Essential oils can be a great adjunct to cancer care, aiding in the management of side effects, such as insomnia and nausea. Healthcare professionals should be knowledgeable about the quality and safety of essential oils when using them for clinical purposes. Using lesser quality essential oils and not understanding safety guidelines can negatively affect clinical outcomes. This article provides an overview of how nurses can help patients with cancer safely use essential oils as a supportive therapy.

**AT A GLANCE**
- Essential oils are a valuable supportive therapy for health and wellness.
- Oncology nurses should learn about essential oil quality and precautions to help guide patients using essential oils as part of their plans of care.
- Lavender, peppermint, and orange are common, affordable essential oils that can help support patients with cancer who experience insomnia, nausea, and anxiety.

**Aromatherapy**

**Using essential oils as a supportive therapy**

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Aromatherapy (also referred to as “essential oil therapy”) is defined as “the art and science of utilizing naturally extracted aromatic essences from plants to balance, harmonize and promote the health of body, mind and spirit” (National Association for Holistic Aromatherapy [NAHA], 2016, p. 1). Essential oils are complex mixtures of organic compounds that have a basic carbon hydrogen framework with added “functional groups” (Buckle, 2015; Tisserand & Young, 2014), including alcohols, aldehydes, esters, ethers, ketones, and phenols (Buckle, 2015). Much of essential oil research is focused on chemical constituents and not on the entire oil complex. However, many aromatherapists maintain that essential oils are more than the sum of their parts and that the entire oil should be reviewed in relationship to its healing properties and clinical applications.

Several cancer centers in the United States are using clinical aromatherapy as a supportive modality (Buckle, 2015; Seely, Weeks, & Young, 2012). Giraud-Roberts (2009) advocated the use of aromatherapy in cancer care to aid a person’s quality of life and limit the side effects of cancer therapies. When using aromatherapy in a clinical setting, safety and oil quality are paramount. The purpose of this article is to provide an overview of how nurses can help patients with cancer safely use essential oils as a supportive therapy.

**How to Use Essential Oils**

Pharmacokinetics is the study of how essential oils are absorbed and excreted. According to Buckle (2015), essential oil components can be absorbed by four routes: inhalation, topical, internal (e.g., gargles, douches, suppositories), and oral (e.g., capsules, dilutions in honey).

Inhalation is a simple yet effective method to obtain an outcome in seconds. A simple method of inhalation includes putting a drop or two of oil on a tissue and breathing in the aroma. Diffusion is a process that disperses oils into the air, allowing for better absorption of microdroplets through the mucosa. Three ways to diffuse oils into the air include the use of heat, water, and atomizing, which is the preferred method (Stewart, 2005).

A variety of ways exist to apply essential oils to the body, including using lotions, salves, salt scrubs, bath solubles, and soaps. Essential oil dilution with a carrier oil, such as organic coconut oil or jojoba oil, is the preferred method for application on the skin (Schnaubelt, 2011). Patients should use essential oil internally or orally only under the guidance of a certified aromatherapist.

**Safety Guidelines and Essential Oil Quality**

Before using essential oils, patients must understand safety and quality. General safety guidelines are provided in Figure 1. According to Schnaubelt (1999), when using essential oils for healing purposes, patients should acquire oils through a company that shares the vision of healing versus a company whose primary focus is economic gain. Many factors can affect the quality of oil; therefore, consumers should buy essential oils from companies that use organic farming, monitor farming and