

# The Essence of Clinical Aromatherapy:

*An international seminar for hospital & hospice care- A summary*

By Carol Rose

On 25 November 2017, I returned to the Royal Marsden Cancer Hospital in London for a 1-day seminar in Clinical Aromatherapy. Organised & hosted by Rhiannon Lewis, a leading authority in Clinical Aromatherapy, there was no doubt as to the importance of this inaugural programme with delegates travelling from the UK, Europe, USA, South Africa as well as myself from New Zealand. The programme reflected the diversity with which Clinical Aromatherapy is used in healthcare settings and was delivered by a variety of expert speakers. Summaries of their contributions are as follows:

## **Infection control in the clinical environment: the potentials & challenges of essential oils**

*Professor Val Edwards-Jones*

In a career spanning over 40-years in microbiology, Professor Val Edwards-Jones described the global escalation of antimicrobial resistance within healthcare and agriculture. A combination of over-prescribing, together with no new classes of antibiotics being developed in the last 25 years, has contributed to a vast increase in drug-resistant pathogens. Consequently, common conditions such as a sore throat, or a child's scratched knee, can now actually present as a life-threatening event.

The gravity of the situation, described in 2011 by Dr Margaret Chan, Director General of the World Health Organisation, as a "post-antibiotic apocalypse", has since been officially recognised in the O'Neill report (2016) which concludes, "We have reached a critical point and must act now on a global scale to slow antimicrobial resistance". Current research initiatives are underway to evaluate other treatment sources including essential oils.

Whilst essential oils of *Melaleuca alternifolia* (tea-tree), *Eucalyptus globulus* (eucalyptus) and *Leptospermum scoparium* (Manuka) are commonly recognised as possessing major anti-microbial components, there are

many others with similar properties. Professor Edwards-Jones discussed how zone-of-inhibition methods demonstrate anti-microbial activity of single essential oils. However, the exponential increase in anti-microbial activity, (both in topical and vapour contact), happens when essential oils are combined. She proposed more research with combination oils concluding that they offer an important role in the future of global anti-microbial management.

## **Developing and delivering a randomised controlled trial to explore the effect of aromatherapy massage on sleep in ICU**

*Professor Natalie Pattison*

With an extensive background in critical care research, Professor Natalie Pattison outlined the development and practicalities underpinning a current randomised controlled trial (RCT) using aromatherapy massage/ inhalation to aid sleep quality in patients admitted to an oncology Intensive Care Unit (ICU). Sleep deprivation is a major issue for these patients which can result in delayed wound healing, delirium and post-traumatic stress disorder after discharge. However, prescribed night sedation may cause further adverse problems, prompting investigation of other, less invasive interventions.

The aim of this current RCT is to determine whether aromatherapy massage combined with aromatic inhalation, is helpful for sleep quality in ICU oncology patients. Particular attention was paid to the construction of the study to minimise invasive measurement techniques, maximise the subjective nature of sleep assessment and utilise the professional advice of a Clinical Aromatherapist for appropriate essential oil selection. Patients meeting the entry criteria are randomised either to receive a 20-minute hand/foot and/or back massage plus an aromastick or inhalation patch containing essential oils for use at night; or to the control arm of the trial to receive best



supportive care. Completion of the study is expected by mid-2018. A fascinating insight into the reality of Clinical Aromatherapy research.

## Malodour & other clinical conundrums in oncology

Dr Jacqui Stringer

As Clinical Lead for Complementary Health & Well-being at the Christie Hospital in Manchester, Dr Jacqui Stringer presented an array of complex clinical situations she faces every day. She began by raising the crucial question of ‘why aromatherapy should be used within the oncology setting?’ The simple answer being, “because gaps exist”, both in the physical and psychological domains.



