

Current through May 2010

Title: The 'M' Technique® for dementia.

Citation: Working with Older People: Community Care Policy & Practice, 01 September 2009, vol./is. 13/3(22-24), 13663666

Author(s): Buckle J

Abstract: Touch is one of the fundamental ways that we communicate and relate to people, particularly those who are closest to us. Yet sadly, many people, especially those who are old and have lost loved ones, may go for years without feeling the touch of another person. Started in the US, the M Technique® is being used in a variety of care settings to calm, soothe and reassure patients. Jane Buckle explains how it works and the benefits it gives to people with dementia.

Source: CINAHL

Full Text:

Available in fulltext at [EBSCO Host](#)

Title: The 'M' Technique® for dementia.

Citation: Working with Older People, September 2009, vol./is. 13/3(22-4), 1366-3666 (2009 Sep)

Author(s): Buckle, J

Abstract: Explanation of the M Technique, a registered method of gentle touch/massage and its application to the care of people with dementia. The development, use, impact and benefits of the technique are described and its role in reassurance and communication are discussed. 2 refs.

Source: BNI

Full Text:

Available in fulltext at [EBSCO Host](#)

Title: The antimicrobial activity of high-necrodane and other lavender oils on methicillin-sensitive and -resistant Staphylococcus aureus (MSSA and MRSA).

Citation: Journal of Alternative & Complementary Medicine, 01 March 2009, vol./is. 15/3(275-279), 10755535

Author(s): Roller S, Ernest N, Buckle J

Abstract: OBJECTIVE: The objective of this study was to compare the antimicrobial efficacy of several lavender oils, used singly and in combination, on methicillin-sensitive and methicillin-resistant *Staphylococcus aureus* (MSSA and MRSA). METHODS: Four chemically characterized essential oils from *Lavandula angustifolia*, *L. latifolia*, *L. stoechas*, and a necrodane-rich *L. luisieri* were assessed for their antibacterial activity using the disc diffusion method. RESULTS: All four lavender oils inhibited growth of both MSSA and MRSA by direct contact but not in the vapor phase. Inhibition zones ranged from 8 to 30 mm in diameter at oil doses ranging from 1 to 20 microL, respectively, demonstrating a dose response. At any single dose, the extent of inhibition was very similar irrespective of the chemical composition of the oils or the strain of *S. aureus* used. Several binary combinations of the oils were tested, and the results showed that the necrodane-rich *L. luisieri* oil interacted synergistically with *L. stoechas* (high in 1,8-cineole, fenchone, and camphor) and *L. langustifolia* (rich in linalool and linalyl acetate) to produce larger inhibition zones than those produced using each oil individually. CONCLUSIONS: The results suggest that combinations of lavender oils should be investigated further for possible use in antibacterial products.

Source: CINAHL

Full Text:

Available in fulltext at [EBSCO Host](#)

Title: The 'M' Technique® touch for the critically ill or actively dying.

Citation: Positive Health, 01 November 2008, vol./is. /152(1-1), 13563963

Author(s): Buckle J

Source: CINAHL

Full Text:

Available in fulltext at [EBSCO Host](#)

Title: Measurement of regional cerebral blood flow associated with the 'M' Technique® -- light massage therapy: a case series and longitudinal study using SPECT.

Citation: Journal of Alternative & Complementary Medicine, 01 October 2008, vol./is. 14/8(903-910), 10755535

Author(s): Buckle J, Newberg A, Wintering N, Hutton E, Lido C, Farrar JT

Abstract: OBJECTIVES: The aim of this 2-study research project was to measure the physiologic effect of the M technique (see Appendix for description) on the brain using single photon emission computed tomography (SPECT) and compare it to conventional massage therapy. METHODS: In the first study, 4 participants received 1 M technique

session. Each participant was injected through the intravenous cannula (IV) with 7 mCi (99m)Tc and scanned using SPECT before the M technique session, and then was injected with 25 mCi (99m)Tc through the IV and scanned using SPECT after the M technique session. In the second study, 1 participant received 10 conventional (Swedish) massages and one participant received 10 M technique sessions. Both participants were injected and scanned (using the identical scanning parameters as in Study 1) before, and immediately after, their 1st and 10th sessions. Baseline and 1st, and baseline and 10th sessions were compared using paired t tests. RESULTS: Although the activation changes were positively correlated for the M technique and massage participants ($r = .27$, $p < 0.05$), when activation changes around the 1st and around the 10th sessions were compared (using paired t tests), significant differences emerged. There were significant activation changes for the M technique participant [$t(64) = 2.32$, $p < 0.05$]: In particular, there was a 40% activation change and directional change in regional cerebral blood flow in the right caudate, which was not seen in the massage participant. The precuneus showed an approximate 15% reduction in activation changes around the M technique session for both the 1st and 10th treatment, but not for the massage participant. CONCLUSIONS: These findings suggest that the M technique and conventional massage may both elicit blood flow brain activation changes; however, the participants' responses did differ. The M technique revealed greater changes (particular in the right caudate), and these responses increased when the M technique was repeated over time (unlike massage). These findings have implications for future research into the potential mechanism of the M technique in the treatment and care of patients.

Source: CINAHL

Full Text:

Available in fulltext at [EBSCO Host](#)

Title: Measurement of regional cerebral blood flow associated with the M technique-light massage therapy: a case series and longitudinal study using SPECT.

Citation: Journal of Alternative & Complementary Medicine, October 2008, vol./is. 14/8(903-10), 1075-5535;1557-7708 (2008 Oct)

Author(s): Buckle J, Newberg A, Wintering N, Hutton E, Lido C, Farrar JT

Abstract: OBJECTIVES: The aim of this 2-study research project was to measure the physiologic effect of the M technique (see Appendix for description) on the brain using single photon emission computed tomography (SPECT) and compare it to conventional massage therapy. METHODS: In the first study, 4 participants received 1 M technique session. Each participant was injected through the intravenous cannula (IV) with 7 mCi (99m)Tc and scanned using SPECT before the M technique session, and then was injected with 25 mCi (99m)Tc through the IV and scanned using SPECT after the M technique session. In the second study, 1 participant received 10 conventional (Swedish) massages and one participant received 10 M technique sessions. Both

participants were injected and scanned (using the identical scanning parameters as in Study 1) before, and immediately after, their 1st and 10th sessions. Baseline and 1st, and baseline and 10th sessions were compared using paired t tests. **RESULTS:** Although the activation changes were positively correlated for the M technique and massage participants ($r = .27, p < 0.05$), when activation changes around the 1st and around the 10th sessions were compared (using paired t tests), significant differences emerged. There were significant activation changes for the M technique participant [$t(64) = 2.32, p < 0.05$]: In particular, there was a 40% activation change and directional change in regional cerebral blood flow in the right caudate, which was not seen in the massage participant. The precuneus showed an approximate 15% reduction in activation changes around the M technique session for both the 1st and 10th treatment, but not for the massage participant. **CONCLUSIONS:** These findings suggest that the M technique and conventional massage may both elicit blood flow brain activation changes; however, the participants' responses did differ. The M technique revealed greater changes (particular in the right caudate), and these responses increased when the M technique was repeated over time (unlike massage). These findings have implications for future research into the potential mechanism of the M technique in the treatment and care of patients.

Source: MEDLINE

Full Text:

Available in fulltext at [EBSCO Host](#)

Title: Complementary therapy. Literature review: should nursing take aromatherapy more seriously?

Citation: British Journal of Nursing (BJN), 25 January 2007, vol./is. 16/2(116-120), 09660461

Author(s): Buckle J

Abstract: Aromatherapy is often misunderstood and consequently somewhat marginalized. Because of a basic misinterpretation, the integration of aromatherapy into UK hospitals is not moving forward as quickly as it might. Aromatherapy in UK is primarily aimed at enhancing patient care or improving patient satisfaction, and it is frequently mixed with massage. Little focus is given to the real clinical potential, except for a few pockets such as the Micap/South Manchester University initiative which led to a Phase 1 clinical trial into the effects of aromatherapy on infection carried out in the Burns Unit of Wythenshawe Hospital. This article discusses the expansion of aromatherapy within the US and follows 10 years of developing protocols and policies that led to pilot studies on radiation burns, chemo-induced nausea, slow-healing wounds, Alzheimers and end-of-life agitation. The article poses two questions: should nursing take aromatherapy more seriously and do nurses really need 60 hours of massage to use aromatherapy as part of nursing practice?

Source: CINAHL

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Available in print at [Lister Hospital Library L38](#)

Title: Literature review: should nursing take aromatherapy more seriously?

Citation: Br J Nursing, January 2007, vol./is. 16/2(116-20), 0966-0461 (2007 25 Jan)

Author(s): Buckle, J

Abstract: Literature review of research on clinical use of aromatherapy. The expansion of aromatherapy in the USA and development of protocols and policies on its use is described, and research in the UK briefly noted. 22 refs.

Source: BNI

Full Text:

Available in fulltext at [EBSCO Host](#)

Available in print at [Les Cannon Memorial Library, Mount Vernon Hospital](#)

Available in print at [Lister Hospital Library L38](#)

Title: Literature review: should nursing take aromatherapy more seriously?.

Citation: British Journal of Nursing, January 2007, vol./is. 16/2(116-20), 0966-0461;0966-0461 (2007 Jan 25-Feb 7)

Author(s): Buckle J

Abstract: Aromatherapy is often misunderstood and consequently somewhat marginalized. Because of a basic misinterpretation, the integration of aromatherapy into UK hospitals is not moving forward as quickly as it might. Aromatherapy in UK is primarily aimed at enhancing patient care or improving patient satisfaction, and it is frequently mixed with massage. Little focus is given to the real clinical potential, except for a few pockets such as the Micap/South Manchester University initiative which led to a Phase 1 clinical trial into the effects of aromatherapy on infection carried out in the Burns Unit of Wythenshawe Hospital. This article discusses the expansion of aromatherapy within the US and follows 10 years of developing protocols and policies that led to pilot studies on radiation burns, chemo-induced nausea, slow-healing wounds, Alzheimers and end-of-life agitation. The article poses two questions: should nursing take aromatherapy more seriously and do nurses really need 60 hours of massage to use aromatherapy as part of nursing practice?

Source: MEDLINE

Full Text:

Available in fulltext at [EBSCO Host](#)

Available in print at [Les Cannon Memorial Library, Mount Vernon Hospital](#)

Available in print at [Lister Hospital Library L38](#)

Title: Effect of aromatherapy on symptoms of dysmenorrhea in college students: A randomized placebo-controlled clinical trial.

Citation: Journal of Alternative & Complementary Medicine, July 2006, vol./is. 12/6(535-41), 1075-5535;1075-5535 (2006 Jul-Aug)

Author(s): Han SH, Hur MH, Buckle J, Choi J, Lee MS

Abstract: OBJECTIVE: The purpose of this study was to explore the effect of aromatherapy on menstrual cramps and symptoms of dysmenorrhea. DESIGN: The study was a randomized placebo-controlled trial. SUBJECTS: The subjects were 67 female college students who rated their menstrual cramps to be greater than 6 on a 10-point visual analogue scale, who had no systemic or reproductive diseases, and who did not use contraceptive drugs. INTERVENTION: Subjects were randomized into three groups: (1) an experimental group (n = 25) who received aromatherapy, (2) a placebo group (n = 20), and (3) a control group (n = 22). Aromatherapy was applied topically to the experimental group in the form of an abdominal massage using two drops of lavender (*Lavandula officinalis*), one drop of clary sage (*Salvia sclarea*), and one drop of rose (*Rosa centifolia*) in 5 cc of almond oil. The placebo group received the same treatment but with almond oil only, and the control group received no treatment. OUTCOME MEASURES: The menstrual cramps levels was assessed using a visual analogue scale and severity of dysmenorrhea was measured with a verbal multidimensional scoring system. RESULTS: The menstrual cramps were significantly lowered in the aromatherapy group than in the other two groups at both post-test time points (first and second day of menstruation after treatment). From the multiple regression aromatherapy was found to be associated with the changes in menstrual cramp levels (first day: Beta = -2.48, 95% CI: -3.68 to -1.29, p < 0.001; second day: Beta = -1.97, 95% CI: -3.66 to -0.29, p = 0.02 and the severity of dysmenorrhea (first day: Beta = 0.31, 95% CI: 0.05 to 0.57, p = 0.02; second day: Beta = 0.33, 95% CI: 0.10 to 0.56, p = 0.006) than that found in the other two groups. CONCLUSIONS: These findings suggest that aromatherapy using topically applied lavender, clary sage, and rose is effective in decreasing the severity of menstrual cramps. Aromatherapy can be offered as part of the nursing care to women experiencing menstrual cramps or dysmenorrhea.

Source: MEDLINE

Full Text:

Available in fulltext at [EBSCO Host](#)

Title: Effect of aromatherapy on symptoms of dysmenorrhea in college students: a randomized placebo-controlled clinical trial.

Citation: Journal of Alternative & Complementary Medicine, 01 July 2006, vol./is. 12/6(535-541), 10755535

Author(s): Han S, Hur M, Buckle J, Choi J, Lee MS

Abstract: **OBJECTIVE:** The purpose of this study was to explore the effect of aromatherapy on menstrual cramps and symptoms of dysmenorrhea. **DESIGN:** The study was a randomized placebo-controlled trial. **SUBJECTS:** The subjects were 67 female college students who rated their menstrual cramps to be greater than 6 on a 10-point visual analogue scale, who had no systemic or reproductive diseases, and who did not use contraceptive drugs. **INTERVENTION:** Subjects were randomized into three groups: (1) an experimental group (n = 25) who received aromatherapy, (2) a placebo group (n = 20), and (3) a control group (n = 22). Aromatherapy was applied topically to the experimental group in the form of an abdominal massage using two drops of lavender (*Lavandula officinalis*), one drop of clary sage (*Salvia sclarea*), and one drop of rose (*Rosa centifolia*) in 5 cc of almond oil. The placebo group received the same treatment but with almond oil only, and the control group received no treatment. **OUTCOME MEASURES:** The menstrual cramps levels was assessed using a visual analogue scale and severity of dysmenorrhea was measured with a verbal multidimensional scoring system. **RESULTS:** The menstrual cramps were significantly lowered in the aromatherapy group than in the other two groups at both post-test time points (first and second day of menstruation after treatment). From the multiple regression aromatherapy was found to be associated with the changes in menstrual cramp levels (first day: Beta = -2.48, 95% CI: -3.68 to -1.29, p < 0.001; second day: Beta = -1.97, 95% CI: -3.66 to -0.29, p = 0.02 and the severity of dysmenorrhea (first day: Beta = 0.31, 95% CI: 0.05 to 0.57, p = 0.02; second day: Beta = 0.33, 95% CI: 0.10 to 0.56, p = 0.006) than that found in the other two groups. **CONCLUSIONS:** These findings suggest that aromatherapy using topically applied lavender, clary sage, and rose is effective in decreasing the severity of menstrual cramps. Aromatherapy can be offered as part of the nursing care to women experiencing menstrual cramps or dysmenorrhea.

Source: CINAHL

Full Text:

Available in fulltext at [EBSCO Host](#)

Title: Take five and relax.

Citation: Nursing Spectrum -- New York & New Jersey Edition, 22 May 2006, vol./is. 18A/11(23-23), 10813101

Author(s): Buckle J

Abstract: It's just five minutes to a more relaxed patient when using the 'm' TECHNIQUE

Source: CINAHL

Title: 'M' stands for 'magic' touch... "The magic of touch," January 16, 2006.

Citation: Nursing Spectrum -- New York & New Jersey Edition, 22 May 2006, vol./is. 18A/11(4-4), 10813101

Author(s): Buckle J

Source: CINAHL

Title: 'M' technique part of 'magic' touch... "The magic of touch," January 16, 2006.

Citation: Nursing Spectrum -- New York & New Jersey Edition, 08 May 2006, vol./is. 18A/10(4-4), 10813101

Author(s): Buckle J

Source: CINAHL

Title: Aromatherapy for health professionals: holistic practices help with life transitions.

Citation: Beginnings, 01 January 2005, vol./is. 25/1(18-19), 10712984

Author(s): Buckle J

Source: CINAHL

Title: Aromatherapy for health professionals. Holistic practices help with life transitions.

Citation: Beginnings, 2005, vol./is. 25/1(18-9), 1071-2984;1071-2984 (2005)

Author(s): Buckle J

Source: MEDLINE

Title: Clinical aromatherapy: essential oils in practice

Citation: Churchill Livingstone, London, 2003, vol./is. 2nd ed/(384 pp) (2003 May)

Author(s): Buckle J

Abstract: Aromatherapy is one of the main complementary therapies to be practiced by health care professionals, including nurses in hospital, hospice and community settings. Written by a nurse, this clinical text highlights how aromatherapy can enhance care and the role of the healthcare professional. It examines key facts and issues in aromatherapy practice, and applies these within a variety of contexts and conditions, taking a carefully holistic approach in dealing with the patient.

Source: AMED

Title: Clinical aromatherapy. Therapeutic uses for essential oils.

Citation: Advance for Nurse Practitioners, May 2002, vol./is. 10/5(67-8, 88), 1096-6293;1096-6293 (2002 May)

Author(s): Buckle J

Source: MEDLINE

Title: Clinical aromatherapy and AIDS.

Citation: JANAC: Journal of the Association of Nurses in AIDS Care, 01 May 2002, vol./is. 13/3(81-99), 10553290

Author(s): Buckle J

Abstract: Clinical aromatherapy is the use of essential oils for expected outcomes that are measurable and is a therapy that is used as part of nursing care in Switzerland, Germany, Australia, Canada, the United Kingdom, and, more recently, the United States. Essential oils are steam distillates obtained from aromatic plants. These volatile extracts have been used for many years by French hospitals against airborne bacteria and fungi. As antimicrobial agents, essential oils may be appropriate in HIV/AIDS for specific opportunistic infections. Aromatherapy can also alter perceptions of chronic pain, help maintain skin integrity, and is useful in stress management. Methods of application vary depending on the site of infection and the psychological profile of the patient and can include inhalation, compresses, baths, massage, and the "m" technique. This article will explore the potential use of essential oils in HIV/AIDS focusing on four opportunistic infections: Cryptococcus neoformans, Candida albicans, methicillin-resistant Staphylococcus aureus, and herpes simplex types I and II.

Source: CINAHL

Title: Aromatherapy for health professionals.

Citation: Beginnings, January 2002, vol./is. 22/1(7), 1071-2984;1071-2984 (2002 Jan-Feb)

Author(s): Buckle J

Source: MEDLINE

Title: Lifestyle and behavior. Aromatherapy and diabetes.

Citation: Diabetes Spectrum, 01 July 2001, vol./is. 14/3(124-126), 10409165

Author(s): Buckle J

Source: CINAHL

Full Text:

Available in fulltext at [Highwire Press](#)

Available in fulltext at [ProQuest](#)

Title: The role of aromatherapy in nursing care.

Citation: Nursing Clinics of North America, 01 March 2001, vol./is. 36/1(57-72), 00296465

Author(s): Buckle J

Abstract: Aromatherapy is the fastest growing of all complementary therapies among nurses in the United States. Although aromatherapy has been used by the public for recreation for thousands of years and by nurses throughout the world during the last 15 years, it is only in the last few years that aromatherapy has become recognized by US State Boards of Nursing as a legitimate part of holistic nursing. Aromatherapy is now set to become one of the most popular tools that nurses can use to enhance their nursing care and simultaneously empower themselves. This article explores the potential role of aromatherapy in nursing, highlights four essential oils, and suggests practical ways that nurses can begin using this gentle therapy. Copyright © 2001 by W.B. Saunders Company

Source: CINAHL

Title: Aromatherapy... for much more than pleasant smells.

Citation: Bottom Line Health, 01 March 2001, vol./is. 15/3(15-15), 10920129

Author(s): Buckle J

Source: CINAHL

Title: The role of aromatherapy in nursing care.

Citation: Nursing Clinics North America, March 2001, vol./is. 36/1(57-72), 0029-6465 (2001 Mar)

Author(s): Buckle, J

Abstract: 78 refs.

Source: BNI

Title: Aromatherapy for Health Professionals annual report.

Citation: Beginnings, January 2001, vol./is. 21/1(9, 12), 1071-2984;1071-2984 (2001 Jan-Feb)

Author(s): Buckle J

Source: MEDLINE

Title: Program report. Aromatherapy for health professionals annual report.

Citation: Beginnings, 01 January 2001, vol./is. 21/1(9-10), 10712984

Author(s): Buckle J

Source: CINAHL

Title: The ethics of plant vs petrochemical medicine

Citation: International Journal of Aromatherapy, 2001, vol./is. 11/1(8-17), 0962-4562 (2001)

Author(s): Buckle J

Source: AMED

Title: The 'M' technique: physical hypnotherapy for the critically ill.

Citation: Massage & Bodywork, 01 February 2000, vol./is. 15/1(52-58), 15448827

Author(s): Buckle J

Source: CINAHL

Title: Program report. Aromatherapy for health professionals.

Citation: Beginnings, 01 January 2000, vol./is. 20/1(6-6), 10712984

Author(s): Buckle J

Source: CINAHL

Title: The smell of relief.

Citation: Psychology Today, 01 January 2000, vol./is. 33/1(24-24), 00333107

Author(s): Buckle J

Source: CINAHL

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Available in fulltext at [ProQuest](#)

Title: Aromatherapy in perianesthesia nursing.

Citation: Journal of PeriAnesthesia Nursing, 01 December 1999, vol./is. 14/6(336-344),

10899472

Author(s): Buckle J

Abstract: Complementary therapies are being used by nurses across America to enhance patient care. Aromatherapy is a tool for holistic nursing that appears to enhance pain control and could prove to be a useful addition to perianesthesia nursing practice. This report addresses the emergence of nonconventional therapies and examines the potential role for aromatherapy in perianesthesia pain management. Tables provide information about essential oils and application methods. Copyright (c) 1999 by American Society of PeriAnesthesia Nurses

Source: CINAHL

Title: Aromatherapy in perianesthesia nursing.

Citation: J Perianesthesia Nursing, December 1999, vol./is. 14/6(336-44), 1089-9472 (1999 Dec)

Author(s): Buckle, J

Abstract: 86 refs.

Source: BNI

Title: Use of aromatherapy as a complementary treatment for chronic pain.

Citation: Alternative Therapies in Health & Medicine, September 1999, vol./is. 5/5(42-51), 1078-6791;1078-6791 (1999 Sep)

Author(s): Buckle J

Abstract: Chronic pain consumes approximately \$70 billion per year and affects some 80 million Americans. Increasingly, aromatherapy has been used as part of an integrated, multidisciplinary approach to pain management. This therapy is thought to enhance the parasympathetic response through the effects of touch and smell, encouraging relaxation at a deep level. Relaxation has been shown to alter perceptions of pain. Even if one ignores the possibility that essential oils have pharmacologically active ingredients--or the potential pharmacokinetic potentization of conventional drugs by essential oils--aromatherapy might possibly play a role in the management of chronic pain through relaxation. Clinical trials are in the early stages, but evidence suggests that aromatherapy might be used as a complementary therapy for managing chronic pain. As such, this article examines the potential role of clinical aromatherapy as a complementary therapy in the care of patients with chronic pain. Although the use of

aromatherapy is not restricted to nursing, at least 1 state board of nursing has recognized the therapeutic value of aromatherapy and voted to accept it as part of holistic nursing care.

Source: MEDLINE

Full Text:

Available in fulltext at [ProQuest](#)

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Title: Across the pond.

Citation: Complementary Therapies in Nursing & Midwifery, February 1999, vol./is. 5/1(4-5), 1353-6117;1353-6117 (1999 Feb)

Author(s): Buckle J

Source: MEDLINE

Title: Across the pond.

Citation: Complementary Therapies in Nursing & Midwifery, February 1999, vol./is. 5/1(4-5), 1353-6117 (1999 Feb)

Author(s): Buckle, J

Abstract: View of alternative therapies and holistic nursing movement in USA.

Source: BNI

Title: Ask the physician. Aromatherapy in nursing.

Citation: Alternative Medicine Magazine, 01 January 1999, vol./is. /27(36-40), 10814000

Author(s): Buckle J

Source: CINAHL

Title: Clinical aromatherapy and touch: complementary therapies for nursing practice.

Citation: Critical Care Nurse, October 1998, vol./is. 18/5(54-61), 0279-5442;0279-5442 (1998 Oct)

Author(s): Buckle J

Source: MEDLINE

Full Text:

Available in fulltext at [ProQuest](#)

Available in fulltext at [ProQuest](#)

Title: Alternative/complementary therapies. Clinical aromatherapy and touch: complementary therapies for nursing practice.

