

The Effect of Lavender Aromatherapy on the Symptoms of Menopause

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Conflict of interest: The authors declare no conflict of interest in this study.

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Abstract: Objectives: The menopause is a natural biological process that is happened by a permanent regal stop due to the loss of performance. The aim of this research is to evaluate the effect of lavender aromatherapy on the menopause symptoms.

Study design: This double-blind cross over clinical trial carried out on 100 menopause women (between 45 and 155 years old) referring to health centers in Ardabil in 2013-14. The samples blocked randomly, placed in two experimental (Lavender) and control (diluted milk) groups. Lavender aroma is smelled two times daily for 20 min during 12 weeks by research subjects. Data were collected by Green questionnaire and the analysis of data carried out in SPSS v.16 by paired *t*-test.

Main outcome measures: The level of the symptoms has been decreased significantly after using lavender.

Results: Comparing the level of the symptoms before and after using lavender in experimental group suggested that the rate of the menopause symptoms has been decreased significantly ($P = 0.000$). The comparison of the mean of the menopause symptoms after intervention between two groups suggested that the menopause symptoms in the experimental group had a significant decrease comparing the control group ($P = 0.000$).

Conclusion: Using the lavender aromatherapy decreases menopause symptoms. According to the undesirable effect of the menopause symptoms on the quality of life of the menopausal women, these interventions may be instructed by midwives in the treatment and care centers as a health activity.

Keywords: Lavender oil ■ Aromatherapy ■ Menopause

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INTRODUCTION

The population of Menopause women in the world is near to one billion¹ that is estimated to increase by 50% till 2015.² Almost women experience the signs of menopause initiation during their lives.^{3,4} Decreasing ovarian hormones including Estrogen, Progesterone, Androstenedione and Testosterone in menopause causes various physical, mental and genitourinary symptoms.⁵ Epidemiological studies have suggested that

about 65-68% of women experience the symptoms of menopause onset.⁶ About 80% of women in this period have flushing, night sweet, heartthrob, giddiness, fatigue and irritability and 9% of them have more intensive symptoms that affect the quality of their lives.^{7,8} Regarding to increased life expectancy, and the stability of menopause age, women spend more than one third of their lives in post-menopause period, so maintaining the women's welfare and health in this period has a high priority in preventing socioeconomical harms.⁹ In the past, complementary and alternative medicine was a selective therapy for improving the menopause symptoms¹⁰; however, most women has lost the opportunity of uncomplicated and simple treatment by HRT due to a report introduced by the World health organization and look for a proper treatment among complementary and alternative methods.¹¹ The results of an Iranian research in 2001 showed that only 8.57% of menopausal women use alternative hormone treatments.³

Despite the advantages of hormone therapy in menopausal women, the results of studies of women researchers have showed that these methods may not be completely harmless.¹² This subject caused the researchers look for drugs similar to hormones but with fewer side effects.¹³ Complementary and alternative medicine is a therapeutic method that today is used by menopausal women.¹⁴ The World health organization has suggested complementary and alternative medicine as a method that can be effective in improving the symptoms of menopause.¹⁵ Using volatile oil or aroma extracted from aromatic plants for therapeutic goals is called aromatherapy.¹⁶ The oil extracted from lavender is a plant aromatic volatile oil which is widely applied in aromatherapy. This plant belongs to Lamiaceae family and is a gramineous plant which is always green and has some properties as anti-anxiety, sedative and preventing sleep disorders.^{17,18}

Scientifically, a theory proposed that aromatherapy could be efficient psychologically and physiologically. There is a belief that the smell of aromas activates neurons and leads to limbic stimulation. Based on the kind of aroma, neurons release various neurotransmitters including enkephalin, noradrenalin, and serotonin; furthermore, according to the relationship between olfactory and the human feelings and soul, aromas are able to influence

human's body and soul simultaneously.¹⁹ Menopause may provide a challenge in individual's life, because these side effects cause illness and disability and has an undesirable effect on the quality of individual's life and is a start point for a series of subsequent complications; the health of family may be endangered, so studying this problem is very important. Regarding to the high tendency of the menopausal and middle aged women to use herbal supplements and limited studies in the field of these supplements efficiency in mentioned ages, more studies about aromatherapy is needed and according to the undesirable effects of the menopause symptoms in the physical and mental dimensions of menopausal women life's quality, we decided to do a research to maintain the health and improving the quality of women's life.

METHODS

This double-blind cross over clinical trial is carried out in 2013-14 aiming to explore the effect of aromatherapy on the symptoms of menopause in women referring to the health and treatment centers covered by Ardabil University of Medical Sciences. Firstly, all treatment and health centers were listed then four health centers which had the most clients were selected. Sampling started from the centers which had the most clients and continued respectively to other centers until completing purposed sample size. The target population was 45-55 years old women referring to above centers. Provided by documents, the women who received services for family planning and now were in the menopause age and women who complained about menopause symptoms and flushing were called and everybody willing to participate in this research was invited. The study is performed according to Helsinki principals in ethics. After receiving permission from ethics committee, selection of participants was done by non-probability sampling method, and the women who had the inclusion criteria (lack of menstruation in recent 12 months, having normal blood pressure, and married and literate) were selected. The exclusion criteria were taking anti-anxiety, anti-depression, estrogen and progesterone drugs in recent six years, and having asthma and allergy. After giving some explanations about the research method and goal, Green Score calculated for each sample. All women were visited by the researcher and were asked about the uterine bleeding, background of uterine and breast cancer, liver disorders, and depression, hyperthyroidism and using herbal or hormonal drugs. Data were collected with face to face interview and the tool for gathering data was demographic questionnaire and the Green standard test. Subjects who had inclusion criteria and signed written informed consent were allocated in group of lavender ($n = 50$) or placebo ($n = 50$) by blocking randomly

4 and 6, and by allocation ratio of 1:1. Then using random numbers table, sequential allocation was applied. To blinding, some glasses containing lavender essence or diluted milk (which were same according to the form, color and size) were used. At first the demographic questionnaire completed by face to face interview for both groups. The glasses were given to the participants to smell them two times a week for 20 min. The duration of the therapy was two weeks in each group. The Green questionnaires were completed again by the researcher after treatment. After 4 weeks of the wash out period, first group received placebo and second group received lavender and questionnaires completed once more. The researcher assistant and the participants were not informed about transposition of main aroma and placebo (blinding).

SAMPLE SIZE

According to previous research, with 90% power and $\alpha = 0/05$ using the formula of means' comparison were

Table 1. Comparison of the demographic characteristics of the study participants in intervention and control groups.

Variable	Control group N = 50	Control group N = 50	P
Age, year	52.24	51.5	0.74
Number of childbirth			0.17
Less than 4	24	21	
More than 4	26	29	
Education			0.21
Elementary	31	28	
Secondary	10	11	
High school	5	9	
Academic	4	7	
Menopause time			0.53
Less than 2 years	17	19	
More than 2 years	33	31	
Occupation			0.67
Housewife	39	37	
Employee	3	5	
Retired	8	8	
Income adequacy			0.21
Yes	16	12	
No	25	30	
Partially	9	8	

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