exercise to do. Whenever we move on to the next topic is just to ask well, all right, what do we already know? Now let's go ahead and look at some of the therapeutics. What are some of the therapeutic applications? Well, maybe what we should do first is look at the groups of oils. So why don't we look at the file titled Musculoskeletal Therapeutics. So if you're looking at your course page under Module 9 you'll see the next files, it should be open already, Musculoskeletal Therapeutics. If you click on that, well here's that same confusing list of oils in different groups, but these are the main therapeutic functions that we're looking for. We are looking for oils that are analgesic to reduce pain. We're looking for oils that are anti-inflammatory to reduce inflammation. We're looking at antirheumatic oils for basically reducing rheumatism, meaning aches and pains in the muscles. We're looking at oils that have an antispasmodic effect. We're looking at the oils that have a nervine relaxing effect. They relax the nervous system. And we're looking at oils that are rubefacient. Rubefacient means that they create stimulation to the surface of the body that causes increased circulation, warmth and flushing warmth kind of sensation to the surface.

 Now, again, if you look at his list, you're going to wonder well, all right, how am I going to break this down? How does this actually make some sense? Do you just start throwing different oils at it? And I think at this point that you should have a pretty good sense of how I approach this. Because again, where does this information come from? Well, it comes from a variety of sources. How confident can we be that this particular oil will actually be analgesic? How can we compare the analgesic effect of these oils to an analgesic herb or how about an analgesic medication? Well, you see, when we ask those kind of questions, what we see is that aromatherapy, as we have found, can definitely help with the reduction of the stimulation to the nociceptors and that will reduce pain. There's no doubt that aromatherapy and essential oils will improve the quality of life for elderly people with arthritis. I mean these are what the studies are saying. So that's one place where we get confirmation. Another place we get confirmation is that people have been using these for a long time in traditional medicine, but they haven't been using the essential oils in a lot of cases. They've been using the whole herb. What about helichrysum? That's a major essential oil for injuries. Is it analgesic like aspirin? No, absolutely not. If you have a serious injury, you need a pain medication. Helichrysum is just not going to do the same thing. You're going to need to maybe take a prescription strength pain medication if the injury is serious enough. But what the helichrysum will do is it will speed up the healing. It's one of the primary oils that we're going to study in the musculoskeletal department. It's in this pharmacopeia. Helichrysum is a major, major oil that's going to speed up the healing. In speeding up the healing it will have some pain relieving effect, but you cannot compare the pain relieving effect to other herbs like for example medical cannabis. It simply will not do the same kind of thing.

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 Some of these will create a very nice rubefacient effect that will definitely be analgesic, and the two primary ones that are in this first list of oils will be birch and wintergreen. Birch and wintergreen are also in your pharmacopeia, and before you start using these in the next period of time between now and the next class, please read these monographs because birch and wintergreen are potentially toxic oils. Not just because they have very high concentration of salicylates but these are also widely adulterated oils on the market. And what is their effect? Well, these are commonly found in liniments and salves, specifically liniments and pain medications that are applied externally. These are things that are frequently mixed with menthol. These are the kinds of things that you'll frequently find in a chiropractor's office before you go in for an adjustment. The therapist, the assistant, the intern will maybe rub you all over with some kind of hot and cold type of formula. And that's how you'll feel. You'll feel hot for a minute. That will be from the wintergreen. And then you'll feel cold and that will be from the menthol. Will that have an analgesic effect? Yes. Is that analgesic effect very deep? Is that analgesic effect really deep therapeutically? No, it's not. It's basically a distraction of your nociceptors. Therefore, we can confirm yes, birch and wintergreen definitely have analgesic functions, but they are not very deep compared to the healing powers of helichrysum.

