



Aromatherapy and Cancer Treatment

Constipation

Complement Ther Clin Pract. 2011 Feb;17(1):37-43. doi: 10.1016/j.ctcp.2010.02.004. Epub 2010 Jun 12.

Effectiveness of aroma massage on advanced cancer patients with constipation: a pilot study.

Abstract

PURPOSE:

The purpose of this study was to verify the effect of aroma massage on constipation in advanced cancer patients.

METHODS:

This study employed a randomized control group pre- and post test design and included an aroma massage group, plain massage group, and control group. To evaluate the effect of aromatherapy, the degree of constipation was measured using a constipation assessment scale, severity level of constipation and the frequency of bowel movements. Data was analyzed by repeated measures of Mann-Whitney U test, Wilcoxon signed ranks test, Spearman's rho and ANOVA using SPSS program.

RESULTS:

The score of the constipation assessment scale of the aroma massage group was significantly lower than the control group. Apart from the improvement in bowel movements, the results showed significantly improved quality of life in physical and support domains of the aroma massage group.

CONCLUSION:

The findings of this study suggest aroma massage can help to relieve constipation in patients with advanced cancer.

Pain

J Holist Nurs. 2014 Dec;32(4):304-13; quiz 314-5. doi: 10.1177/0898010114528378. Epub 2014 Apr 14.

Aromatherapy hand massage for older adults with chronic pain living in long-term care.

Abstract

PURPOSE:

Older adults living in long-term care experience high rates of chronic pain. Concerns with pharmacologic management have spurred alternative approaches. The purpose of this study was to examine a nursing intervention for older adults with chronic pain.

DESIGN:

This prospective, randomized control trial compared the effect of aromatherapy M technique hand massage, M technique without aromatherapy, and nurse presence on chronic pain. Chronic pain was measured with the Geriatric Multidimensional Pain and Illness Inventory factors, pain and suffering, life interference, and emotional distress and the Iowa Pain Thermometer, a pain intensity scale.

METHOD:

Three groups of 39 to 40 participants recruited from seven long-term care facilities participated twice weekly for 4 weeks. Analysis included multivariate analysis of variance and analysis of variance.

FINDINGS:

Participants experienced decreased levels of chronic pain intensity. Group membership had a significant effect on the Geriatric Multidimensional Pain Inventory Pain and Suffering scores; Iowa Pain Thermometer scores differed significantly within groups.

CONCLUSIONS:

M technique hand massage with or without aromatherapy significantly decreased chronic pain intensity compared to nurse presence visits. M technique hand massage is a safe, simple, but effective intervention. Caregivers using it could improve chronic pain management in this population.

Taehan Kanho Hakhoe Chi. 2008 Aug;38(4):493-502.

[Effects of aroma hand massage on pain, state anxiety and depression in hospice patients with terminal cancer].

Abstract

PURPOSE:

The purpose of this study was to examine the effects of aroma hand massage on pain, state anxiety and depression in hospice patients with terminal cancer.

METHODS:

This study was a nonequivalent control group pretest-posttest design. The subjects were 58 hospice patients with terminal cancer who were hospitalized. Twenty eight hospice patients with terminal cancer were assigned to the experimental group (aroma hand massage), and 30 hospice patients with terminal cancer were assigned to the

control group (general oil hand massage). As for the experimental treatment, the experimental group went through aroma hand massage on each hand for 5 min for 7 days with blended oil-a mixture of Bergamot, Lavender, and Frankincense in the ratio of 1:1:1, which was diluted 1.5% with sweet almond carrier oil 50 ml. The control group went through general oil hand massage by only sweet almond carrier oil-on each hand for 5 min for 7 days.

RESULTS:

The aroma hand massage experimental group showed more significant differences in the changes of pain score ($t=-3.52$, $p=.001$) and depression ($t=-8.99$, $p=.000$) than the control group.

CONCLUSION:

Aroma hand massage had a positive effect on pain and depression in hospice patients with terminal cancer.

Palliat Med. 2004 Mar;18(2):87-92.

A randomized controlled trial of aromatherapy massage in a hospice setting.

