

Antibiotics vs Therapeutic-Grade Essential Oils

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Speaking as a medical doctor, all physicians are aware of the increasing problem of resistance of bacteria to antibiotics.

This is especially a problem with bacteria which cause life threatening infections. It is a result of overusing antibiotics, and of using them when they are not appropriate.

Overusing antibacterial soaps may also contribute to the problem. Prevention is best, of course. Allowing natural immunity to work when infections are self-limiting or not likely to cause serious consequences is also important, as is not treating viruses with antibiotics which won't work anyway.

Essential oils can be very effective in treating many bacterial, viral and other infections, without causing resistance. The natural variation in the chemical constituents in whole plants depending on climate, altitude, and other factors protects against this resistance, as do the many chemical constituents in whole oils as opposed to using one isolated "active" ingredient.

The problem is, most doctors are not trained in using oils, but are well trained in using potent antibiotics. If you are trying to enlighten a doctor, who generally has had no training on essential oils, I would suggest providing scientific references that give the available evidence of the effectiveness of essential oils in treating infections.

We are impressed by scientific research and usually will not listen to "anecdotal" evidence" that it worked for some people. Dr. Kurt Schnaubelt's book Medical Aromatherapy, healing with essential oils, has been suggested and is a great reference. I have used it to give talks to medical doctors about essential oils.

Published articles on essential oil research, especially those in medical journals would be very good. Here are just a couple examples:

Our own EODR cites some research: 1998: Chao studied a blend of oils patterned after that used by 15th century thieves containing cinnamon, rosemary, clove, eucalyptus and lemon was diffused in a closed room in which bacteria cultures were sprayed. There was an 82% reduction in *M. Luteus*, a 96% reduction in *P. Aeruginosa*, and a 44% reduction in *S. Aureus* bioaerosols following 10 minutes of exposure.

Another study compared the effectiveness of essential oils to antibiotics - preliminary results showed cinnamon and oregano are comparable with Penicillin and Ampicillin in inhibitory activity against *E. coli* and *Staph. aureus*.

From a medical journal:

TEA TREE OIL: THE SCIENCE BEHIND THE ANTIMICROBIAL HYPE

Because of increasing resistance to antibiotics, interest in finding alternatives is strong. Tea tree oil (TTO) has been widely used in Australia for 80 years and is active against many micro-organisms.

A pilot study of 30 MRSA (methicillin-resistant *Staphylococcus aureus*) carriers comparing routine mupirocin nasal ointment and triclosan skin wash with TTO ointment and wash, showed one third were completely cleared by TTO but only 13% by conventional treatment.

In another trial of TTO in the treatment of herpes cold sores, the oil was found to assist healing to a similar degree as topical 5% acyclovir.

The oil has about 100 components but 7 terpenes and their related alcohols constitute 80 to 90% of the whole oil.

Several of these components have been shown to reduce levels of *Staphylococcus aureus* and *Candida albicans*.

Terpenes are lipophilic and partition into the phospholipid layer of cell membranes, disrupting normal structure and function. Allen, P., LANCET 2001, 358 (9289) 1245 or: Janssen AM et al, 1987. Antimicrobial activity of essential oils: 1976-1986 literature review. *Planta Med* 53 (5) 395-398.

This article is not in a medical journal, but still would be good to use as evidence: Antiviral and Antimicrobial Properties of Essential Oils, by Dominique Baudoux, available on the internet at:

<http://www.positivehealth.com/permit/Articles/Aromatherapy/baud55.htm>

Kurt Schnaubelt's book has a list of some basic research, including the following:

1960: Maruzella demonstrated antibacterial and antifungal effects of hundreds of aromatic compounds

1987: Deininger and Lembke demonstrated antiviral activity of essential oils and their isolated components

1973: Wagner and Sprinkmeyer in 1973 did research on a 170 year old blend of distilled oils still available in Germany. The effects of Melissa and the other oils in Kosterfrau Melisengeist had been empirically known since Paracelsus (about 1500).

They concluded that, with varying degrees of intensity, there was an inhibiting influence on all the bacteria tested, (Pneumococcus, Klebsiella pneumoniae, Staphylococcus aureus haemolyticus, Neisseria catarrhalis, Streptococcus haemolyticus, Proteus vulgaris, Hemophilus influenza, Haemophilus pertussis, Candida albicans, Escherichia coli-Aerobacter group, various Corynebacteria, and Listeria) and stated the large spectrum of this inhibitory action is as broad as or even greater than that of wide-spectrum antibiotics.

They also showed KMG has sedative and spasmolytic properties. 1995 Deininger et al. Demonstrated the broad spectrum of antibacterial, antiviral, antifungal activity of essential oils and their components as well as effectiveness for upper respiratory, gastrointestinal, and urogenital systems and for nervousness and arterial conditions.

Included many different bacterial species, aflatoxin forming fungi, quantitative proof of the antiviral effectiveness of different essential oil constituents with special attention to their cell toxic effects on human cells. Showed antiviral effects against herpes and adenoviruses with a broad spectrum of activity. Showed oils including Klosterfrau mellisengeist terpenes could be shown curatively and preventively in animal experiments after otherwise lethal herpes injections were administered, and induce a significant increase of immunoglobulins.

Schnaubelt lists even earlier basic science research showing it has been known a long time that essential oils have antimicrobial effects:

1800-2002: Numerous animal and in vitro studies - evidence that all essential oils are antiseptic, some more than others and that many are effective against certain fungi, bacteria and viruses.

1881: Koch demonstrated the bactericidal action of essence of turpentine against anthrax spores

1887: Chamberland demonstrated bactericidal activity of essences of oregano, cinnamon and clove on bacillus anthracis

1910: Martindale showed essential oil of oregano is the strongest plant-derived antiseptic known to date, 25 to 76 times more active than phenol on colobacillus

Because of our training, because we are not trained about essential oils, and do not want to harm our patients by using something we do not know anything about, many doctors will insist on having still more research, and conclusive "evidence-based" research data before they will consider recommending oils for patients with an infection, and they will use antibiotics when they know them to be effective treatment for a particular infection.

I know from my own experience that essential oils can be very effective, and will not hesitate to use them when they are the most appropriate treatment. If, on the other hand, I had a life threatening infection, and I do not have time to try something that will take longer, and there is a medical treatment that is known to be highly effective and safe, I would use it.

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