 I just want to mention looking through this because we're running out of time here, we see that the kind of superficial distraction effect happening with several oils here and I would include peppermint in that. That's where the menthol comes in. But the oil here that I would say is the greatest healing oil of all of these with the deepest healing effects but probably the least amount of analgesia is the helichrysum. But then one that you haven't heard of yet but it's in your pharmacopeia and that is marjoram. Marjoram oil is a very, very important oil for the musculoskeletal system. So you already know from the past, I just reviewed, you've heard of these before: black pepper oil, it's good for the muscles and joints; chamomile is there; cinnamon; clove; eucalyptus; frankincense; ginger, all of these that we've already covered before, but there are also some new ones, and the new ones are birch, wintergreen, marjoram, and helichrysum.

 Okay, now, what about the anti-inflammatory effect? Are you going to get as much anti-inflammatory effect as taking concentrated turmeric or curcumin supplement or using a cannabinoid oil or capsule? No, I don't think so. Supportive anti-inflammatory effect? Absolutely. Which of these are probably the most anti-inflammatory? I would say that it's probably the chamomile and again the helichrysum and some of the flowers, the ylang-ylang and so forth. The others I would say are supportive anti-inflammatory effects. How about the antirheumatic? Well, when it comes to actually relieving pain in the muscles, I would say that black pepper is a significant oil for that. And the juniper berry is also very, very well-known for that. Rosemary and vetiver. The chamomiles are more anti-inflammatory but they're helpful. Cardamon is a supportive one. But I place vetiver very highly as an antirheumatic oil and that's because of years of experience and lots of testimonials. You can actually just apply vetiver directly to tight sore muscles and it has a remarkable relaxing effect. It basically calms down the Vata, meaning the contraction in the nerve part of it. But it also cools the Pitta, meaning the heat that ends to build up in the muscle. So vetiver is a very, very excellent antirheumatic that's cooling and relaxing, and black pepper is an excellent antirheumatic that's warming and soothing. So keep in mind that when we compile a list like this, it's just based on a reaction therapeutically. That doesn't tell us whether it's hot or cold and that's the first primary thing that we want to think about. Do we want an antirheumatic effect because we need a cooling anti-inflammatory or because we need a warming circulatory stimulant? That will help a lot in determining how you're going to mix these things.

**[1:30:15]**

 Next, antispasmodic. Will these oils actually create an antispasmodic effect? Well, yes but not as much as some of the herbs. Are they supportive especially if you use them with the herbs? Yes, absolutely. And then of course if you're using them in massage, well, massage is antispasmodic itself. It can really help the muscles to relax. So it's not just the oils themselves; it's also the method of application. For example, the agarwood. Agarwood, very expensive oil. We're probably not going to study it in detail in this course. But if you burn the agarwood, actually, if you heat it properly in an agarwood heater for a ceremony, for ritual, for meditation purposes, it is very deeply relaxing. Now is that a primary medicine for muscle spasm? No, it's a supportive medicine for muscle spasm. But what if you are actually taking a stronger concentration of an herb that is antispasmodic? Well, that agarwood is going to work even better. And then what if you are getting a massage with one of the conifer oils or marjoram oil, for example? Very, very good oil for muscular pain. Okay, you put all those things together, you get a massage with marjoram oil or you put some marjoram in the bath, either a couple of drops of essential oil or the whole herb. You take a bath with marjoram. It deeply relaxes the muscles. And then you take a capsule of CBD oil to really relax your nervous system even further and have antispasmodic effects, and then you breathe the agarwood oil in your meditation practice. Then you're going to really get the combined effects that are going to be very antispasmodic. The same principle applies with the nervine relaxants, and those combine nicely with the nervine relaxant herbs and the treatments as well. And rubefacient, I've given you a definition here.

