



An Art of Aromatherapy: A Complementary Therapy in Healthcare Professional

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Abstract: Aromatherapy, a part of herbology, is one of today's rapid-developing treatments. Fundamental oils are best utilized as back rubs, shower oils, or inward breaths. It is often accounted for that fragrance-based treatment leaves one inclination elevated, animated, empowered, or restored, contingent upon the oil utilized. At the point when breathed in, the different smells infiltrate the circulatory system through the lungs, causing physiologic changes. Aromatherapy is a form of alternative medicine. Aromatherapy is becoming increasingly popular, and there are clear indications that it should be used. It is one of the complementary therapies for anxiety reduction. Derived aroma molecules from essential oils contain curative and preventive uses in the medicine department. Although the perception and reaction to essential oils appear to differ significantly between men and women, aromatherapy benefits people of all ages. This article mainly focuses on a narrative review of aromatherapy, Derivatives, and uses of essential oils with a widened horizon in Aromatology.

Keywords: Aromatherapy, Aromatology, healthcare professionals, anxiety, stress, complementary therapies

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I. INTRODUCTION

Aromatherapy treats numerous ailments with concentrated essential oils collected from herbs, flowers, and other plant components.¹ Aromatherapy supporters claim an old heritage of herbal medicine used thousands of years ago in nations such as Egypt and India. In 1936, french scientist Gattefossé coined the term aromatherapy.² Aromatherapy is increasingly being delivered through massaging into the skin, and the term primarily refers to massage using a variety of fragrant plant extracts known as essential oils.³ The Aromatherapy Organizations Council (AOC) coordinates the activities of 12 professional aromatherapy associations;⁴ there is no single recognized qualification. Around 7000 persons are affiliated with an AOC member organisation.⁵ Aromatherapy clients, and practitioners believe it is effective^{6,7}, although physicians are often sceptical about this assertion. Aromatherapy is increasingly employed as part of an integrated, multidisciplinary approach to pain management. By the effects of touch and fragrance, this therapy is supposed to promote the parasympathetic response, enabling deep relaxation. Pain perceptions can be altered by relaxation. Even if one disregards the assumption that essential oils contain pharmacologically active components and the potential pharmacokinetic potentiation of conventional drugs by essential oils, aromatherapy may have a role in chronic pain management through relaxation. Even though clinical trials are still in their early stages, data suggests that aromatherapy could be an adjunct therapy for chronic pain management.^{6,7} The traditional use of essential oils was a vital element of many primitive societies' traditions, with religious and healing responsibilities being inextricably linked (Halfen and Frandson, 1983)⁸. Although the Egyptians documented a kind of aromatherapy as early as 5000 BC, the usage of herbs and plants in Europe was not established until the Middle Ages. Unfortunately, the therapy lost credibility with the early nineteenth-century scientific revolution and the rise of the modern pharma industry. Gattefosse created the term aromatherapy after researching the healing powers of natural essential oils in the 1920s (Tisserand, 1990a). Aromatherapy's popularity in the United Kingdom is relatively new as a therapeutic and cosmetic treatment.⁹ Aromatherapy and aromatology can provide complementary treatment to many patients beyond the anti-stress massage technique if the practitioner has the necessary information and training and the aromatic extracts utilized meet medical quality criteria. Aromatherapy can be a valuable complementary medical treatment in healthcare settings and private practice, such as cancer care, dementia care, and depression. Stress, sleep difficulties, back discomfort, urinary tract infections, rectal abscesses, and sexual health indicate essential oils' beneficial and successful usage, particularly for males. According to the literature database, aromatherapy massage offers a slight, transitory anxiolytic effect. This article mainly focuses on a narrative review of aromatherapy, Derivatives, and uses of essential oils that comprise a widened horizon in Aromatology.

1.1 History

Although it may seem like a newly discovered line of treatment, historical evidence shows that aromatherapy dates back to 1555 B.C. Old records mention that ancient Egyptians used aromatherapy in very similar ways to the ones used in modern aromatherapy and holistic medicine; they also used aromatic oils in mummification processes. India has a whole

branch of traditional medicine, now used as a holistic approach called Ayurveda. It mostly deals with massaging essential oils. In Greece, Hypocrites, the father of medicine, studied essential oils and recommended massages with aromatic oils and scented baths when treating his patients. Only a few details are known about aromatherapy in that era, but there is little evidence to prove that aromatherapy has been used since the Old Ages. Around 1000 A.D., Ibn Sina (Avicenna), the Persian polymath, is known to be the first person to use a distillation process to extract the essence of Rose, an important and expensive oil used until today. During the Renaissance in Europe (1450 – 1600), explorers and merchants brought exotic herbs and oils back to Europe from the Middle and Far East, considered luxuries at the time and known only among the middle- and upper classes. Wigs were scented with aromatic oils, and people carried scented handkerchiefs to overcome the effects of unsanitary streets and living conditions. In France, lavender (enhances the healing powers of the body² and rosemary (now used to stimulate the immune system) were used to fumigate hospitals. In 1910, a French chemist named Rene-Maurice Gattefosse burned his hand while working in his laboratory and soaked his hand in the tub of liquid nearest to him, which happened to be a lavender essential oil. Later, he noticed his hand healing quickly and no scars left. It made him curious about essential oils, and he started experimenting with them on World War I soldiers. He disinfected their wounds with lavender oil, thyme oil, lemon, and clove oils, and he noticed rapid healing of injuries. His interest in essential oils grew, and he published many books on skin treatments for skin cancer, facial ulcers, gangrene, and black widow spider bites. In 1937, he published a book called *Aromathérapie: Les Huiles Essentielles Hormones Végétales*, which translated into Aromatherapy, and hence the name was born. Albert Couvreur, published a book about the medicinal uses of essential oils. French medical doctor and Army Surgeon Dr. Jean Valnet also researched essential oils. At about the same time, French biochemist Margaret Maury developed massage techniques for effectively applying these oils to the skin. The research results and techniques established by Jean Valnet, Margaret Maury - and her co-researcher Micheline Arcier form the basis of modern aromatherapy as taught by Colleges all over the world today.³ Aromatherapy is becoming increasingly popular; however, there are few clear indications for its use. Computerized literature searches were performed to systematically review the literature on aromatherapy to discover whether any clinical indication may be recommended for its use.¹⁰

