



Aromatherapy and my Experience with Hospice Patients

By Robin Kessler

INTRODUCTION:

Five Years ago I became an Aromatherapist. I was always interested in alternative medicine and how it could help when conventional medicine failed or was too invasive or debilitating. I felt the earth had more to give us than the use of manufactured synthetic products. I made sure my family ate well and emphasized natural foods so they would grow up healthy and wise. I tried to follow my convictions but unfortunately I became sick with a blood disease and found I had to take prescription drugs as there was no other way to help me. Although I had no choice but to take the drugs, I did have a choice on how I was going to approach the pain I was having. I researched many methods before I came across the properties and potential of essential oils. I found by using the oils it greatly helped me with pain and with the stress I experienced. I learned how to use them correctly and safely and wanted to share that with friends and family. I decided I needed more and went to a renowned school in the field and became certified. Now mind you, I was 60 years old when I decided to go back to school. Never did I dream I could study again, let alone delve into the sciences; chemistry and physics but I got through it. I have taken many courses since getting my certification and I am now enrolled in several advanced training courses.

I worked with many people but I felt there was missing something. I saw an ad on line from the Stein Hospice Group in NJ looking for a trained Aromatherapist. I applied for and was awarded the position. I had to go through additional training as I was working with the terminally ill. This organization is extremely caring and decided to try Aromatherapy with their clients to help them and their families get through this difficult time of their lives. I am so glad they chose me to help them and I enjoy working with their team. They all have hearts of gold and really care about their clients.

People that need hospice are going down the last trail of life. Many have fears and anxiety of what is going to happen next. Many have Alzheimer's disease or Dementia and cannot take care of themselves anymore.

It is not just for those who are passing on. Aromatherapy is an excellent alternative as long as it is done safely. I learned that many of these organizations do not know how to use Essential Oils correctly. While their intent is to help patients, improper use can actually make it worse. This lack of adequate training has manifested itself in the use of the oils neat (undiluted) on people whose skin is very thin and cannot handle the intensity. Others are using Oils in diffusers but with the wrong dilution (too many drops). I have the ability and have chosen to help this hospice organization use the Oils correctly so as to provide the most effective care to these very special patients

HOW WAS I GOING TO ACCOMPLISH THIS?

I needed some direction and insight into this special client group. I went to my good friend and colleague Madeleine Kerkhof. Madeleine is a former nurse, an expert in the field, an educator in complementary nursing, especially in palliative care and care for the elderly and people with dementia. She has written an amazing reference book which I frequently refer to called "Complementary Nursing in End of Life Care, Integrative Care in Palliative Care". She is a caring wonderful person, who gives her all to everyone around her.

Because I was going to work with many who do have Alzheimer's disease, I needed to research which essential oils are better or not for this disease. I turned to Robert Tisserand, a leader in Essential Oil Research for some of my answers. On his website (1) he found research that claims sniffing the Rosemary (*Rosmarinus officinalis*) Herb can increase memory by 75%. Researchers have found for the first time that essential oil from the herb when sniffed in advance enables people to remember to do things. The studies have shown that it increases alertness and enhances long term memory. On another one of his papers (2), English herbalist Nicolas Culpeper in 1652 wrote that rosemary "Helps a weak memory and quickens the senses." Researcher Mark Moss and Lorraine Oliver show how blood levels of 1,8 cineole correlates with improved cognitive performances. This



research gave me more insight on the oils I was going to use to possibly help these patients.

Some Patients with Alzheimer's disease talk to themselves about their past experiences or find themselves living in the past and it can be quite frightening.

Prior to seeing residents, the Hospice sends me an intake form that gives me medical info, allergies they may have, likes and dislikes. This helps me evaluate what is needed and also helps me to decide what oils can be used safely. It is not easy trying to figure out what is needed for each individual. I first have to check to make sure that the selected oils will not negatively interact with or counter the effects of the medicines they are taking. I have to query the family members to determine if there is a smell they like or dislike. I have to be sure they are not allergic to any specific plant.

