

The importance of aromas for the patient and the health care provider

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Scents condition life from its very beginning and accompany it until the very end. Over a period of several years, a hospital palliative care unit has integrated aromatherapy consultations to assist patient with problems of appetite, olfactory disturbance or anxiety. Following a multidisciplinary evaluation, individual patients or their loved ones choose fragrances from at least twenty fragrance compositions that they then personalise as they wish. The chosen fragrances, even in dilution, are able to effectively alleviate most of the symptoms the patients are suffering from. The diversity of fragrances is greatly appreciated because they break the monotony of daily life and help create a pleasant ambience, not just for the patients but also the health care providers, visiting friends and family. Additionally, the personalisation of blends fosters constructive exchanges between the carers and the patient despite the imminence of death.

Jacques Masraff is a sensitive, experienced perfumer and aromatherapist based in Switzerland, using organic and/or wild crafted essential oils and extracts in his creations. For over twenty years he has been making custom blends and perfumes for individuals as well as exploring the therapeutic properties of these gifts of nature. He has worked for many years with the Cesco geriatric hospital in Collonge-Bellerive. The Cesco is one of the university hospitals of Geneva. The following article explains his work and his findings.

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Introduction

Almost everyone is touched or has the chance to be emotionally affected by the aromas that surround them: one aroma might make us remember a loved one, another might remind us of sunshine, yet another might evoke memories of a happy childhood, or even that of a traumatic experience.

Odours and perfumes have accompanied humanity since the beginnings of time as the numerous perfume vials bear witness that have been discovered in all types of archaeological digs around the world.

Furthermore, industry has also grasped the significance of scent and the perfumery world willingly links aromas with dreams of happiness to build customer loyalty, shops create a perfumed ambience to retain customers and increase the sale of their products, certain manufacturers even fragrance their wooden or plastic objects to convey a luxurious impression and the food industry has created, amongst other things, essences of butter and oil to literally make certain foods more easy to swallow (Winter, 1978).

On the other hand, unpleasant, nauseating or pestilent aromas are always perceived as repulsive and provoke avoidance behaviour away from the source of the smell. If this source happens to be a patient, he/she thus initially experiences a physical isolation gradually followed by

mental isolation as more and more human contact recedes due to unease with malodour.

But what could potentially pleasant odours bring to a hospital palliative care setting? Perhaps they might help create a different ambience or refresh the air, at the same time taking advantage of the multiple effects that plants are capable of generating (Winter, 1978, Belaiche, 1978; Franchomme and Penoel 1993). In palliative care, the quality of time that passes is basically composed of numerous elements that might each in their small way contribute a degree of value and pleasure during this particularly difficult phase of life.

For the past ten years at the specific request of the health care staff, an optional therapeutic intervention has been put in place in this palliative care environment. This intervention consists of an aromatherapy consultation consisting of application of essential oils to patients for whom a need has been identified.

Material and methods

Site of intervention

The Cesco is a geriatric hospital with 104 beds spread between 6 care units with a specialisation in palliative care and end of life accompaniment that also is able to welcome younger individuals with terminal illness (most often cancer related).

Patient profile/ reasons for intervention

Infected and malodorous wounds, respiratory and buccopharyngeal pathologies, malodour from colostomies, medication malodours, loss of appetite, anxiety...

Type of care

Personalised essential oil compositions in the form of sprays, massage oils, and programmable electric diffusers.

Treatment intervention

This is arranged on demand from the care team as soon as a need is identified. The initial intervention takes place with close consultation and evaluation of the patient's profile and provision of the appropriate intervention. Second and third visits are made if necessary depending on the patient's situation.

Evaluation

One to two weeks after having created a personalised therapeutic composition, the patient's opinion and those of the care staff is comprehensively sought, in the acknowledgement that the majority of comments come from the latter due to the evolution of the person's general clinical condition.

