Essential oil interventions for premenstrual syndrome and the menopause: Experiences of a British aromatherapist

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Introduction
The healing powers of ‘aroma’ have been recognised since the days of the Pharaohs in ancient Egypt. From hieroglyphic paintings discovered in their tombs, it is known that women wore the flower of the fragrant blue water lily (Nymphaea caerulea) on their headaddresses and other scenes show them holding the bloom and inhaling its perfume – could this flower have been used for its calming aroma and balancing effects in those days as it is used in aromatherapy today? Indeed this fragrant bloom in ancient Egypt appears to be a symbol of sexuality, fertility and rebirth (Seawright, 2001).

Ancient civilisations believed that the very essence of life was breathed into the body through the olfactory bulb in the nose. Today with the benefit of modern science and clinical studies, we understand much more about the therapeutic properties of essential oils and how they affect the human system. We know that essential oils of certain plants have potent physiological and psychological qualities: to calm, to invigorate, to stimulate and to balance both body and mind and that many of these effects are most swiftly obtained through inhalation of their fragrance.

In his book ‘Aromatherapy for everyone’ (1998), Robert Tisserand describes the work of two Italian doctors, Gatti and Cayola entitled ‘The action of essences on the nervous system’. The authors gave subjects pads of cotton wool to sniff that had been impregnated with essential oils. The results concluded that the sense of smell has by reflex action, an enormous influence on the functioning of the nervous system.

This inevitably means that the endocrine system will also be influenced as it is under central control via the hypothalamus and pituitary gland. As such, I believe that aromatherapy can provide an effective solution to many of the hormone-related symptoms experienced by women today as they travel through their cycles of life.

Premenstrual syndrome
As many as 75% of all women experience the unpleasant symptoms of premenstrual syndrome (PMS) at the prime of their life with the most severe experiences occurring between 30 and 45 years of age. Symptoms also tend to increase at times of hormonal upheaval such as following childbirth, changes to the contraceptive pill etc. Symptoms of PMS can be highly variable; they may amount to little more than slight mood swings or feelings of irritability. But for many women, it can be severe enough to significantly disrupt their lives. For up to two weeks every month, they suffer a range of distressing symptoms that frequently fail to respond to conventional medical treatment.

Table 1 lists the most commonly reported symptoms of PMS according to the National Association for Premenstrual Syndrome (www.pms.org.uk).

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<tr>
<th>Table 1. Most commonly reported symptoms of PMS.</th>
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<tr>
<td>Physical</td>
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<tr>
<td>breast tenderness</td>
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<td>migraine</td>
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Where aromatherapy helps
Increasing numbers of women experiencing PMS or menopausal symptoms are finding that essential oils provide more simple, pleasant and natural solutions to their frequent miseries than what may be offered via conventional healthcare.

The medical profession is beginning to accept that complementary therapies can benefit their patients as they witness the results and respond to increasing patient demand by being more willing to refer to complementary
health practitioners (Lewith et al., 2001; Thomas et al., 2001). With regards aromatherapy in particular, the results are encouraging and I have found that doctors readily refer women with PMS for help with essential oils, especially those cases who are not responding to conventional medical approaches. One of the doctors I have worked has reflected on aromatherapy’s role in PMS management:

“There is no doubt in my mind that aromatherapy can work for patients with PMS. It has proved very successful in treating our most difficult cases, especially where the physical symptoms have been accompanied by severe stress.” Dr Mark Savage, general practitioner.

Simple lifestyle and dietary changes are also widely acknowledged to be beneficial in helping to reduce PMS symptoms. These include such as reducing sugar, salt, caffeine and alcohol whilst increasing fruit, vegetables, water and exercise (Justice, 1999).

Aromatherapy is the controlled use of essential oils. These oils are complex cocktails of naturally formed chemicals. To assess the benefits of an individual essential oil for a client, it is important to understand its chemistry. Each chemical component has a specific effect, but it is how these components work together in a synergistic way that produces the powerful, balancing, stress relieving and harmonising benefits that we witness with problems such as PMS and menopausal symptoms. Aromatherapy is both an art and a science that is based on much historical documentation as well as increasing research evidence. Many of the great pioneers of this field were medically orientated. Both Gattonesse (1993) and Valnet (1988) agreed that essential oils stimulate the body and trigger the regulating activities of the endocrine glands.