CASE STUDIES OF A FEW OF THOSE I HAVE WORKED WITH-REAL NAME WITHHELD FOR PRIVACY:

Lillie lived in Poland as a child. She lived near an orange farm and loved to sit in the fields to eat and smell the oranges. Unfortunately her family was taken away by the Nazis and put into a concentration camp. She was one captive away from being killed when the camp was liberated. She lost most of her family and immigrated to the USA. Later in life she developed cancer, and Alzheimer's disease and was placed in a nursing home and put in the care of Hospice by her family. The problem was that because of her disease she repeatedly regressed to the unhappy place in the far reaches of her memory. She had to be restrained for fear she would hurt herself and she constantly screamed and yelled about what happened to her when she was in the camp. Her hands were closely fistled and her face had a terrified look all the time. The cancer was taking over her body and she did not have much time left to live.

I wanted to find a way to refocus her so she could find the happy place in her memory allowing her to move on in peace.

The blend I made contained Sweet Orange Essential Oil. (*Citrus sinensis*) and Petitgrain (*Citrus aurantium* var. *amara*) which was put into a diffuser. I made a stock blend in a 5ml bottle of half and half to fill the bottle using the drop by drop method.

Citrus Sinensis is a Monoterpenes high in d-limonene. Its calming properties help settle anxiety.

I wanted to stimulate her senses and bring her back to the happy time in her life which hopefully would make her calmer and allow her to relax and let go to her final destination.. I researched sweet orange more and found

studies (3) on Effect of sweet orange aroma on experimental anxiety in humans. 40 males were use in the study to see how tranquil it made them. In conclusion, it did help but more studies need to be made.

In another study, (4) sweet orange was diffused in a dental office. Studies show that it decreased anxiety and the mood of the patients while the sweet orange was diffused.

Since this was an excellent choice and she loved the smell of oranges, it became part of this blend.

Citrus aurantium va amara which is rich in esters (linalyl acetate) and monoterpene alcohols (linalol) supported by monoterpenes. It is calming, grounding and relaxing and lots of yin.

A study was performed (5) with 42 administrative university workers. They were put into different groups, seated in a room in front of a computer. They were given a specific task and petitgrain was diffused in the room while this was being done. The AG performed the web site task faster than the CG group. In conclusion it showed Petitgrain may improve performances in the workplace by an autonomic balance on the sympathetic/parasympathetic system through a combined action of the petigrain main components (linalyl acetate, linalool and myrcene.) It also showed the combination of reducing the stress level in the participants.

After reading these studies I felt I had something that might just work for her. I put 3 drops of the blend into the diffuser and turned it on. I instructed the caregiver to put this on for a half hour- then turn it off for an hour. I went back to the nursing home a few days later and found things did change. The nurses told me she stopped screaming and yelling and stopped lashing out. Three days later I was told she stopped clinching her hands and relaxed them out and was actually smiling. 3 days later she passed, but I was informed it was quietly and in her sleep and very peacefully.

For those in private rooms I can use a diffuser like I did with Lilly but I give instructions to the caregiver on how and when to use it. A spray bottle works great because the caregiver can spray a pillow, linens and blankets.

Red is a male resident with Dementia who used to be a Barber. He is constantly agitated and confused. I talked to the family after I received his intake form to find out what smells he enjoyed. He really loved his work. He was a very polished man in his younger years. His hair always combed properly and he loved masculine smells and wore a lot of masculine cologne. Even now, he has a bottle of Old Spice sitting on his dresser.

I also researched what smells are likely to be in a barber shop thinking if I made something close to what he enjoyed he might be less agitated and maybe a bit less confused. I used Vetiver (*Vetiveria zizanoides*) Cedarwood (*Juniperus virginiana*), Rosemary ct. verbenone and Sweet Marjoram (*Origanum marjorana L.*).

Vetiveria zizanoides is used in a lot of aftershave lotions used when a man's beard is shaved. In Ayurvedic medicine, (6) the incense and essential oil are used to cool the mind and improve concentration. The comforting, deep, woody, earthy and distinct aroma of this oil has made it a strict masculine fragrance in the perfume industry. Vetiver oil was recommended even for patients suffering from Yin deficiency, often ended up in a dissociative state of depression.