1.2 Introduction to aromatherapy concepts

Aromatherapy is the therapeutic use of specifically prepared essential oils to promote health and well-being through massage, baths, inhalations, and compresses. Massage can be beneficial for both physical and psychological disorders.⁹ Massage aids in the stretching of tight muscles, the enhancement of lymph fluid flow, and the relief of pain. Massage relieves emotional tension, balances energy flow in the body, and aids nonverbal communication. According to the British Medical Association, up to 75% of illnesses are psychosomatic (Davis, 1985)¹¹. Essential oils enter the body through two channels: the skin and the nose (by inhalation). Essential oils have complicated chemical structures that include a wide range of components. Each essential oil is associated with a specific organ or system of the body, such as peppermint for digestion and lavender for sleeplessness. Valnet (1980) investigated the chemical makeup of oils and

discovered that they contained various elements, primarily hydrocarbons, oxygenated essences, and sulphuretted essences¹². This literature review focuses on the art and science behind aromatherapy and aromatology and its uses in healthcare professionals.

1.3 Basic principles of aromatherapy

Aromatherapy is a form of alternative medicine. It is founded on three fundamental ideas shared by complementary medicines, such as acupuncture and homeopathy.

1. The first principle is ch'i in Chinese, prana in Sanskrit, and energy or life force in English. Its vital force is constantly regenerating the body's health and harmony. Idea emphasizes the body repairing itself by stimulating its innate healing processes. Antibiotics have the reverse effect, killing off innocuous and beneficial bacteria that dwell in the body commensally. Due to their organic origin, essential oils inhibit infection without the negative effects associated with conventional pharmaceuticals.

2. The second concept is yin and yang, opposing forces that balance health and harmony. The circulatory and respiratory systems are yin and yang examples. These two forces are present in every living being's activities. Aromatherapy attempts to restore this state of equilibrium through massage with essential oils along energy flow pathways. Massage that flows with the flow of chi energy is frequently energizing, and massage that flows against the flow is often soothing. As a result, achieving and maintaining actual equilibrium is a never-ending task. Being in sync with one's body, mind, and environment is required. Traditional medical practices contradict the yin and yang principle. Disease symptoms are usually suppressed in traditional cultures. However, yin and yang perceive disease as a healing process that should be encouraged. The importance of an organic diet in terms of health is widely acknowledged.

3. Natural, organic food will function in unison with the body's innate healing capability to restore balance. The assessment process begins with an initial interview in which the client's location, amount of dysfunction, and lifestyle are used to build a baseline for intervention. A unique prescription of essential oils is created based on the client's specific needs and goals. A client reassessment may result in a reconsideration of the essential oils employed.¹⁰

1.4 Aromatology

Aromatology is both a forerunner and a continuation of aromatherapy. In the 1920s, Gattefosse invented the term "aromatherapie."² But, whole-body massage was not one of the processes used to infuse essential oils into the body. Inhalations, mouth and throat, washes, compresses, and internal use were common oil delivery methods. The cosmetic business later introduced aromatherapy to the United Kingdom. As a result, massage is the most popular way essential oils are used.¹³ Aromatology was coined to encompass the original French view of essential oil therapy. It entails a thorough examination of the medicinal properties of essential oils. It is a therapy in and of itself, referred to as aromatic medicine. It is a different skill that can be learned autonomously. It could be a means for aromatherapists to broaden their knowledge and practice. Aromatology focuses on using natural plant extracts to treat acute infections and bacterial and viral illnesses, some of which can be successfully treated with the intense use of essential oils. Germs resistant

to synthetic antibiotics may be vulnerable to some essences, such as *Satureia montana* (Belaiche 1979).¹⁴ Essential oils are chosen not only for their overall influence on a certain system or organ but also for the presence of naturally occurring chemical compounds essential to execute the job successfully and without unpleasant side effects. Many grams of various essential oils are frequently given undiluted to specific regions of the body, or very little amounts (2-4 drops) are administered per as, rectum, or vagina.¹³ Because of sensationalist and misleading publicity in the popular press about the dangers of ketones, phenols, and aldehydes; many aromatherapists are hesitant to employ them. These oils have therapeutic applications, but their usage necessitates specialized training because they must be utilized carefully and with expertise, just like potent synthetic medications.¹³

1.5 Era of Aromatherapy

The term aromatherapy derives from aroma (fragrance or smell) and therapy (treatment). This therapy is a natural way to heal the mind, body, and spirit. Some ancient civilizations, including Egypt, China, and India, have used this as a popular supplementary and alternative therapy for at least 6,000 years^{16,17}. Aromatherapy has established a reputation for treating various diseases and ailments. According to a literature review, this therapy gained popularity in the late twentieth century, remains popular in the twenty-first century, and is recognized as a fragrant scientific therapy¹⁸. Essential oils are becoming increasingly popular for medical, cosmetic, aromatic, fragrant, and spiritual purposes^{19,20}. Alternative and complementary therapies are increasingly being used in conjunction with traditional therapy. Aromatherapy is a complementary therapy that treats several diseases using essential oils as the principal therapeutic agent. Essential or volatile oils are extracted from the plant's flowers, bark, stems, leaves, roots, fruits, and other parts using a variety of processes. It was developed when scientists identified essential oils' antimicrobial and skin permeability properties. These oils penetrate the human skin surface with a particular aura through inhalation, topical application, and baths. Once in the system, the oils remodulate and work in a friendly manner at the malfunction site or in the affected area. This therapy employs a variety of permutations and combinations to treat a wide range of diseases, including depression, indigestion, headache, insomnia, muscular discomfort, respiratory troubles, skin disorders, swollen joints, and urine-related complications²¹.