In her book ‘The Secret of Life and Youth’ (1964) Marguerite Maury describes many therapeutic properties of essential oils. Specifically, she describes benefits that are related to the conditions experienced by menopausal women. She describes the rejuvenating effects of essential oils as “aromatic alchemy”. She also reinforces the fact that limiting the explanation of the way essential oils work to a purely biochemical manner is very difficult saying “essential oils and aromatherapy is beyond scientific fact or analysis”. This is especially the case when we use them within a holistic framework. Reading her work has been a source of great inspiration to me.

The sense of smell is one of our most basic senses and is intimately linked with the reproductive system. The close associations between the limbic system, the olfactory cortex and hypothalamus mean that aromas have the capacity to provoke a cascade of neuroendocrine responses through simple inhalation. Stoddard (1990) writes about the naso-genital relationship and the connection between the nose and the hypothalamus, pituitary and gonads. Women experiencing a loss of smell may find that they also experience interruptions in their monthly cycle and one endocrine pathology, Kallmann syndrome presents with hypergonadism and congenital anosmia or hyposmia (Jenkin et al., 2000). I thus believe that the main way to work with reproductive imbalance of a hormonal nature is via the fragrance of specific essential oils.

I have found that when introducing essential oils to the client, particular aromas will often bring instant relief from the following symptoms:

- Inability to cope with their daily routine
- Feelings of loss of control
- Emotional outbursts
- Depressive states of mind
- Emotional exhaustion

As heightened stress is often experienced with PMS, the simple act of inhaling a pleasant smell can have a number of psychological and emotional benefits, as Tisserand (1988) writes “Smelling a fragrant flower makes you feel good inside, and aromatherapy has the same effect.”

During the consultation process, introducing essential oils on smelling strips for the client to inhale allows them to choose the most suitable essential oils. Their euphoric, balancing and calming effects can then help the client re-gain control and as Maury described (1964), aromatic alchemy can be witnessed.

My background

In 1995 I was invited to open an aromatherapy clinic at Regent House surgery, in Chorley, Lancashire. This is a general medical practice with six general practitioners (GPs). The local health authority paid me for each patient referral and treatment and I worked with a range of problems across a wide age range. For each patient referred, I had a 30 minute consultation after which, with patient participation, I selected the appropriate essential oils and gave advice about their home use.

The initial trial period for me at this surgery was six months but I ended up staying for two years due to the benefits that aromatherapy brought to the patients. My work at Regents House ended when the funding system changed. Throughout this time, very rarely did my aromatherapy intervention include ‘hands on’ work such as massage; I believe strongly in self empowerment via self help and so I practised aromatherapy in its purest sense, relying on the power of the essential oils alone to bring about the desired therapeutic effect.

My approach to PMS

My experience of working with PMS has resulted in the following self nurturing treatment process, which I find brings remarkable improvements in the client’s condition.

Following a detailed consultation, I offer six to eight essential oils for selection by the client based on their aroma preference; usually the client then selects approximately three from this palette. I then prepare an undiluted synergy of these three essential oils and in general this same blend is used in various ways as outlined:
• **Inhalation:** two to three drops of the chosen essential oil synergy (undiluted) inhaled from a tissue as required in the seven to nine days before menstruation.

• **Dermal application:** two to three drops of the same essential oil synergy diluted in 5 ml massage carrier oil and applied daily to the abdomen and lower back from the last bleeding day of the woman’s cycle up until when the next bleed begins.

• **Bathing:** two to three drops of the essential oil synergy diluted in full fat milk and added to the bath for times when symptoms become intense.

In all cases, the treatment should be discontinued during menstruation, when normally there will be no need for the above as PMS symptoms will not be present. This also allows the body to have a therapeutic window of approximately one week free from essential oil use.