Through case study presentations, Dr Stringer demonstrated the valuable contribution of Clinical Aromatherapy. Examples included, the anti-fungal/anti-microbial actions of *Cymbopogon martini* (palmarosa), *Aniba roseadora* (rosewood) and *Pelargonium graveolens* (geranium) for the management of Aspergilloma in a young man with a relapsed acute lymphocytic leukaemia (ALL). This combination of essential oils, administered 5-times daily by steam inhalation, potentiated the anti-microbial effects of the patients’ prescribed antibiotics. Within 2-months, the improvements identified on a chest CT scan, were such that this patient was able to continue active treatment of his disease.

The anti-microbial effects of *Neroli bigarade* (neroli) combined with *Lavendula angustifolia* (lavender) applied in a low-level dilution topical gel, enabled healing of vulval ulcers colonised with pseudomonas in a woman immunosuppressed by chemotherapy treatment for ALL. Other complexities included an 18-year old man with Crohn’s disease who suffered total wound breakdown following a skin graft of his upper thigh. Although no obvious infection was identified, the wound would not heal. A low-level concentration of *Lavendula angustifolia* (lavender) applied daily in a gel base with a semi-occlusive dressing, progressed to complete wound healing within 2 weeks.

Dr Stringer highlighted how essential oils have aided the quality of life of patients suffering the devastating consequence of advanced tumour growth, leading to fungating malodorous wounds. Topical applications of essential oil combinations have proved highly effective, particularly for odour & exudate management. The Christie Hospital is currently waiting for a license to dispense a successful essential oil product for the management of these complex wounds.

## Nature’s best for oral care in palliative care

Madeleine Kerkhof

Madeleine Kerkhof, Author of *Complementary Nursing in End of Life Care* (2015), presented an in-depth overview of mouth-related disorders in patients entering the end stage of life. She described how infection, dry oral states, pain, ulceration, halitosis and alterations of taste can all negatively impact a patient’s quality-of-life. Traditional medical interventions are not particularly effective and often unpleasant. Drawing on her extensive experience as an herbalist and aromatherapist, Madeleine discussed several key botanical agents which can assist oral hygiene, comfort and healing.

Aloe vera (*Aloe barbadensis*) from the inner leaf of the plant offers a cooling and moisturising gel-base from which to incorporate other botanicals appropriate to the oral condition. These include;

- *Calendula officinalis* (calendula CO2 extract)
- *Matricaria recutita* (german chamomile) used in essential oil, CO2 extract or hydrosol form
- *Hippophae rhamnoides* (sea buckthorn pulp)
- *Helichrysum italicum* (helichrysum) essential oil and hydrosol form
- *Krameria lappacea* (rhatany root CO2 extract) – in 40% olive oil
- *Cymbopogon citratus* (lemongrass) essential oil
- *Mentha x piperita* (peppermint) essential oil and hydrosol
- *Leptosperum scoparium* (manuka) essential oil

Botanical oral applications offer a palatable, highly-effective and direct method of treatment for the oral mucosa, thereby enhancing the quality of life of patients in the palliative care setting.

## Enhancing comfort with Nursing Touch®

Wendy Belcour

As manager & co-owner of EIBE, Clinical Aromatherapist and massage therapist, Wendy Belcour offered a fascinating insight into her clinical work in France and a touch technique she has subsequently developed.

Within France, massage therapy is considered the domain of physiotherapists, osteopaths and chiropractors. However, Wendy recognised a need for incorporating touch in a caring, compassionate way to aid comfort and non-medicated pain relief. Blending low-level concentrations of essential oils (0.5-1%) with talcum as the base substance, Wendy described the gentle, flowing techniques of Nursing Touch®. Whilst

talcum is plentiful in her region of Toulouse, it also maintains the aroma of essential oils, is soft and pleasing to the recipient and is a useful alternative to carrier oils. Patients receive 1-2 weekly sessions (minimum of 3-sessions). The holistic nature of Nursing Touch® offers a soothing touch technique which incorporates compassion, respect and care of the individual patient.