Abstract

Research suggests that patients with cancer, particularly in the palliative care setting, are increasingly using aromatherapy and massage. There is good evidence that these therapies may be helpful for anxiety reduction for short periods, but few studies have looked at the longer term effects. This study was designed to compare the effects of four-week courses of aromatherapy massage and massage alone on physical and psychological symptoms in patients with advanced cancer. Forty-two patients were randomly allocated to receive weekly massages with lavender essential oil and an inert carrier oil (aromatherapy group), an inert carrier oil only (massage group) or no intervention. Outcome measures included a Visual Analogue Scale (VAS) of pain intensity, the Verran and Snyder-Halpern (VSH) sleep scale, the Hospital Anxiety and Depression (HAD) scale and the Rotterdam Symptom Checklist (RSCL). **We were unable to demonstrate any significant long-term benefits of aromatherapy or massage in terms of improving pain control, anxiety or quality of life. However, sleep scores improved significantly in both the massage and the combined massage (aromatherapy and massage) groups. There were also statistically significant reductions in depression scores in the massage group. In this study of patients with advanced cancer, the addition of lavender essential oil did not appear to increase the beneficial effects of massage. Our results do suggest, however, that patients with high levels of psychological distress respond best to these therapies.**

Evid Based Complement Alternat Med. 2016;2016:9147974. doi:

10.1155/2016/9147974. Epub 2016 Jan 14.

The Clinical Effects of Aromatherapy Massage on Reducing Pain for the Cancer Patients: Meta-Analysis of Randomized Controlled Trials.

Abstract

Purpose. Aromatherapy massage is an alternative treatment in reducing the pain of the cancer patients. This study was to investigate whether aromatherapy massage could improve the pain of the cancer patients. Methods. We searched PubMed and Cochrane Library for relevant randomized controlled trials without language limitations between 1 January 1990 and 31 July 2015 with a priori defined inclusion and exclusion criteria. The search terms included aromatherapy, essential oil, pain, ache, cancer, tumor, and carcinoma. There were 7 studies which met the selection criteria and 3 studies were eventually included among 63 eligible publications. Results. This meta-analysis included three randomized controlled trials with a total of 278 participants (135 participants in the massage with essential oil group and 143 participants in the control (usual care) group). Compared with the control group, the massage with essential oil group had nonsignificant effect on reducing the pain (standardized mean difference = 0.01; 95% CI [-0.23,0.24]). Conclusion. **Aromatherapy massage does not appear to reduce pain of the cancer patients. Further rigorous studies should be conducted with more objective measures.**

Cochrane Database Syst Rev. 2004;(2):CD002287.

Aromatherapy and massage for symptom relief in patients with cancer.

Abstract

BACKGROUND:

Aromatherapy massage is a commonly used complementary therapy, and is employed in cancer and palliative care largely to improve quality of life and reduce psychological distress.

OBJECTIVES:

To investigate whether aromatherapy and/or massage decreases psychological morbidity, lessens symptom distress and/or improves the quality of life in patients with a diagnosis of cancer.

SEARCH STRATEGY:

We searched CENTRAL (Cochrane Library Issue 1 2002), MEDLINE (1966 to May week 3 2002), CINAHL (1982 to April 2002), British Nursing Index (1994 to April 2002), EMBASE (1980 to Week 25 2002), AMED (1985 to April 2002), PsycINFO (1887 to April week 4 2002), SIGLE (1980 to March 2002), CancerLit (1975 to April 2002) and Dissertation Abstracts International (1861 to March 2002). Reference lists of relevant articles were searched for additional studies.

SELECTION CRITERIA:

We sought randomised controlled trials; controlled before and after studies; and interrupted time series studies of aromatherapy and/or massage for patients with cancer, that measured changes in patient-reported levels of physical or psychological distress or quality of life using reliable and valid tools.

DATA COLLECTION AND ANALYSIS:

Two reviewers independently assessed trials for inclusion in the review, assessed study quality and extracted data. Study authors were contacted where information was unclear.

MAIN RESULTS:

The search strategy retrieved 1322 references. Ten reports met the inclusion criteria and these represented eight RCTs (357 patients). The most consistently found effect of massage or aromatherapy massage was on anxiety. Four trials (207 patients) measuring anxiety detected a reduction post intervention, with benefits of 19-32% reported. Contradictory evidence exists as to any additional benefit on anxiety conferred by the addition of aromatherapy. The evidence for the impact of massage/aromatherapy on depression was variable. Of the three trials (120 patients) that assessed depression in cancer patients, only one found any significant differences in this symptom. Three studies (117 patients) found a reduction in pain following intervention, and two (71 patients) found a reduction in nausea. Although several of the trials measured changes in other symptoms such as fatigue, anger, hostility, communication and digestive problems, none of these assessments was replicated.