1.6 Dynamics of Aromatherapy

Aroma molecules are extremely powerful organic plant substances that free the environment from disease, bacteria, viruses, and fungi²². Many researchers²³ have demonstrated their versatile antibacterial, antiviral, anti-inflammatory, and immunological booster body with hormonal, glandular, emotional, circulatory, relaxing influence, memory, and alertness enhancer. Numerous pilot project investigations on humans have been done to determine their nature and involvement in disease and disorder²⁴. Because their potency does not fade with time and age, these oils are noted for their energy-specific quality. The stimulating qualities of these oils are found in their structure, which is similar to real hormones²⁵. One of the most essential aspects of this therapy is the ability of these oils to penetrate the subcutaneous tissues. Because of their intricate structure and chemical properties, their effects are also complicated and subtle. When essential oils are breathed, they integrate into a biological signal of the

receptor cells in the nose, which causes them to act. The signal is sent to the limbic and hypothalamic regions of the brain via the olfactory bulb. These impulses cause the brain to release neurotransmitters like serotonin and endorphins, which connect our neurological and other body systems, resulting in

the desired alteration and a sense of relaxation. To deliver the intended effect on the mind and body, calming, euphoric, and stimulating oils release serotonin, endorphin, and noradrenaline, respectively ²⁶. (Figure no. 1 illustrates the dynamics of aromatherapy and how it works.)

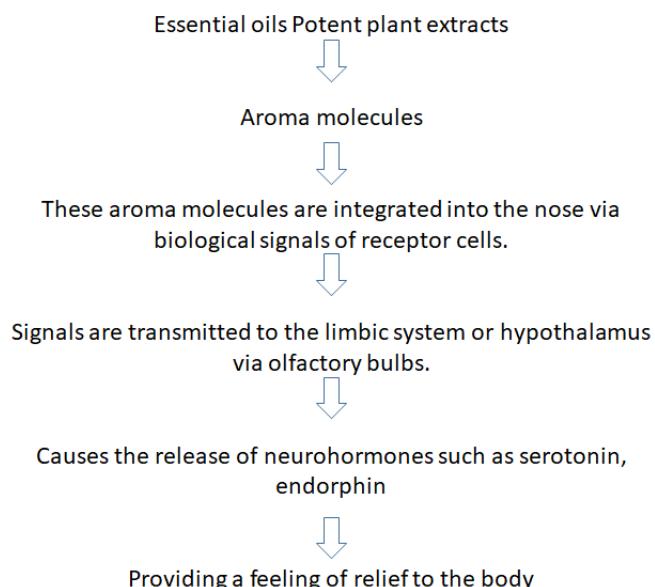


Fig 1: Dynamics of Aromatherapy²¹⁻²⁵

1.7 Classification of Aromatherapy

The classification of aromatherapy includes various branches such as cosmetics, massage, medical, olfactory, and psycho aromatherapy, illustrated in Table 1.

Table 1: Classification of Aromatherapy²¹

Type	Uses
1. Cosmetic aromatherapy	<ul style="list-style-type: none"> Utilizes essential oils for skin, body, face, and hair cosmetic products. Benefits such as exfoliating, moisturizing, and toning the skin full body or foot bath will be a simple and effective approach to have an experience. A few drops of appropriate oil provide a refreshing and revitalizing feeling.
2. Massage aromatherapy	<ul style="list-style-type: none"> Massage using grape seed, almond, or jojoba oil in pure vegetable oil has been proven to have great results.
3. Medical aromatherapy	<ul style="list-style-type: none"> Rene-Maurice Gattefosse, the creator of modern aromatherapy, used essential oils to massage patients during surgery, applying medical aromatherapy and understanding the influence of essential oils on promoting and treating clinically documented medical conditions.
4. Olfactory aromatherapy	<ul style="list-style-type: none"> The absorption of herbal extracts gave rise to olfactory aromatherapy, in which simple inhalation results in improved emotional wellness, tranquillity, relaxation, or renewal of the human body. Stress relief is combined with delightful fragrances that activate odor memories.
5. Psycho aromatherapy	<ul style="list-style-type: none"> Certain oils can induce particular moods and feelings, providing the pleasure of rest, invigoration, or a pleasurable reminiscence. This therapy inhales the oils directly through an infusion in the patient's room ²¹.

1.8 Extraction of Essential oils

There are several ways to extract essential oils, all requiring complicated equipment. Most extraction techniques are based on the fact that most essential oils mix with oils, fats, alcohol, and other non-polar solvents, but not with water. The method used with each plant depends on the chemical structure of the plant itself.

1.9 Distillation

Most pure essential oils are extracted from plants through

steam distillation. Freshly picked plants are suspended over boiling water, and the steam pulls the oils out. The steam rises, is captured in a vessel, and is pushed along the tubing. Then, the steam is rapidly cooled, causing it to condense back into water. Since water and essential oils do not mix, the two separate, and the essential oil is collected. A by-product of this distillation is the remaining water. Some plants contain aromatic compounds that are so water soluble they remain in the water that is left over after distillation. Such waters are fragrant and prized by aroma therapists, who refer to them as hydrosols. In aromatherapy, hydrosols are used mostly in cosmetics to moisturize skin. Expression: The most direct

method of producing essential oils is squeezing them from the plant's flesh, seeds, and skins - a process similar to that are used to obtain olive oil. This technique is used mostly with citrus peels, such as orange, lemon, lime, or grapefruit because the oil in their peels is easily pressed out.

1.10 Enfleurage

This very old method is rarely used today except in France. It is a long and complicated process that has become very expensive. Blossoms are set on sheets of warm fat that absorb the oil from the flowers. Animal fat or lard was originally used, but now vegetable fats are more common. Once the essential oil has been incorporated into the fat, the "exhausted" flowers are removed and replaced with fresh ones. The process is repeated several times until the fat is infused with fragrance. Then, the fat is separated with solvents, leaving just the essential oil.

