

## Best Practice & Complementary Therapies

- Holistic Nursing
  - Blends Art and Science
  - Interrelationship between mind, body, & spirit
  - Encompasses patient collaboration and the use of complementary therapies

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## Best Practice

- Increasingly patients are requesting therapeutic skills from nurses
  - Massage
  - Healing touch
  - Knowledge of different modalities
- Patient safety demands that nurses have a thorough knowledge of complimentary practices
  - Drug – drug (herbal) interactions

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## Aromatherapy defined

- "The use of pure essential oils to seek to influence, to change or modify, mind, body, or spirit; physiology or mood" (Kusmirek as cited in Battaglia, 1995, p.4).
- The term 'aromatherapy' has become so popular and has become associated with the beauty industry
- Frivolous products are now included under the umbrella of aromatherapy

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## Essential Oils – What are They?

- A complex blend of chemical constituents and include alcohols, aldehydes, esters, ethers, ketones and phenols (Battaglia, 1995).
- The various compositions determine the fragrance and therapeutic properties of the oils.

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## Questions for consideration

- Are any oils tetragenic?
- Are any essential oils potentially carcinogenic?
- Is there the potential for essential oils to interact with with patients taking prescription medications?
- Are essential oils possibly neuro or hepatotoxic?

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## Questions

- Can essential oils aggravate epilepsy?
- Are essential oils safe for use with children?
- Is they use of essential oils safe when combined with chemotherapy?
- Can essential oils be applied directly to the skin?

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## Answers

- It can be difficult for aromatherapists to decide if a particular oil is safe (Burfield, 2000).
- Much of the evidence has previously been anecdotal and without supporting evidence (Kerr, 1997).
- Understanding of the chemical constituents, appropriate dose and reality of potential hazards is vital to ensure patient safety and appropriate use of aromatherapy

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## What is in a Name?

- Juniperus **communis** (Juniper Oil)
- Juniperus **sabina** (Savin Oil)
- Juniper has a reputation of being contraindicated in renal disease and pregnancy
- In 1928 a research paper was published entitled *Emmenagogue Oils – Pennyroyal, Tansy and Juniper*
- The body of the text refers to Pennyroyal, Tansy and Savin (Tisserand & Balacs, 1995).

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## What is in a Name?

- Lavender
  - *Lavendula angustifolia*
  - *Lavendula latifolia*
  - *Lavendula stoechas*
  - *Lavendula spica*

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## Aromatherapy & Toxicity

- Toxicity can be divided into
  - 1) Acute
  - 2) Chronic

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## Research & Aromatherapy

- Within the medical fraternity until relatively recently there has been much mistrust and suspicion regarding the application of aromatherapy
- This is probably due in part to the lack of complementary therapy research in randomized controlled trials - RCTs (Richardson, 2000).

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## Research & Aromatherapy

- Aromatherapy data tends to be qualitative rather than quantitative.
- Single case studies are presented with no quantitative data included (Martin, 1996).
- Misunderstandings occur due to a lack of understanding of RCTs and control groups and the mistaken assumption that all RCTs have to be double blind (Richardson, 2000)

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## Aromatherapy & Research

- A literature search indicates that there has been minimal clinical research regarding the effects of aromatherapy
- This problem needs to be addressed if aromatherapy is to gain acceptance in the medical world

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## Recommendations for Best Practice

- Comprehensive training and registration with an appropriate association
- Understanding and appreciation of risk management
- Collaboration with medical staff and the multidisciplinary team
- Inservice education

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## Recommendations for Best Practice

- Development of a protocol that includes:
  - A list of essential oils used and indications – dosage, dilution, application
  - Addressing issues regarding sensitivity and allergy
  - Information regarding accidental poisoning
  - An information sheet for patients & whanau
  - Reference texts, resource folder containing up to date research, clinical evidence, & case studies
  - Aromatherapy should be prescribed and documented
  - Regular audit and ongoing research

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## Case Study

- Female age 45 years
  - Fungating tumour L) breast.
- Issues:
  - Bleeding (potential for haemorrhage)
  - Significant distressing malodour
- Orthodox regime
  - Adrenaline applied to 'bleeders'
  - Charcoal dressings

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## Case Study 1

- Aromatherapy Regime
  - Cypress Oil applied directly to affected area. Usual dressing (charcoal not used).
- Result
  - Less frequent dressing changes.
  - Cypress oil was actually more effective for longer than adrenaline.
  - Malodour was no longer an issue

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## Case Study 2

- Male 45 years, Tom– SVC Obstruction
- Medications:
  - Atrovent ii puffs qid
  - Dexamethasone 8mgs daily
  - Roxithromycin 1bd
  - Zopiclone 1 nocte
  - Midazolam 5mgs for agitation
  - Glycopyrolate 100mcgs s/c for increased resp secretions

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## Case Study 2

- Main complaints:
  - Fear and panic “all this fluid bubbling in my chest”
  - Fear of drowning
  - Dreamed of drowning
  - Grossly distended face and neck – swollen and purplish.
  - Unable to lie flat
  - Nights the worst – lonely and afraid
  - Partner stopped visiting (Tom was angry & abusive)
  - After 2 days zopiclone stopped.

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## Case Study 2

- Next day commenced on homoeopathic remedy bd and prn for SOB and anxiety.
- More settled night reported. Expectoration increased.
- 2 days later commented face and neck felt less puffy (to him)
- Next day expressed wish to go home

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## Case Study 2

- Family meeting
- Communicating well with partner.
- Both reported feeling optimistic about ability to manage at home with hospice support.
- Orthodox and homoeopathic medication continued.
- 3 days later Tom died at home very suddenly due to a massive haemorrhage.
- Partner reported to staff that Tom had reunited with family members & although his death was traumatic he had died at peace with himself.

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## Conclusion

- Complementary therapies have the potential to become very real adjuncts to orthodox medicine
- Perhaps as less emphasis is placed on RCTs and more on qualitative research then aromatherapy & homoeopathy will have a proven and valued place as complementary therapies.
- Together the two types of research (qualitative & quantitative) are equally important.

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## Conclusion

- As more patients request information regarding complementary therapies or are already using complementary therapies it becomes apparent that subjective data and qualitative data is presented in such a way as to be acceptable and non-threatening to the empirical medical world.
- This is imperative for the development of aromatherapy & homoeopathy Best Practice in mainstream & palliative delivery of care to patients.

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## Palliative Care

- Palliative care involves a tension between two kinds of excellence: the excellence expressed in the effective release of the sick and the dying from crushing pain and distressful symptoms that threaten to drive a person from control to chaos; and the excellence expressed in the ability to read and respond to the messages and quests between the unwritten lines of a sick person's biography, the place where unique and personal suffering is so often found. Palliative care requires that doctors, nurses, and others who give care focus their attention on the full particularity of dying people, on the unique and often incomparable kinds of pain, discomfort, distress, insomnia, fatigue, anxiety, joys, sorrows, and other component experiences of a genuinely human and seriously threatened life. Palliative care demands an infusion of time and personal presence to give the dying one or two, or who knows how many, of those moments when *"there is no death and time does not unreel like a skein of yarn thrown into an abyss"* (David Roy, 1996)

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