



Important notice: in this document we will not discuss diffusion or small dosages, as they are too often put forward. The protocol is based on significant doses of EO to EFFECTIVELY impact this viral disease.

This protocol is inspired by a protocol I have used on thousands of patients over 20 years. It has been adapted to the specific circumstances of the coronavirus.

It is suited to people who have contracted the virus, but do not require hospitalization or respiratory assistance.

Make sure to respect individual contraindications, medical guidelines and diagnoses.

Specific training and professional supervision are required for highly dosed EO treatment protocols.

Ensure all precautions, contraindications, and dosages are respected. Adapt, dilute or change the treatment as required.

These proposals should be carried out alongside other treatments. No medical treatment should be paused or refused. Please be reminded that the coronavirus is not just a simple flu, and that when a patient's state deteriorates, it can quickly become critical. Although most patients contract a mild illness, this can at times progress to a very serious state.

### **Background**

1. As I write this document, we have insufficient scientific and clinical evidence of the effect of essential oils on the coronavirus specifically. There is also little scientific evidence of the efficacy of anything at all in the treatment of the coronavirus.

2. Despite the rumours, there is NO danger or contraindication in using so called anti-inflammatory EOs in case of covid-19. Please refer to the article on this topic on my website, which includes text and a video, as it would be too long to document this statement here.

All EOs with high antiviral properties are anti-inflammatory to an extent, and when administered in high doses, continue to cure thousands of patients of all sorts of similar viral infections.

3. Do not under-estimate contagiousness, or the length of asymptomatic contagiousness.

**How the treatment differs from an influenza treatment**

1. One thing was striking from the first cases under treatment, and is progressively verified.

Patients' states deteriorate very quickly, and their symptoms worsen if they interrupt the treatment. This happens within a few hours of the interruption. Similarly, their state improves very quickly when they resume the treatment course.

This came as a surprise with the first cases. We are used to this kind of effect when using EOs in the treatment of ENT pulmonary viral infections, however the effect was greater here.

I therefore recommend that the interval between applications does not exceed 3 hours. In strongly affected patients, I would recommend no more than 1 hour between applications. (During the night and treatment intervals for strongly affected cases with a companion living in the same household available to administer treatment: apply once or twice in the night when the patient awakens; if the patient does not awaken, let sleep do the healing.)

2. Expect a far longer treatment course as compared to influenza. Both frequency of application and dosage are adapted consequently.

Some dosages and frequencies are lower than for the treatment of influenza, which may seem surprising. These have been adapted to suit a longer treatment course with no breaks in treatment (as symptoms would immediately reappear). It is therefore very important to have full participation on the part of the patient, and that the treatment be tolerated by the skin over a long period of time.

3. Treatment axes

There are 3 principal treatment axes in cases of influenza or other viral ENT pulmonary diseases, leading to the choice of specific essential oils:

- Immunostimulant axis
- Antiviral axis
- Expectorant axis

I recommend leaving out the immunostimulant axis in the presence of covid-19. Both antiviral and expectorant EOs already possess immunostimulant properties and do not require additional specific EOs.

Leaving out specific immunostimulant EOs also frees out more "space" in the potential dosage of EO with antiviral efficacy, in turn making the treatment less aggressive to the skin, and less expensive.

**Choice of Essential Oils**

There are of course other essential oils, however see below a selection of EOs which are both effective and easy to use.

**1. Systemic antiviral EOs.**

(EOs with antiviral activity in the entire body, either by killing the virus, preventing it from penetrating our cells, or preventing it from replicating.)

- Tea-tree
- True lavender
- Ravensara aromatica (agatophyllum aromaticum)
- Rosalina
- Coriander seed
- Ho wood
- Gingergrass
- Lavandin (not in case of epilepsy, from 7 years of age)
- Palmarosa (uterotonic = do not use after 5th month pregnancy; may require dilution)
- Thyme linalool (may require dilution)

EOs which are high in  
Terpinene-4-ol  
Linalool  
Geraniol  
(monoterpenoids)

**2. Expectorant EOs and antiviral EOs with ENT pulmonary tropism.**

(This category of EO combines two therapeutic benefits: they are adaptogen mucolytic expectorants, as well as antiviral, but only work well in the pulmonary ENT system.)

