

Aromatherapy & Epilepsy

By

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Ms. Vicky Jackson is a trained aromatherapist who is also a person with epilepsy. She provides aromatherapy treatment in the Birmingham University Seizure Clinic and is involved in its research programme in the alternative therapies.

Aromatherapy is one of the complementary therapies which has a long history, a tradition of practice which is beginning to be understood on a scientific basis and which is becoming increasingly popular. In the United Kingdom and Ireland it is practiced mainly by therapists with a professional qualification in aromatherapy (although depth of experience and training in order to qualify varies). In some European countries such as France it is often practiced by the medically qualified although in the United Kingdom and Ireland, unlike with acupuncture and hypnosis, medical interest in the technique is small.

Aromatherapy is a practice of health care which uses the properties of aromatic oils extracted from plants. Pure oils are used so their constituents remain fairly constant and so have predictable properties. These pure oils are, of course, a mixture of aromatic oils extracted from plants. Pure oils are used so that their constituents remain fairly constant and so have predictable properties. These pure oils are, of course, a mixture of various plant derived chemicals, many of which do have a pharmacological effect (many of older, and most effective drugs have been derived from plants, i.e. alcohol, morphia, aspirin, quinine, digitalis) many plant chemicals gave profound effects on bodily or brain function. Most commonly these oils are diluted with a base or carrier oils and diluted with a base or carrier oil and massaged into the body (usually a whole body massage, although limited areas of the body may sometimes be massaged). The oils can also be used in vaporisers and burners or undiluted may be applied to specific body parts particularly for their anti bacterial role: oils, undiluted, may also be taken by mouth although use of this route is not suggested for personal use.

Aromatic oils are fat soluble: fat soluble oils are easily absorbed by the skin, get into the blood stream and swiftly travel to the particular organ (usually the brain) on which the oil has an effect. Since they have got directly into the blood stream the oils are more potent. If a diluted oil is taken by mouth it is broken down by the liver before it gets into the blood stream and therefore has less effect so a bigger dose is needed. Many aromatic oils are actually quite poisonous if swallowed, and their oral use is very restricted, and should only be taken on the advice of someone fully qualified in their use.

Pure aromatherapy oils have distinctive properties: some act on the body (as in juniper oil acting on the kidneys or Tea-tree oil acting as an antiseptic when applied locally) or may work on the brain having alerting effects (Rosemary or Lemon Grass) or a calming or anti depressant effect (such as Ylang Ylang, Camomile, Jasmine, Lavender, Mellisa etc).

Most aromatherapists blend oils so that mixtures of oils with varying properties are used to produce particular effects in the patient. This blending is usually done according to the aromatherapist's experience although individual oils have recognised properties.

An aromatherapist's knowledge of the use and properties of oils is based largely on empirical observation although scientific measurement is starting to be used to assess the effects of oils properly. Great pains are taken to ensure that aromatherapy oils are pure: they are extracted in a standard way so that the constituents of a particular oil do not vary from bottle to bottle so that the same general effect is obtained: although the same plant grown in different countries or in different locations may produce an oil with quite different properties so that, sometimes, it is important for the aromatherapist to know exactly where the particular oil came from. It is possible now to analyse the detailed chemical constituents of oils and some aromatherapists are beginning to use this knowledge to further refine their techniques.

An aromatherapist must have some knowledge of human physiology and anatomy, the pharmacology of the oils that he or she will use and good empirical knowledge of their effect. All aromatherapists are also trained in massage techniques. If you consult an aromatherapist and the aromatherapist is properly qualified then you can be assured that you will be consulting somebody with good empirical training who is unlikely to do you any harm and who will have the knowledge to the effect that his or her chosen oils will have on your condition and the contraindications to the use of any oils that your condition may impose.

Having said that some aromatherapists are reluctant to treat people with epilepsy partly because some textbooks for aromatherapists suggest that some oils may increase seizure frequency (this is largely untrue and will be discussed later) and partly we suspect because of the fear of the patient having a seizure during the treatment. Our own experience is that seizure occurrence during an aromatherapy massage is very rare (in fact we have only seen it once) and providing the aromatherapist is trained in the first aid of a seizure, in particular how to deal with a seizure occurring in a massage couch, then there should be no problem.

Our own experience of aromatherapy in treating people with epilepsy now extends over several years and to a large extent our enthusiasm for this form of treatment has grown as our experience has developed and is audited and evidence based.

Some years ago one of our team members was training in aromatherapy and suggested gaining experience in the treatment of epilepsy with aromatherapy, whilst trying to measure its effect. Ten patients were treated in the original study having two massages a month apart with their seizure frequency being measured before, during and after the treatment. Most patients had, for two of three months during and after treatment a significant reduction in seizure frequency (one patient had mild seizure increase; one patient stopped having seizures during the course of the treatment her seizure control continuing for the next two years). Most patients' seizure frequency returned to its usual level within two to six months after the treatments. Patients were allowed to choose their own massage oil: most chose Ylang Ylang (a relaxing oil). Ylang Ylang is rich, heavy and sweet and not an oil that many people would choose: why do many of our patients choose it, particularly because in the choosing of it they do not know its name? There is good evidence that people with epilepsy have an altered sense of smell (particularly in time relationship to their seizures). Some aromatherapists believe that the brain unconsciously recognises what it needs. A more prosaic reason may be that until recently we were unable (due to its heavy cost) to offer Jasmine oil: since we have been able to do so, most patients have chosen this oil!

