



HerbClip™

Mariann Garner-Wizard
John Neustadt, ND
Cathleen Rapp, ND

Shari Henson
Heather S Oliff, PhD
Densie Webb, PhD

Brenda Milot, ELS
Marissa Oppel, MS

Executive Editor – Mark Blumenthal

Managing Editor – Lori Glenn

Consulting Editors – Dennis Awang, PhD, Steven Foster, Roberta Lee, MD

Funding/Administration – Wayne Silverman, PhD

Production – George Solis/Kathleen Coyne

**FILE: ■Aromatherapy
■Menopausal Symptoms**

HC 090455-301

Date: March 31, 2006

RE: Study Evaluates Use of Aromatherapy for Menopausal Symptoms

Murakami S, Shiota T, Hayashi S, Ishizuka B. Aromatherapy for outpatients with menopausal symptoms in obstetrics and gynecology. *J Altern Complement Med.* June 2005;11(3):491-494.

Menopausal symptoms are often treated with hormone replacement therapy (HRT). Many concerns regarding HRT have arisen in the last few years, and women have been seeking other treatments, among them Complementary and Alternative Medicines, including the use of essential oils. Aromatherapy massage works on the nervous system through olfaction, tactile sensation, and skin absorption. The purpose of this study was to evaluate aromatherapy massage on patients with menopause symptoms.

Outpatients ($n = 15$) with menopausal symptoms as defined by positive scores on validated questionnaires participated in this study. The study was conducted at the Department of Obstetrics and Gynecology of St. Marianna University Hospital, Kawasaki, Japan. Depending on each patient's physical and mental health status and response to scent, the aromatherapist chose essential oils that may affect the endocrine and/or nervous system. A table in the paper lists the different oils and their potential benefits. For example, cypress (*Cupressus sempervirens*) is used for hot flashes and night sweats. The aromatherapist massaged each patient for approximately 20 min and then put a hot compress with lavender essential oil on the patients' foreheads. The patient was advised about aromatherapy self-massage, which was to be carried out after bathing or before sleeping 3 or 4 times a week. After approximately 1 month the patients returned and had another aromatherapy session and their menopausal symptoms were re-evaluated.

After 1-month the symptoms scores were lower in all patients. Eighty percent of the patients reported that aromatherapy was effective in improving symptoms. The authors conclude that aromatherapy could be an effective treatment of menopausal symptoms in outpatients.

This study had too many variables to improve conclusively whether the aromatherapy was effective. There was no placebo group so the improvement could have been a placebo-effect. Other variables were: (1) patients used different oil combinations, (2) the duration of massage was approximate, (3) the lack of consistency regarding the number of self-massages, and (4) the fact that the patients had a massage prior to answering the questionnaire about symptom improvement. Two other concerns regarding any study using aromatherapy need to be addressed. The brand of essential oils used should be disclosed as the quality of the oils involved may be a factor in potential efficacy. Care should also be taken to properly identify the plant species sources of the essential oil by Latin binomial, with associated authority, with an accurate indication of plant part(s) from which the oils are derived. In this paper, for example, bergamot is identified as *Citrus bergamia* but should be *C. aurantium* spp. *bergamia*; neroli (bitter orange) as *C. aurantium* derived from the flowers; and petitgrain oil from *C. aurantium* is usually derived from leaves, twigs, and the skin of *C. aurantium* fruit, not simply from leaves as the publication states.

This article was very difficult to follow because many sentences were not grammatically correct and the authors' train-of-thought did not flow properly. It is hard to believe that the journal would accept this type of article for publication or that this article was peer-reviewed.

—Heather S. Oliff, PhD

Enclosure: Referenced article reprinted with permission from Mary Ann Liebert, Inc., 2 Madison Ave., Larchmont, NY 10438; Telephone (914)834-3100; Fax (914)834-3582; email: info@liebert.com.

The American Botanical Council provides this review as an educational service. By providing this service, ABC does not warrant that the data is accurate and correct, nor does distribution of the article constitute any endorsement of the information contained or of the views of the authors.

ABC does not authorize the copying or use of the original articles. Reproduction of the reviews is allowed on a limited basis for students, colleagues, employees and/or members. Other uses and distribution require prior approval from ABC.