### **An overview of the use of aromatherapy within a paediatric hospice setting**

*Abigail Tong*

Abigail Tong is a young, enthusiastic Complementary Therapist working at the Ty Hafan Childrens Hospice in Wales. Since opening in 1999, Ty Hafan provides care for life-limited children and young people. Every aspect of the facilities and care offered to children and their families has been considered from the child's perspective. Abigail detailed the bright, welcoming surroundings with personal touches such as walls covered with painted hand-prints of the children, as well as those of Patrons, supporting members of the public, even Prince Charles!

As a Complementary therapist, Abigail has familiarised herself with the medical terminology, specific conditions, treatments and numerous prescribed medications. She offers individualised care that reaches beyond the child to their parents, siblings, grand-parents, extended family and friends. Speaking passionately about the honesty of children, she explained how they will often direct their massage and reflexology sessions, honour her treatment and choose their own essential oils. Central to her work is the ability to play, to laugh, to hug and make the most of every single moment.

### **Stairway to heaven: Essential oils as a psycho-spiritual resource for the dying**

*Felicity Warner*

Recently voted "End of life care champion of the year 2017" by the UK National Council for Palliative Care at the House of Lords and "Death doula of the year 2017" at the Good Funeral Awards, demonstrates the pioneering work of Felicity Warner. Founder of Soul Midwives and author of three books (4<sup>th</sup> expected in 2018), Felicity has brought the ancient tradition of using aromatic oils for end-of-life spiritual care, into modern day practice.

She described how essential oils are selected by their vibrational resonance which aligns with the psycho-spiritual situation of the patient. Single essential oils are diluted with rapeseed carrier oil (10%) and generally applied to the therapist's hands for transfer by stroking the auric field of the patient or by holding their hands.

Deep resonance is achieved through listening to the patient, supporting their individual needs and being fully present.

### **Tough as nails: protecting patients from chemotherapy-induced onycholysis**

*Professor Robert Thomas*

Consultant Oncologist, Professor Robert Thomas, integrates self-help, nutritional and lifestyle strategies into his mainstream practice. He demonstrated his unique approach to cancer management through a presentation of a double-blind RCT (n=60) which compared the use of an organic polyphenol-rich balm versus a petroleum-based nail cream for the management of chemotherapy-induced onycholysis.



Induced by taxane chemotherapy agents, onycholysis is a painful and unsightly damage to the nail beds, which can lead to secondary fungal and bacterial infections, contribute to reductions in treatment dose and severely impact the patient's quality-of-life. Existing preventative measures include cooling devices to constrict peripheral blood flow and minimise cellular damage. However, this is costly, time-consuming and may inadvertently cause cold-related damage.

This study investigated the use of a polyphenol-rich balm, applied to the nails 2-3 times daily for the duration of the chemotherapy course. Comprised of cold-pressed olive oil, organic beeswax, unrefined cocoa and shea butters, the base of the polybalm contains essential oils of *Gaultheria procumbens* (wintergreen), *Lavendula officinalis* (lavender), *Eucalyptus globulus* (eucalyptus), *Tarhonanthus camphoratus* (camphor bush). Designed to moisturise the nail, it provides a localised antidote to the chemotherapy agent as well as anti-inflammatory and anti-microbial support. This was compared to a petroleum-based cream containing essence not essential oils.

The results revealed the organic polybalm significantly reduced onycholysis whilst at the same time improving the quality of the nail beds without toxicity.

### **Working with fragile patients: Promoting safe and effective aromatic interventions**

*Rhiannon Lewis*

As a leading authority in Clinical Aromatherapy, Rhiannon Lewis drew our attention to the complex issues faced when integrating aromatherapy interventions in the hospital and Hospice settings. Rhiannon highlighted how existing information to underpin our practice is confusing. This is because information oscillates



between internet websites/social media groups making false claims of the therapeutic and 'curative' properties of essential oils, to the other end of the spectrum, where essential oil safety is so tightly leashed, its use in patients undergoing cancer treatments or those receiving organ or tissue transplants, is largely vetoed.



