



Clinical Aromatherapy Part I: An Introduction Into Nursing Practice

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What Is Aromatherapy?

Aromatherapy is one of the fastest-growing complementary therapies used by nurses in acute-care and long-term care settings in the United States (Buckle, 2001; Thomas, 2002). Simply defined, aromatherapy is the controlled use of plant essences for therapeutic purposes (Ernst, 2001). Licensed and certified caregivers, such as massage therapists and estheticians, use aromatherapy regularly in their practices. Although interest in aromatherapy is increasing among nurses, most have not received specialized education in the selection, safe use, and clinical efficacy of essential oils. Risks are associated with the use of essential oils, and aromatherapists, healthcare providers, and patients must be made aware of the risks and practice safe use of essential oils. Aromatherapy generally should be considered an adjunctive treatment and not an alternative to conventional care.

This article provides an overview of aromatherapy, guidelines for selecting quality products, and the potential risks associated with essential oils. "Clinical Aromatherapy Part II: Safe Guidelines for Integration Into Clinical Practice" (see page 597) provides an overview of the qualifications necessary for aromatherapy practice, a brief summary of published data, and guidelines for safe integration into clinical nursing practice. Despite the growth of aromatherapy, a limited amount of published data defines dosing, methods of administration, and therapeutic outcomes of essential oils. The development of clinical practice guidelines provides a safe, standardized approach to the use of essential oils and aromatherapy within clinical practice settings.

What Terms Are Important to Know in Aromatherapy?

Essential oils are the aromatic essences of plants in the form of oil or resin. Essential oils are derived from plant leaves, stalks, barks, roots, flowers, fruits, or seeds. A carrier is the diluent used to dilute a concentrated essential oil for application. The neat is the direct application of the essential oil compound (essential oil plus carrier) to the skin. The note is the distinct aromatic variable of an essential oil used when blending combinations of different essential oil compounds. The top note is bright, the middle note is lingering, and the base note is grounding (see Figure 1).

How Did the Practice of Aromatherapy Begin?

The medicinal use of plant oils has an extensive history in ancient Egypt, China, the Far East, and Renaissance Europe (Thomas, 2002). The contemporary development of aromatherapy is attributed to René-Maurice Gattefossé, a French chemist who burned his

hand and applied lavender oil to the site. The burn healed rapidly without scarring. The experience inspired him to study the possible therapeutic influence of plant oils. As a result, the term aromatherapy was coined in 1937 (Ernst, 2001). Essential oils can be applied directly to the skin through compresses or massages, inhaled via diffusers or steaming water, or added directly to bath water. At the present time, about 150 essential oils exist (Thomas).

What Is the Chemical Structure of an Essential Oil?

Essential oils have distinct complex structures and can be categorized by their proposed mechanisms of action. Terpenes have antiviral, antiseptic, bactericidal, and anti-inflammatory attributes. Esters have fungicidal and sedative attributes. Aldehydes have sedative and antiseptic properties. Ketones may be very

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FIGURE 1. TERMS TO KNOW IN AROMATHERAPY

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