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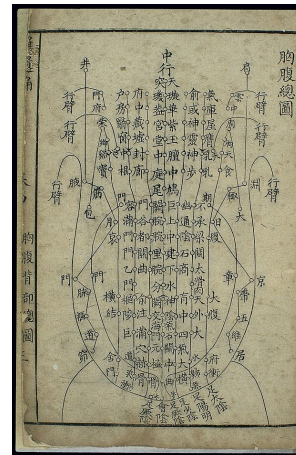
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Aromatherapy and Acupressure— Working Together for Better Outcomes

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Woodcut illustration of the channels and
acupoints of the thorax and abdomen

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Abstract

Since the beginning of time, plants and herbs have been used around the world to treat body, mind, and spirit. Aromatherapy refers to the use of essential oils from plants in medical treatment, relaxation, and fragrance. Essential oils are generally inhaled or applied to the skin in various forms after blending with a carrier base such as an oil or lotion to dilute the essential oil. Numerous studies have shown the benefits of using essential oils.

Acupressure is a non-invasive healing modality that has been used in Traditional Chinese Medicine for thousands of years. Acupressure uses the fingers and thumbs on the same acupoints that are used for acupuncture, a modality that uses needles in specific locations for medical treatment.

Both are integrative non-pharmacological treatments that have fewer side effects than pharmaceuticals. Both can be cost effective. Aroma Acupoint Therapy is the combined use of Aromatherapy and acupressure. Research has shown that combining the two to work together can lead to better outcomes in patient care. This article will examine studies showing positive outcomes using Aromatherapy and acupressure together.

Introduction to acupressure

Plants and herbs have been used around the world in various forms to treat body, mind, and spirit for thousands of years. Merriam-Webster (2021) defines Aromatherapy as the inhalation or bodily application of fragrant essential oils for therapeutic purposes. It further states that it is the use of aroma to enhance a feeling of well-being.

“Acupressure is a non-invasive ancient healing modality whose therapeutic roots stem from ancient forms of Chinese medicine” (Ty-Kisera, 2019). As the probable precursor for Acupuncture, which uses needles inserted into acupoints throughout the body, acupressure generally uses the fingers and thumbs on the same acupoints that are used for acupuncture.

In Traditional Chinese Medicine (TCM), the function of organs in the body are believed to depend on channels known as meridians that connect the internal with the external to transmit qi, life force energy (Chen *et al.*, 2012). Acupoints are junction points located along the meridians where qi energy can be activated. Activating and connecting the qi can shift the energy flow to bring back a state of balance in the body (Parramore, 2016). Harmony and balance are important for the healing process.

Qi circulates throughout the body in the meridian pathways. It is believed that a blockage of the qi flow can create an imbalance of Yin and Yang. In Chinese medicine, Yin signifies negative, cold, and fluids, while Yang represents the positive, heat, and solid within the body (Ty-Kisera, 2019). An imbalance of Yin is believed to be a contributing factor of illness and pain. Acupressure can help correct the imbalance by restoring the flow and returning the body to a more natural state of well-being by sending a signal through the acupressure point to “turn on” the body’s own self-healing or regulatory mechanisms (UCLA Health, 2021).

In his book *The Complete Guide to Aromatherapy*, Salvatore Battaglia, a highly respected Australian Aromatherapist, educator, and essential oil expert, includes a brief explanation of acupressure in chapter

22, "The Aromatherapy Massage." He includes a useful diagram indicating spinal reflex zones, explaining that tenderness on palpitation may relate to dysfunction of the related organ.

In appendix 7, he further describes commonly used acupressure techniques in more detail, including techniques for applying pressure. For example, Shiatsu massage from Japan uses pressure for three to five seconds, varying from firm pressure, believed to be stimulating, to gentle and light pressure for a sedating effect. Also included is a useful description of commonly used TCM acupressure points with the specific location and therapeutic indications. The length of time that pressure is held also varies (Battaglia, 2003).

