

Clinical Practice Guideline: Aromatherapy

Date of Implementation: February 9, 2006

Product: Specialty

POLICY

American Specialty Health – Specialty (ASH) clinical committees have determined that massage with aromatherapy is established as clinically effective, is professionally recognized, has a positive benefit:risk profile, and is considered to be scientifically plausible. This determination is limited to the use of essential oils in massage oils/lotions for general relaxation during a therapeutic massage. This Clinical Practice Guideline excludes the ingestion of aromatic substances and/or the treatment of health conditions through the application, ingestion, or inhalation of aromatic substances or essential oils.

PROCESS AND DEFINITIONS

When developing, reviewing, and approving clinical policy, ASH peer-review committees consider whether the technique/procedure:

- Is established as clinically effective by:
 - Scientific information published in an acceptable peer-reviewed clinical science resource, and
 - The consensus opinion of the Evidence Evaluation Committee (EEC) when available;
- Is professionally recognized by:
 - Inclusion in the educational standards accepted by the majority of the professions' educational institutions,
 - Wide acceptance and use of the practice, and
 - Recommendations for use made by healthcare practitioners practicing in the relevant clinical area;
- Poses a health and safety risk; and
- Is plausible or implausible
 - A belief, theory, or mechanism of health and disease that can be explained within the existing framework of scientific methods, reasoning and available knowledge is considered plausible.
 - A treatment intervention or diagnostic procedure that requires the existence of forces, mechanisms, or biological processes that are not known to exist within the current framework of scientific methods, reasoning and available knowledge is considered implausible.

Substitution harm (indirect harm): Compromised clinical outcomes caused by:

- Utilizing a specific diagnostic or therapeutic procedure when the safety, clinical effectiveness, or diagnostic utility is either unknown or is known to be unsafe, ineffective, or of no diagnostic utility, *instead of* a diagnostic or therapeutic procedure known to be safe, be clinically effective, or to have diagnostic utility; or
- The utilization of a diagnostic or therapeutic procedure that is substantially less effective or safe than another procedure with established safety, and clinical effectiveness or utility.

Labeling effects (non-specific harm): The harm that results from identifying in a patient a condition or a finding that is not clinically valid.

Safe: The terms “safe” and “safety,” are used only with specific reference to the absence of direct harm. Direct harm would include any injury to a patient caused by the mechanical, thermal, biological, chemical, pharmacological, electrical, electromagnetic, or psycho-dynamic properties of a diagnostic or therapeutic procedure, and as such, the procedure would be considered unsafe.

Direct harm: Any injury to a patient caused by the mechanical, thermal, biological, chemical, pharmacological, electrical, electromagnetic, or psycho-dynamic properties of a diagnostic or therapeutic procedure.

Benefit versus risk profile: The relative effectiveness or utility of a therapeutic intervention or diagnostic procedure versus its potential for direct harm.

- Positive (benefits outweigh risks),
- Negative (risks outweigh benefits), or
- Equivocal (available information is inconclusive).

Description/Background

Aromatherapy is based on the use of very concentrated “essential” oils from the flowers, leaves, bark, branches, rind, or roots of plants that are purported to treat health and emotional conditions.

The medicinal use of plant oils has a long history in ancient Egypt, China, and India. The development of modern aromatherapy is attributed to French chemist René Gattefosse who was first to use the term “aromatherapy” in 1937.

Aromatic molecules interact with nasal nerves that travel to the brain’s limbic system, which affects moods and emotions. Essential oils can also be applied through the skin and, taken internally. While primarily used to relieve stress and modify emotions, proponents of essential oils recommend use for treatment of bacterial and viral infections,

skin conditions, and muscle and joint conditions. Essential oils may also be absorbed through the skin via the dermis and layer of subcutaneous fat into the bloodstream. Laboratory studies suggest that molecules of the oil can affect organ function, although the clinical relevance of these findings is not clear.

Evidence and Research

Cooke and Ernst (2000) conducted a systematic review of randomized clinical trials (RCTs) for aromatherapy, of which 12 trials were located. Based on six (6) trials with hospitalized patients, it was concluded that aromatherapy massage has mild, transient anxiety-relieving effects. Due to lack of independent replication, the results of the other six trials were not considered conclusive.

In a Cochrane review (2004), eight (8) RCTs evaluating massage with aromatherapy for symptom relief in patients with cancer found a reduction in anxiety. Four trials measuring anxiety detected a reduction post intervention, with benefits of 19-32%. Contradictory evidence exists as to any additional benefit on anxiety conferred by the addition of aromatherapy. The evidence for the impact of massage with aromatherapy on depression was variable. The reviewers concluded that massage and massage with aromatherapy confer short term benefits on psychological well-being, with the effect on anxiety supported by limited evidence. Effects on physical symptoms may also occur. Evidence is mixed as to whether aromatherapy enhances the effects of massage to a clinically significant level. An update of this review was withdrawn in 2008. Wilkinson et al. (2007) studied the effectiveness of adding aromatherapy massage to supportive care for patients with cancer. They concluded that aromatherapy massage does not appear to benefit cancer patients' anxiety and/or depression in the long-term, but is associated with clinically important benefit up to 2 weeks after the intervention.

References

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- Fellowes D, Barnes K, Wilkinson S. Aromatherapy and massage for symptom relief in

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