

Aromatherapy in palliative care

The benefits and the challenges to start up a program

By Antonia Brasted

Part one – The Benefits

Dying is a process done by the living. In Hospice we strive to make those last precious moments of life as beautiful, as meaningful and as comfortable as possible. Serving terminal ill patients, we know we cannot add days to life, but we certainly can add life to days. The main goal of hospice is to help our patients to be comfortable and pain free and it includes emotional pain. In Palliative care, "healing" takes on its ancient meaning of "Whole" or "holy". So "healing" is the letting go of the desire to achieve health and accepting death, facing it calmly and without fear or pain. Management of pain and other physical symptoms by medication is relatively simple in this day and age of technology and scientific and pharmacological advancement. But palliative "healing" is not merely physical, but emotional, mental and spiritual. Emotional pain is dealt with by the assistance of counselors, social services and spiritual support. It has been our experience that as we assist the patient releasing emotional hurt, in many cases the physical pain also subsides. Aromatherapy works not only at the physical level but also at the mental, emotional and spiritual levels making it a perfect therapy for hospice patients and their families that can truly improve the quality of life and the quality of death.

The Mind-Body Connection

Classical physics can take us to the moon and back and into the far reaches of outer space, but classical physics cannot penetrate the inner universe of the atom. Quantum physics does that and leads us directly into the realms of mind and spirit. Essential oils are bridges between all of these realms – physical, mental, emotional, and spiritual.

Essential oils are composed of chemical compounds, but also have electrical properties at the level of electrons and protons. This places them partially in the realm of quantum physics.

Essential oils respond to human thought. They amplify intent. This is why they work so well in combination with prayer and energy healing.

When asked what a particular an essential oil will do, one can give a chemical answer by describing the compounds of the oil and their actions in the human body, pointing out that different people will respond differently according to their own unique chemistry. One can also give a quantum physics answer when asked what oil will do by saying, "What do you want it to do? *An Essential Oil is a carrier of infinity possibilities.* Which possibility do you want it to manifest?" But even quantum physics and classical science combined are not sufficient to account for how our bodies work and how essential oils work in our bodies. Human function transcends the laws of the material world, as does the behavior of essential oils.

Oils and Emotional Roots of Disease

Essential oils connect directly into the hippocampus and amygdala areas of the limbic system, in the brain. The only way to stimulate this gland is with fragrance, or the sense of smell. This is why essential oils may play a major role in our effort to release emotional trauma, and may profoundly affect our mood and emotion. Essential oils are highly aromatic and, therefore, many of the benefits can be obtained by simply inhaling them. This can be done by breathing in the fragrance from the bottle, or they can be diffused into the room. Essential oils stimulate in the human body the secretion of antibodies, neurotransmitters, endorphins, hormones, and enzymes. They are as alive as human beings, chemically and electrically. The molecules of essential oils are of the right composition and size to pass through the blood-brain barrier, something most prescription drugs and most other substances cannot do. They can reach into our emotional brains and unlock forgotten feelings that are the root of our physical problems.

Essential oils also address the roots of our problems at cellular levels, right down to the DNA inside the cells. They cleanse the cells, protect them from hostile microbes, delete incorrect information in cellular memory, and reprogram proper information so that the cells have a correct job description and can function as the nature intended.

Aromatherapy is a powerful tool to help hospice's patients and their loved ones to take the death journey in a peaceful manner. Lifting spirits and reducing depression and anxiety allow the terminal ill to be at peace and finish unfinished business.

In home hospice care, the patient's family (caregivers) are integrated part of the care team, they too need emotional support to cope with the stress, grief and abandonment, while caring for their loved one. They are in need of support, love, reassurance, comfort and healing as well as the patient. The effect of caring for or living with a terminally ill person can be very traumatic and devastating.

Very often, the patient can be very accepting of his/her condition and the prognosis. However, close family can find it harder to come to terms with the situation and suffer from anxiety, depression and stress. They may also find it hard to talk about their feelings and even talk to the patient about their feelings and practical matters.

