



Massage Oil

Stock #3928-7 (4 fl. oz.)

NSP's Massage Oil is a light, non-greasy oil that can be used alone or as a carrier (base) oil for diluting pure essential oils that should not be applied to the skin neat (undiluted). A carrier oil is needed for topical application of the vast majority of essential oils, since they are too concentrated to be applied directly to the skin.^{1,2}

NSP's Massage Oil provides a rich blend of oils that contain naturally occurring nutrients such as vitamins D and E, essential fatty acids and trace minerals, all of which are extremely beneficial to the skin.^{1,2}

Apricot kernel oil (unscented) is a fairly expensive, light-textured oil used primarily in beauty care and aromatherapy facial treatments. The unrefined oil contains small amounts of vitamin E, along with other vitamins and minerals. Apricot kernel oil is particularly helpful for prematurely aged, sensitive, inflamed or dry skin.^{1,2}

Sweet almond oil contains protein, linoleic acid (an essential fatty acid), minerals, and vitamins, including fairly high amounts of vitamins D and E. Sweet almond oil also contains a natural sunscreen that can filter out up to 25% of the sun's rays. Sweet almond oil is well suited for massage as it is absorbed relatively quickly. The oil's moisturizing and anti-inflammatory properties make it particularly beneficial for relieving the dryness, itching and soreness that accompanies various skin problems.¹⁻⁴

Hazel nut oil contains vitamins, minerals, protein and essential fatty acids, including the important linolenic acid. Hazel nut oil has a very fine texture that is highly penetrative—this oil is especially recommended for facial applications. Exerting a slight astringent effect on the skin, hazel nut oil moisturizes, softens and repairs dry and damaged skin.¹⁻⁴

Borage oil is rich in essential fatty acids, especially gamma linolenic acid, as well as important vitamins and minerals that are vital for skin health. Borage oil is often used in oil blends as it helps intensify the skin-rejuvenating properties of other oils. Borage oil can be used to stimulate and rejuvenate prematurely aged skin. In addition, borage oil helps relieve inflammation, reduces fluid retention, eases menstrual pain, and helps calm premenstrual and menopausal tension.¹⁻³

Grapefruit seed extract acts as a natural preservative to prolong the shelf-life of carrier oils and retard oxidation. Grapefruit seeds contain a naturally-occurring yet potent, broad-spectrum antimicrobial substance called triclosan. This substance has been shown to be effective against *Streptococcus mutans*, *Staphylococcus aureus* and several other antibiotic-resistant staph infections.^{5,6}

Vitamin E is often added to oil blends to inhibit rancidity. In addition, vitamin E has been shown to relieve dry, itchy skin conditions; aid in the healing of burns, abrasions, and skin ulcers; and prevent and dissolve scar tissue such as old acne scars, particularly if x-ray treatments have been given. Some improvement may also be seen by applying vitamin E topically to skin wrinkles and prematurely-aged skin, since it helps prevent free radical damage to the skin.⁷

One study found that vitamin E, when added to silicone gel sheets that were applied topically, produced significant improvement in the treatment of hypertrophic scars or keloids (the overgrowth of scar tissue).⁸

References:

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- 3 Schiller, C. and Schiller, D. *Aromatherapy Oils: A Complete Guide*. NY, NY: Sterling Publishing Co., 1996.
- 4 Schnaubelt PhD, K. *Advanced Aromatherapy*. Rochester, VT: Healing Arts Press, 1995.
- 5 Sterling RD, M. "Nutrition Q & A." *Nutrition Science News*; October 1998.
- 6 Zafar, A.B., et. al. "Use of 0.3% (Bacti-Stat) to eradicate an outbreak of methicillin-resistant *Staphylococcus aureus* in a neonatal nursery." *American Journal of Infection Control*; 1995, 23(3): 200-208.
- 7 Dunne, L. *Nutrition Almanac, 3rd Edition*. NY, NY: McGraw-Hill, 1990.
- 8 Palmieri, B., et. al. "Vitamin E Added Silicone Gel Sheets for Treatment of Hypertrophic Scars and Keloids." *International Journal of Dermatology*; 1995, 34(7): 506-509.