- Eucalyptus radiata
- Eucalyptus globulus
- Ravintsara (Cinnamomum camphora)
- Niaouli
- Cajeput
- Saro

EOs which are high in 1,8-cineole (an  
oxide terpene)

**3. Can be added in support, on the soles of the feet – caustic antiviral EOs.**

(These EOs can cause irritations to the skin and mucous membranes. They are antiviral and their effect in small doses is similar to that of high doses of EOs from the first category. Note they are difficult to use).

- Ceylon cinnamon bark
- Ceylon cinnamon leaves (uterotonic = do not use after 5th month pregnancy)
- Cinnamomum cassia
- Clove (uterotonic = do not use after 5th month pregnancy)
- Origanum vulgare and Origanum compactum (Oregano)
- Winter savory
- Thyme (thymol type)

All are highly  
dermocaustic

4. Mix equal parts (50% - 50%) :

- one EO taken from list 1 (systemic antiviral EOs)
- one EO taken from list 2 (expectorant and antiviral with ENT pulmonary tropism)

In each of the following examples, there is a systemic antiviral EO and an expectorant an antiviral EO with ENT pulmonary tropism), in equal proportions.

Example a: { Tea-tree 50%  
Eucalyptus radiata 50%

Example b: { True lavender 50%  
Niaouli 50%

Example c: { Ravensara 50%  
(Agatophyllum)  
Ravintsara 50%  
(Cinnamomum camphora)

Example d: { Lavandin 50%  
Eucalyptus globulus 50%  
*not if epileptic, from 7 yrs of age*

Example e: { Rosalina 50%  
Saro 50%

Example f: { Palmarosa 50%  
Cajeput 50%  
*uterotonic = not after 5 months pregnant  
may require dilution*

Ratios. These can be written differently. All are identical.

a: { Tea-tree 50%  
Eucalyptus radiata 50%

b: { Tea-tree 1/2  
Eucalyptus radiata 1/2

c: { Tea-tree 100 drops  
Eucalyptus radiata 100 drops

d: { Tea-tree half  
Eucalyptus radiata half

5. The objective of this protocol and therefore of these EO formulations is multiple:

- Reduction of the viral load
  - To improve some symptoms, including bronchopulmonary congestion
  - To speed up recovery
  - To maximize therapeutic effects (drugs etc)
  - To diminish contagiousness.
- Reduction of risk of secondary bacterial and viral pulmonary infections.

**Application of essential oils**

1. Basic formulation (1/2 antiviral EO, 1/2 expectorant EO)

Apply essential oils on the skin.

Apply pure essential oils on any patient whose skin is resistant and healthy.

Dilute in vegetable oil for babies, children, elderly people or subjects with fragile or very dry skin, in the presence of a wound, eczema, etc.

Change application areas: e.g. once on the chest, once on the back, once on the legs, once on the arms. This allows for very regular applications, which are necessary in the presence of covid-19, and will most probably be necessary over a prolonged period of time.

2. Loading dose, also known in French as "pyjama embalming", with the basic formulation.

Apply pure (dilute if required) all over the body, except:

- On the forehead and face (to avoid risk of getting EO in the eyes)
- In the crotch and inner thighs

Ensure there is no EO contact with the eyes. Pay particular attention with children, dress them as soon as the EOs have been applied, and wash hands thoroughly with soap.

For best results, apply straight after bath or shower, on dry skin, exclusively on healthy, resistant skin.

3. Caustic antiviral EOs can be added on the soles of the feet, as support.

Apply these very dermocaustic EOs (can cause severe irritations to the skin and mucous membranes) after you have applied the other EOs, and wash your hands immediately.

Apply 1 drop exclusively on the sole of each foot, 3 to 5 times per day. Avoid contact with the sides of the foot, and between the toes. Put on socks and / or shoes straight after application, to avoid transferring the EO. Dilute if required.

Small children and babies: dilute in equal part of vegetable oil. Apply very carefully, one foot at a time, putting a sock on the first foot before applying the EO to the second.

4. Essential oils are to be applied onto the skin.

- It would not be possible to administer such quantities orally.
- EOs which are high in 1.8-cineole are not well tolerated orally, and potentially dangerous for babies when ingested.
- EOs are partially degraded when swallowed, before the body can benefit from their properties
- When regularly ingested, EOs can damage the mucous membranes in the oesophagus and the stomach.