1.11 Solvents

Aroma therapists avoid oils obtained through chemical solvents, suspecting that slight traces of the solvent may remain even though they should be completely removed. First, the plant is dissolved in a solvent such as benzene, hexane, or methylene chloride. The solvent, which has a low boiling point, is then evaporated off, sometimes with the help of a machine that uses vacuum or centrifugal force to help pull it away from

the essential oil. The resulting oils are called "absolutes." A similar method uses paraffin waxes as the solvent but does not evaporate them off. Instead, the remaining paraffin causes the final product to be solid; thus, it is called "concrete." Even though the evaporated solvent is recaptured and cooled back into liquid so that it can be reused, this process is still expensive. As a result, it is reserved for costly oils that cannot be distilled, such as jasmine and vanilla, or for rose essential oil, which is slightly less expensive when obtained through this process rather than through distillation.

1.12 Carbon dioxide

New methods of obtaining essential oils are currently being introduced. Although extremely expensive, one of the most interesting processes is extracting the oil with carbon dioxide. The result is an essential oil scent that is very close to that of the plant itself.¹⁰

1.13 Plants producing essential oils

Numerous plants have been reported to be used in aromatherapy because herbal extracts and oils exist in various plant parts such as flowers, barks, stems, leaves, roots, fruits, and so on. Some of the plants utilized in aromatherapy are listed below in Table 2.

Table 2. Plants utilized in aromatherapy

Plant	Features
<p><i>Clary Sage</i> (Family : Lamiaceae)</p> 	<p>Constituents: linalool, linalyl acetate, alpha-terpineol, germacrene D, and geranyl ²⁷. Uses:</p> <ul style="list-style-type: none"> • Tonic is used to treat womb and uterine disorders. • regulate menstrual cycles, relieve stress and muscular cramps, and has a seductive and erotic function. • It regulates sebum production, therefore it may be used for both dry and oily skin, as well as acne, wrinkles, and cellulite reduction ^{28,29,30}. • According to current research, this oil is particularly efficient in reducing cortisol levels in women, as well as having antibacterial properties.
<p><i>Eucalyptus</i> Family : Myrtaceae</p> 	<p>Constituents: cineole (70%–85%), aromadendrene limonene terpinene, cymene, phellandrene, and pinene ²⁷. Uses:</p> <ul style="list-style-type: none"> • To regulate and activate nervous system for neuralgia, headache and debility. • Boosts the immunity against measles, flu, cold and chickenpox. • It may be used to treat skin disorders such as wounds, cuts, burns, herpes, lice, insect repellent, and insect bites. • The essential oils of this plant have been used to treat rheumatoid arthritis, muscular and joint symptoms, and aches ^{31,32,33} • The findings are noteworthy as well as significant hence might be used to treat multifactorial disorders of different origins in patients ^{32,33}.
<p><i>Geranium</i> Family : Geraniaceae</p>	<p>Constituents: Eugenol, geranic, citronellol, geraniol, linalol (linalool), citronellyl formate, citral, myrtenol, terpineol, methone and sabinene ²⁷ Uses:</p> <ul style="list-style-type: none"> • Geranium oil, which is commonly used in soaps and detergents because its unique nature is not affected by the alkalinity of soaps. • to regulate emotions in aromatherapy. • utilised in the treatment of dermatitis, eczema, ageing skin, certain fungal infections, as well as anxiety and stress-related issues.³⁴⁻³⁷



Lavender

Family : Lamiaceae

**Constituents:** camphor, terpinen-4-ol, linalool, linalyl acetate, betaocimene and 1,8-cineole ²⁷.**Uses:**

- sedative effects and narcotic actions.
- These two actions may be responsible for its usage in lavender pillow anxiety patients with sleep disruption pattern, enhancing the sensation of well-being, boosting mental alertness, and suppressing anger and anxiety.³⁸

Lemon

Family : Rutaceae

**Constituents:** terpenes, D-limonene and Limonene, Traces of phellandrene, pinene and sesquiterpene are also present ²⁷.**Uses:**

- antibacterial, astringent, and detoxifying qualities for oily skin blemishes³⁹.
- Its oil brightens and revitalises tired skin.
- Boost the immune system and increase white corpuscle formation while also combating acidity and ulcers with citric acid, which aids digestion by producing potassium and calcium carbonates and bicarbonates^{40,41}

Peppermint

Family: Lamiaceae

**Constituents:** carvacrol, menthol, carvone, methyl acetate, limonene and menthone. At least 44% free menthol is present in peppermint oil.²⁷**Uses:**

- liniments in dosage to ease pain, spasms, and arthritic disorders.
- antiinflammatory, analgesic, antimicrobial, antiseptic, antispasmodic, astringent, digestive, carminative, fungicidal effects, nervine stimulant, vasoconstrictor, decongestant, and stomachic characteristics.⁴¹

Roman chamomile

Family :Asteraceae

**Constituents:** esters of angelic acid, tiglic acid and 2-methylbutanoic acid. pinocarvone, farnesol, pinene, bisabolol, cineole, pinocarveol, beta-caryophyllene, azulene, camphene and myrcene.²⁷**Uses:**

- It has made inroads in the treatment of human ailments such as hay fever, inflammation, muscle spasms, menstrual disorders, insomnia, ulcers, wounds, gastrointestinal disorders, rheumatic pain, and hemorrhoids.
- anxiolytic properties^{42,43}

Rosemary

Family :Lamiaceae

**Constituents:** bornyl acetate, borneol along with other esters and, special camphor similar to that possessed by the myrtle, cineol, pinene and camphene³⁰**Uses:**

- Significant activity on the digestive tract, alleviating symptoms of indigestion, constipation, and colitis.



- The oil also has some beneficial effects on the cardiovascular system.
- It regulates blood pressure and slows the hardening of the arteries.

Tea tree

Family :Myrtaceae

**Constituent:** terpinen-4-ol, an alcoholic terpene with a clean musty aroma.²⁷**Uses:**

- Terpinen-4-ol acts as an immunological stimulant, whereas cineole is responsible for its antibacterial properties⁴⁴⁻⁴⁷.
- bactericidal, anti-inflammatory, antiviral, insecticidal, and immune stimulating qualities.
- Aromatherapy uses a combination of lemon, blue gum, clary sage, eucalyptus, lavender, rosemary, ginger, and Scotch pine to heal various diseases.