REVIEWERS' CONCLUSIONS:

Massage and aromatherapy massage confer short term benefits on psychological wellbeing, 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. Replication, longer follow up, and larger trials are need to accrue the necessary evidence.

Aromatherapy to support hypnosis for pain management

Int J Clin Exp Hypn. 2014;62(2):188-94. doi: 10.1080/00207144.2014.869132.

Posthypnotic use of olfactory stimulus for pain management.**Abstract**

Chronic pain due to disease or injury persists even after interventions to alleviate these conditions. Opiates are not always effective for the patient and have undesirable side effects. Hypnosis has been shown to be an effective treatment and may be enhanced by the use of olfactory stimulation as a posthypnotic cue. The article details 2 case

reports that demonstrate the possible benefits of olfactory stimulus as an adjunct to hypnosis for pain relief.

Anxiety

Evid Based Complement Alternat Med. 2009 Mar;6(1):123-8. doi: 10.1093/ecam/nem073. Epub 2007 Jul 4.

Anxiolytic effect of aromatherapy massage in patients with breast cancer.

Abstract

We examined how aromatherapy massage influenced psychologic and immunologic parameters in 12 breast cancer patients in an open semi-comparative trial. We compared the results 1 month before aromatherapy massage as a waiting control period with those during aromatherapy massage treatment and 1 month after the completion of aromatherapy sessions. The patients received a 30 min aromatherapy massage twice a week for 4 weeks (eight times in total). **The results showed that anxiety was reduced in one 30 min aromatherapy massage in State-Trait Anxiety Inventory (STAI) test and also reduced in eight sequential aromatherapy massage sessions in the Hospital Anxiety and Depression Scale (HADS) test. Our results further suggested that aromatherapy massage ameliorated the immunologic state.** Further investigations are required to confirm the anxiolytic effect of aromatherapy in breast cancer patients.

Phytother Res. 2016 Apr;30(4):613-7. doi: 10.1002/ptr.5566. Epub 2016 Jan 20.

Anxiolytic Effect of Citrus aurantium L. on Patients with Chronic Myeloid Leukemia.

Abstract

The bone marrow aspiration procedure is used in hematological diseases and consists of a painful, invasive procedure causing anxiety-associated symptoms. The present study assessed the effect of Citrus aurantium L. essential oil on the treatment of anxiety, in the moment that precedes the collection of medullary material in patients with chronic myeloid leukemia (CML). Volunteers from both sexes were divided into groups receiving either the C. aurantium essential oil through inhalation, diazepam (10 mg), or the placebo. The evaluation was performed through psychometric scales [State-Trait Anxiety Inventory (STAI)] and physiological measurements (blood pressure and cardiac and respiratory frequency). Inhalation of C. aurantium was associated with a decrease in the STAI-S scores, suggesting an anxiolytic effect. In support of these results, a change in all the physiological measurements was observed in the group exposed to C. aurantium. In the diazepam group, only the diastolic pressure decreased, and no effect was observed in the placebo group. **Therefore, the results showed that C. aurantium**

exhibits an anxiolytic effect and reduces the signs and symptoms associated with anxiety in patients with CML.

Complementary medicine is widely used by parents for pediatric cancer

Bull Cancer. 2015 Oct;102(10):854-62. doi: 10.1016/j.bulcan.2015.06.008. Epub 2015 Sep 19.

[A French survey on the resort of oral alternative complementary medicines used in children with cancer].

Abstract

INTRODUCTION:

The use of oral complementary and alternative medicine (CAM) is widespread among cancer patients, but considerably less known in pediatric cancer patients. Our survey was conducted in a pediatric onco-hematology unit to study the frequency and the circumstances of CAM use.

METHODS:

This study included 50 children treated for malignant diseases. A questionnaire was used to collect support general data on the child as well as information on the CAM use. One of the child's parents was interviewed.

RESULTS:

Most of parents (48%) used one or more CAM for their child in the context of cancer. The most used type of CAM was homeopathy, dietary supplements and aromatherapy. The most frequent goal for CAM use was to limit the side effects of conventional treatment (75% of parents). For 87.5% of users, the CAM was effective. Physicians were not aware of this use for 33.3% of users, in spite of the fact that the family physician was the main source of information for this use. Most of parents (48%) needed more information about the CAM and they bought CAM in a pharmacy.