Two brief case studies to illustrate my approach to PMS are detailed below. Both of these clients were referred to me by their GP as suffering with PMS and not responding to conventional treatment.

**Client A**

This woman aged 35 years was experiencing PMS symptoms of severe depression, mood swings and feelings of loss of control. Her GP was keen for me to see her. The only treatment she was currently taking was a magnesium supplement. During the consultation, I selected a series of essential oils to smell. She selected the ones which were most appealing to her. These were:

- *Citrus aurantium* (lime)
- *Pelargonium x asperum* (geranium)
- *Rosa damascena* (rose otto)
- *Citrus bergamia* (bergamot)

These oils are traditionally reported in aromatherapy literature as effect of being uplifting, stimulating, mood enhancing and balancing (Davis, 1987; Tisserand, 1988).

The essential oils were prepared by blending them in a 5 ml bottle for inhalation. Instructions were given to add two to three drops of this synergy to a tissue to be inhaled when required. Additionally, in order to promote a self-nurturing regime, they were also blended in a base lotion for dermal application at the same dose as outlined earlier.

Her progress was good. After two weeks of following the suggested routine, the client felt much better, more relaxed and after three weeks, her motivation returned. She felt positive and back in control.

**Client B**

This woman aged 33 years was also referred to me by her GP. This young woman was suffering PMS symptoms of mood swings and feeling out of control. She was taking the contraceptive pill. Her PMS was compounded by the stress of being a single mother.

During our consultation I presented her with essential oils that I considered to be helpful for the symptoms she described. Out of these, the client selected the following aromas:

- *Pelargonium x asperum* (geranium)
- *Citrus bergamia* (bergamot)
- *Salvia sclarea* (clary sage)

These essential oils were blended with sweet almond oil to be applied to daily to her lower abdomen and back. The same essential oils were also prepared in a 5 ml bottle for inhalation as detailed previously. This blend could also be added to a warm bath after a particularly stressful day.

After four weeks, this woman stated that the treatment had been very helpful, particularly considering the amount of stress she had been experiencing. Although her personal circumstances had not changed, the essential oil blend had helped to control the premenstrual symptoms, thereby reducing her overall symptoms.

**Evaluating the service**

Whilst working with aromatherapy and PMS, there proved to be a commonality concerning personal preference of essential oils chosen by the clients prior to blending. After further study and with the encouragement and support of the GPs I was working with, I therefore formulated a blend of three essential oils to use in a mini study.

This blend was used by ten women experiencing PMS. All ten women were referred by their practice GP and had a history of being resistant to conventional PMS approaches. All were between the ages of 33 and 35 years; the age group that appeared to suffer with the worst classic symptoms of PMS.

The self help application methods listed previously were used for the administration of essential oils throughout the woman’s cycle for a duration of three months. Each woman was given the same ‘rules’ and advice for use of the essential oil synergy.

At no time was aromatherapy massage used; all essential oil use was controlled by the client. Symptoms were evaluated pre- and post-treatment and the questionnaire used for evaluation was in part devised by the GPs and was not completed in my presence as an attempt to reduce bias.

Figure 1 shows the results of this mini study. The symptom changes with aromatherapy were rated on a ten point scale, with zero being not effective and ten being highly effective.

The results show that the lowest rating was six. All ten women found the blend to be effective at managing some or all of their premenstrual symptoms.

Vital components along with the aromatherapy treatment included:

- To remain positive
- To develop a routine for application and use of the oils
- To include the nurturing aspect of self-application
- To take responsibility for one’s own health.
Table 2. Average main composition of the three essential oils used in the mini study.