Quality of products used

The base vegetable oils (jojoba, St John's wort infused oil and sunflower oil) and all essential oils and extracts are 100% pure and natural; most come from organic cultivation or wild harvesting. The essential oil supplier is Farfalla SA based at Uster in Switzerland (Office Fédéral de la Santé number 90008). The oils are protected from degradation by argon gas that slows down their oxidation.

All perfume mixtures are composed according to the IFRA Code of Practice (International Fragrance Organisation) that indicates which ingredients should or shouldn't be used and the percentage to use in order to avoid toxicity or irritation (www.ifraorg.org).

A typical consultation

Before each aromatherapy visit, a consultation is conducted between the aromatherapy consultant and the health care staff in order to gain a good overview of the patient, with description of their health problems and mental state. At the moment of meeting the person him/ herself, the most important aspect is to be sensitive to assess whether they are open, joyful or to the contrary, if they are tired, weak and closed. This helps the therapist to adapt the subsequent stage of consultation accordingly. It should be acknowledged that the attention span of the patient at the end stage of life might not be able to be retained for long periods and in this case, one must rely on a palette of pre-prepared mixtures that can then be immediately adjusted according to the patient's needs and/or their personality.

At this first visit, the patient's olfactory preferences are thus determined with precision and smelling strips imbued with fragrance of the different compositions are proposed and then added to according to individual needs. This last point is important because the majority of patients have an

acute perception of aromas and one can observe a grimace of distaste where for others, the face might literally light up. The chosen fragrances are then carefully noted down in order to be able to recreate the composition at a later date if needed. Each patient then receives their own personal blend in the form of massage oil and spray. This is then used by the person as well as by the care staff in the daily care of the individual.

Results

An evaluation of these aromatic interventions was undertaken over 30 consecutive consultations that took place between June 2003 and September 2004, with 30 different patients. The assessment took into account the cases treated, the type of care given; patient preferences; the type of fragrance used and finally, evaluation from the care providers. The spread between the sexes was equal (15 women, 15 men).

Results can be seen in Tables 1 to 4.

Type of care (see Table 1)

Table 1. Type of care requested.		
	women	men
malodour management	13 (86.3%)	14 (93.3%)
relaxation	2 (13.3%)	1 (6.7%)

In the case of specific treatment of malodours, all mixtures worked effectively, masking the 'miasmas' with the exception of one case where the volume of faecal discharge was simply too abundant.

In cases of creating relaxation, overall, the compositions were very much appreciated by patients, care staff and visitors.

The personalisation of the fragrance (See Table 2)

Table 2. Personalisation of the fragrance.		
	women	men
chosen	11 (78.5%)	11 (73.3%)
chosen/ proposed	2 (14.3%)	3 (20%)
proposed	1 (7.2%)	1 (6.7%)

When fragrance compositions were chosen by the patient, this implies that the person was completely attentive and 'present' during the consultation, that they had a good sense of olfactory acuity and that they appreciated being able to create their own mixture. As we can see in Table 2, this was happily the case for the majority of patients treated. Additionally, more than half of these expressed a desire to compose two different mixtures.

When the compositions were chosen and proposed, this indicates that the person did not have a precise idea about the making of the mixture, or who was sceptical concerning this activity or concerning aromatherapy itself. Despite this, they were always capable to actively participate in the making of the blend.

When the fragrances were proposed, this indicates that a member of the family or in case of need, a close carer participated directly in the composition of the blend based on known or supposed fragrances preferences of the patient.

Type of fragrance (Table 3)

It is worth noting that a number of patients who presented with extremely malodorous wounds were actually more attracted to light fragrances such as orange or bergamot and not by strong fragrances such as eucalyptus or rosemary and yet, these delicate aromas were sufficient to effectively mask the noxious odours. One patient spontaneously expressed their gratitude by calling the therapist from the corridor to admit that his scepticism had gone faced with the benefits brought by massage and its aromas. In one other case, it was a member of the care staff that thanked the therapist because the aroma in the patient's rooms reminded him to give the massage that provided his patient with so much relief.

	women	men
citrus	8 (53.3%)	4 (26.7%)
citrus/ floral	3 (20%)	1 (6.7%)
floral/ spicy	1 (6.7%)	2 (13.3%)
conifer	2 (13.3%)	4 (26.7%)
herbaceous	1 (6.7%)	4 (26.7%)

Examples of fragrance categories

Citrus: grapefruit, lemon, mandarin, bergamot, orange...

