Oil Dispersion Bath Therapy
Patient and Practitioner Guidelines

INTRODUCTION

Throughout this document “I” and “me” means Louise Stewart as the therapist, and “you” means the patient who is engaging with the therapist for oil dispersion bath therapy.

A printed copy of this document is displayed in a clear display folder in each clinic waiting room as well as with the patient history form which is completed prior to the first bath.

Purpose

I practice oil dispersion bath therapy as a professional member of the International Association of Oil Dispersion Bath Therapy after Dr Werner Junge and I am also a member of the Australian Anthroposophic Medicine Association. Oil dispersion bath therapy training is not offered in Australia and accreditation has not been sought here. Therefore along with the guidelines from the aforementioned associations, the following practice guidelines and polices are for the purposes outlined below:

• To provide a guide for myself and those who engage with my practice to abide by Australian Laws
• To demonstrate the practice is offering competent, professional and a legitimate therapy and avoid claims to the contrary
• To observe full disclosure between patient and practitioner to allow informed choice towards partaking in the therapy
• To provide duty of care as a health practitioner
• To provide safe, professional and ethical treatments for the benefit of the patient
• To provide a safe workplace
THE OIL DISPERSION BATH


Origin

The oil dispersion bath was indicated as a beneficial therapy by Dr Rudolf Steiner in the early 20th century. Dr Werner Junge and Dr Hermfried Kunze took up the indication and in 1937 produced an apparatus that allows 5 - 10ml of oil to mix through a vortex action and distribute the oil through the water in fine particles and remain suspended in the water for several hours.

The oil droplets are subcutaneously absorbed and processed in the metabolism. The positive effects are reinforced and integrated using a special underwater brush massage developed out of Junge's experience and association with Anthroposophic Rhythmical Massage and Kneipp therapy and has since been further developed by Reinhold Schön.

The oil dispersion bath is now a stand alone discipline taken up by health practitioners and used for a broad spectrum of applications. Anthroposophic nurses may use elements of oil dispersion bath therapy and it is suitable for home healthcare. Along with the role of providing and certifying practitioners the International Association for Oil Dispersion Bath Therapists are working on producing more extensive research articles.

Therapeutic Aspects

The therapy aims to harmonise the warmth distribution throughout the entire body and as a result the organs come into a more harmonious relationship with each other.

There are three aspects to the oil dispersion bath:

Oil and Water

The oil droplets are subcutaneously absorbed and processed in the metabolism. Various oil bases are used including but not limited to olive, black cumin and linseed. Plant essential oils and extracts, and metals can also be added to these base oils. For best absorption, the bath temperature is within one degree of the patient's skin temperature.

Underwater Brushing

The underwater brush massage is applied to help absorb more oil from the water, stimulate the lymphatic system and soothe the nervous system, and assist the harmonisation of respiration and warmth. The lymphatic system is a network of tissues and organs that help rid the body of toxins and waste. It transports the lymphatic fluid which contains infection-fighting white blood cells around the body. The nature of the immune system is to maintain homeostasis and health by fighting, eliminating and healing. When the immune system is stimulated anything that has been lying dormant under the surface in both physical and emotional layers may be brought to the surface.

Patient-Practitioner Relationship

A different healing dynamic occurs when a therapy is received rather than treating oneself as part of home healthcare. The role of the therapist is to accompany the patient as their own healing forces unfold.
Therapeutic Measures

Patient records are made before and after each bath of relevant measures including:

- body temperature
- complexion
- respiration rhythm
- energy/rest/sleep patterns
- state of mind/sense of self
- other information relevant to the patient's health such as the reason(s) for consulting

Therapeutic Applications

Oil dispersion bath therapy is often used alongside anthroposophic remedies and also complements therapeutic eurythmy and practices that support an individual's inner life.

Oil dispersion baths can be found throughout Europe and especially Germany alongside private anthroposophic medical practices as well as in anthroposophic hospitals, birthing rooms, dementia facilities, oncology practices, and schools and community homes for children and adults with special needs.

To date patients in my practice have taken the baths for such things as to recover from jet lag, stabilise warmth in Hashimoto's disease, soothe rosacea, reduce glandular swelling, recover from seasonal illnesses, harmonise breathing patterns, bring about greater awareness of self in the world and as a preparation for decision making.

Risks and Adverse Reactions

Motor and Sensory Limitations

Entering and exiting the bath requires using leg and arm muscles to step up and down because the bath is elevated. Only people who agree they are capable of this can enter the bath. Anyone with weakness from joint operations should not attempt to enter the bath.