In the early 1990s, Peter Holmes, an acupuncturist, began working with essential oils. He found essential oils to be as electromagnetically powerful as acupuncture needles. He experimented with essential oils by lightly placing an undiluted drop of oil on an acupoint instead of using a needle. Holmes explains that the essential oil is held on the acupressure point for at least one minute or until some form of change is experienced. Generally, the oils are undiluted, but in some cases, they may be diluted between 10-50% in a carrier oil (Holmes, 2019).

He continued to experiment with this idea and in 1995 presented the experiential model at the International Aroma conference. This energetic model for using essential oils would become Aroma Acupoint Therapy (AAT). In 2010, working with Tiffany Pollard, an acupuncturist and massage therapist, they further developed AAT and began teaching workshops for the combined use of acupressure and Aromatherapy (Holmes and Pollard, 2021).

Shirley Price, a world-renowned Aromatherapy educator and author from England, has long taught a system of Zone Therapy with essential oils, earlier referred to as Swiss Reflex Therapy. She is one of the founders of British Aromatherapy from which American Aromatherapy is based. Her latest book, *Aromaflexology, Combining Essential Oils and Foot Reflexes for Good Health*, includes numerous case studies using essential oils in a lotion carrier with Zone Therapy. In general, the amount of pressure is adapted to the client's pain threshold and maintained during the treatment, usually for up to one minute on the

respective reflex area for both feet. The guidebook includes a useful treatment record, as well as useful chapters on self-care and specific applications for babies (Price, 2018).

The research

Non-pharmacological integrative approaches in treating patients can have fewer side effects, and they can be cost effective. Since the development of AAT, several research studies have taken place using the combination of Aromatherapy and acupressure. In this article we will take a brief look at studies showing positive outcomes using this combination.

Hemiplegic shoulder pain and decreased motor power

In 2007, a study from South Korea addressed stroke patients with hemiplegic shoulder pain (HSP) and decreased motor power. The study compared acupressure with Aromatherapy acupressure. The aim was to see if Aromatherapy acupressure could reduce pain and improve motor power in stroke patients. There were 15 participants in each group. The participants received 20-minute treatments twice daily for two weeks. The experimental group used Rosemary, Lavender, and Peppermint (Latin binomials not indicated) essential oils, 2:1:1 diluted at 3% with Jojoba oil on six acupressure points related to shoulder pain, while the control group used acupressure alone. The pain scores were similar at the time of pre-treatment. Both groups showed improvement post-treatment. However, there was a significant improvement in the pain scores for the Aromatherapy-acupressure group compared to the control group. The post-treatment motor power also improved in both groups, but there was not a difference in the scores (Shin and Lee, 2007).

Improved sleep quality

A randomized clinical trial was conducted using Valerian (binomial not indicated) essential oil and acupressure to see if the combination could improve sleep quality for patients in an intensive care unit. The study used the acupressure points Neiguan and Shenmen, both located near the inner side of the wrist, and Yongquan points, located on the foot, with 2.5% Valerian essential oil, they did not indicate the carrier oil, for a total of 18 minutes for each patient. The study included 85 participants with 41 in the experimental group and 44 in the control group. The

results were monitored by using subjective sleep diaries. Ten night nurses were trained to observe sleep patterns and heart rate variability analyzers.

By the second and third night the experimental group spent more time sleeping and woke up less frequently than those in the control group. The Valerian acupressure group appeared to relax sooner than the control group as indicated by the heart rate. They found that performing Aromatherapy acupressure using Valerian and these acupoints could be an effective alternative to, or reduce the use of, sedative medications to promote better sleep (Chen *et al.*, 2012).

Agitation in dementia patients

Agitation is a common symptom seen in dementia patients, which can include inappropriate verbal and physical action towards family members and caregivers. The use of antipsychotics that are generally prescribed have many side effects and can increase chances of strokes and other cerebrovascular events. The study did not mention any antipsychotics by name.