Ylang Ylang

Family: Annonaceae

**Constituent:** geranyl acetate, linalol, geraniol, farnesol, benzyl acetate, geranial, methyl chavicol, betacaryophyllene, eugenol, pinene and farnesene.²⁷**Uses:**

- The finest quality of this tree is its ability to slow the heart rate and fast breathing, making it ideal for usage in shock and trauma conditions.
- antidepressive in nature and has euphoric qualities, providing a sense of well-being.
- Women with low self-esteem and those suffering from postmenopausal syndrome had better outcomes.²¹

2. DISCUSSION

Aromatherapy is a natural and noninvasive gift to healthcare professionals. The Aromatherapy Organizations Council (AOC) coordinates the activities of 12 professional aromatherapy associations;⁴ there is no single recognized qualification. Around 7000 persons are affiliated with an AOC member organisation.⁵ Aromatherapy clients, and practitioners believe it is effective^{6,7}, although physicians are often sceptical about this assertion. It is used for various purposes, such as massage therapy and dental anxiety, to reduce stress during operative procedures.²¹ Chemical compounds from plants have been used as a medicinal source for various diseases. Aromachology is a unique field that studies the olfactory effects of inhaling aromatic compounds.

Aromatherapy is a complementary treatment methodology involving essential oils containing phytocides and other volatile organic compounds for various physical and mental illnesses.²¹ People use aromatherapy to relieve the symptoms of physical and psychological stress. However, previous studies have yet to precisely clarify a scientific basis for the beneficial effects of aromatherapy.²⁴ The use of essential oil for healing has been known in folk medicine since ancient times.²⁶ Essential oils are used extensively in cosmetics and aromatherapy.⁴² In a world increasingly concerned with safety legislation, we must improve our comprehension of safety issues and make this available to our colleagues, customers, and clients.⁴⁹ uses of essential oils in various conditions are explained in Table No. 3.

Table 3: Plants Producing essential oils²¹

Condition	Essential oils used in Aromatherapy
Anxiety, agitation, stress, challenging behaviors	Angelica archangelica rad. (angelica) Cistus ladaniferus (labdanum) Citrus aurantium var. amara fol. (petitgrain bigarade), Citrus aurantium var. amara per. (orange bigarade), Citrus bergamia (bergamot) Citrus sinensis (sweet orange) Cymbopogon martinii (palmarosa) Eucalyptus staigeriana (lemon-scented ironbark), Lavandula angustifolia (lavender) Litsea cubeba (may chang) Ocimum basilicum (basil) Origanum majorana (sweet marjoram)

	Pelargonium graveolens (geranium) Pogostemon patchouli (patchouli) Valeriana officinalis (valerian)
End-of-life agitation	Lavandula angustifolia (lavender) Santalum album (sandalwood) Boswellia carteri (frankincense)
Fatigue	Angelica archangelica rad. (angelica) (nervous) Cistus ladaniferus (labdanum) (chronic) Citrus aurantium var. amara (neroli bigarade) Citrus paradisi (grapefruit) (exhaustion) Coriandrum sativum (coriander) (including mental) Cymbopogon nardus (citronella) Eucalyptus radiata (black peppermint) (chronic) Eucalyptus smithii (gelly gum)
Insomnia	Angelica archangelica rad. (angelica) Cananga odorata (ylang ylang) Chamaemelum nobile (Roman chamomile) Citrus aurantium var. amara (neroli bigarade) Cistus ladaniferus (labdanum) Citrus bergamia (bergamot) C. limon (lemon) Citrus reticulata (mandarin) Citrus sinensis (sweet orange) Cuminum cyminum (cumin)
Mental exhaustion, burnou	M. piperita (peppermint) Ocimum basilicum (basil) Helichrysum angustifolium (everlasting)
Memory loss	Litsea cubeba (may chang) M. piperita (peppermint) Rosmarinus officinalis ct. cineole (rosemary)
Pain management	Eucalyptus smithii (gelly gum) Lavandula angustifolia (lavender) Matricaria recutita (German chamomile) Leptospermum scoparium (manuka) Origanum majorana (sweet marjoram)

2.1 Biological Activity

Numerous basic oils were screened for an assortment of pharmacological possibilities. Significant pharmacological activities of fundamental oils are summed up below. A portion of the pharmacological activities of fundamental oils are examined below, summarised in Table No. 4.

Table 4: Biological Activity of Essential oils^{10,21}

Biological Activity	Pharmacological Action
Antibacterial	Numerous basic oils were screened for their antibacterial movement against Gram-positive and Gram-negative microorganisms alongside antifungal properties. These fundamental oils are all around read for their antibacterial properties and certain they have indicated some extremely encouraging outcomes on salmonella, staphylococci and other oral microorganisms. They can be excellent options for anti-toxins assuming appropriately and completely read for these impacts of there. One such oil is Basil fundamental oil; this oil demonstrated a decent antimicrobial potential. It has bactericidal properties against Aeromonas, Hydrophila and Pseudomonas fluorescens. The examination of antibacterial impacts was positive to demonstrate its potential for oral microbes like Fusobacterium nucleatum, Porphyromonas gingivalis, Streptococcus mutans, Actinobacillus actinomycetemcomitans, and Streptococcus sobrinus
Antifungal	Melaleuca alternifolia (tea tree) oil tried positive for its all constituents for in vitro antifungal movement aside from beta-myrcene. Mallet et al. distinguished that the vast majority of the parts of tea tree oil had wide scope of fungicidal potential, particularly against dermatophytes and filamentous parasites. In one of the reports, the sprouted Aspergillus niger conidia was more helpless to non-developed one. The fundamental oils got from the new leaves of Melaleuca ericifolia (M. ericifolia), Melaleuca armillaris (M. armillaris), Melaleuca leucadendron (M. leucadendron) and Melaleuca styphelioides showed great movement against Aspergillus niger. Numerous plants like M. piperita, dark mustard (Brassica nigra), Angelica archangelica, Cymbopogon nardus, Skimmia laureola, Artemisia sieberi and Cuminum cyminum have been tried positive for their antifungal action.

