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In recent years there has been an important shift in approach for the management of complex chronic and life-limiting diseases that are typically accompanied by a high symptom burden. Increasingly, health care professionals are including the patient in a dynamic, engaging and responsible relationship with regards managing their own symptoms, emphasizing patient responsibility, enhancing self-efficacy and encouraging healthy behaviours. As a result, across a number of disease states, health outcomes have improved along with reduced symptom reporting and positive improvements in quality of life (Hoffman, 2013; Grady & Gough, 2014).

As symptoms are by their very nature subjective physical or psychological experiences of ill health or dysfunction, patient autonomy is paramount along with education, support and monitoring. This organic and holistic approach to empowering patients to actively identify and cope with their symptoms is beautifully supported with the judicious use of essential oils. Self-care is the key to effective care and aromatherapy offers both physical and psychological benefits that can easily be incorporated into the patient’s daily routine. Promoting self-care demands skill and commitment on the part of the therapist; optimum efficacy is obtained when interventions are tailor-made and specific to the symptom in question, readily implemented with clear instructions, realistically achievable and measurable in terms of outcome. The therapist-patient relationship is necessarily one of collaboration and engagement that extends to and includes other members of the health care team as well as the patient’s family. In this issue of the IJCA we include three papers that offer examples of aromatherapeutic approaches that require engagement and motivation on the part of the patient and that lead to positive and measurable aromatic benefits.


Rhiannon Lewis
Dear Editors,

We would like to share with you the following report of an experiential study that was conducted at the Institute of Psychiatry of the Medical School of the University of São Paulo (IPq-HCFMUSP) in 2016. This report was presented as a poster at the second Aromatherapy and Well-Being Symposium held in São Paulo, Brazil in 2017.

Aromatherapy applied to well-being at work: an experiential report

This is a short report on an experiential study on the application of ‘Aromatherapy for well-being at work’ at the Institute of Psychiatry of the Medical School of the University of São Paulo (IPq-HCFMUSP), with the main objective of arousing the participants’ interest in using essential oils for reducing the stress index in the work of hospital-based health professionals, especially nursing teams. Six volunteers (all health professionals from the psychiatry sector) took part in the study.

Introduction

Aromatherapy is an ancient therapeutic practice that is based on the psychological, physiological and pharmacological action of essential oils extracted from several parts of plants. In Brazil, the administrative rule No. 849 of March 27, 2017 issued by the Ministry of Health includes naturopathy, together with aromatherapy, in the National Policy of Integrative and Complementary Health practices. The concept of well-being used in this experience report is based on positive psychology that considers well-being as synonymous with happiness, the subjective aspects of the link between pleasure and displeasure, as well as in terms of the degree of satisfaction a person has in their overall life.

For this study we used the following definition of well-being at work (Paschoal & Tamayo, 2008): “The prevalence of positive emotions at work and the personal perception that in the work environment he expresses and develops his potentials / skills and advances in achieving his life goals”.

Objective

The objective of this study was to verify the efficacy of the use of essential oils in the application of aromatherapy in health care professionals (mainly nurses and nursing assistants) working in a psychiatric hospital, as well as their relationship to well-being at work, considering that such professionals have high levels of psychological stress.

Methodology

In this study conducted from 08/08/2016 to 03/10/2016, we evaluated the effects of essential oil inhalation (1 single drop of essential oil in 10ml of distilled water), for a duration of 10 minutes, once a week for a period of one month for each participant of the study. The inhalations were conducted in the workplace (at the nursing post). Each inhalation was supervised by one of the researchers.

The volunteers for this aromatherapy experience comprised one neurologist and five nurses, all from the psychiatry sector.

The choice of essential oil was according to individual preference and the same oil was used until study completion (one month). The selection was from among the following essential oils:

- *Rosmarinus officinalis* (rosemary)
- *Citrus aurantium bergamia* (bergamot)
- *Eucalyptus globulus* (eucalyptus)
- *Cinnamomum camphora* (ravintsara)
- *Mentha arvensis* (cornmint)
- *Lavandula angustifolia* (lavender)
- *Citrus limon* (Sicilian lemon)
- *Litsea cubeba* (may chang)
- *Amyris balsamifera* (West Indian sandalwood/amyris wood)
- *Cananga odorata* (ylang ylang)

Each participant of this study (N=6) selected one single oil to be used until the end of treatment. The oils used were sponsored by the Brazilian company: By Samia Aromatherapy (www.bysamia.com.br).
The six participants of this project initially responded to an Applied Aromatherapy Questionnaire, had blood pressure measurements before and after inhalation, and responded using a scale of 0 to 10 to the question related to how they felt about well-being in the work place (performed both at the beginning and after the aromatherapy was applied).

Results and conclusion

At the conclusion of this experience report, it was found that all participants demonstrated an interest in the use of essential oil therapy as well as positively reporting on their experience.

Sicilian lemon oil was the most preferred (50%; N=3) followed of the essential oils of ylang ylang (N=1), rosemary (N=1) and bergamot (N=1).

Regarding well-being at work, we observed that there was no great change in the responses after the applied aromatherapy sessions.

Regarding blood pressure measurements, minor changes were found in all participants. In one of the sessions, the volunteer had an arterial blood pressure measurement of 160/90 mmHg prior to inhalation and after inhalation this fell to 130/70 mmHg. In another session (the same person) they had an arterial blood pressure measurement of 170/80 mmHg prior to inhalation; after inhalation we verified the change to 140/80 mmHg, indicating a reduction in systolic and diastolic blood pressure. Specifically, in this case, the essential oil chosen was Cananga odorata (ylang ylang).

Our intention is to continue in the same direction with aromatology, to scientifically research the efficacy of essential oils, with a main focus on well-being of people interested in participating and contributing to this rich natural science.

References