CONCLUSIONS:

The use of oral CAM in this survey was common. For most parents, this use was effective and appreciated because they generated fewer side effects than conventional treatments. However, doctors were not systematically informed of this use. This is problematic because some CAM such as herbal supplements could potentially cause interactions with cancer treatments. More information about CAM is necessary in pediatric onco-hematology.

Oncol Nurs Forum. 2015 Nov;42(6):E339-57. doi: 10.1188/15.ONF.E339-E357.

Psychological and Physical Interventions for the Management of Cancer-Related Pain in Pediatric and Young Adult Patients: An Integrative Review.

Abstract

PURPOSE/OBJECTIVES:

To identify and appraise current evidence related to the effectiveness of psychological and physical (nonpharmacologic) pain management modalities for children and young adults with cancer.

DATA SOURCES:

Electronic searches in MEDLINE, EMBASE, CINAHL, PsycINFO, and Web of Science (from database inception to June 2013) for clinical trials.

DATA SYNTHESIS:

A total of 32 unique studies were identified. Substantial heterogeneity existed across identified studies, precluding meta-analysis. Therefore, a narrative review of included studies is presented. Studies featured psychological and/or physical pain interventions for children and young adults (N = 1,171) aged 1-21 years with a variety of cancer diagnoses. Interventions included aromatherapy, art therapy, distraction, hypnosis, physical activity, physical positioning, touch therapy, and multimodal cognitive-behavior therapy. Twenty-two studies (69%) reported success in preventing or reducing pain intensity. The level of evidence and methodologic quality of studies were generally low.

CONCLUSIONS:

Current nonpharmacologic pain interventions for pediatric and young adult patients with cancer are diverse. Several modalities significantly decreased pain intensity, suggesting that these strategies may be effective methods of pain treatment, particularly in the case of painful medical procedures. Future well-designed, multicenter, randomized, controlled trials are needed to further discern treatment effects on pain and other health outcomes in this population and to compare the relative effectiveness of different modalities.

IMPLICATIONS FOR NURSING:

Nurses play a key role in pain assessment and management in pediatric and young adult patients with cancer. The studies included in this review constitute the beginnings of an evidence base that supports the need to implement psychological and physical interventions to improve pain outcomes in pediatric and young adult patients with cancer.

Nausea of chemotherapy

Complement Ther Med. 2015 Jun;23(3):396-404. doi: 10.1016/j.ctim.2015.03.009. Epub 2015 Apr 21.

Effects of inhaled ginger aromatherapy on chemotherapy-induced nausea and vomiting and health-related quality of life in women with breast cancer.

Abstract

OBJECTIVE:

To assess the efficacy of inhaled ginger aromatherapy on nausea, vomiting and health-related quality of life (HRQoL) in chemotherapy breast cancer patients.

DESIGN:

Single-blind, controlled, randomized cross-over study. Patients received 5-day aromatherapy treatment using either ginger essential oil or fragrance-matched artificial placebo (ginger fragrance oil) which was instilled in a necklace in an order dictated by the treatment group sequence.

SETTING:

Two oncology clinics in the East Coast of Peninsular Malaysia.

MAIN OUTCOME MEASURES:

VAS nausea score, frequency of vomiting and HRQoL profile (EORTC QLQ-C30 scores).

RESULTS:

Sixty female patients completed the study (age=47.3±9.26 years; Malay=98.3%; on highly emetogenic chemotherapy=86.7%). The VAS nausea score was significantly lower after ginger essential oil inhalation compared to placebo during acute phase (P=0.040) but not sustained for overall treatment effect (treatment effect: F=1.82, P=0.183; time effect: F=43.98, P<0.001; treatment×time effect: F=2.04; P=0.102). Similarly, there was no significant effect of aromatherapy on vomiting [F(1, 58)=0.29, P=0.594]. However, a statistically significant change from baseline for global health status (P<0.001) was detected after ginger essential oil inhalation. A clinically relevant 10 points improvement on role functioning (P=0.002) and appetite loss (P<0.001) were also documented while patients were on ginger essential oil.

CONCLUSION:

At present time, the evidence derived from this study is not sufficiently convincing that inhaled ginger aromatherapy is an effective complementary therapy for CINV. The findings for HRQoL were however encouraging with significant improvement in several domains.

Complement Ther Clin Pract. 2014 Nov;20(4):203-6. doi: 10.1016/j.ctcp.2013.11.006. Epub 2013 Nov 28.

The use of aromasticks at a cancer centre: a retrospective audit.

