

From Case Notes to Case Study to Clinical Case Study—Research Should Be About Sharing

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All Aromatherapists keep records or case notes. These document the name of the client, when they were seen, what essential oils were used, for what condition(s), if they returned for a further appointment, and any noted improvements. Some clients are seen once; some return weekly or monthly. Case notes contain a wealth of information that could be of interest to other practitioners. Some case notes can be developed into publishable case studies, which can ultimately enhance our knowledge of how to use Aromatherapy to improve the lives of others. This article seeks to encourage you to participate in the advancement of that knowledge.

If you look through your old case notes, you may discover different clients with similar ailments who have come to you. This could be because you have developed a reputation and word has spread of your successful interventions for specific conditions. If so, how many clients have you seen in the last year with similar issues? Maybe one client stands out. Maybe that is the one to consider turning into a publishable case study.

Your case notes may present an answer to an unasked question. Your clients present their symptoms, and your interventions attempt to alleviate them. Only when clients return, or telephone, do you find out if the intervention recommended was successful. So, the question “does such and such alleviate this or that?” usually does not occur within case notes. On the other hand, a clinical case study does ask the question “does such and such alleviate this?” It also attempts to answer it, thereby becoming the first important step on the road to a proper research study.



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A case study can often be created from careful case notes. It falls somewhere between case notes and a clinical case study. The value of a simple case study is often overlooked. If, in looking through your old case notes, you notice that one of your clients returned saying your Aromatherapy protocol “really helped them,” you have an answer to an unasked question. In other words, you are one step away from turning your client’s case notes into a publishable case study. And that single case study, when published in a journal, may lead to someone else carrying out a clinical case study based on your findings, the first step in clinical research.

To grab the reader’s attention, a case study should highlight a condition, or result, that you found exceptionally interesting. It should explain why you found it interesting and why it still interests you. However, are your notes detailed enough so you can describe exactly what you did? Did you keep notes of what the client said? Had they tried anything else to help them before they came to you? If so, how did Aromatherapy compare? How long did the effects of your intervention last? Did you give them any Aromatherapy protocols to use at home until they saw you again? Did they work? Answers to these questions are important.

When you write your case study, try to include as much detail as possible, especially the kind of detail that will resonate with readers. This should include some reference to the background of the client without disclosing anything that could identify them. Indeed, to protect patient confidentiality, you may need to alter some details such as location and dates and times of their appointments. Try and paint a clear picture so the reader can imagine someone just like

them. What was the client's approximate age? What do they look like? Are they in good health, or are they presenting with a chronic condition? Are they working, looking after family, or retired? Has their symptom stopped them from normal everyday things such as exercise, eating, or sleeping? When did the symptoms begin? Did something happen to trigger them? What are the words they use to describe their symptom? Did they include descriptive words such as "awful, draining, worsening, just about bearable"? Did your Aromatherapy intervention alleviate their symptom immediately, within hours, last for several hours? Or did it have so little effect that in the next visit you agreed to try different essential oils? The aim is to draw the reader into your story, so they want to know the ending because they are interested, and even excited, by the approach you have taken.

It is crucial to give the full botanical name of every essential oil used, as well as its common name. That way, there is no chance of anyone misunderstanding exactly which essential oil was used. Two examples of frequently used essential oils with similar common names, but very different effects, are Roman Chamomile (*Chamaemelum nobile*) and German Chamomile (*Matricaria recutita*). Another example is English or True Lavender (*Lavandula angustifolia*) and Spike Lavender (*Lavandula latifolia*).



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After you have written down what happened in the correct chronological order, think about why your intervention worked, or did not work, the first time. Are there other similar cases to yours in the Aromatherapy literature found in journals, textbooks, or research sites? If so, cite a few such cases and include the full reference information

(author/s, date, title of article) and where you found them. Is your case study different from them in any way? Was the result exactly what you were expecting or hoping for? Did it exceed your expectations? Was it what the client expected? Would you do anything differently next time if a different client came in with a similar condition? Why? Finally, if someone wants to try out the same protocol, are there any situations when you would not recommend it?

What I have described thus far include the questions you need to ask, and the details required that help answer them. Together, these provide the basis of writing a good, clear case study. A clinical case study is a case study that is more carefully thought out and structured. It has a clear methodology and is written in such a way that it is completely reproducible by someone else. A clinical case study is usually done by someone with a research background, or as part of a university program, so there is good academic support. It should be well researched and able to stand up to academic scrutiny. This kind of case study is quite hard to do well and so should not be underestimated in terms of the effort involved. Nevertheless, it is certainly worth doing especially if you have the appropriate support. It needs a clear way of measuring outcomes and uses recognised scales or tools. For example, a case study may state that the client "felt much more comfortable" or "slept better" or their "pain subsided," but how is that effect quantified? One person's "much better" may not be the same as another person's "much better." It is important to quantify the degree of improvement. A visual analog scale (0-10) is much clearer (where 0 is the worst and 10 is the best). Other recognised tools can be descriptive such as choosing from five different outcomes like "much better, a bit better, the same, a bit worse, or much worse."

