Aromatherapy in primary health care

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Sacha Manoela Oliveira Paiva de Azevedo Queiroz
Occupational Therapist at the Municipality of Campos dos Goytacazes-RJ, Student of the Medicine Course at Faculdade Metropolitana São Carlos – FAMESC - BJI-RJ

Maria de Lourdes Medeiros de Matos
Doctor student in Religious Sciences at Faculdade Unida-Vitória-ES, Hospital Psychologist in
Hospital São Vicente de Paulo and Professor of Medicine at Faculdade Metropolitana São Paulo
Carlos – FAMESC - BJI-RJ

Alcemar Antônio Lopes de Matos
Graduated in Medicine (UNIG-Campus Itaperuna-RJ), Master's Degree in Cognition and Language -UENF, Post-graduate in Pediatrics, Neonatology and Children's ICU (FG) and Professor of Medicine at Faculdade Metropolitana São Carlos – FAMESC - BJI-RJ

Bianca Magnelli Mangiavacchi
Graduated in Biological Sciences – UENF-RJ, Graduated in Pedagogical Complementation in Biology – FIES, Degree in Pedagogy – UNOPAR, Master and PhD in Bioscience and Biotechnology – UENF, Member of the Animal Committee – CEUA/IFF, Tutor of the CECIERJ/CEDERJ Consortium, Institutional Evaluator of INEP, Professor and Director of Research and Extension of Faculdade Metropolitana São Carlos – FAMESC - BJI-RJ

ABSTRACT
The use of complementary health therapies, also called Natural or Alternative, has been highlighted in the developed countries of the West and in poor and developing countries, thanks to the stimulation made by the World Health Organization. In Brazil, especially, since 2018, public policies have undergone a process of expansion and integrative health practices such as Aromatherapy have been added to the Unified Health System (SUS). In this sense, the main objective of this study is to briefly report the history of aromatherapy, present its methodological trajectory, identify its functions in health care and defend its effectiveness in the field of Primary Health Care. This is a literature review, with a qualitative approach found in the Scielo and PubMED databases, available in Portuguese and English, without a specific temporal locus. The descriptors used in the search were: aromatherapy, primary health care, integrative and complementary health practices (PICs), and the Unified Health System (SUS). It is hoped that this research will contribute to the field of academic training and professional practice.

Keywords: Primary Health Care, SUS, PICS, Quality of Life.

1 INTRODUCTION

In March 2018, Brazil, through the actions of the Brazilian Ministry of Health, published Ordinance No. 702 (Brasil, 2018). In it, there is the announcement of the expansion of policies for integrative health practices in the domain of the public system, that is, in the Unified Health System (SUS), which incorporated new practices, including aromatherapy, into the list of procedures available until then. This, in turn, could thus be present in all Health Care devices, primarily in Primary Care or, also called, Primary Care, one of the most important gateways to the health system, identified by its structuring and strategic character, by its proximity to the daily life of people and collectives in their

territories and which requires paths and lines of care that cross other modalities of services, precisely, in order to be able to meet health needs in a comprehensive way (Brasil, 2013a).

Integrative and Complementary Health Practices (ICPs) correspond to therapeutic practices and resources that seek to prevent diseases and injuries and restore health, with a focus on listening and welcoming, on the development of the therapeutic bond and the integration of the human being with the environment and the society in which he lives (Brazil, 2013b). They have the power to be innovation and to constitute networks of communication and services. The applicability of the term innovation here lies in the understanding of what Lorenzetti *et al.* (2012):

> Health is a good or value that occupies the top of people's pyramid of priorities. (...) Therefore, today, under accelerated scientific and technological development (technoscience) and a real frenzy for the new (innovation), it would be expected that the health sector would be strongly impacted by this process. Because it deals with biological bodies marked by finitude, with human beings who relate to each other and to nature. The dream or desire to prolong life as much as possible, to cure diseases and disabilities is nurtured (Lorenzetti, 2012, p. 436).

The term "aromatherapy" was first used in 1920 by chemist René de Gattefossé and was referring to art and science that sought to promote health in its entirety (Velozo *et al.*, 2023; Andrei; Peres; Del, 2005). Thus, involving the well-being of the mind, body and emotions, through the therapeutic application of the organic perfume emitted by plants and their essential oils, aromatherapy is able to stimulate the olfactory nerve cells that induce the transduction process which, in turn, culminates in the interpretation given by the brain (Velozo *et al.*, 2023; Andrei; Peres; Del, 2005), the most important organ of the nervous system that controls the entire body.

Among the methods used in aromatherapy, one of the oldest practices in the world (Pessoa *et al.*, 2021), the main ones are: inhalation, which is a procedure that can be employed in a variety of ways, including mixing oils and water and the use of dispersion devices such as fragrance diffusion devices and nebulizers; the aromatic bath, which consists of benefiting from the aroma exhaled after the oil is dripped on the floor of the bathroom stall; and, aromatic application, which is a way of administering the oil to the skin tissue or specific site (Velozo *et al.*, 2023; Andrei; Peres; Del, 2005).