Many times they hide behind "false cheerfulness" which is stressful and can prevent any meaningful communication at a time when, though it is the most difficult, is most important.

Practical matters like funeral arrangements, finances, legal matters, etc. are not discussed. Emotions and feelings are not shared. This lack of communication can impede the acceptance of the situation, for the patient and the family. Even though the patient can accept his/her own situation, not being able to verbalize what needs to be said makes their transition more difficult than it needs to be. The result is more stress and anxiety. Aromatherapy can help to reduce anxiety and stress, relieve depression and help to release emotions. A simple aromatherapy application, diffusing Bergamot or Rosewood essential oil, might be all that is needed to build a soft atmosphere of openness, helping to ease communication.

Diffusing Essential oils in the air is just a basic possibility. Aromatherapy offers endless possibilities in palliative care.

What you can do with Aromatherapy in Hospice Care

Aromatherapy can be used to promote relaxation, alleviate anxiety, reduce depression, reduce pain, reduce nausea, alleviate side effects of chemotherapy, improve sleep patterns, reduce stress and tension, alleviate psychological distress/provide emotional support, improve well-being and quality of life, live with altered body image. But, you need to keep in mind that using aromatherapy with hospice patients is very different than working with someone with mild ailments; patients who have a terminal illness are dealing with a very low immune system to begin with and have a lot of stress and anxiety on the body and mind. Check carefully your precautions guidelines and dilutions. Less is always better.

Dilutions

Depending on the specific oil and the situation, a total of 5-18 drops of essential oil blended into 1oz of carrier oil/cream/lotion. These amounts may vary based on the person for whom you are making the blend (see dilutions below) and on the strength of the specific oil you are using.

1% Dilution = 5 to 6 drops of essential oil to each ounce of carrier oil or cream. This dilution is used for children, elders, chronically ill individuals and pregnant women.

For a well-rounded blend use: Top note = 1-3 in a 30 ml/1oz.

Middle note = 2 in a 30 ml/1oz.

Base note = 1 in a 30ml/1oz.

Note: The term carrier oil (also known as "fixed oil" or "base oil") refers to the solution and delivery method to dilute essential oils in. Carrier oils have their own therapeutic advantages as well as the essential oils.

Please keep in mind that the body is always changing and patients with terminal illness are already dealing with a lot of fluctuation in their body; due to a low immune system, medications etc. Remember to check if the client is on any homeopathic therapy, oils in the mint family such as peppermint and spearmint can

cancel out the homeopathic medicine. You will need to adjust the therapy to compensate the body changes. What works today might not work tomorrow.

Suggestions of Essential oil Blends for palliative care applications

COMPLAIN	ESSENTIAL OILS BLENDS
Agitation/Anxiety	Diffusing blend of: Lavender, Melissa, Sweet Orange and lemon.
Constipation	Lavender, Ginger, Fennel, Black Pepper, Rosemary.
Dry/Itchy Skin	Lavender, Geranium, Roman Chamomile.
Muscular Aches & Pains	Lavender, Rosemary, Fennel, Black Pepper, Juniper, Peppermint.
Decrease in malodors	Lemon, Thyme, Eucalyptus Citriodora,
Spiritual and emotional suffering	Roman Chamomile, Rose Otto, Lavender, Melissa
Grief	Frankincense, Rose Otto, Cypress, Helichcrysium, Melissa
Sadness and despair	Grapefruit, Mandarin and Lavender, Melissa

Emotional and spiritual suffering	Lavender, Rose Otto, Roman Chamomile, Melissa
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Note: Melissa is one of the most effective essential oils in palliative care. It assists to dispel fear and to aid acceptance, both for the patient and their family. Melissa relates to the heart chakra it assists to ease shock. Melissa also relates to the solar plexus chakra, which is concerned with expression and our will. Melissa assists to align with the will and acceptance. There are those who say Melissa Essential oil has helped in remembering past lives. For a dying person to recall past lives helps them to accept the end of their current life, knowing that they will live again.