People with epilepsy lead stressful lives: for many, fear of seizures is part of that life. We postulated that the seizure reduction we had seen had related to a transient decrease in stress and arousal which aromatherapy can cause. We wondered whether the relaxing effect of the oil, which clearly did seem to reduce seizures in some patients, could be continued after the massages were over (massage is a labour intensive time consuming technique which is difficult to arrange in a busy National Health Service Clinic). Our department has always been interested in teaching self control techniques for people with epilepsy: trying to help people with epilepsy develop techniques which they can use to

abort oncoming seizures either when they get an aura or some other warning signal or at times when the patient knows that a seizure is likely to occur. Could we use the aroma of the oil to help patients abort the seizure? The mechanism that had caused seizure reduction in our patients could, of course, have been just a general treatment effect, a specific pharmacological effect of the oil or it might have been related to the aroma itself. Our technique had been unusual in that we had used single oil rather than a blend.

We embarked on a treatment programme in which some patients had up to six massages with their chosen oil (again a single oil) and then, by using a simple auto hypnotic technique, associated the smell of the oil with being relaxed. They then carried the oil with them and if they felt a seizure coming or were in a situation where a seizure was likely they could smell the oil and stop the seizure. We contrasted this technique in a group of patients who merely had the auto hypnotic technique taught them, to associate the smell of the chosen oil with being relaxed: they again used the oil as a counter measure against an on-coming seizure.

In almost all the patients in this study a relaxing oil was used, but occasionally some patients are better able to stop a seizure if they do not relax but actually increase tension and arousal: a few patients used an oil that will do this (such as Lemon Grass oil).

50 patients were treated with these two techniques: 25 with massage followed by the auto hypnosis and 25 just with the auto hypnosis. Some patients became seizure free using this technique and some have continued to be seizure free providing they practise the technique even though they are seizure free.

After a while the majority of patients who became seizure free did not need to carry the bottle of oil with them and smell it when they felt a seizure coming on, but could use the memory of the smell of the oil to get the same effect: they needed only to think of the smell of the oil to abort the seizure. There is a biological difference between men and women here: women are much better at creating a smell memory than men: this may explain why most of the patients who have wanted to try this technique and have succeeded with it have been women.

Our results suggested that patients who had massage followed by auto hypnosis were much more likely to become seizure free or get a significant reduction in seizures than those who merely used the auto hypnotic effect. This seems to be a true empirical observation but we are uncertain as to why this should be: it is possible that we are producing a conditioned pharmacological effect.

Our present experiments with aromatherapy have been to try to explore the reasons for the massage technique being superior and we are beginning to study a group of patients who have a definite and quantifiable epileptic activity in the electroencephalogram (EEG), studying the effect of massage with various oils on their EEG (it is possible to record EEG during a massage). We are also looking at a group of people who not have epilepsy and the effect of oils on their EEG.

Our preliminary results suggest that at least one oil (Jasmine) may actually have anti consultant properties. Jasmine is a very expensive oil which we therefore did not use it in early studies, but, thanks to the generosity of a particular group of aromatherapists who have supplied us with some, we are using it more and more and are continuing to explore its properties. We are just starting to study its effect on patients with photosensitivity and are continuing to use the massage plus auto hypnosis technique on patients who seem suitable for it. Interestingly some of our patients seem to develop the association between aroma and control of seizures without the use of auto hypnosis.

At the moment we are confining treatment to patients who do have a recognisable prodrome, aura or trigger for their seizures; but we would have to admit the technique also seems to work on some patients who do not have this. We use the technique as an adjunct to medical treatment; we do not advocate its use of its own (although one or two of our patients who became seizure free have subsequently withdrawn from medication this is not something we encourage until we are certain that the effect of the technique is long lasting and, on its own, would be sufficient to give seizure freedom).

We have been sufficiently encouraged by the results of this largely self help technique to employ an aromatherapist as part of our clinical team to do the bulk of the work although several of us are experienced enough in the technique to be able to use it.

Since is time consuming we do not use it unless we feel it is justified and will give our patient an extra dimension of self control. The technique is not a miracle cure and requires time commitment and hard work for the patient and may not work: we have to discourage people who think that it is an instant fix. We try to give advice to aromatherapists and their clients about how to use this technique, in particular to advise about those oils that should be avoided. Some aromatherapists use aromatherapy oils internally but it is not something that we would personally recommend for people with epilepsy. The use of diluted aromatherapy oil in massage is unlikely to give rise to harm although we avoid oils which contain camphor in large quantities as these may be convulsant. This means particularly avoiding Rosemary and Hyssop. Anyone who has doubts about a particular oil they would like to use are advised to consult "Essential Oil Safely" by Tissarand & Balacs, Churchill Livingstone, 1995 which gives very sensible advice, and they also should always consult a qualified aromatherapist.

For many people with epilepsy aromatherapy will help with the stresses that having epilepsy brings: a few may be able to develop use of the technique to give them better self control of seizures, which will have a beneficial effect on their morale. For those seriously interested a training videotape "Seizing Control" is available from the Birmingham University Television Service, which introduces the concept of self control of seizures and looks at the smell memory technique in some detail. The videotape is in several parts and is meant to give a detailed model of how the technique can be used so would be of most use to therapists intending to try the techniques, and who need to understand how to help their patients to think psychologically about their epilepsy, rather than to see it in purely medical terms. It is relatively expensive so should only be purchased BY those seriously interested.
