Complementary therapies, such as aromatherapy, are being used more and more frequently. But what is the significance of this? Do they work? What are their costs? Side effects? Benefits? Through researching aromatherapy and other complementary therapies, more can be learned about how these therapies work and how they can be applied to psychiatric care.

“Complementary therapy” is defined by Bennett et al. as a method used with “conventional therapy”, as opposed to an “alternative therapy” which would be used in place of conventional medicine (Bennett, 2009). Holistic nursing is the perfect place to begin employing this integrative medicine with the combination of conventional and alternative techniques. As many complementary therapies are inexpensive and lower stress\(^1\), they can shorten stays for patients and thereby reduce costs for hospitals and residential treatment facilities.

Aromatherapy, defined as, “the controlled use of the extracted essential oils from plants in order to maintain and/or improve the health of mind, body and spirit,” is one such therapy (Genders, 2006). It can be used through massage (infused with the oil), compress, inhalation/vaporization, or bath; however it is most often administered through inhalation or massage. Studies on aromatherapy have suggested that it can improve both physiological conditions, such as heart rate (Shu-Ming et al., 2009), as well as some psychological ailments,\(^1\)

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\(^1\) In studies, lower stress has been found to be correlated with shorter hospital stays. Perhaps due to the fact that patients are better able to focus more on health rather than emotional issues.
such as anxiety (Yuk-Lan Lee et al., 2011). Aromatherapy works as the nose absorbs chemical signals present within scents, which are then carried to the hypothalamus and processed through the limbic system. Most studies have found that aromatherapy acts on the limbic system as either a sedative or energizer. Either way, the fragrance is absorbed through the nose and can be passed through the chemical receptors in the nostrils or absorbed in the lungs.

Studies suggest that different scents produce different effects on the body and mind. For example, lavender has long been known to soothe and relax.² Also, geranium has been found to help with depression and anxiety, chamomile for anxiety³ and ylang-ylang can be used for panic. Such oils as rosemary and peppermint can also be used for more stimulating purposes.⁴

The next question to be answered is: Is aromatherapy safe? One survey found that 11-20% of children undergoing psychiatric assessment are using herbs or other natural health products (Gardiner et al., 2006). However, few studies have found aromatherapy to have adverse side effects. Most studies suggest using dilutions of 4% essential oils; the safest use or “means of absorption” being that of inhalation which prevents potential irritation of the skin. The most commonly used oils for children are roman chamomile and lavender, both of which have no reported side effects, (McNeilly, 2004). While no adverse side effects have been found, it has been suggested that aromatherapy should be avoided in children under the age of 2 (Genders,

² O’Connell, et al. specifically found that, when used in massage and inhalation, it could help children and adolescents sleep (O’Connell et al., 2008)
³ Chamomile has also been found to be useful as an anti-inflammatory, perhaps being why it is used so often as an oldwives tale for colds. Chamomile is often used with honey which also has multiple medicinal purposes such as helping with allergies when using local honey or being used as an anti-infective.
⁴ Both have been shown to be mentally stimulating with peppermint also being used as a home remedy for nausea and headaches. Some studies have found that when studying students should use peppermint for mental stimulation and then when taking tests using a peppermint candy to increase memory.
2006). Other studies have found that aromatherapy may improve the symptoms of epilepsy, although adequate training is necessary to prevent the overstimulation of patients, (McNeilly, 2004). Overall, the advantages of aromatherapy far outweigh any of the potential shortcomings that may be found. So far, few studies have discussed any skin allergies or reactions to aromatherapy and all studies have suggested that they are all safe when used, even with children.

In one study, participants ages 18-25 were divided into four groups: an aromatherapy group, a music group, a combined music and aromatherapy group, and a control group. Measurements were taken before and after the experiment measuring heart rate and blood pressure, with participants being exposed to music as well as aromatherapy through inhalation for fifteen minutes. In all groups except the control, blood pressure and heart rate were found to have decreased significantly (4-9% decrease), (Shu-Ming Peng, 2009).

Furthermore, certain agents—such as lavender, ylang-ylang, chamomile, geranium, and bergamot—have been found to have anyolitic properties. In a meta-analysis of aromatherapy and anxiety, sixteen studies were analyzed in which aromatherapy was used to help with anxiety. In these cases, aromatherapy was found to “[show] a positive anxiolytic effect for patients with anxiety symptoms and more importantly, it is a safe intervention, and no participants in the studies reported any adverse effects, ” (Yuk-Lan Lee, 2011, pg 106). Of these studies, six used massage and seven used inhalation.

Most importantly, aromatherapy has been used for crisis intervention. In one case, it was shown to decrease seclusions and restraints over a period of time in a residential treatment facility with a population of 40 males and 8 females ages ranging from 12-19 years old. Both

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5 Within this article, also gives a recommendation of approved aromatherapy fragrances, including lavender, ylang-ylang, chamomile, geranium, bergamot, and sweet-marjoram.
participants and staff were educated on aromatherapy, and staff was instructed on how to give hand massages. A blend of ylang-ylang, bergamot and sweet marjoram was chosen for its calming purposes, and eventually (given the opportunity) participants began asking for aromatherapy whenever they felt agitated, (Fowler, 2006).

Countless dollars are spent over the years on interventions in mental health. As nurses we have the ability to teach our patients to use complementary therapies and to choose healthy, cost-effective alternatives. The cost of a cup of tea verses return hospital stays is extremely significant. Furthermore, as a pillar goal, seclusions and restraints must be kept at a minimum. Aromatherapy can be a cheap and effective way to reach all these goals and more. All that is needed are simple training measures to educate staff and patients on the benefits of aromatherapy and then to make it available to them.

Two North can be an excellent pilot for aromatherapy! By having groups and allowing our patients the access to herbal teas we can provide an additional stress reducer and another potential coping mechanism. It’s both cheap and easy. An excellent framework for future research would be to examine the number of restraints before beginning classes/groups on aromatherapy, give surveys before and after groups on participant’s demographics and whether or not they found aromatherapy useful, and whether or not there is any correlation between the use of aromatherapy and a decrease in seclusions. This could make an excellent addition to our high standards on Two North!
Works Cited:


