

Managing Pain with Essential Oils



Key point

Each clinical environment is different. The following steps are generalizations to help you think through an assessment to use the appropriate delivery method and essential oil. Always follow the policy and procedures of your organization if any are in place.

Step 1: Assess patient/client for causes of pain

Pain is subjective and multifactorial. Pain generally increases with poor sleep and anxiety or stress-related situations. Assess the patient or client by considering factors that may be contributing to pain in addition to any obvious physical causes. Anxiety and stress impact pain, so consider addressing these needs along with pain.

Step 2: Select the essential oil and delivery method

Selecting an essential oil

Consider your initial assessment of the patient's pain. If your goal is to target pain and stress, select an essential oil or combination of essential oils that also includes properties for relaxation. Include the patient (or family) in the selection of the appropriate essential oil. Remember that everyone reacts to scents differently, and consider the safety aspects of the essential oil. For example, lavender may not be appropriate for a patient who associates the smell with a traumatic memory, and bergamot should not be applied to skin that may be exposed to sunlight within the next 24 hours.

Examples of essential oils effective for pain

- Black pepper (*Piper nigrum*)
- Eucalyptus (*Eucalyptus globulus* or *radiata*)
- Ginger (*Zingiber officinale*)
- Lavender (*Lavandula angustifolia*)
- Peppermint (*Mentha x piperita*)
- Roman chamomile (*Chamaemelum nobile*)
- Rosemary (*Rosmarinus officinalis*)
- Spike lavender (*Lavandula latifolia*)
- Sweet marjoram (*Origanum majorana*)

Selecting a delivery method

Consider the following when selecting a delivery method:

- What options are available, per organizational policy?
- What does the patient/client/family prefer?
- Is the patient physically and mentally capable of making a choice?
- Do physical or mental factors make any method unsafe for the patient?
- Is there a reason one method may be more effective than another? (e.g., topical massage would be more effective than inhalation for targeting muscle cramps.)



Earl E. Bakken Center for
SPIRITUALITY & HEALING

UNIVERSITY OF MINNESOTA

Managing Pain with Essential Oils



Essential oils via inhalation

- Chemical reaction occurs in the “pleasure memory sites” within the brain.
- Pain-reducing chemical components alter the perception of pain by affecting transmitters that carry pain responses to the brain.

Inhalation techniques

- Place 1–2 drops of chosen essential oil on a cotton ball or similar material. You may choose more than one essential oil to create a blend. In this case, use one drop of each oil on the same cotton ball, such as one drop lavender and one drop sweet marjoram.
- If using aromasticks, use a total of 15–20 drops on the wick. An example blend is 10 drops lavender with 5 drops sweet marjoram.
- Direct inhalation is more effective for pain than indirect inhalation from a diffuser.

Essential oils via topical application (diluted):

- Creates warming or cooling effects
- Creates antispasmodic and anti-inflammatory effects
- Create local anesthetic action where applied to skin
- Creates a relaxation response (with massage)

Topical application techniques

- Use pre-diluted essential oil as massage for painful area or hand/foot massage. If no pre-blended oil is available, use 1–5% as instructed in the dilution chart. In the clinical setting, 2% is most often used.
- If blending more than one essential oil, calculate the total drops to determine dilution.
Example: 6 drops of lavender + 6 drops sweet marjoram = 12 drops total.
12 drops in 1 oz. carrier = 2% dilution.

Step 3: Provide education to the patient and/or family prior to delivery

Demonstrate techniques for the patient and/or family and have them practice with you. Make sure to provide any necessary safety information.

Step 4: Evaluate effectiveness

Reassessment is imperative, just as it is with other patient treatments. Patient needs may change as their condition changes. A patient may also want to try a different essential oil, blend, or different delivery method as time goes on. Document in accordance with your professional and organizational standards.



Earl E. Bakken Center for
SPIRITUALITY & HEALING

UNIVERSITY OF MINNESOTA