 Let's move on to the next file, and this will get you started for your deepening practices and your homework. That is the Musculoskeletal Synergies and Formulas. So again, back on the course page, Module 9, the file titled Musculoskeletal Synergies and Formulas. And if you open that up here is the new format that we're going to be using and you're going to see here that there's quite a bit more information. It is not giving you specific recipes yet. It's giving you still a lot of things that you have to connect the dots on and that's because aromatherapy is so flexible. It is, on the one hand, very scientific if you want to make it that and you want to have recipes, exact drops and all of these. But since most of it is diluted further that's not really necessary, and it's more like home pharmacy, which is like home cooking in a certain kind of way. Now I will be giving you some specific formulas when we come back in the next class, but for getting started here, these are the big pieces that you want to work with. First of all, you have herbal carrier oils and salves specifically for musculoskeletal blends, and I gave you the source file. That's where you can find things like infused arnica oil, the calendula oil, the St. John's wort oil, the trauma oil, the mahanarayan oil, the oil that's called Balm of Gilead, it is also called cottonwood and it's also called balsam poplar. Those three terms are used interchangeably. And then surprise, cannabidiol oil. Now this is perfectly legal. This contains no THC. It is increasingly popular. It seems to be very, very helpful for people and it is now going into a lot of salves and creams. You can get it here in the United States in any of the 50 states. I am not familiar enough with this product or the sources to give you any recommendations, but I'm starting to research it. Because cannabis products are becoming so popular, I should be educated about the subject. What I can tell you is that since it does not have THC in it, you do not have to worry about any of the toxic side effects or any of the emotional, psychological, physical or spiritual issues that come from a strong herbal narcotic. You may want to consider that as a base oil also.

**[1:35:07]**

 Now what do you do with that? You use those as a base oil and then you add things in. This is a list of new base oils. You have your carrier oils previously and those are all still good but these are better because these have herbs cooked into them. Let's look now at the list. So the general musculoskeletal oils in then look at symptom specific oils. This is the most helpful way I can think of to kind of sort this out a little bit from the huge amount of information, some of it contradicting and conflicting, about what oils do what. The first list: general oils for the musculoskeletal system. These are things I would personally attest to. Is birch a general oil? Yes, it shows up in all kinds of products for musculoskeletal pain. Chamomile? Yes, I can confirm this clinically; anti-inflammatory; good for musculoskeletal pain. Frankincense? Yes, traditional use also. Helichrysum? Absolutely, number one. Lavender? Yes, supportive. Rosemary? Yes. Peppermint? Yes. Wintergreen? Yes. And there's one thing I forgot to put on this list and that is marjoram. It should be there also, general musculoskeletal oil. Marjoram I think very highly of, significantly beneficial.

 Now, you start with that as your basic synergy. You can use any of those individually or in a combination of two or a combination of three. Then you go to the following list and you add one or two oils from the category of the specific symptoms. This is exactly the same way we did it with the respiratory synergies and the digestive synergies. This is your basic collection of oils and then you mix your synergy and then you add specific oils for the symptoms. So what we see here: sprain, strain, tendinitis. These are all very similar. Juniper berry, marjoram, clove, ginger, grapefruit. These are oils that consistently come up over and over from many sources that agree that these oils are very good. Now we can see obviously why. Clove is warming. Ginger is warming. Juniper is antirheumatic and it also has edema reducing properties. And that's very important in sprain and strain and bursitis. Eucalyptus and laurel are specific oils. Rheumatoid arthritis. This is a very complicated situation, so this is a very superficial symptomatic suggestion here. Clove, eucalyptus, and lemon grass. Those do seem to be important oils. Neck and back pains. Clove, eucalyptus and laurel. Fibromyalgia. This is a very important category and this comes from any different sources. But the sources agree, black pepper can be helpful, clove can be helpful, eucalyptus, lemongrass. Myrrh seems to be a specific oil that shows up in fibromyalgia formulas a bit and then tulsi again. The same with carpal tunnel.

 And then I gave you a specific list here, oils that are safe for direct application because a lot of times with musculoskeletal pain you just want to put something on it. Well, chamomile is safe, lavender is safe, helichrysum is safe and frankincense is safe. Now I'm not suggesting that you use cups and cups of essential oils all over your whole body if you have fibromyalgia. Be reasonable. Use smaller amounts of oil on smaller areas of the body and you won't dry the skin out, you won't set up the conditions for skin reactions. But in general, these four oils are considered relatively safe for direct application to the skin in reasonable common sense amount and frequency. Keep in mind that sensitivity can develop over time, even show up weeks later. So go slowly with it. The next part of this is to help everybody to start to understand more of the blending concepts. And I have given you some of this in previous modules some of the recipes. They're all broken down by parts and drops. You're going to start to see patterns here. What oils have stronger fragrance intensity? So four parts. These are oils that you can use more of because of less fragrance intensity and less dermotoxic potential, and these oils are only from the list of musculoskeletal oils. Cypress, eucalyptus, frankincense, grapefruit, helichrysum, juniper, lavender, lemon. These are all things you're going to find in the files for musculoskeletal conditions.