Non-pharmacological and non-invasive treatments such as Aromatherapy and acupressure have fewer side effects and are much safer to use. Some research has shown that sleeplessness and agitation are related to the level of activity of the sympathetic nervous system. When the sympathetic nervous system is hyperactive, agitation, high blood pressure, and inhibition of the parasympathetic nervous system can occur (Yang *et al.*, 2015).

Aromatherapy has been widely used to treat dementia. Research has shown that essential oils such as Lemon Balm and Lavender (binomial names were not indicated) can activate the autonomic nervous system, and stimulate the limbic system and hypothalamus, creating feelings of relaxation and decreased agitation. Acupressure studies have shown similar outcomes, but the sample sizes were small and difficult to interpret (Yang *et al.*, 2015). The aim of this study was to perform a clinical trial to improve agitation in dementia patients using aroma-acupressure and Aromatherapy and to find a non-invasive protocol for treatment.

Five acupressure points, Baihui, Fengchi, Shenmen, Neiguan, and Sayinjiano, were cited in the study, and

used with 2.5% Lavender (binomial not indicated) oil in the aroma-acupressure group. A five-minute warm-up exercise was followed by pressing the acupoint with the Lavender oil on for two minutes daily for five days a week for a total of four weeks. The duration of each protocol was 15 minutes or less. In the Aromatherapy group, the Lavender oil was applied at five acupoints. It did not indicate how, other than stating that it was “the same operation time as the aroma-acupressure group.” The control group continued with their usual daily routine.

There were 186 participants randomly assigned to the three groups. Using the Cohen-Mansfield Agitation Inventory and the heart rate variability index to assess differences, they found a significant decline in both the aroma-acupressure group and the Aromatherapy group. However, the aroma-acupressure showed a better improvement outcome in agitation than the Aromatherapy alone. This confirms that both Aromatherapy and aroma-acupressure can inhibit change in activity of the sympathetic nervous system, and that these non-pharmacological treatments can decrease agitation in dementia patients (Yang *et al.*, 2015).

Improved breastfeeding

Breastfeeding is considered the best nutrition for babies. Mother can benefit from nursing as well. Mothers who breastfeed usually recover from childbirth sooner than those who don't. The uterus returns to its normal size more quickly, and breastfeeding can decrease postpartum bleeding. This is due to the hormone oxytocin that is released while breastfeeding (American Academy of Pediatrics, 2016).

An inadequate milk supply can prevent some mothers from being able to breastfeed. Two hormones, prolactin, which produces milk, and oxytocin, that helps eject the milk, play important roles in having an adequate milk supply. Stimulating the breast through massage, acupressure, and Aromatherapy can help increase milk production. Past research has shown that acupressure and Aromatherapy can increase prolactin levels.

A quasi-experimental study in Indonesia looked at 40 first-day-postpartum first-time mothers to analyze the outcome of combining acupressure and Aromatherapy to increase prolactin. The mothers were

divided into four groups, I acupressure, II Aromatherapy, III acupressure and Aromatherapy combined, and IV the control group.

Group I used seven acupressure points, ST 15, ST 16, ST 18, CV 17, SP18, SI 1 and ST 36, for 30 rounds clockwise at each point. Group II used Fennel seed (the binomial name was not given), essential oil, and virgin Coconut (*Cocos nucifera*) oil (VCO) as a carrier, to massage each breast for 15 minutes. Group III combined both the acupressure of group I with the Aromatherapy massage of group II. The treatments were performed for three days. The control group (IV) received the usual hospital care. Post-intervention levels were checked on day three.

Fennel seed essential oil contains anethole and phytoestrogens. Phytoestrogens have estrogen-like properties that can stimulate milk production. Virgin Coconut oil contains lauric acid, which can help absorption of essential oils into the body through the skin. Phytoestrogens influence the activity of the hypothalamus, which in turn increases prolactin to increase milk production.

