


Chapter 10

Safe and Effective Application of Aromatherapy in Home Care

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ABSTRACT

The shift toward home-based care has increased demand for efficient and safe non-pharmacological interventions. Aromatherapy, a well-known integrative therapy, offers symptom relief through essential oils but is often applied without evidence-based guidance. This chapter presents a review of 49 randomized controlled trials (2021–2025) to examine the operational effectiveness of aromatherapy in home or caregiver-assisted settings. Going beyond mere oil selection, the chapter explores usage variables of relevance – route of delivery, dosage, frequency, and duration – and refers to typical mistakes and contraindications. The objective is to offer caregivers accurate, evidence-based recommendations for symptom-specific applications, including anxiety, pain, sleep disturbance, and fatigue. Blending clinical evidence with the realities of day-to-day caregiving, this chapter presents a practical guide to informing safe and effective aromatherapy use in home care practice.

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1. INTRODUCTION

The global health care system is undergoing profound transformations, which are characterized by aging populations, the increasing prevalence of chronic illnesses, and a gradual shift toward deinstitutionalized models of care. As health systems around the world face the increasing pressure on institutional resources, an equal demand is rising for high-quality, patient-centered care to be provided at home, where the patient has utmost comfort and familiarity. This shift has considerably increased the emphasis on the support that family members and informal caregivers provide in managing physical and emotional symptoms across an array of health conditions (World Health Organization, 2022).

In this evolving paradigm, aromatherapy has emerged as one of the most common and accessible integrative therapies in home care environments. Aromatherapy is the therapeutic use of plant-derived essential oils by inhalation, topical application, or, in certain cases, oral consumption, to enhance health and well-being (National Association for Holistic Aromatherapy, n.d.).

Historical precedent exists for the use of essential oils. Ancient Egyptian, traditional Chinese, and Ayurvedic systems all reference aromatic healing thousands of years ago. Nevertheless, their resurgence in contemporary care settings involving family caregivers, hospice workers, and community health aides reflect larger structural changes within integrative and complementary medicine. The big draw for aromatherapy is that it is cheap, non-invasive, and flexible across cultures; this is attractive for practitioners in settings from the third world to the first (Kang et al., 2023).

The purpose of aromatherapy is not to substitute conventional medication within chronic illness, mental health treatment, and palliative care but to work alongside it and be equally effective in bringing comfort, emotional well-being, and quality life. According to Herz (2009), the sense of smell is uniquely linked with brain regions involved in memory, emotion, and autonomic regulation. This is the reason aromatherapy can manage challenging symptoms such as emotional distress, grief, or existential suffering which appear to be difficult to quantify or pharmacologically manage.

For these reasons, aromatherapy has been recommended by many clinicians as an adjunctive technique in integrative care models. Yet, professional standards are not always translated into readily accessible information for caregivers. Despite its extensive use and apparent benefits, aromatherapy in homecare remains largely anecdotal, with users very frequently relying on websites, networks, or personal experience for patterns of use. In practice, the use of essential oils is always rather likely to be concerned with questions like, “What oil do you use for pain?” or “What scent do you use for sleep?” Such use, although well-intended, has the track

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