**[1:40:23]**

These are things you can start with four parts, two parts, half of that. Well why? Look at the oils. Well, black pepper, half as much because it has dermotoxic potential. Same with ginger, laurel, lemongrass and rosemary. But what about the chamomiles? Well, that's because fragrance intensity. Chamomile just overpowers everything. And marjoram, fragrance intensity. One part. These are the oils that you think absolutely keep at a lower dose because of dermotoxic potential. These are all the dermotoxic oils: clove, peppermint, wintergreen, myrrh, and tulsi. Now myrrh, not so much dermotoxic, very heavy oil, very strong fragrance. Not every practitioner is going to agree with me, but not every practitioner is talking to hundreds of people all over the world that I don't know your skin type. If you are a practitioner working one to one, you see that person, you see their skin, you know their medical background, you know about whether they have high potential for reactions, you can change these formulas as you want. But for me to address this responsibly, this is how I would classify these in terms of dermotoxic potential. The final thing here on this file and the final thing for the week, blending harmonies. You've already been getting this information with every monograph and this is just telling you now okay, these oils go nicely with these other oils. Black pepper goes nicely with lavender, frankincense, and clove, et cetera. These are only the oils from the musculoskeletal category. So now you have all the main concepts for how to make musculoskeletal formulas and blends for yourself. You got a whole new list and sources for medicated salves, carrier oils; you got your general list of musculoskeletal oils, you got your specific symptom oils, you got those that are safe for direct application, you got your blending proportions, and you got your blending harmonies.

 Now there's nothing left for today because of time except to review the deepening practices. As you can imagine, you probably have quite a lot to do. I've given you lots of ideas now. So the deepening practices are quite simple if you open that file. Basically read all the files and monographs. That should keep you busy. I will mention here that we do not have class next week. So you have two weeks to read all the files and monographs and get familiar with things. Use the contemplative aromatic learning method when studying the specific monograph. That means that when you are reading about helichrysum, sit there and smell the helichrysum. Get the helichrysum fragrance connected to your neurons so that the data is easier to recollect. So every time you smell helichrysum the whole monograph comes back. Photographic memory, see if you can do that. Number two, making use of various single note aromatic preparations for musculoskeletal symptoms. You can use a carrier oil, you can use any of the new medicated salves or oils. Just start with one oil and try it and see how it feels. Number three, use the list of proportions and blending harmonies to prepare more complex blends and formulas for musculoskeletal symptoms using a variety of base oils and salves. Okay, we are at the end of our time. I took up quite a bit of our interaction time here, but let's go ahead and open it up for one or two calls. Colleen, I'll turn it back to you and see if anybody would like to raise their hand, place a call and if not, I'll just go ahead and look back on the webcast here and see if there's something appropriate, important to read that would be directly relevant. So do you want to open it up, Colleen?

Colleen: Yes, please press 1 on your telephone keypad. And we already have participants with their hand up, very fast. We'll start with [Participant]. Go ahead please. You have the mic.

**[1:45:00]**

Participant: Hi, thank you. Yeah, I was wondering if there are oils that are helpful for two things that I see a lot. One is Dupuytren's contracture and the other is Raynaud's disease. I'm wondering if maybe the rubefacient oils are helpful with Raynaud's or any other recommendations you have.