Applications examples

1. Diffusing Essential oil. This application is the easiest. All you need is a good nebulizing diffuser and an essential oil or blend suitable to address the condition you want to address.
2. Direct inhalation. Essential oils are very concentrated. Holding the opened bottle for the patient to inhale might be all that is needed, or putting a drop on a cotton ball or Kleenex.
3. Hand and foot massage. Essential oils can be added to an unscented lotion for direct application.
4. Bed bath: Essential oils can be diluted and dispersed directly onto warmed cleansing cloth.
4. Air freshener (purifier) can be sprayed in the air, linens and or drapery, as needed.
5. Body spray can be applied after shower to a non-compromised skin.

6. The clinician might apply the essential oil blend suitable for the patient on her/his hands (indirect method) while providing prayer, reflective review or imagery.
7. Constipation lotion blend can be applied with gentle, clockwise circular massage 2 x day or PRN
8. To reduce wound's smell, tape over the clean dressing, secondary gauze, sprayed with an essential oil blend suitable to control malodors.

Essential Oils You Should Not Use in a palliative care setting:

Cancer: anise, basil, fennel and nutmeg.

Estrogen-dependent cancers: anise (aniseed), fennel, lemongrass, Melissa, citronella, bergamot, and eucalyptus.

Cardiac disease: peppermint.

Hepatic disease: anise (aniseed), basil, bay, cinnamon and clove.

Renal disease: bay, cinnamon and clove.

Part 2 – The Challenges

Hospices patients can benefit tremendously from Clinical Aromatherapy Program, but unfortunately hospices face their own unique challenges: **investment costs; skeptical clinicians; and the necessary time to provide the service.**

Costs

Hospice gets paid on a per diem bases, which means that hospices doesn't get paid to provide Aromatherapy. The costs associated with investing in an aromatherapy program can be significant so it's imperative to set specific guidelines for what you hope to achieve. You may consider starting with a small "aromatherapy touch" and in the future, set up for something bigger and better. Plan and budget well before

you start to avoid taking the risk of not having your program approved due to the cost factor.

Skeptical clinicians

Hospice care is provided by an Interdisciplinary Team (IDT), which includes: Medical Doctor, Registered Nurse, Certified Nurse Assistant, Master Social Worker, Spiritual Counselor, Bereavement Counselor and Volunteers. Any therapy provided to patients, will need the approval of the IDT. Educating the staff is a must. Today's marketing abuses the term aromatherapy. In any drugstore, cosmetics store and even dollar store, one can find a fragrant product advertised as "aromatherapy". How to expect that the clinicians will know the difference between the "therapeutic grade" essential oils and the others? The best way to train the clinicians is to let them experiment and see the results. The most important first step, however, is to generate enough enthusiasm and support from staff to maintain a successful program. I would suggest that a good way to diminish doubts is to start with staff complaints and offer to relieve their headaches, backaches, stuffy noses, etc. Nothing is more convincing than a successful experience. Another effective communication tool is the use of double-blind/placebo or case studies. Keep several handy that you can hand out because if you can't sustain on your own with science-based clinicians, your program will quickly be seen as nice, but unnecessary. The studies below give you an idea of what to research

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PURPOSE: The purpose of this study was to examine the effects of aroma hand massage on pain, state anxiety and depression in hospice patients with terminal cancer. **METHODS:** This study was a nonequivalent control group pretest-posttest design. The subjects were 58 hospice patients with terminal cancer who were hospitalized. Twenty eight hospice patients with terminal cancer were assigned to the experimental group (aroma hand massage), and 30 hospice patients with terminal cancer were assigned to the control group (general oil hand massage). As for the experimental treatment, the experimental group went through aroma hand

massage on each hand for 5 min. for 7 days with blended oil-a mixture of Bergamot, Lavender, and Frankincense in the ratio of 1:1:1, which was diluted 1.5% with sweet almond carrier oil 50 ml. The control group went through general oil hand massage by only sweet almond carrier oil-on each hand for 5 min. for 7 days.

RESULTS: The aroma hand massage experimental group showed more significant differences in the changes of pain score ($t=-3.52$, $p=.001$) and depression ($t=-8.99$, $p=.000$) than the control group. CONCLUSION: Aroma hand massage had a positive effect on pain and depression in hospice patients with terminal cancer.