Other complicating factors include the chemical complexity of essential oils; the variance of oil constituents and product quality, together with an unknown measure of their therapeutic potential when combined. This is further compounded by the fact that existing essential oil research tends to be with single oils investigated either in-vitro, or via animal studies; the results of which may not be generalizable in human-beings.

Given the limited aromatherapy evidence available, Rhiannon considered the potential risks associated in cancer care, discussing various treatments, as well as issues involving immunosuppression, hormone-dependent cancers and the central nervous system. Rhiannon emphasised the need to carefully consider assessment of 'risk-versus-benefit' when using essential oils in this patient group. Within a balanced argument, she addressed 3-main areas: the potential interaction of essential oils with chemotherapy and/or other prescribed medication; the possible adverse effects of essential oils on radiotherapy efficacy; the professional responsibility of therapists to optimise safe practice with patients in their care.

In her evaluative comments, Rhiannon states, *"Even in a high risk environment with vulnerable patients, the aromatherapist can be reassured that the risks concerning drug-herb or drug-essential oil interactions are negligible if the administration routes are external or inhaled and the doses employed remain low."* Given the current situation, where there is limited available evidence upon which to base practice, therapists must consider the risks of essential oil intervention with the benefits they offer. An integral part of this process is to keep abreast of the latest developments, maintain self-care and work within the scope of professional practice.

### Tribute to Jeannie Dyer

Rhiannon paid a fitting tribute to the work of Jeannie Dyer, who has recently retired as Clinical Lead of the Complementary Therapies Team at the Royal Marsden Cancer Hospital. Jeannie made a valuable contribution to the use of essential oils in cancer care, particularly through her published research and support of education for healthcare professionals. Although

Jeannie was not able to join us on the day, the applause for her work was well-deserved. Rhiannon welcomed Elaine Charlesworth as Jeannie's recently appointed successor.

### ON REFLECTION

For those who may question whether it was worth the time, expense and energy invested in travelling "around the world in 6-days" to attend this 1-day seminar, I can only say this....



It is thanks to the tireless work of aromatherapy leaders such as Rhiannon Lewis, who continue to inspire and encourage on a global scale, by bringing clinical experts in hospital & Hospice settings together with Aromatherapists from a variety of backgrounds. In New Zealand, Clinical Aromatherapy is fairly embryonic in terms of its use in these areas. Unfortunately, within the medical establishment, scepticism exists with many simply not understanding the valuable contribution Clinical Aromatherapy offers. By attending a seminar of this calibre at Europe's largest cancer centre, listening and talking to experts who are making significant advances in this area, only serves to strengthen our reasoning for integrating essential oils and other botanical products into mainstream healthcare.

Certainly it has fuelled my quest to continue working alongside our medical colleagues, supporters and sceptics alike, in both clinical practice as well as through teaching and writing about the complex issues our patient's face and the ways in which Clinical Aromatherapy can optimise treatment and care. I look forward to the day when an evidence-based approach exists which incorporates the patient's perception, their wishes and their right to choose any therapy they feel is appropriate to aid their quality-of-life, quality-of-health and quality-of-care.

Photos by Gabriel Mojay 2017



**Carol Rose BSc (HONS) RGN, Dip Aroma, RMT** practiced as an oncology nurse at several UK Cancer Centres, including the Royal Marsden Hospital, London, where she obtained a BSc (HONS)

in Palliative Nursing. After moving to New Zealand, she qualified as an Aromatherapist and has since studied Advanced Clinical Aromatherapy in France. Carol runs her own practice, 'The Aromary', specialising in people with progressive illness and volunteers at her local Hospice. She has developed & teaches educational programmes for the public, healthcare & allied-health professionals, as well as regularly publishing articles in the IJCA on issues related to oncology & palliative care.

For more information, visit [www.thearomary.co.nz](http://www.thearomary.co.nz)