**Dosage and frequency of application**

Please be reminded that high, or even massive doses need to be used to be effective. Diffusion or application one drop at a time of greatly diluted essential oils will be useless for this kind of illness.

1. In the presence of mild “cold-like” symptoms.

Start with a light approach. The sickness might not develop into anything serious, particularly if it is well treated from the beginning, and in the absence of any particular risk factors. Keep a close eye on the person’s state, as evolution can be very serious, and become life-threatening.

Adults:	4 drops	3x/day pure on the skin.
Children under 7:	2 drops	3x/day pure on the skin.
Child under 3:	1 drop	3x/day on the skin, dilute by half (50%).

Continue treatment for 5 days after symptoms disappear. If symptoms improve, lower the dosage, but maintain the frequency.

2. In the presence of moderate symptoms.

Adults :	10 drops	10x/ day pure on the skin.
Children between 7-12:	6 drops	10x/ day pure on the skin.
Children under 7:	2 - 4 drops	5 - 10x/ day on the skin, dilute by half (50%).

Continue treatment for 5 days after symptoms disappear. If symptoms improve, lower the dosage, but maintain the frequency and progressively apply the light symptom dosage.

3. In the presence of moderately severe symptoms, or for risk groups.

As long as the person’s skin is in good shape and relatively resistant, start with a loading dose (“pyjama embalming”)

- Once on the 1<sup>st</sup> day of treatment
- Again on 2<sup>nd</sup> day of treatment if required

This provides a massive dosage, designed to dramatically curb the viral load.

Adults:	3 - 10 ml	pure on the skin.
Children between 7-12:	1-3 ml	pure on the skin.
Children under 7:	0.5ml-2ml	pure on the skin.

4. In the presence of serious symptoms.

Consult your doctor, who may recommend hospitalization.

### Further notes

The sars-cov-2 virus (which appeared during the 2019-2020 coronavirus episode) belongs to the RNA enveloped virus category, against which EOs have proven to be very effective, as in particular with the influenza virus. Scientific evidence as to the efficacy of essential oils against the sars-cov-2 virus in humans will take some time to document. Studies are already underway. For the time being, and in this emergency, we must rely on our experience built up over decades of treating illnesses caused by similar viruses. And we have this experience.

The initial clinical results are extremely encouraging, and have led to the adaptations included in this treatment protocol.

There is absolutely no ground for not treating a patient because of a lack of scientific proof. This kind of treatment protocol using essential oils is well established, its efficacy and low side effects are recognized. To refuse treatment for this reason would be ethically unacceptable.

Imagine standing in front of the daughter of a dying patient and telling her: “No, we are not going to try a treatment which can’t do him any harm, and might do him a lot of good. It could help him so much, that thanks to the treatment, other medical measures could become more effective and save him.”

### Comments on Laurus nobilis

Laurus nobilis essential oil has received a lot of media attention in the francophone world, rendering it very popular, to the point that it has become difficult to find. It is not mentioned in this protocol, which makes use of a selection of effective, reliable, and simple EOs.

Furthermore, laurus nobilis is by no means the most effective immunostimulant, mucous expectorant, or antiviral EO – far from it. Its effects are average.

- In terms of antiviral properties, there are other EOs which are more effective, in the easy to use, inexpensive and easy to find category, such as Tea tree, True lavender, Palmarosa, ...
- In terms of mucous expectorant properties, there are other EOs which are more effective, in the easy to use, inexpensive and easy to find category, such as Eucalyptus radiata, Niaouli, Cajeput, Saro, Ravintsara, ...

Laurus nobilis is a wonderful EO, which possesses many properties, however it is no panacea for covid-19, and there is no reason for it to be given such exposure without further scientific proof. All the cells in our bodies interact with one another, so there are a great many more parameters which come into play than when parameters are isolated, isolated cells are tested, or when looking for a specific marker in an experiment. I read research papers, look at clinical cases – and in my patients’ cases, successes are unquestionably greater with other EOs.

**If you wish to use this document for training, please always hand it out as is, and in full (no extracts), citing the source.**

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