Vetiver is made up mostly of Sesquiterpenols, Sesquiterpenes and Ketones but very small percentage of Aldehydes and is a combo of Yin, Relaxing, calming and grounding. Its therapeutic properties are CNS sedative, Anxiety, and depression and became an excellent choice for my blend.

Juniperus virginiana is made up of mostly Sesquiterpenes and Sesquiterpene Alcohols with a very minor amount of Monoterpenes in a-pinene. Virginian Cedarwood is often used as a reference for woody scents. Its aroma is mild,

dry, light and fresh, with resinous, balsamic and earthy notes.

Rosemary ct verbenone is rich in Monoterpene very high in a-pinene a bit high in Monoterpene Alcohols, Esters of bornyl acetate and Ketones by verbenone and camphor with a small amount of Oxides of 1,8 cineole. In the Ternary concept they are all over the place. It seems to be it has the Yin and the Yang, so it is warming, stimulating, relaxing and cooling. Rosemary verbenone is a softer, gentler version of the more common and pungent cineole variety. It has less camphor than Rosemary ct camphor or Rosemary ct 1,8 cineole. It is said to clear the mind transmits spiritual clarity and inner force. Because of his age (way over 65) I wanted to give him some clarity but did not want the high Camphor the other two chemo types have. I checked a few places on the web (7)

Sweet Marjoram (*Origanum marjorana L*) is rich in Monoterpenes and. Monoterpene Alcohols, a bit of Sesquiterpenes and Esters. It is used for the nervous system, stress, anxiety and irritability.. It has mostly Yang and very Electro positive effects which has a harmonizing action which would overall make the total blend fit together. I also wanted to make something more manly, it smelled not only woody but it had a spicy smell, which would even out the tones in the oils.

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I put it together in a 5ml bottle: 5 drops Vetiver, 10 drops Cedarwood, 4 drops Rosemary ct verbenone, 8 drops Sweet Marjoram using the drop by drop method till I liked the smell. I then instructed the caregiver to put 4 drops into his diffuser. I left instructions to run it 30 min on 1 hour off, for a few hours a day and to please have a family member call me if there was any change or not.

Two days after doing this consistently, I received a phone call from his daughter. He was much calmer. He began to talk instead of mumbling like he was doing before. He was again eating. He actually enjoyed the smell and inhaled deeply smiling when it was on. He began talking about his days in the barber shop.

It is extremely hard to convince the medical profession that Aromatherapy is a good alternative despite that shows it can work in some cases when nothing else does. In Lilli's situation she was being put on prescription drugs to dull the anxiety she was having, but it was not helping. When Stein Hospice explained to the family there might be a better way without using the drug, they opted to try it. Since most do not believe in essential oils (even though I give full documentation on each oil) it can be extremely frustrating.

I am hoping through the seminars I give and my work at these nursing homes, more will open up to the potential of how Aromatherapy can help them or those they love or care for. It touches my heart that aromatherapy can work for both the elderly and those who are waiting to move on. I will continue to help those in need, despite the difficult paths I must follow.

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Robin B. Kessler is a Certified Clinical Aromatherapist. She received her certification from Aromahead Institute and The School for Aromatic Studies, and continues to take courses in a wide variety of related subjects and is currently studying for her Advanced Graduate Certification. Robin consults professionally with (and prepares aromatherapy blends for) practitioners including medical doctors, acupuncturists and chiropractors. She gives seminars on aromatherapy safety topics, and is the lead Aromatherapist for the Stein Hospice Group, Compassus (Willington and Somerset, New Jersey locations) and Right At Home, where she works with seniors to help support them with a better quality of life. Robin is also available for private aromatherapy consulting (in person and by phone). She has written several articles which have been published in Aromaculture magazine and continues to give seminars and workshops on Aromatherapy and also on the usage of resins, especially Frankincense. She created two Facebook groups. One called Safe Essential Oil Recipes Only! and Frankincense Resins and Other Tree Resins. Both educational groups on the usage of essential oil and resins.

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