For some people it can be difficult to find a comfortable lying position in the bath, particularly in the final position that requires to lie on the front of the body for 5 minutes. If the neck becomes stiff, you are welcome to reposition and seek suggestions from me to complete the treatment in comfort. You should not take up a position if you suspect complications are suspected to arise.

Reactions to Oils and Brushing

Some oils can have adverse reactions for some people. You are responsible for advising any known allergies, sensitives and medications on the initial patient history form and further advise me of anything that arises after that time. Various oil bases are used including but not limited to olive, black cumin and linseed. Plant essential oils and extracts as well as metals may also be added to these base oils. Various sets of brushes may be used including a set made of agave fibre and another from horse's mane.

Triggering Past Trauma

Old memories and traumas can be triggered by the deep state of rest and the intimate nature of the treatment. Please consult with me to help record and follow a process so that a referral can be made when necessary.

Infectious Diseases

Infectious diseases can be spread in water and on linen. Please refer to the hygiene section of this document for more information.
Bringing to the surface dormant processes

When the immune system is stimulated old illness processes that have not been complete can be activated towards healing. It is best to speak with me to help record and follow a process so that a referral can be made when necessary. The medications and substances that are suspected or known to be in your system may not complement the oil dispersion bath therapy and therefore you are required to inform me of these before taking a bath.

Drowning

No one is in the room when you enter the bath and I am in the room when you exit. There could be 5 minutes at the beginning and end of the treatment where the risk of drowning is present if you fall asleep. A sling to keep the head elevated from the waterline is available to avoid this. If you think this is still a risk for you then you must inform me so that I can stay in the room.

**TAKING YOUR CASE**

By understanding your health and constitution I am more able to choose the most suitable oil. Because of the high risk of spreading some diseases it is important that you are honest so as not to put others at risk. I reserve the right to not treat people who I think may pose a risk to the wellbeing and safety of themselves, myself and others. The following points are some of what will be discussed in consideration of whether it is suitable to carry out bath therapy:

- Alcohol consumption prior to the bath
- Allergies; sensitivities
- Blood; lymph - including cuts
- Fears; phobias
- Glandular fever; flu; other viruses
- Hepatitis A, B, C
- HIV
- Hormones
- Joints; muscles; bones eg arthritis, joint surgery, osteoporosis
- Mental health
- Metabolism including diet, diabetes, body mass, kidney, liver function
- Molluscum contagious (water warts)
- Respiration including heart, lungs, asthma

- Ringworm and other parasites
- Skin; nerves
- Sleep; energy
- Streptococcal and staphylococcus infections including impetigo (school sores)
- Temperature; perspiration
- Traumas and significant events
- Tuberculosis; syphilis; gonorrhoea; herpes
- Whooping cough; measles; chicken pox

- Anything you ingest, inject, inhale, insert or apply regularly to suppress, sedate or stimulate your body, emotions and /or thoughts.
- Anything else that you or I think could be relevant to the safe and effective conduct of the therapy.
THE THERAPY PROCESS

The therapy is most often provided in sets of 3, 7 or 12 over a period of weeks or months, though any number of baths is possible.

You will be asked to fill in the consent form and provide information on communicable diseases and your physical ability to enter and exit the bath without assistance. In the Byron Shire clinic the bath is raised and a large safety step and/or large step-ladder is required to enter and exit the bath and you must agree to be absolutely physically capable of these actions. Persons unable to enter and exit the bath without assistance are not permitted to enter the bath, with the exception of children who receive the assistance of their parent. The bath therapy does not go ahead if a risk is known or suspected. Your consent is assumed once you enter the bath whether or not the form is signed.

The treatment space is silent and in dimmed light for relaxation.

I am not present when you enter the bath but I am present when you exit the bath at which time the sheet or robe for wrapping is held above my line of vision so that you can discretely step out but also take a hold of my shoulder and hand as a support to balance.

The oil dispersion bath can be with or without brushing. Traditionally the patient is naked in the bath. With brushing requires skin exposure while I am present and using the brushes over your skin. No skin exposure occurs if you take the bath without brushing. In this case I am only in the bath area to assist you to exit the bath and to wrap you for the rest period. You may choose to brush your skin for yourself while you are in the bath on your own. If you are receiving brushing you can choose to wear your own swimwear or underwear that fits against the skin and leaves the torso exposed and allows the brushes to stream over the clothing.