Abstract

AIM:

To consider the use of aromasticks in a cancer centre in the UK: the reasons for their use, the choice of essential oils used in them and the demographics of the patients to whom they were given.

BACKGROUND:

Aromasticks are personal aromatherapy inhaler devices, used in this hospital by the complementary therapy team to improve patients' well-being and quality of life by helping with symptom control.

DESIGN:

A retrospective audit of aromastick use covering a 28 month period from January 2011-April 2013.

RESULTS:

A total of 514 aromasticks were given out, to patients with a variety of cancer diagnoses and symptoms. The most common reasons for aromastick use were to alleviate nausea or to encourage relaxation. Lavender (*Lavandula angustifolia*), lemon (*Citrus limon*), frankincense (*Boswellia carterii*), bergamot (*Citrus bergamia*), orange sweet (*Citrus sinensis*) and peppermint (*Mentha x piperita*) were the essential oils used most often.

Complement Ther Clin Pract. 2011 May;17(2):116-21. doi: 10.1016/j.ctcp.2010.06.002.

Aromasticks in cancer care: an innovation not to be sniffed at.

Abstract

AIM:

To evaluate the effects of a new aromatherapy intervention introduced within an acute cancer care setting in the UK.

BACKGROUND:

Aromatherapy is a popular complementary therapy within oncology settings and is known to help relieve patients' anxiety. A new method of delivering aromatherapy to patients was adopted by a complementary therapy service at a UK hospital; aromasticks are similar in design to the Vicks® Vapour Inhaler®, with the intention of helping patients manage anxiety, nausea and sleep disturbance.

DESIGN:

A retrospective service evaluation.

METHOD:

Patients referred to the complementary therapy service were, if appropriate, offered an aromastick. If the offer was accepted patients' details were captured on an evaluation form. One week later the patients were followed up by a different therapist. Frequency

of using the aromastick and perceived benefits were documented. A total of 160 patients were included in this evaluation.

RESULTS:

77% (n = 123) of all patients reported deriving at least one benefit from the aromastick. In anxious patients, 65% reported feeling more relaxed and 51% felt less stress. 47% of nauseous patients said that the aromastick had settled their nausea and 55% of those experiencing sleep disturbances felt that aromastick helped them sleep. The results also suggest that the effects of the aromastick may be directly proportional to the frequency of their use.

RELEVANCE TO CLINICAL PRACTICE:

Evidence demonstrating physiological changes associated with aroma inhalation plus the data presented in this paper highlight the potential for aromasticks within the clinical setting. Although the results of this evaluation of patient perspectives are not controlled, the data does underline the worth of further investigation. Future research is needed to show that aromasticks represent a tool patients can use to self-manage their own symptoms and help them retain an internal locus of control.

Quality of life

Am J Hosp Palliat Care. 2002 Nov-Dec;19(6):381-6.

Use of aromatherapy with hospice patients to decrease pain, anxiety, and depression and to promote an increased sense of well-being.

Abstract

This study measured the responses of 17 cancer hospice patients to humidified essential lavender oil aromatherapy. Vital signs as well as levels of pain, anxiety, depression, and sense of well-being were measured (using 11-point verbal analogs). Each subject was measured on three different days before and after a 60-minute session consisting of (1) no treatment (control); (2) water humidification (control); or (3) 3-percent lavender aromatherapy. Results reflected a positive, yet small, change in blood pressure and pulse, pain, anxiety, depression, and sense of well-being after both the humidified water treatment and the lavender treatment. Following the control session (no treatment), there was also slight improvement in vital signs, depression, and sense of well-being, but not in pain or anxiety levels.

Int J Nurs Pract. 2014 Aug;20(4):408-17. doi: 10.1111/ijn.12128. Epub 2013 Aug 5.

The effect of aromatherapy and massage administered in different ways to women with breast cancer on their symptoms and quality of life.

Abstract

The primary objective of this study was to assess the effect of aromatherapy and classic massage administered in various ways to breast cancer patients on their symptoms and quality of life. The sampling consisted of 280 patients. Quality of life and symptoms of the patients were evaluated once at baseline and then at week 6 and week 10 following the intervention. **After intervention, the control group was observed to have lower total quality of life score and subdomain scores, whereas fragrance, massage and aromatherapy massage groups had higher scores, and the increase was more obvious particularly in the patients in the aromatherapy massage group.** Similarly, whereas psychological and physical symptoms were experienced more intensely in the control group, the severity of all the symptoms experienced by the other patients decreased at week 6 and week 10 as compared with baseline especially in the group that was administered massage with aromatherapy.