And this study was conducted at my own home town – LAS VEGAS – NV.

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This study measured the responses of 17 cancer hospice patients to humidified essential lavender oil aromatherapy. Vital signs as well as levels of pain, anxiety, depression, and sense of well-being were measured (using 11-point verbal analogs). Each subject was measured on three different days before and after a 60-minute session consisting of (1) no treatment (control); (2) water humidification (control); or (3) 3-percent lavender aromatherapy. **Results reflected a positive, yet small, change in blood pressure and pulse, pain, anxiety, depression, and sense of well-being after both the humidified water treatment and the lavender treatment.** Following the control session (no treatment), there was also slight improvement in vital signs, depression, and sense of well-being, but not in pain or anxiety levels.

More and more studies are also being done on the antiviral, antifungal, anti-infectious properties of essential oils. One such case study by Irene Gilliland, RN, CNS, ACHPN, published in the September/October 2009 Journal of Hospice and Palliative Nursing is titled, "Use of Essential oils to Treat Methicillin-Resistant Staphylococcus aureus in End of Life: A Case Study." Methicillin-resistant Staphylococcus aureus (**MRSA**), a particularly virulent bug, can quickly overwhelm a weakened immune system and is easily transmitted. In this study, Lavender

(Lavandula augustifolia) was used in a saline eye wash for a 102-year-old nursing home patient who had been isolated for three years due to MRSA in the eyes. She had been treated with everything from Oxacillin, Imipenem and Moxifloxacin, to Mupirocin and Vancomycin. Nothing had worked. Someone suggested essential oils and the pharmacy mixed 15 drops of Lavender in 500ml of saline. They soaked a cotton ball in the solution twice a day and swiped it across the patient's eyelid. One month later, the patient was retested and there was no sign of MRSA present.

To convince clinicians to take Aromatherapy serious as an alternative palliative care measure, you will also **need to learn to speak their language**. You will need to know the common hospice diagnoses, the associated symptoms and whether essential oils might be likely to help. Keep in mind that therapeutic essential oils are not appropriate for every symptom; you must know the diagnosis to determine the viability of treatment. For instance, hearing "constipation" is not enough information. If the diagnosis is colon cancer with a complete bowel obstruction, a constipation lotion would be contraindicated.

Similarly, if a patient is complaining of a constant headache, check the diagnosis. If you hear "glioblastoma," you will need to consider that vasodilators essential oils, which increase circulation to the brain, would not be helpful for a growing tumor. You might opt for something to assist him in relaxation instead.

Time to provide the service

Home Hospice care involves driving from home to home, while serving a high census of patients. Time is a precious commodity. Being asked to do one more thing, no matter how great, may be the one too many. The best way to start an Aromatherapy program might be adding essential oils to the personal care of the patient, i.e. bathing solution, shampoos and specially lotion for body and foot

massage. Again, training of the staff is crucial. Also, you may consider that Aromatherapy can be introduced as an activity, instead of a medical modality, which would minimize the depth of policies, procedures, red tape and rules. This would allow you to utilize the services of other members of the staff. Possibilities include: Pastoral care staff, Social Services staff and volunteers.

Also consider that the majority of hospice's patients are elderly. Even though their hospice diagnose might not be dementia, due to their age, most of them have a secondary diagnostic of dementia, forgetfulness and mental confusion. Aromatherapy can help to improve the quality of their lives.

The case studies below are a good example of the effectiveness of aromatherapy on caring for dementia patients.

Case Study One

Condition: Ms. ES is a 72 years old female. She resides in a memory care facility. She presents signs of anxiety. She often feels that the other residents around her do not like her and so she feels lonely and rejected.

Treatment: A blend of Bergamot and Lavender diluted in an unscented lotion was massaged gently into the hands and feet to promote relaxation. After the massage she was calm, relaxed and willing to talk about her feelings, which helped to release her emotions.

Feedback: Ms. ES Caregiver reported that after these massages she always has a good night's sleep. She also appears to be much more alert during the day and in a better mood. The effect lasts a few days.