Antiviral	The fundamental oils of <i>M. ericifolia</i> , <i>M. leucadendron</i> , <i>M. armillaris</i> and <i>Melaleuca styphelioides</i> on kidney cells of African green monkey through plaque decrease measure on herpes simplex infection type 1, gave the amazing outcomes for <i>M. armillaris</i> (up to 99%) trailed by <i>M. leucadendron</i> (92%) and <i>M. ericifolia</i> (91.5%).
Anti-inflammatory	Histamine response of weal and flare were diminished by tea tree oil in human. The effective utilizations of 100% tea tree oil can lessen the aggravation prompted by histamine diphosphate after a time of 10 min. Existing information on different fundamental oils shows that noncytotoxic fixations apply a mitigating activity by expanding interleukin-10 creation.
Anti-lice	Most of the preparation for head lice infestations contains the tea tree oil. The insecticidal activity of tea tree oil is due to its anticholinesterase potential.
Anti-Dandruff	In a solitary visually impaired and equal gathering study, it was seen that shampoos which contain five percent tea tree oil were viable and very much endured by patients having gentle to direct dandruff and in any event 41% improvement was noticed. Very little have been investigated on the antidandruff capability of plant items, and particularly on unstable items, a few endeavors have been made by Anjum et al. however the outcomes are not promising.
Anti-tumor	Tea tree oil and terpinen-4-ol both had the option to hinder the development of human melanoma M14 WT cells and M14 adriamicinresistant cells. This activity was connected to apoptosis through caspasedependent instrument in melanoma cells. 5-Fluorouracil therapy is improved in human colon malignancy cells whenever sharpened by geraniol, a part of plant fundamental oils. Endeavors are being made to set up the connection between basic oils and their enemy of tumor action. Polypharmacological hostile to tumor method of-activity of basic oils in cardamom makes them guarantee results to prove the cases.
Anti-oxidant	The basic oil from seeds of <i>Nigella sativa</i> L. is a powerful cell reinforcement in vitro, with compelling hydroxyl extremist rummaging movement. Kanuka (<i>Kunzea ericoides</i>), Manuka (<i>Leptospermum scoparium</i>) and <i>Leptospermum petersonii</i> have great antibacterial movement and cancer prevention agent properties. The basic oil from the <i>M. armillaris</i> has stamped cancer prevention agent potential; it changes the boundaries of superoxide dismutase, improves nutrient E and nutrient C focuses. The free extremists delivered during irritation, can actuate quality changes and post-translational adjustments of different proteins.
Insect / mosquito repellent action	Insect repellency/toxicity results were promising from the essential oils of <i>Nepeta parnassica</i> , on the <i>Culexpiiens molestus</i> .
Spasmodic	Solid spasmogenic and spasmolytic action was appeared by <i>Kunzeaericoides</i> and <i>Leptospermum scoparium</i> basic oils, individually and their different concentrates when tried on detached rodent ileum. <i>Ferula gummosa</i> is greatly improved in loosening up the contractile over-action of the ileum which shapes the fundamental of gastrointestinal issues.
Hormonal	Geranial, neral, geraniol, nerol and trans-anethole are entrenched for their incitement of estrogenic reaction, when contrasted with eugenol which has against estrogenic action. Citra i.e., the blend of geraniol, nerol and eugenol were viable in supplanting [³ H] 17b-estradiol from the estrogen receptors in recombinant yeast cells.

2.2 The benefit of an aroma - inhaling essential oils

Essential oils inhaled into the lungs offer psychological and physical benefits. The aroma of the natural essential oil stimulates the brain to trigger a reaction, and when inhaled into the lungs, the natural constituents (naturally occurring chemicals) can supply therapeutic benefits. Diffusing eucalyptus essential oil to help ease congestion is a prominent example. However, essential oils can have severe consequences if not done correctly and safely. The benefit of physical application: Essential oils applied to the skin can be absorbed into the bloodstream. The constituents of essential oils can aid in health, beauty, and hygiene conditions. Since essential oils are so powerful and concentrated, they should never be applied to the skin in their undiluted form. To apply essential oils to the skin, essential oils are typically diluted into a carrier, such as a cold-pressed vegetable oil, also known as carrier oil. Common carrier oils include sweet almond, apricot kernel, and grape seed oil. Other benefits: Besides therapeutic benefits at the emotional and physical level, essential oils are helpful in other applications. Essential oils can be used in household and laundry cleaners. Some oils act as a natural insect repellent and pesticide. Citronella essential oil is the ingredient in the insect-repelling candles responsible for mosquitoes.¹⁰

2.3 Essential oil safety issue

Essential oils are generally safe and have few adverse effects. Several have been allowed as food additives, and the US Food and Drug Administration considers them generally safe⁴⁸. The most prevalent side effects include eye, mucous membrane, and membranes, skin irritation, as well as sensitivity to oils containing aldehydes and phenols. Furocoumarin-containing essential oils, such as *Citrus bergamia*, have also been found to be phototoxic. Contact sensitization is more frequent with monoterpene oxidation, typically caused by poor storage conditions⁴¹. Sensitivities to other essential oils and foods are also conceivable. There is a possibility of essential oil allergies when inhaled; however, evidence on exposure levels is sparse, and many complaints involve scents rather than aromatherapy essential oils⁴⁹. There has only been one published occurrence of airborne contact dermatitis in the context of aromatherapy without massage⁵⁰. Aromatherapy employs unspecified blends of these essential oils without disclosing the plant origins. In rare situations, allergic reactions have been observed, most notably when topical administration is employed. These oils are not resistant to oxidation processes with age, and their chemical makeup has been discovered to change with long-term storage. Repeated topical administration of lavender and

tea tree oils resulted in reversible prepubertal gynecomastia in one study⁵¹. Regarding the safety of necessities, there is always a significant dispute. There has been no well-defined study proving that these essential oils are harmful. In a few isolated investigations, we observed that these oils are unsafe, but most studies have not demonstrated that they are toxic when used in aromatherapy⁵².