David: Yes, excellent question. I would definitely think of the warming rubefacients first and anything that's going to help with circulation. A warming rubefacient would be something like the birch and wintergreen. Something warming to help with circulation would be the black pepper or any of the spices actually such as cinnamon and clove as long as it is in a very low concentration. And then even though it is cooling by nature, one of the most important essential oils is also helichrysum for this because it is a circulatory enhancer. That's a big question and there are a lot of things to add to that. That's a very, very short answer. You are correct. You want to think of warming and you want to think of circulation, absolutely. Those are two things. But let me give you a more complete answer if you would write that in the webcast because those are good things to consider, but those will be the four major oils that would come to mind right off: birch and wintergreen, helichrysum, and black pepper. Good question, good condition. We may encounter those specific conditions again as we go through other modules. But excellent, very important. And again, how effective are these? Well, it's going to depend on the individual. It's going to depend on the severity. It's going to depend on the length of time. What we can say for sure is that these therapies can be supportive. And the more they're combined with other things, the more they're combined with acupuncture, for example, that's what I've seen with De Quervain's is acupuncture can very, very good and sometimes myofascial work or Rolfing, things that work on helping to adjust the fascia. Those types of things can be very helpful for that type of thing, and herbal baths. It's closely related to carpal tunnel, soaking the hand and the arm in herbal bath. The more therapies are combined together, the better the result tend to be. So I hope that's a good answer for you. And if you would type that in, I'll give you a longer answer next class. Thank you.

Participant: Great.

David: All right, let's do one more quick question and then it will be time to sign off.

Colleen: Okay, thank you so much. A call that called in on the general PIN form area code 760. Hi, you have the mic.

David: Okay, well, I guess we're striking out with the calls today.

Colleen: Okay.

David: But that's okay. We're out of time anyway. It's probably a message from the universe that it's time to quit.

Colleen: Right, yeah.

David: So just a reminder here, no class next week. But for those of you who are listening in later by audio, please feel free to add your comments or questions to the webcast and I will respond as always. And I will encourage everybody to have fun with your essential oils. Use them safely, make lots of blends, try them for yourself, and as long as you have the oils nicely diluted feel free to help your friends and family with them as well. I think that I have emphasized essential oil safety enough that I can depend on everybody to use them safely and to not send me any alarming reports of dermotoxicity because you used pure clove oil on somebody's joint pain.

**[1:49:49]**

 So with that, I will turn it back to you, Colleen. I'll just remind everybody that the breakout groups are an excellent place for continuing your conversation. And I want to say thank you to everybody who posted so many comments and questions here. I'm sorry that we're out of time because I see that some of you really need some help right now, but this will take a full hour now to go through because people are saying that they're really having a lot of pain conditions right now. So for the general answer, for those of you who are saying, "I'm in pain right now, what do I do?" use any of the pain trauma carrier oils and slaves and any of the general musculoskeletal oils. Make something or just put any of those carrier oils on for starters. Just like the cottonwood salve, that's like a first aid medicine or the trauma oil form Herb Farm. I see that many of you are saying I need help right now. Well, start with that and then add a couple other things based on your further studies and that should get you started. Just don't apply any of the essential oils directly to the skin. I know it's a temptation if you're in pain. Only use those four essential oils that I mentioned specifically. So with that, I'll invite everybody to join the breakout groups. I'll say thank you again very much for your sincere interest in this very important and complex subject. Have a wonderful two weeks of making blends and having wonderful results. I'll talk to you in two weeks. Colleen, thank you again for hosting and I'll turn it back to you.

Colleen: Awesome. Thank you so much, David. I wanted to say just before you leave as well is we are halfway through. This is our halfway mark.

David: That is correct. It's a sad marker that we're already halfway through. I think that as we go that by the time we get to the end that people will be hopefully very, very satiated with a huge amount. I hope that everybody is already satiated and very satisfied with the large amount of information, a lot of homework to do and plenty to do with your disposable pipettes and your wide-mouth jars and your collection of essential oils and all the various things that you're learning about how to use essential oils safely for all kinds of wonderful purposes. So thank you. I'll talk to you in two weeks.

Colleen: Okay, much gratitude, David, from all of us.

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