Case Study Two

Condition: Dementia: Ms. RL 83 years old is a dementia patient and has short-term memory loss. She becomes very agitated and tearful, forgetting where she is and

who the people are around her. She often tells visitors. Help me, Help me. When asked what help she wants, she answers "help me to remember things".

Treatment: Unscented body lotion was mixed with 1% of a blend of rose and bergamot and applied on Ms. RL hands and feet.

Feedback: She reacts to the smell right away and in every session, after a few minutes of massage, she starts talking about things she can remember. Being able to communicate leads her to smile more often and to show signs of happiness.

Case Study 3

Condition: Dementia: Mr. J T. was so agitated that he was fighting with the staff most of the time. He also had been refusing a bath for days.

Treatment: Mr. JT's caregiver was instructed to massage her hands with a lotion with 5% of Lavender Essential oil and try to reach for patients hands. He was a little suspicious at first, but slowly calmed down and commented on the nice smell. She continued chatting with him while massaging his hands.

Feedback: That morning he agreed to walk with her to his bathroom for a shower.

The guidelines below might be useful to start up a successful program:

1. Evaluate interdisciplinary patient care plan for the appropriateness of integrating aromatherapy
2. Generate an integrative aromatherapy plan
3. Obtain doctor's order/ permission for treatment
4. Implement aromatherapy
5. Evaluate measurable and significant outcome
6. Document appropriately.
7. Write aromatherapy guidelines for symptoms care management.

8. Train your staff on safety and applications.

9. Create essential oils blends for several symptoms management: For instance if the person is restless one would include the more calming essential oils such as, Roman Chamomile, German Chamomile, Clary Sage, Lavender, Sandalwood and Ylang Ylang in the blend. On the other hand however if the sufferer were lethargic it would be more useful to include some of the more uplifting essential oils such as Bergamot, Geranium, Jasmine, Neroli, Tangerine, Orange and Rose in the blend. Neroli can be a wonderful addition to any blend if the person is suffering from anxiety as well as depression.

10. Supervise the services provided:

11. Develop your essential oil supplier source, making sure that you only buy therapeutic grade essential oils from a reliable source.

12. Essential oils are organic chemicals from plants. Make sure you keep material safety data. Keep in mind that although essential oils are mostly safe, there are few (if any) contraindications (unlike pharmaceuticals). Clinicians might suggest it would be unwise to use essential oils in hospice because they can cause allergic reactions. We routinely use pharmaceuticals that come with a laundry list of contraindications (many of them potentially lethal) and yet we never question their use. Knowledge of the safety guidelines is a must when treating a hospice patient with essential oils.

The courage to dare

The San Diego Hospice & Palliative care started its Aromatherapy program in 1996. Aromatherapy was integrated into the existing “energy therapy program” that was then composed of Reiki, Therapeutic and Healing Touch care modalities. A certified Aroma therapist was introduced to the program at that time. Their palliative aromatherapy program has evolved to the point where it now treats over 1,000 patients yearly using room sprays, bed baths, compresses, non-evasive comfort touch massage modalities, and specialized gel-based applications. Developed over the past 9 years, through grant funding, protocols include medical observations which result in carefully planned guidelines for implementing the seven symptoms

interventions and customized aromatherapy blends for improved palliative/hospice care.

Dr. Elly Hann, fellow M.D. with Center for Palliative Studies at San Diego Hospice and Palliative Care observes: "When the care team is confronted with tough patients with difficult to manage pain or complex psycho-social issues, we turn to aromatherapy for help. The presence of certain fragrances coupled with other therapeutic modalities to the patient, seems to help manage pain, which allows for less drugs. Truly, aromatherapy is very much of an integrated therapy of the whole patient care plan upon request, our reliance on aromatherapy has increased. My hope is to see this wonderful therapeutic option become available for all of our patients."

The San Diego Hospice accomplishment shows that if a hospice program can solve the initial obstacles, an addition of clinical aromatherapy program not only will tremendously benefit their patients, but also may increase the hospice's visibility in the community, setting them apart from any other hospice program.

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