The investigation of hospice and palliative care of complementary and alternative medicine-taking cancer care for example

Chen, Kao Sheng, Taiwan¹, Nan chuan Chen, Taiwan², Shieh, Juei Hong ³, Wu, Pei Jen, Taiwan⁴, Tsu-Jung Peng, Taiwan⁵,

 ¹ Graduate Institute of Fashion Design, Ling Tung University, Taiwan
² Peris International Aromatherapy College, Taiwan
³ Taiwan Bride Designer Association, Taichung, Taiwan
⁴ Taiwan Bride Designer Association, Tainan, Taiwan
⁵ Peris International Aromatherapy College, Taiwan Email of Contact Author: <u>tnkaluoj@yahoo.com.tw</u>

Abstract

Nowadays, the official literature shows that the Taiwanese's death is caused by cancer about per 13 minutes (Chen, 2010; Xue, 2010). In other words, the demand about cancer medicinal care should transfer to be integrated with treatment as well as health care. From the end of 20th century between various countries of Europe, and the United States, a lot of clinical researches have been proved utilizing aromatherapy on the field of hospice and palliative care can alleviate cancer pain and other symptoms effectively (Cancer Prevention Section of Bureau of Health Promotion, 2010). In Taiwan, the demand about cancer medicinal care depends on hospice and palliative care and home care (Yao, 2000) which are both needed professional volunteers and multidisciplinary cancer treatment team to take care the patient and his or her family members. On the other side, the volunteers should be trained by related knowledge and massage skills on the field of hospice and palliative care. This research focused on the concept of innovative service in order to integrate knowledge management system (KMS) about aromatherapy on the field of hospice and palliative care and home care, and construct the platform of aroma care as the long distance training. Thus, it is more convenient to study at home for volunteers. The knowledge content is emphasized on constitution -driven remedies about aromatherapy which is one kind of complementary and alternative medicine (CAM) to improve hospice and palliative care quality.

Keywords: Hospice and palliative care, aromatherapy, cancer, knowledge management system (KMS), educational training

1. Introduction

In 2009, Department of Health has announced that the first reason of Taiwanese's death is caused by cancer (28.1%), and it lasts for 28 years. Thus, the cancer medical treatment should be focused on both treatment and care (Chen, 2010 ; Xue, 2010). Since 1996, Department of Health has promoted the service on the field of hospice and palliative care, and passed the regulations of hospice and palliative in 2000. After the patient knows that he or she gets cancer, it is easier for him or her to be involved into the negative feelings and emotions, because of several uncomfortable symptoms. A lot of clinical researches have proved that utilizing aromatherapy within hospice and palliative care can alleviate pains caused by cancer, and decrease such symptoms like constipation, pain, insomnia, and edema by applying suitable essential oils (Miller, 2006 ; Worwood, 1999 ; Abundant Health, 2009 ; Frawley, 2008 ; Frawley & Ranade, 2007,67-74 ; Miller & Miller, 2005, p.41-9 ; Sachs, 2005, p.138-43 ; Atreya, 2004, p.84-185) (Appendix one). Generally speaking, the common psychological and physical symptoms on the field of hospice and palliative care (Chen, 2000) are included:

1.Psychological symptoms:

Anxiety(40%)(Miller, 2006, p.268; Worwood, 1999, p.177, p.297)

Confusion (30%) (Worwood, 1999, p.188, p.298)

2.Physical symptoms :

2.1Chronic fatigue(95%)(Miller, 2006, p.299; Worwood, 1999, p.300)

2.2Pain(80%)(Miller, 2006, p.278, p.388; Worwood, 1999, p.236, p.304)

2.3Anorexia-bulimia (80%) (Miller, 2006, p.266)

2.4Constipation (65%) (Miller, 2006, p.305)

2.5Hyperpnea (60%) (Frawley, 2008, p.204)

2.6Insomnia (60%)(Miller, p.362; Worwood, 1999, p.302)

2.7Edema (60%) (Miller, 2006, p.305)

2. Literature review

Taking hospice and palliative care for example, aromatherapy is one kind of complementary and alternative medicine (CAM)(Figure1)in Taiwan. Aromatherapy is the method which is applied essential oils made by herbs in order to balance human being's well-being between psychological and physical dimensions. In other words, hospice and palliative aromatic care is often used in multiple treatments, such like inhalation, massage and bathing or other therapeutic methods, and depended on individual constitution to select the suitable essential oils for restoring the body functions, including psychological and physical status.

3. Research structure

This research is focused on the concept of innovative service in order to integrate knowledge management system (KMS) about aromatherapy on the field of hospice and palliative care and home care, and construct the platform of aromatic care as the long distance training. Thus, it is more convenient to study at home for volunteers, and the knowledge content is emphasized on constitution -driven remedies about aromatherapy to improve hospice and palliative care quality.

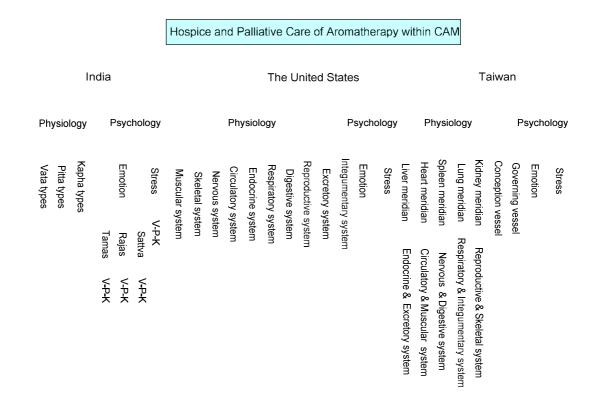


Figure 1. Hospice and Palliative Care of Aromatherapy within Complementary and Alternative Medicine

4. Conclusion

According to the difference from the patient's constitution, the first step is to fill the questionnaire out and make sure the main and secondary psychological as well as main and secondary physical conditions of the cancer which are written down into the nine grid matrix (Song, 2009, p.28) (Appendix two). The secondary step is to select the same essential oils appearing within the nine grid matrix repeatedly, so that it will get two new groups. Finally, selecting the same essential oils appearing repeatedly from two groups will get the only one group. This group is the innovative remedy of the constitution -driven multiple essential oils. By this way, just modifying some related percentages (5 : 3 : 2) from the constitution -driven remedy will be the fittest remedy of the hospice and palliative aromatic care, and belong to one kind of complementary and alternative medicine (CAM) for improving the patient's life quality.

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Appendix one

Cancer (Miller, 2006, p.291):

Geranium	PK-V+
Ginger	VK-P+
Lavender	PK-Vo
Rose	VKP=
Sandalwood	VP-Ko
Yarrow	VKP+

Chronic fatigue (Miller,2006,p.299; Wordwood,1999, p.209-12,300):

· · · · ·	
Angelica	VPK=
Basil	VK-P+
Bergamot	VK-P+
Black Pepper	VP+ K-
Cypress	VPK+
Ginger	VK-P+
Grapefruit	VK-P+
Helichrysum	VPK=
Lavender	VPK-
Lemon	VP-Ko
Myrtle	PK-V+
Peppermint	PK-Vo
Rosemary	VK-P+
Vetiver	V-PK+

Pain(Miller, 2006, p.278,338; Wordwood,1999,p.234-6,304):

	—
Basil	VK-P+
Birch	VP-K+
Chamomile	VPK-
Clary Sage	VPK-
Clove	VK-P+
Helichrysum	VPK=
Lavender	PK-Vo
Marjoram	VK-P+
Neroli	PV-K+
Nutmeg	VK-P+

Peppermint	PK-Vo
Rosemary	VK-P+
Sage	VK-P+
Vetiver	V-PK+

Anorexia-Bulimia (Miller, 2006, p.266):

=	
Angelica	VPK=
Bay	VPK+
Bergamot	VK-P+
Citrus	VK-P+
Clary Sage	VPK-
Geranium	PK-V+
Ginger	VK-P+
Lemongrass	PK-Vo
Orange	VK-P+
Sandalwood	VP-Ko

Constipation (Miller, 2006, p.305):

Anise	VK-P+
Cypress	VKP+
Fennel	VPK=
Ginger	VK-P+
Lavender	VPK-
Lemon	VP-Ko
Rose	VPK=
Rosemary	VK-P+

Hyperpnea (Frawley, 2008, p.204):

Ginger	VK-P+
Mandarin	PK-V+
Orange	VK-P+
Ylang Ylang	VP-K+

Insomnia (Miller, 2006, p.362; Wordwood, 1999, p.224-6, 302):

Basil	VK-P+
Camphor	VK-P+
Chamomile	VPK-
Clary Sage	VPK-

Coriander	VPK -
Lavender	PK-Vo
Lemon	VP-Ko
Mandarin	PK-V+
Marjoram	VK-P+
Melissa	PK- Vo
Neroli	PV-K+
Orange	VK-P+
Rose	VPK=
Rosemary	VK-P+
Sandalwood	VP-Ko
Thyme	VK-P+
Vetiver	V-PK+
Ylang Ylang	VP-K+

Edema (Miller, 2006, p.320):

Coriander	VPK-
Juniper	VK-P+
Lavender	PK-Vo
Parsley	VPK+
Sandalwood	VP-Ko

Anxiety(Miller, 2006, p.268-9; Wordwood, 1999, p.177-9, 297):

-	-
Bergamot	VK-P+
Cedarwood	PK-V+
Chamomile	VPK-
Frankincense	VK-P+
Geranium	PK-V+
Juniper	VK-P+
Lavender	PK-Vo
Melissa	PK- Vo
Neroli	PV-K+
Rose	VKP=
Sandalwood	VP-Ko
Vetiver	V-PK+
Ylang Ylang	VP-K+

Confusion (Miller, 2006, p.282):

Basil	VK-P+
Chamomile	VPK-
Eucalyptus	VK-P+
Frankincense	VK-P+
Lavender	PK-Vo
Myrrh	VK-P+
Myrtle	PK-V+
Rosemary	VK-P+

Appendix two

Psychological dimensions Physical dimensions	hospice and palliative aromatic care [] (ex: cancer)	(ex: anxiety)	psychological condition	The main	(ex: confusion)	psychological condition	The secondary
Level 1 :	The main physical						
	condition						
	[]						
	(ex: chronic fatigue)						
Level 2 :	The secondary						
	physical condition						
	[]						
	(ex: pain)						