Floral: jasmine, mimosa, ylang ylang, frangipani

Spicy: cardamom, coriander, pepper, cinnamon

Conifer: Scots pine, fir, cembro pine

Herbaceous: rosemary, lavender, clary sage

Discussion

In all cases, the care staff acknowledged that the compositions created a warm and particularly pleasant ambiance so that general care and hospital visits were able to take place in the best conditions possible.

The recognition of the usefulness of aromatherapy for the indications described here is therefore very evident from the point of view of both patients and health care providers. This approach however remains marginal to regular hospital palliative care but is probably in correct correspondence with the quantity and quality of problems encountered. Basically in this case, only 30 patients were approached over a period just exceeding one year, which represents less than 10% of patients admitted to this centre for palliative care over the same period of time.

Contrary to what might be expected considering the severity of the clinical condition and the degree of malodour from certain patients, it was not the strong odours such as eucalyptus or lavender that were mainly appreciated, but instead fragrances that were light and playful such as mandarin, orange and bergamot. Here, it turns out that

opinion of the patient is the determining factor, according to his own tastes and preferences. Furthermore, the clinical results obtained show the pertinence of patient choice because in the overwhelming majority of cases, the efficacy of the preparation was demonstrated to the satisfaction of all concerned.

The importance of composing a large range of fragrance mixtures became apparent also for the health care personnel. In fact, remarks were made such as:

"When one inhales all these pleasant fragrances, one no longer has the impression of working in a hospital"

"It's so much more comfortable to work in this environment"

"I took much pleasure from massaging the patient with his personalised fragrance."

The multiplicity of fragrances (Table 4) probably prevents boredom from setting in and the personalisation of fragrances actively promotes personal exchange between the patients and their carers.

herbaceous/ balsamic	1
herbaceous/ spicy	2*
herbaceous/spicy plus herbaceous/balsamic	1
herbaceous/ spicy/ winter	1
woody/fruity	1
woody/ fruity plus citrus/ sweet	1
floral plus floral/ herbaceous/spicy	1
floral plus citrus/floral	1
floral/herbaceous/spicy	2*
citrus	1
citrus/woody/ conifer/mint/winter	1
citrus/warm/woody	1
citrus/sweet	1
citrus/ sweet/ herbaceous	1
citrus/ sweet/conifer	2*
citrus/spicy plus herbaceous/sweet	1
citrus/spicy plus citrus/sweet	1
citrus/floral	2*
citrus/floral plus herbaceous/floral	1
citrus/conifer/herbaceous/winter	1
winter	1
conifer/herbaceous/ winter	2*
conifer/winter	2*
conifer/mint/winter	1

* the proportions of the mixture varied according to the essential oils chosen by the patient. Some patients created more than one fragrance.

It is interesting to note that no patient had been directly treated during this period for problems with relation to loss of appetite. Yet out of 13 cases that had been previously evaluated as having appetite disturbance, it is worth noting that 10 of these had regained a certain pleasure from eating as a result of the aromatic interventions.

In conclusion, pleasant and personalised fragrances contribute to the creation of a pleasant palliative care unit, as much for patients and their visitors as for the care staff. If one starts from the principle that unpleasant odours can be hidden, even eliminated, the senses and the pleasures of the patient can be better stimulated and personal exchanges with the family, visitor and the health care providers are thereby facilitated. When all that counts is the quality of the time left to live, aromatherapy constitutes a valuable therapeutic partnership.

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