<table>
<thead>
<tr>
<th>Citrus bergamia*</th>
<th>Pelargonium x asperum #</th>
<th>Salvia sclarea *</th>
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</thead>
<tbody>
<tr>
<td>Limonene 33-42%</td>
<td>Citronellol 21-45</td>
<td>Germacrene D 1.5-12%</td>
</tr>
<tr>
<td>Linalool 6-15%</td>
<td>Linalol 1-13%</td>
<td>Linalool 6.5-13.5%</td>
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<tr>
<td>Linalyl acetate 23-35%</td>
<td>Geraniol 17-25%</td>
<td>Linalyl acetate 62-78%</td>
</tr>
<tr>
<td>γ-Terpine 6-10%</td>
<td>Citronellyl formates 8-18%</td>
<td>Sclareol 0.4-2.6%</td>
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<td></td>
<td>Geranyl formates 1-6%</td>
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*Values taken from AFNOR Recueil de Normes Francaises, 1996.
# Values found in Essential oil Notes Alpha to Omega Essential oils (Price, 1995).

Blend composition
The blend contained bergamot, geranium and clary-sage essential oils. These essential oils are predominantly rich in alcohols and esters (see Table 2).

According to Caddy (1997) in traditional aromatherapy practice, the main therapeutic actions of these essential oils combined are thus said to be:

- sedative
- balancing
- calming
- uplifting to mood and emotions
- gentle
- hormone-like
- diuretic
- aphrodisiac.

A publicity challenge
Once the study was completed, I then presented the findings at a summer Aromatherapy conference, entitled ‘Complementing Women and Children’ in Manchester, organised by Sandra Day in July 1998. Promoting this conference was a medical journalist who went on to write about my work. As a result, and very swiftly, the results of the mini study attracted much publicity, appearing in local and regional and national newspapers, and I was soon asked to appear on day time television (I was interviewed by Julia Carling on the Granada Breeze day time show). My findings were published in the Manchester Evening News, the Wigan Reporter and the Wigan Evening Post. Articles also appeared in Women’s Own magazine and ‘That’s Life’ magazine. I was also interviewed by a reporter from the Daily Mail. Soon, women started contacting me from the length and breadth of the United Kingdom for advice and I was inundated with calls and messages.

A most interesting fact that came from these messages was that there seemed to be a geographical influence for women suffering most from PMS; most being situated in Scotland, (Edinburgh and Glasgow) and the South of England (Essex in particular). This leads me ask if there are geographical and or lifestyle influences that are linked to increased PMS symptoms.

This huge wave of publicity had its additional challenges and responsibilities; I was unprepared for the interest that it generated, not only from women suffering with PMS but also by organisations such as the Medicines Controls Agency (now renamed the Medicines and Health Care Products Regulatory Agency) who sought evidence
concerning safety to public health. Neither was I prepared for the sheer scale of ‘hype’ and, inevitably, individuals looking to exploit the study’s findings for financial gain. My own personal goal and aromatherapy approach is very different: I believe that essential oils can be used as tools for personal transformation and self-empowerment and this is a highly individual process; this publicity on a massive scale was a huge wake-up call to the fact that not everyone else thinks like me!

Today, I continue to work with PMS in the same way as detailed here but on a quiet scale, working one to one with women and witnessing as always, the amazing power of essential oils to help women change their lives. Ten years on, I still receive calls from women as a result of the publicity surrounding the study.

The menopause

Doctors have not always been sympathetic to the fluctuations in a woman’s health caused by the female cycle (Formanek, 1990) and with medical advances, menopause is increasingly being treated as a disease state rather than a natural transition in a woman’s life (Bell, 1990). However, as women take more responsibility for their own health, there are many things they can do to ease their bodies through the transition of menopause. In the recent Omnibus survey of public attitudes to the menopause (2008) published by the Women’s Health Council in Ireland, it was found that the top four unpleasant symptoms related to the menopause are hot flashes, night sweats, irritability and mood swings and that many women are wary about turning to hormone replacement therapy for management of their symptoms and instead seek alternative ways to cope with the menopausal transition.

The menopause is the sign that the end of the physical reproductive phase of a woman’s life has arrived. In most cases in the industrialised world the median age at menopause is between 49 and 52 years (Ferin et al., 1993). In the developing world, menopause tends to occur at an earlier age. During the perimenopausal years, ovarian function wanes and hormone levels diminish to such a point that ovulation and menstruation become increasingly rare and finally cease at which point the woman has entered true menopause. All this represents a period of transition where physiological changes are interwoven with social and psychological changes, some of which are listed in Table 3.