The bath is likely to be ready upon your arrival. Rose in olive oil will be used for the initial bath unless we have previously discussed a prescription from my colleagues or doctors known to me, or you have previously consulted with me, or you advise me of known allergies to rose and olive oil.

The time in the bath when I am brushing you is approximately half an hour and without brushing is 10 minutes, at a temperature that is measured within a degree of your skin temperature, and the rest time following is on average 1 hour.

There is a variety of brush bristles, some softer than others.

The technique of brushing moves from the periphery to the heart, in straight lines, while the brushes move over the joints in circular motions.

The brushes sweep around the chest area to collect lymphatic tissue that surrounds the breast. These strokes can be eliminated from the treatment or done by you instead of me. Examples of brush movements that come near the top of the legs and over the torso are shown on the next page.

The first position in the bath is lying on your back, the second is sitting up and the third is lying on your front.

The bath is very large and allows most people to completely float on their back, and those who let the head drop back into the water with the ears under, have reported the most relaxation. I can provide swimming ear plugs and a cap if you choose to use these. You are also welcome to bring your own.

There is equipment for comfort and floatation and this can be altered according to your needs.

If either of us feel unsafe we have every right to remove ourselves from the space immediately.

If either of us is having an adverse reaction to the oil in the bath we should mention it immediately so it can be addressed.

When the bath is complete the body remains wet while it is wrapped and you lie to rest. You re-dress after the rest period. I recommend you leave it at least a day before a shower or bath that may remove the oil.
Examples of Brush Movements Over the Torso and Legs
HYGIENE

My hands are washed with soap (with antibacterial properties) and warm water then dried before:

- Touching a patient and regularly throughout consultation or treatment as necessary
- Preparing the equipment and treatment space

Hygiene filters are used on thermometers and equipment such as torches for oral and auditory inspection. Equipment is also sterilised with alcohol wipes and air dried before reusing.

A clean soft cloth and detergent with hot running water is used to clean the bath thoroughly after each use. Boiling water is then poured over the bath and it is dried with a fine cloth containing pure sage or tea-tree oil.

If an infection is suspected then the bath is filled with hot water with the addition of tea-tree oil and/or oxygen bleach before repeating the standard hygiene process.

The bath brushes follow the same processes with the addition of air drying in direct sun light and moonlight between use.

The bath apparatus is washed and wiped with warm soapy water then rinsed and left to drip dry.

Towels, sheets and other linen are washed after single use, at a standard or long eco-wash cycle that heats the water to a minimum 60 degrees. Linen is wherever possible air-dried in the sun.

All equipment is inspected for hygiene prior to re-use.

My hands and arms are in the water and due to the high risk of spreading infectious diseases, persons with the following contagious active diseases will not be offered an oil dispersion bath: Hepatitis A, B or C, HIV, Tuberculosis, Syphilis, Gonorrhoea, Herpes, or Epstein–Barr Virus. Please consult a medical practitioner for assistance.

Please schedule your appointment for times that you are not menstruating because of the presence of blood.

It is up to you how you fit the bath around your preferred bathing schedule. Keep in mind the following:

- The brushing has a cleansing affect on the skin and will exfoliate
- It is beneficial to leave the oil on the skin for at least a day after the treatment
- Your hair and face is likely to become wet with the oil and water from the bath.
The Professional Relationship

The patient and practitioner should feel safe and respected at all times of their professional relationship.

Each party has the right to immediately stop the professional therapeutic relationship and seek external support if they perceive any form of physical or verbal abuse which exerts or tries to exert power over the other and/or taking advantage of the other either physically, emotionally or mentally.

The therapy is not of a sexual nature and it is not appropriate to make sexual suggestions or jokes towards one another.

Communication

It is not always easy to find the right words to express ourselves. I hope that we can be honest and open. We may both need some time to gather ourselves before we are ready to express ourselves. I would appreciate and encourage that you speak with me directly about anything that arises as a result of your engagement with me as a professional.

Please contact me by calling 0439 896 025 as it is more efficient than emailing or texting.

Before the Bath

Although I prescribe homeopathic remedies, I go into a place in myself for the bath therapy that is very different to taking a case for the purpose of prescribing. I speak only what is necessary to be spoken. The bath is a different therapeutic relationship to when consulting for remedy prescriptions and each require separate conversations.

Particularly for the first bath we have time to converse on the phone and/or in person. I have a patient history and agreement form that I ask you to complete and we discuss anything that may arise as a result of this. After the initial bath our conversation time may reduce to the essential checks of wellbeing so that the bath is the focus.