Study results showed an increase in prolactin in all four groups. Group I, acupressure, increased by 75.85%, Group II, Aromatherapy, showed that prolactin was increased by 180.94%, Group III, combined therapy, had prolactin increased by 302.88%. The control group increased by 1.53%. The conclusion was that combining acupressure and Aromatherapy was most effective in increasing the levels of prolactin in postpartum mothers (Raras et al., 2016).

Nausea and vomiting

Several essential oils can be used to remedy nausea and vomiting. During pregnancy, one of the most common problems in the first trimester is morning sickness, which is considered a normal occurrence of nausea and vomiting. The scent of Lemon is effective in curbing nausea and vomiting. Lemon (*Citrus limon*) essential oil is considered a safe oil to use during pregnancy and does not have the side effects of pharmacological therapies. Lemon is also effective in treating mild mood disorders and anxiety caused by stress.

A research group in Indonesia using a quasi-experimental design with a pre-test and post-test con-

trol group compared the use of Aromatherapy and acupressure with the standard intervention in the control group, looking at the effects on nausea and vomiting in the first trimester of pregnancy. The sample size consisted of 60 women divided into three groups. The first group used acupressure alone. The second group consisted of acupressure and Lemon Aromatherapy. The third group was the control.

Data was collected using the univariate analysis, bivariate analysis using paired t-test, dependent t-test, and one way ANOVA, multi-variable analysis using a multi-covariance test that indicated that there was a significant decrease of nausea in both the Lemon Aromatherapy (4.85) and acupressure group (4.2). In addition to decreasing the nausea, the coping abilities of the pregnant women improved. They also found that support from family and relatives helped to decrease stress and contributed to the reduction of nausea (Magfirah et al., 2020).

A safe alternative to pharmacological therapies

Another small study took place in a school-based health center looking at Aroma Acupoint Therapy as a safe alternative to pharmacological therapies in 15 adolescents. Non-specific symptoms included headaches, menstrual cramps, nausea, shortness of breath, chest pain, back pain, and dizziness. The aim was to present the use of AAT in symptom management in the adolescents.

Peter Holmes, the co-developer of AAT, was a participating investigator in this study. Creating the right synergy between certain oils and certain points is the key to successful treatment. Two protocols were used for treatments. The Tense protocol (Calming Therapy), which used Bergamot (*Citrus bergamia*), Lavender (*Lavandula angustifolia*), Roman Chamomile (*Chamaemelum nobile*), and Atlas Cedarwood (*Cedrus atlantica*), and five acupoints were used for eight patients. The Tense protocol alternating with the Weak protocol (Calming and Strengthening Therapy) used Bergamot, Lavender and Atlas Cedarwood applied on five different acupoints in a different sequence. Each protocol used 1-2 drops of essential oil, dilution is not indicated, for 90 seconds. Six of the patients took acetaminophen or ibuprofen in addition to the treatment. Seven of them received non-opiate pharmacotherapy. The average pain score in both treat-

ment groups decreased by 4, on a 1-10 scale. The patients experienced an overall reduction in symptoms, demonstrating that AAT is a safe noninvasive treatment that could be introduced and taught to health-care professionals and used to treat a variety of symptoms (Fischer et al., 2020).

Summary

As shown throughout this article, the complementary practices of Aromatherapy and acupressure can work independently in treating a variety of conditions with positive outcomes. However, combining Aromatherapy and acupressure, as noted in the studies reviewed, increases the potential of better outcomes. The studies reviewed in the article were not without flaw, and there is room for expansion. For example, a couple of the studies did not note important details, such as the percent of essential oil used or if a carrier oil was used in their research. The sample sizes in a few of the studies were small. There needs to be more research in integrative practices. Due to the large variety of essential oils and number of acupoints, the potential for research using Aromatherapy and acupressure together is vast. ☞

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