Women also see other changes such as the redistribution of body fat and hair and nails become dry without the softening effect of oestrogen.

The importance of cognitive factors and a woman’s experience of menopause is highlighted by Green (1990) whereby predictive factors such as stressful life events, a difficult menstrual history and history of psychiatric or psychological disturbance are mediated by her attitudes and beliefs about the menopause. This then contributes to her actual experience of the menopause itself especially with regards to hot flashes and emotional reactions.

One important measure therefore, in assisting a woman during menopause is to help her deal cognitively with the transition itself for example through empowerment and helping regain a sense of control over her own body. Self-application of essential oils is one way to help her accomplish this.

<table>
<thead>
<tr>
<th>Table 3. Perimenopausal and menopausal symptoms (after Ferin et al., 1993; Women’s Health Council, 2008).</th>
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<tbody>
<tr>
<td>Hot flashes</td>
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<td>Night sweats</td>
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<td>Irritability</td>
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<td>Mood swings</td>
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<td>Depression</td>
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<tr>
<td>Anxiety</td>
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<td>Sense of frustration</td>
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<td>Feelings of inadequacy</td>
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<tr>
<td>Loneliness</td>
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<tr>
<td>Loss of wellbeing</td>
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<tr>
<td>Decreased libido</td>
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<tr>
<td>Headaches</td>
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<tr>
<td>Backaches</td>
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<tr>
<td>Sleep disturbance</td>
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<tr>
<td>Palpitations</td>
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<tr>
<td>Diminished motivation, interest and energy</td>
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<tr>
<td>Vaginal dryness</td>
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<tr>
<td>Memory loss</td>
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<tr>
<td>Urinary symptoms</td>
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<tr>
<td>Itchy skin</td>
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Entering the menopausal years need not be a time of dread; aromatherapy can help. In my experience, the following essential oils can be beneficial for the treatment of the symptoms of menopause.

**Vetiveria zizanoides** (vetiver)

This is an essential oil that is very stress relieving and stabilising (Davis, 1988) and I have known it to be beneficial when night sweats have caused a disturbed sleep pattern. It is cooling and grounding. It blends well with clary sage and sandalwood essential oils.

**Citrus aurantium var. amara** (bitter orange petitgrain)

This is an essential oil that I have found useful to aid emotional transitions associated with the menopause. Blended with frankincense, it helps to alleviate anxiety and slows down the breathing. I have also found it to be good for nervous exhaustion. Petitgrain is also useful for excessive perspiration as it is refreshing and deodorising (Davis, 1988).

**Salvia officinalis** (sage)

This essential oil should always be used with care due to its content of neurotoxic ketones. However, in traditional use, sage is merited with perpetual youth and has been used historically for a range of menstrual imbalances. I have found this essential oil to be an efficient regulator of menstrual flow and it calms menstrual pain (heavy periods can be a problem during perimenopause) and eases
hot flushes. It is also helpful for excessive perspiration, a use that is acknowledged in herbal medicine (ESCAP monographs, 2003).

*Rosa damascena* (rose)

The essential oil of rose otto has many healing properties and is traditionally associated with treating disorders of the female reproductive system (Davis, 1988). I have found rose otto to be helpful in restoring libido. It also lifts self-esteem and is an effective anti-depressant. It can be used for mature, sensitive skins. I have found rose essential oil to be almost universally liked by female clients.

*Salvia sclarea* (clary sage)

This is a deeply relaxing and stress relieving oil that also uplifts the spirit. I find that it eases anxiety and nervous tension and it blends well with other oils such as lavender and geranium. It is an essential oil that is associated with the menstrual cycle in traditional aromatherapy practice “clary sage has a powerful action on the female reproductive system” (Davis, 1988).

Below I detail two brief client treatment summaries to illustrate how essential oils can assist the client as she reaches menopause. These clients were treated by me with the recommendation of their GP.