Citation: Critical Care Nurse, 01 October 1998, vol./is. 18/5(54-61), 02795442

Author(s): Buckle J

Source: CINAHL

Full Text:

Available in fulltext at [ProQuest](#)

Available in fulltext at [ProQuest](#)

Title: Advanced practice. Clinical aromatherapy -- a tool for today's nurses.

Citation: Nursing Spectrum -- New England Edition, 01 June 1998, vol./is. 2/11(7-7),

Author(s): Buckle J

Source: CINAHL

Title: Clinical aromatherapy -- a tool for today's nurses.

Citation: Nursing Spectrum -- New York & New Jersey Edition, 18 May 1998, vol./is. 10A/10(8-8), 10813101

Author(s): Buckle J

Source: CINAHL

Title: Aromatherapy course update.

Citation: Beginnings, 01 October 1997, vol./is. 17/9(10-11), 10712984

Author(s): Buckle J

Source: CINAHL

Title: The status of complementary/alternative medicine in the United Kingdom.

Citation: Nurse Practitioner Forum, 01 June 1994, vol./is. 5/2(118-120), 10455485

Author(s): Buckle J

Abstract: This paper provides an overview of the growth of complementary/alternative medicine in the United Kingdom, its relevance to nurses, the relationship between holism and complementary therapies, and a call for more research. (Copyright 1994 W.B. Saunders Company)

Source: CINAHL

Title: Aromatherapy: the scents for survival.

Citation: Beginnings, May 1994, vol./is. 14/5(1, 7), 1071-2984;1071-2984 (1994 May)

Author(s): Buckle J

Source: MEDLINE

Title: The status of complementary/alternative medicine in the United Kingdom. (Includes brief discussion of therapies used by nurses)

Citation: Nurse Practitioner, 1994, vol./is. 5/2(118-120) (Jun 1994)

Author(s): BUCKLE J

Source: BNI

Title: When is holism not complementary?.

Citation: British Journal of Nursing, August 1993, vol./is. 2/15(744-5), 0966-0461;0966-0461 (1993 Aug 12-Sep 8)

Author(s): Buckle J

Source: MEDLINE

Full Text:

Available in fulltext at [EBSCO Host](#)

Title: Aromatherapy.

Citation: Nursing Times, May 1993, vol./is. 89/20(32-5), 0954-7762;0954-7762 (1993 May 19-25)

Author(s): Buckle J

Abstract: Jane Buckle presents the results of a randomised, double-blind trial of two essential oils of two different species of lavender, topically applied on post-cardiotomy patients. The emotional and behavioural stress levels of 28 patients were evaluated pre- and post-treatment on two consecutive days. The therapeutic effects of the two lavenders appeared to be different: one was almost twice as effective as the other, thereby disproving the hypothesis that aromatherapy, using topical application of essential oils, is effective purely because of touch, massage or placebo.

Source: MEDLINE

Title: Aromatherapy. (Research on efficiency of different types of lavender oils used)

Citation: Nursing Times, 1993, vol./is. 19/(32-35) (19 May 1993)

Author(s): BUCKLE J

Source: BNI

Title: When is holism not complementary? (Holistic concept of nursing)

Citation: British Journal of Nursing, 1993, vol./is. 2/15(744-745) (12 Aug 1993)

Author(s): BUCKLE J

Source: BNI

Full Text:

Available in fulltext at [EBSCO Host](#)

Title: Which lavender oil?

Citation: Nursing Times, 05 August 1992, vol./is. 88/32(54-55), 09547762

Author(s): Buckle J

Source: CINAHL

Title: Which lavender oil? Complementary therapies.

Citation: Nursing Times, August 1992, vol./is. 88/32(54-5), 0954-7762;0954-7762 (1992 Aug 5-11)

Author(s): Buckle J

Source: MEDLINE

Title: Which lavender oil? (Different types of lavender oil used in aromatherapy)

Citation: Nursing Times, 1992, vol./is. 5/(54-55) (5 Aug 1992)

Author(s): BUCKLE J

Source: BNI