



Clinical Aromatherapy Part II: Safe Guidelines for Integration Into Clinical Practice

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“Clinical Aromatherapy Part I: An Introduction Into Nursing Practice” (see page 595) provided an overview of aromatherapy, guidelines for selecting quality products, and the potential risks associated with essential oils. This article, “Clinical Aromatherapy Part II: Safe Guidelines for Integration Into Clinical Practice,” describes the credentialing process for aromatherapists and holistic nursing, relevant clinical research regarding aromatherapy, and suggested guidelines for safe integration into nursing practice.

What Does Becoming Certified in Aromatherapy or Holistic Nursing Require?

Certification programs should provide scientific knowledge, technical skills, and treatment methods to ensure competent and appropriate services as professional practitioners. Program content and clinic practicum must meet individual state board requirements for participants to graduate and apply for licensure to practice as professionals in that state and other states. Aromatherapy can be practiced in combination with massage therapy and holistic nursing care programs. Certification in aromatherapy is available through various schools that comply with National Association for Holistic Aromatherapy Standards of Aromatherapy Training (see Figure 1). Schools offering this certification must provide 200 hours of training in the fields of aromatherapy, essential oil studies, anatomy, and physiology. In addition, students must submit a research paper, complete a minimum of 10 case histories, and pass a written examination.

Certification in holistic nursing is available through the American Holistic Nurses' Certification Corporation, the credentialing body for holistic nursing (see Figure 1). The credential HNC (certification in holistic nursing) is given to nurses who possess a baccalaure-

National Association for Holistic Aromatherapy

<http://www.naha.org>

American Holistic Nurses' Certification Corporation

<http://ahna.org/edu/certification.html>

FIGURE 1. ORGANIZATIONS THAT OFFER CERTIFICATION IN AROMATHERAPY AND HOLISTIC NURSING

ate degree in nursing, complete 48 hours of continuing education in the previous two years, complete one year of practice implementing the principles of holistic nursing, and pass a quantitative written examination. Certification in aromatherapy or holistic nursing does not qualify a nurse to work independently, nor does it necessarily meet institutional requirements for practice.

Are Randomized Controlled Trial Data Available to Develop Evidence-Based Practice?

Published data on dosing, comparative methods of administration, and therapeutic outcomes in the use of essential oils in aromatherapy are limited. Many anecdotal accounts of aromatherapy are individual cases or experiences, and unclear dosing and concentrations that are difficult to replicate further complicate study design. Aromatherapy often is practiced with massage, thereby confounding results, whether positive or negative (Robins, 1999).

Cooke and Ernst (2000) conducted a systematic review of the literature on aromatherapy to identify clinical indications for its use. Twelve trials were located, of which six had no independent replication. The remaining six trials suggested that aromatherapy massage has a relaxing effect. Cooke and Ernst

cautioned that, based on a critical assessment of the six latter studies, the effects of aromatherapy probably were not strong enough to be considered as independent treatment for anxiety.

Using the gold standard in clinical trial design, Graham, Browne, Cox, and Graham (2003) conducted a placebo-controlled, double-blind, randomized clinical trial (RCT) to determine whether inhalation aromatherapy during radiotherapy reduced patient anxiety. Three hundred patients undergoing radiotherapy were assigned randomly to receive either carrier oil with fractionated oils, carrier oil only, or pure essential oils of lavender, bergamot, and cedarwood administered by inhalation concurrently with radiation treatment. Patients completed the Hospital Anxiety and Depression Scale (HADS) and the Somatic and Psychological Health Report (SPHERE) at baseline and at the completion of treatment. No significant differences were found among HADS or SPHERE scores between the groups. The HADS anxiety scores, however, were lower at completion of treatment in the carrier oil group as compared to either of the fragrant arms ($p = 0.04$). The authors concluded that aromatherapy was not beneficial as administered in the study design.

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