Lymphedema

Eur J Oncol Nurs. 2006 Apr;10(2):140-9. Epub 2006 Mar 23.

Reducing the symptoms of lymphoedema: is there a role for aromatherapy?

Abstract

Lymphoedema is a chronic and debilitating condition caused by lymphatic insufficiency, which may have serious physical, social and psychological implications for the patient. It is usually managed by a combination of strategies aimed at protecting and decongesting the oedematous limb(s) and stimulating the development of supplementary lymphatic pathways to control swelling in the long-term. However, it is not known which therapies are the most effective. Anecdotally, the addition of aromatherapy oils to massage cream may have a positive effect on symptom relief in people with cancer, although evidence is again lacking. This paper describes a randomized trial of self-massage and skin care using a cream containing aromatherapy oils versus self-massage and skin care using a cream without aromatherapy oils on objective limb volume measurements and symptom relief as measured by the Measure Yourself Medical Outcome Profile 2 (MYMOP2) in a sample of people with lymphoedema. **Results indicate that self-massage and skin care significantly improved patient-identified symptom relief and wellbeing for this sample. It also slightly, but not significantly reduced limb volume. However, aromatherapy oils, carefully chosen on the basis that they should benefit this group, did not appear to influence any improvement in these measures.**

Boosting immune system

Asian Pac J Cancer Prev. 2013;14(6):3903-7.

Effectiveness of aromatherapy with light thai massage for cellular immunity improvement in colorectal cancer patients receiving chemotherapy.

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Author information

Abstract

BACKGROUND:

Patients with colorectal cancer are usually treated with chemotherapy, which reduces the number of blood cells, especially white blood cells, and consequently increases the risk of infections. Some research studies have reported that aromatherapy massage affects the immune system and improves immune function by, for example, increasing the numbers of natural killer cells and peripheral blood lymphocytes. However, there has been no report of any study which provided good evidence as to whether aromatherapy with Thai massage could improve the immune system in patients with colorectal cancer. The objectives of this study were to determine whether the use of aromatherapy with light Thai massage in patients with colorectal cancer, who have received chemotherapy, can result in improvement of the cellular immunity and reduce the severity of the common symptoms of side effects.

MATERIALS AND METHODS:

Sixty-six patients with colorectal cancer in Phichit Hospital, Thailand, were enrolled in a single-blind, randomised-controlled trial. The intervention consisted of three massage sessions with ginger and coconut oil over a 1-week period. The control group received standard supportive care only. Assessments were conducted at pre-assessment and at the end of one week of massage or standard care. Changes from pre-assessment to the end of treatment were measured in terms of white blood cells, neutrophils, lymphocytes, CD4 and CD8 cells and the CD4/CD8 ratio and also the severity of self-rated symptom scores.

RESULTS:

The main finding was that after adjusting for pre-assessment values the mean lymphocyte count at the post-assessment was significantly higher ($P=0.04$) in the treatment group than in the controls. The size of this difference suggested that aromatherapy with Thai massage could boost lymphocyte numbers by 11%. The secondary outcomes were that at the post assessment the symptom severity scores for fatigue, presenting symptom, pain and stress were significantly lower in the massage group than in the standard care controls.

CONCLUSIONS:

Aromatherapy with light Thai massage can be beneficial for the immune systems of cancer patients who are undergoing chemotherapy by increasing the number of lymphocytes and can help to reduce the severity of common symptoms.

Aromatherapy and radiotherapy

J Clin Oncol. 2003 Jun 15;21(12):2372-6.

Inhalation aromatherapy during radiotherapy: results of a placebo-controlled double-blind randomized trial.

Abstract

PURPOSE:

To determine whether the inhalation of aromatherapy during radiotherapy reduces anxiety.

PATIENTS AND METHODS:

Three hundred thirteen patients undergoing radiotherapy were randomly assigned 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 underwent assessment by the Hospital Anxiety and Depression Scale (HADS) and the Somatic and Psychological Health Report (SPHERE) at baseline and at treatment completion.

RESULTS:

There were no significant differences in HADS depression or SPHERE scores between the randomly assigned groups. However, HADS anxiety scores were significantly lower at treatment completion in the carrier oil only group compared with either of the fragrant arms (P =.04).

CONCLUSION:

Aromatherapy, as administered in this study, is not beneficial.