During the Bath

There is a fine line between allowing relaxation without interruption and assessing if you are doing well in the treatment. I recognise the vulnerable position you are in while receiving bath therapy and I feel it is important that you feel confident to make it known to me if you begin to feel uncomfortable with something that is occurring in the treatment. When lying in the bath you could feel that you need a moment to gather yourself, or that words are not coming easily but you need the treatment to stop. To give you a sense of control in the treatment you are welcome to make suggestions towards how you will indicate to me to stop brushing and allow you the chance to express yourself.

After the Bath

After the therapy is complete (including the rest period) it can be fulfilling to maintain the state of rest and leave without daily chatter. Whether or not we speak after the bath, you are welcome to phone me in the days afterwards because a period of reflection can bring new insights. It is important to bring to my attention as soon as possible, anything that has arisen as a result of the treatment(s) that you feel needs to be improved or that you are having an adverse reaction to.

An online and hardcopy feedback form is also available.

Facilitated meetings

For the purpose of having support to understand each other or resolve an issue either of us may ask the other to partake in a facilitated meeting with a third party to whom we both agree.
Complaint process

Please refer to the following South Australian Code of Conduct for Unregistered Health Practitioners - made under the Health and Community Services Complaints Regulations 2005.

Privacy

In accordance with the Commonwealth Privacy Act, your health records and other information held and collected by me is kept confidential and used only for your healthcare and resulting administration. https://www.legislation.gov.au/Details/C2014C00076

Hard copies of files are locked in filing cabinets. Electronic communication and notes are stored on a private computer which is password protected and has anti-virus protection.

Fees and Payment

Schedule of Fees
Oil dispersion bath without brushing $60
Oil dispersion bath with brushing $100

Payments can be made in cash at the time of the treatment. Or an invoice can be sent so that you can make payment via electronic funds transfer (EFT).

Paying it Forward

I keep a list of people who would like to receive the bath therapy but for whatever reason they are unable to afford it or make an exchange. The concept of ‘paying it forward’ is that others make it possible for these people to receive treatments by gifting money into the “pay it forward kitty”. I provide a 40% discount to people on this list, which means that if the kitty has $60 I offer a bath with brushing to someone on this list.

Gift Vouchers

If you would like to give a gift voucher please provide me 48 hours notice.

Private Healthfund Rebates

Health fund rebates do not apply for these treatments in Australia.
Certificate in Oil Dispersion Bath Therapy

Oil Dispersion Bath Therapy is conducted by the International Association for Oil Bath Therapists after Werner Junge and is based in Dusseldorf Germany. https://www.oelundwasser.de/

As at October 19 2019 I have obtained 3 of the 4 certificates towards full certification as an oil dispersion bath therapist. These have been obtained in three separate week-long face-to-face seminars throughout 2019 and fulfilling the assessment requirements. The final certificate will be obtained on March 14 2020.

Foundations in Anthroposophy and Anthroposophic Therapies

EduCareDo and the accompanying set of 7, 3-day Towards Health and Healing workshops for health practitioners with Lisa Romero (2004 & repeated 2006)

International Postgraduate Medical Training Part 1 of 5 led by Michaela Gloeckler as head of the Section for Anthroposophic Medicine, Goetheanum, Donarch, Switzerland, held in NSW (2005).

Foundations of Curative Education modules with Barbara Baldwin 1, 2 & 3 (2013 & 2014)


Inner Work Path courses and retreats with Lisa Romero (2008 - present)

Professional development is ongoing through continuous work with colleagues from the fields of education, health, the arts and agriculture.

Other Relevant Qualifications

HLTFA301C Apply First Aid Certificate (valid until March 2021)
Diploma of Remedial Massage - Nature Care College Sydney(1993)
HLT60607Advanced Diploma of Homeopathy - Endeavour College of Natural Medicine Brisbane (2013)
ARTHRTS01 Deliver Health Care Information on Musculoskeletal Conditions - Arthritis Tasmania (2008)

Memberships

International Association for Oil Dispersion Bath Therapists after Werner Junge. https://www.oelundwasser.de/
Anthroposophic Medicine Association in Australia (AAMA) which recognises Oil dispersion bath therapy. https://www.aamaanthro.com

Child Related Employment Screening

South Australia Government clearance - issued May 18 2018 and valid for 3 years.

National Police Certificate

Issued 14 August 2018

Insurance

I maintain professional and public liability insurance for the practice of oil dispersion bath therapy.