In a clinical case study, the expected or desired outcome (the answer to the question) is usually stated right at the beginning of the article or in the title. For example, "Inhaling two drops of Peppermint (*Mentha x piperita*) on a tissue will reduce seasickness at least 3 points on a scale of 0-10 and last for a minimum of 10 minutes." So, the clinical case study would be carried out to answer the research question "Does inhaling Peppermint reduce seasickness?" Or in another study, the statement "One drop of Helichrysum (*Helicrysum italicum*) applied directly to a simple bruise as soon as possible after injury reduces inflammation and pain by 25%." This could be in answer to the research question "Does one drop of undiluted Helichrysum reduce the pain of contusion by 25%?"

A clinical case study has a well thought-out introduction which always includes a good review of the published research that led the author to believe the intended outcome of their proposed project would work. The introduction also includes a bit of back-

ground covering possible causes of the symptom and the planned research method for measuring the outcome.

One of the best Aromatherapy clinical case studies I have ever read, and which recently won a prize, is published in this issue of the *International Journal of Professional Holistic Aromatherapy* (page 35). What makes it outstanding is the clearly stated and detailed thought process the author, Dr. Shannon Becker gives in the introduction as well as being extremely well-written and analysed with good relevant references. The author is research-trained (PhD). I am not suggesting that you attempt to go straight from your case notes to writing a prize-winning clinical case



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study, but I do hope some of you will consider reading through your case notes to find out what nugget of gold you have hidden there. And then think about polishing that nugget into a case study gem that could be published in this journal and shine the

way to further research, including a clinical case study along the lines described. ✎

Suggested reading

Ernst E. (2007). *Understanding Research in Complementary and Alternative Medicine*. Zürich, Switzerland: EMS Publishing.

Kane M. (2004). *Research Made Easy in Complementary and Alternative Medicine*. London, UK: Elsevier Health Sciences.

Lewith G, Jonas W, Walach H. (2003). *Clinical Research in Complementary Therapies: Principles, Problems and Solutions*. London, UK: Churchill Livingstone.



Jane Buckle, Ph.D., RN, has a background in critical care nursing and is UK certified in massage therapy, clinical Aromatherapy, herbal and aromatic medicine, and adult education. She has an MA in Clinical Aromatherapy, and was awarded a Post-Doctoral Research Scholarship to the Center for Clinical Epidemiology and Biostatistics (CCEB) in the School of Medicine, University of Pennsylvania, as an NIH-funded Complementary and Alternative Medicine Research Fellow in 2004. While there she studied and was awarded a post-doctoral certificate in Biostatistics and Epidemiology. Dr. Buckle also pioneered a method of touch for the critically ill or fragile called the 'M' Technique®. It is a registered method of gentle touch suitable when the giver is not trained in massage. Now retired, Dr. Buckle is the founder of R J Buckle Associates, an educational consultancy dedicated to integration of clinical Aromatherapy and the 'M' Technique® into mainstream medicine. She created a certification course – Clinical Aromatherapy for Health Professionals that was the first Aromatherapy course to be endorsed by a national nursing organization (the American Holistic Nurses Association) in 1997.

Editorial

Raphael J d'Angelo, MD

I found the article by Denise Joswiak entitled "Aromatherapy Language in a Medical Model" in this issue to be very timely. Consider the plethora of cease-and-desist orders sent out in 2020 to those who claimed a product, service, or treatment had an effect on the SARS CoV-2 (COVID-19) virus. Those of us familiar with the anti-infectious nature of select essential oils from Aromatherapy studies and work with sick clients/patients are indeed caught between truthful informed consent and government tactics.

Ms. Joswiak talks about using "soft language" whereby therapeutic claims are cushioned inside a covering of suggestive adjectives to avoid the appearance of drug claims. This is mostly being done at some levels of Aromatherapy usage. But how then do we put the therapy back in AromaTHERAPY? The article goes on to recommend that "Aromatherapy gains validation in the healthcare world every time a new credible research article is published" [on humans]. So, there lies the rub! The current expectation of today's healthcare establishment is for relevant placebo-controlled crossover studies with defined health outcomes, reproduced by others when feasible, and published in peer-reviewed reputable journals. This is what is expected of drugs being brought to market, and difficult at best to do with essential oils.

I am reminded of Dr. Jane Buckle who, in one of her talks before the Alliance of International Aromatherapists, stressed with every ounce of her voice and gesticulation that we all get up and do the research necessary to bring this amazing therapy into a safe, scientific space. This would help ensure that sick people who so desperately need what we offer could get it without rejection from the medical establishment and/or prosecution from the government.

That should be the goal for all of us. Write up those case studies you have been thinking about or sitting on. Dust off that essential oil therapy project you wanted to undertake and get it completed. We can make a difference in people's lives by ensuring essential oil use is accepted as a true therapy in every sense of the word. ✎