**Client 1**

This woman aged 54 years was referred to me by her GP. The main reason for referral was the menopause along with symptoms that included tension headaches, stress, difficulty sleeping, arthritic knee, constipation and varicose veins. Her current medication was hormone replacement therapy patches. After initial consultation I presented her with a selection of essential oils that I felt may be helpful. She chose the following essential oils:

*Vetiveria zizanoides* (vetiver)
*Cananga odorata* (ylang ylang)
*Salvia sclarea* (clary sage)

The oils were blended in a base lotion along with *Tilia cordata* (lime blossom) macerated oil, which is claimed to be antispasmodic and sedative in its effects as well as soothing to rheumatic pain (Price, 2008). The lotion was applied at night to the upper body and during the day to the abdomen and legs.

This client gained excellent results from the treatment. She slept better, which resulted in less anxiety and tension headaches. She felt more refreshed. Her circulation improved with the application of the blend to her legs. Overall, she expressed a feeling of wellbeing and improvement. These benefits became apparent after three weeks of use. Benefits were still being felt three months after the initial treatment consultation.

**Client 2**

The symptoms presented by this 55 year old client were menopause related with hot flushes and night sweats. Her doctor referred her to me as she was unable to contemplate hormone replacement therapy due to her past medical history (hormone dependent cancer). She also experienced anxiety and depression. She was on no current medication. During the consultation she selected the following essential oils:

*Rosa damascena* (rose otto)
*Pelargonium x asperum* (geranium)
*Citrus bergamia* (bergamot)

These oils were blended with a base lotion and applied to the upper body after a morning shower. Oils of *Boswellia carterii,* (frankincense), *Santalum album* (sandalwood) and *Cananga odorata,* (ylang ylang) were also blended with base oil and applied to the upper body before bed. In all the treatment procedures I prescribed, there was an element of self-application and self-nurturing; this I felt gave the client a sense of greater responsibility for her own health.

With the above-mentioned applications, in as little as three weeks of use, the benefits were felt and the day time anxiety soon diminished and the hot flushes were less frequent. However she was still experiencing night sweats. As a result, the evening blend was changed to the following: *Citrus aurantium* var. *amara* fol. (bitter orange petitgrain) *Citrus aurantium* var. *amara* flos. (neroli) *Rosa damascena* (rose otto)

These oils were blended into a base lotion and applied in the same way. A much better result was achieved and her night sweats diminished. This was over a two week period, reviewed after three weeks by a visit to the surgery and a further consultation to confirm the improvement.

**Conclusion**

I hope that my experiences as an aromatherapist working with PMS and the menopause demonstrate how supportive essential oils can be in treating these conditions which are part of the life cycle of a woman. I have found my work to be very rewarding and would like to emphasise the importance of working closely with the medical profession when delivering complementary therapies such as aromatherapy.

It is also essential to stress that aromatherapy is not just another form of massage with scented oils. It is an art and a science that involves selecting therapeutic essential oils that are appealing to the individual as well as allowing their chemistry to stimulate the body’s own natural healing and balancing responses.

The key elements to the success of the treatment used in a complementary way such as I have described include:

- Taking a detailed medical history and obtaining GP permission if required
- Taking time to listen to and observe the client during the consultation
- Having a thorough knowledge of essential oils, their therapeutic properties and their chemistry
- Allowing the client’s own odour preferences to influence the final blend composition
- Educating the client in the appropriate and safe application of essential oils
Obtaining feedback, evaluating and auditing the results of the treatment. 
Always including an element of self-help, self-nurturing thereby giving the client control and responsibility for their own wellbeing.

This final point about self-help I believe is particularly important, especially when working with female health and wellbeing and their transition through the different cycles. In the words of Frank (2004): “Ritualizing the cycles of our own female bodies gives value and acknowledgement. Rituals are a major part of our lives.”

I have certainly found essential oils to work most harmoniously with the clients I have had the pleasure of working with and in the 20 years I have been in practice, I am continuously astounded by the positive results.

References