3. CONCLUSION

Aromatherapy is a non-invasive and natural gift from nature to humanity. The use of aromatherapy not only eliminates disease symptoms but also revitalizes the entire body. Aromatherapy promotes physiological, spiritual, and psychological well-being for the next stage of life. This therapy can be utilized as a preventative measure in the acute and chronic stages of illness. Pharmaceutical companies are attempting to provide environmentally friendly, alternative, and natural treatments for diseases connected with infections and metabolism. Using these essential oils may increase the pace of response and bioavailability of medications. These volatile oils may synergistically impact medications used to treat central nervous system disorders if thoroughly researched. Also, the time when the plant has the greatest amount of volatile oil

6. REFERENCES

1. Segen JC. Dictionary of alternative medicine. Stamford, Ct: Appleton & Lange; 1998.
2. Gattefossé R-M. Aromatherapy. London: C W Daniel Co Ltd; 1993.
3. Vickers A, Zollman C. ABC of complementary medicine massage therapies. *BMJ*. 1999;319(7219):1254-7. doi: 10.1136/bmj.319.7219.1254, PMID 10550095.
4. Miller W. Public confidence, professional competence. *Holist Health*. Conference held by the Foundation for Integrated Medicine on 14 May 1999 at the Commonwealth Institute. Vol. 61; 1999. p. 30-2.
5. Mills S, Peacock W. Professional organisation of complementary and alternative medicine in the United Kingdom. Exeter: University of Exeter; 1997.
6. Buckle J. Use of aromatherapy as a complementary treatment for chronic pain. *Altern Ther Health Med*. 1999;5(5):42-51. PMID 10484830.
7. Papadopoulos A, Wright S, Ensor J. Evaluation and attributional analysis of an aromatherapy service for older adults with physical health problems and carers using the service. *Complement Ther Med*. 1999;7(4):239-44. doi: 10.1016/s0965-2299(99)80009-0, PMID 10709309.
8. Hafen B, Franson K. An A-Z of alternative medicine. Prentice Hall, New Jersey 9 an introduction to aromatherapy Gillian Hall 10; 1983. Halligudi N, Al Ojaili M. The science and art of aromatherapy: A brief review. *J Biomed Pharm Res*. 2013;2(2):6-14.
9. Davis P. Aromatherapy An AZ: The most comprehensive guide to aromatherapy ever published. Random House; 2011 Jul 31.
10. Valnet J. The practice of aromatherapy. Essex: C W Daniel Company; 1980. Using essential oils in professional practice Shirley Price.
11. Belaiche. *Traite de phytotherapie et d'aromatherapie*, 3 vols. Paris: Maloine; 1979.
12. Worwood VA. Aromatherapy for the healthy child: more than 300 natural, nontoxic, and fragrant essential oil blends. Novato: New World Library; 2000.
13. Krishna A, Tiwari R, Kumar S. Aromatherapy-an alternative health care through essential oils. *J Med Aromat Plant Sci*. 2000;22:798-804.
14. Manniche L. Sacred luxuries: fragrance, aromatherapy and cosmetics in ancient Egypt. New York: Cornell University Press; 1999.
15. Esposito ER, Bystrek MV, Klein JS. An elective course in aromatherapy science. *Am J Pharm Educ*. 2014;78(4):79. doi: 10.5688/ajpe78479, PMID 24850941.
16. Evans WC. Trease and Evans pharmacognosy. 4th ed. London: W B Saunders Company; 2000.
17. Svoboda KP, Deans SG. Biological activities of essential oils from selected aromatic plants. *Acta Hortic*. 1995;(390):203-9. doi: 10.17660/ActaHortic.1995.390.28.
18. Ali B, Al-Wabel NA, Shams S, Ahamed A, Khan SA, Anwar F. Essential oils used in aromatherapy: a systemic review. *Asian Pac J Trop Biomed*. 2015;5(8):601-11. doi: 10.1016/j.apjtb.2015.05.007.
19. Baratta MT, Dorman HJD, Deans SG, Figueiredo AC, Barroso JG, Ruberto G. Antimicrobial and antioxidant property of some commercial essential oils. *Flavour Fragr J*. 1998;13(4):235-44. doi: 10.1002/(SICI)1099-1026(1998070)13:4<235::AID-FFJ733>3.0.CO;2-T.
20. Svoboda K, Hampson J, Hunter EA. Production and bioactivity of essential oils in secretary tissues of higher plants. In: *Proceedings of the world aromatherapy II conference of National Association for Holistic Aromatherapy (NAHA)*; Sep 25-28; St Louis, USA; 1998. p. 105-27.
21. Liu SH, Lin TH, Chang KM. The physical effects of aromatherapy in alleviating work-related stress on elementary school teachers in Taiwan. *Evid Based Complement Alternat Med*. 2013;2013:853809. doi: 10.1155/2013/853809, PMID 24228065.

with distinct chemical ingredients is debatable. Essential oils can be a valuable non-medicinal choice or can be used with conventional therapy for some health disorders as long as safety and quality concerns are addressed. A paradigm shift of medical healthcare professionals towards complementary and alternative medicine has given novel hope to these essential oils in reducing the negative effects of modern medication. This therapy may be a boon to patients and society if fully explored to its full potential.

4. AUTHORS CONTRIBUTION STATEMENT

Ankita Pathak conceptualized and gathered all the data. Mithilesh Dhamande, Seema Sathe, Anjali borle, and Smruti Gujjelwar gave inputs and newer ideas and analyzed data to design the manuscript. All the authors put efforts and contributions into structuring and designing the manuscript to make the literature review more informative and knowledgeable.

5. CONFLICT OF INTEREST

Conflict of interest declared none.

22. Colgate SM, Molyneux RJ. Bioactive natural products detection, isolation and structural determination. FL: CRC Press; 1933.
23. Buchbauer G, Jirovetz L. Aromatherapy-use of fragrances and essential oils as medicaments. *Flavour Fragr J.* 1994;9(5):217-22. doi: 10.1002/ff.2730090503.
24. Price S. The aromatherapy workbook. London: Thorsons; 1993.
25. Baratta MT, Dorman HJD, Deans SG, Biondi DM, Ruberto G. Chemical composition, antimicrobial and antioxidant activity of laurel, sage, rosemary, oregano and coriander essential oils. *J Essent Oil Res.* 1998;10(6):618-27. doi: 10.1080/10412905.1998.9700989.
26. Lis-Balchin M. Aromatherapy: a guide for healthcare professionals. London: Pharmaceutical Press; 2006.
27. Svoboda KP, Deans SG. A study of the variability of rosemary and sage and their volatile oils in British market: their antioxidative properties. *Flavour Fragr J.* 1992;7(2):81-7. doi: 10.1002/ff.2730070207.
28. Maxwell-Hudson C. Aromatherapy massage book. London: Dorling Kindersley; 1995.
29. Mulyaningsih S, Sporer F, Reichling J, Wink M. Antibacterial activity of essential oils from eucalyptus and of related components against multi-resistant bacterial pathogens. *Pharm Biol.* 2011;49(9):893-9. doi: 10.3109/13880209.2011.553625, PMID 21591991.
30. Aazza S, Lyoussi B, Megías C, Cortés-Giraldo I, Vioque J, Figueiredo AC et al. Antioxidant, anti-inflammatory and antiproliferative activities of Moroccan commercial essential oils. *Nat Prod Commun.* 2014;9(4):587-94. PMID 24868891.
31. Ben Slima A, Ali MB, Barkallah M, Traore AI, Boudawara T, Allouche N, et al. Antioxidant properties of *Pelargonium graveolens* L'Her essential oil on the reproductive damage induced by deltamethrin in mice as compared to alpha-tocopherol. *Lipids Health Dis.* 2013;12:30. doi: 10.1186/1476-511X-12-30, PMID 23496944.
32. Ben Hsouna A, Hamdi N. Phytochemical composition and antimicrobial activities of the essential oils and organic extracts from *Pelargonium graveolens* growing in Tunisia. *Lipids Health Dis.* 2012;11:167. doi: 10.1186/1476-511X-11-167, PMID 23216669.
33. Ghannadi A, Bagherinejad M, Abedi D, Jalali M, Absalan B, Sadeghi N. Antibacterial activity and composition of essential oils from *Pelargonium graveolens* L'Her and *Vitex agnus-castus* L. *Iran J Microbiol.* 2012;4(4):171-6. PMID 23205247.
34. Boukhris M, Bouaziz M, Feki I, Jemai H, El Feki A, Sayadi S. Hypoglycemic and antioxidant effects of leaf essential oil of *Pelargonium graveolens* L'Her. in alloxan induced diabetic rats. *Lipids Health Dis.* 2012;11(1):81. doi: 10.1186/1476-511X-11-81.
35. Koulivand PH, Ghadiri MK, Gorji A. Lavender and the nervous system. *Evid Based Complement Alternat Med.* 2013; http://2013:681304. doi: 10.1155/2013/681304, PMID 23573142.
36. Tisserand R, Young R. Essential oil safety: a guide for health care professional. 2nd ed. London: Churchill Livingstone; 2013.
37. Lawless J. The illustrated encyclopedia of essential oils: the complete guide to the use of oils in aromatherapy & herbalism. Rockport: Element Books Ltd; 1995.
38. Tisserand R, Balacs T. Essential oil safety: a guide for health professionals. Edinburgh: Churchill Livingstone; 1995.
39. Srivastava JK, Shankar E, Gupta S. Chamomile: a herbal medicine of the past with bright future. *Mol Med Rep.* 2010;3(6):895-901. doi: 10.3892/mmr.2010.377, PMID 21132119.
40. Setzer WN. Essential oils and anxiolytic aromatherapy. *Nat Prod Commun.* 2009;4(9):1305-16. doi: 10.1177/1934578X0900400928, PMID 19831048.
41. Hammer KA, Carson CF, Riley TV. In vitro activity of *Melaleuca alternifolia* (tea tree) oil against dermatophytes and other filamentous fungi. *J Antimicrob Chemother.* 2002;50(2):195-9. doi: 10.1093/jac/dkf112, PMID 12161399.
42. Hammer KA, Carson CF, Riley TV. Antifungal activity of the components of *Melaleuca alternifolia* (tea tree) oil. *J Appl Microbiol.* 2003;95(4):853-60. doi: 10.1046/j.1365-2672.2003.02059.x, PMID 12969301.
43. Hammer KA, Dry L, Johnson M, Michalak EM, Carson CF, Riley TV. Susceptibility of oral bacteria to *Melaleuca alternifolia* (tea tree) oil in vitro. *Oral Microbiol Immunol.* 2003;18(6):389-92. doi: 10.1046/j.0902-0055.2003.00105.x, PMID 14622345.
44. Koh KJ, Pearce AL, Marshman G, Finlay-Jones JJ, Hart PH. Tea tree oil reduces histamine-induced skin inflammation. *Br J Dermatol.* 2002;147(6):1212-7. doi: 10.1046/j.1365-2133.2002.05034.x, PMID 12452873.
45. Bilsland D, Strong A. Allergic contact dermatitis from the essential oil of French marigold (*Tagetes patula*) in an aromatherapist. *Contact Dermatitis.* 1990;23(1):55-6. doi: 10.1111/j.1600-0536.1990.tb00091.x, PMID 2401143.
46. Burfield T. Safety of essential oils. *Int J Aromather.* 2000;10(1-2):16-29. doi: 10.1016/S0962-4562(00)80005-3.
47. Schaller M, Korting HC. Allergic airborne contact dermatitis from essential oils used in aromatherapy. *Clin Exp Dermatol.* 1995;20(2):143-5. doi: 10.1111/j.1365-2230.1995.tb02719.x, PMID 8565250.
48. Henley DV, Lipson N, Korach KS, Bloch CA. Prepubertal gynecomastia linked to lavender and tea tree oils. *N Engl J Med.* 2007;356(5):479-85. doi: 10.1056/NEJMoa064725, PMID 17267908.
49. Oyedele AO, Afolayan AJ, Hutchings A. Compositional variation of the essential oils of *Artemisia afra* Jacq. from three provinces in South Africa—a case study of its safety. *Nat Prod Commun.* 2009;4(6):849-52. doi: 10.1177/1934578X0900400622, PMID 19634335.