Considering that the peculiarities and indications of essential oils are extremely numerous, in order to ensure the success of the therapy, it is essential that there is follow-up by a properly trained professional (Pessoa *et al.*, 2021, as the global trend is towards increasingly individualised and appropriate prescribing.

Another important fact is the quality of the essential oils, the methods of application and the results after their use (Andrei; Peres; Del, 2005).

Among the immense variety of essential oils, we can mention rosemary, mugwort, vanilla, bergamot, German chamomile, cinnamon, citronella, eucalyptus, ginger, geranium, mint, lavender, patchouli, pepper, *tea-tree* and *ylangue-ylang*, each with its own characteristics.

2 MATERIAL AND METHOD

The study was based on a survey of bibliographic material, with a qualitative approach, with a search in the Scielo and PubMED databases, available in Portuguese and English, without date limitation. The descriptors used in the search were aromatherapy, primary health care, unified health system, primary health care; integrative and complementary health practices.

3 DEVELOPMENT

3.1 METHODOLOGICAL TRAJECTORY OF AROMATHERAPY

Since times prior to the birth of Christ (B.C.), human beings have used plants and their elements for religious, medicinal purposes and to improve aesthetics (Brasil, 2013a; Almeida, 2011; Pasin, L.; Pasin, L.A., 2020).

The possibility of making tools from raw stone chips, during the Paleolithic (10,000 B.C.), allowed humans to establish tribal communities (rather than being nomadic). In the Neolithic period (4000 B.C.), the tribes began to cultivate plants and learned to extract fatty oils by pressing on the stones. At that time, the toxicity levels of certain plants were already known, which resulted in a more careful use (Brasil, 2013a).

The trajectory of the therapeutic application of plants probably began around the second century B.C., with Mithridates, considered the pioneer of experimental pharmacology. The Ebers Papyrus, dated to 1550 B.C. and discovered in Luxor, Egypt, about fifty years ago, contained the record of 700 assorted substances, including plant extracts (Andrei; Peres; Del, 2005).

During this period, in the rituals that involved fire, men often burned aromatic plants in bonfires and discovered that their smoke was responsible for different sensations such as drowsiness for some and invigoration for others. These different sensations ended up revealing that the aromas provoked could have healing properties in some cases. Thus, in examining the effects of 'smoke' on consciousness, humanity began to attribute influence to it (Andrei; Peres; Del, 2005).

The origin of the word "perfume" dates back to the Latin *"perfumum"* and its etymology denotes "through smoke". The ancients used to use fragrances in religious ceremonies with the purpose of satisfying the deities (Juttel, 2007 *apud* Barros, 2007)

In 1975, in Iraq, archaeologists discovered, along with deposits of herbs, pollen and hyacinths, a human skeleton, aged six thousand years. This skeleton is believed to have been of a religious leader with deep knowledge in botany, named Shanidar IV. He is believed to have pioneered rituals that involved the use of plants, flowers, and fragrances (Andrei; Peres; Del, 2005).

The ancient Egyptians practiced burning frankincense at dawn as a way of revering the sun god, Ra, and at dusk they used myrrh for the same religious purpose. They also used the oils for personal hygiene and to contemplate vanity. In the preservation of bodies, they employed a

combination of cinnamon, pure ground myrrh and various essences, and in the area of medicine, they made use of myrrh as an anti-inflammatory, in addition to treating bone fractures with mixtures of oils and plants, this being a common practice among them (Andrei; Peres; Del, 2005; Barros, 2007).

In the period between 2551 B.C. and 28 B.C., after the improvement of the papyrus production technique, the first records of the use of herbs in medicine were dated (Andrei; Peres; Del, 2005).

Andrei, Peres and Del (2005) based on the studies of Corazza (2002), states that research points to the use of frankincense and frankincense and frankincense as devotional offerings in the tomb of Chefén, a pharaoh, under the protection of the Sphinx of Giza. In the tomb of Pharaoh Tutankhamun (1550-1295 B.C.), historians refer to the use of aromatic oils of juniper, frankincense, myrrh, coriander and cedar.

Hatshepsut, the sovereign of the 18th dynasty (1550-1295 B.C.), used myrrh to massage and make her legs fragrant (Andrei; Peres; Del, 2005).

However, it was only between 800-700 B.C., the time of reign under the order of the Ramses, that the care for beauty, more precisely, for appearance, reached its peak, thanks to the custom of the Egyptians to perfume the water for bathing with fragrant herbs, frankincense being the main herb (Andrei; Peres; Del, 2005).

In the realm of seduction, however, it was Cleopatra (69-30 B.C.) who stood out, using the perfume cyprinum, made from the essential oil of juniper flowers, saffron, henna and mint (Andrei; Peres; Del, 2005; Barros, 2007).

Rare peoples dedicated themselves with care to the production and use of perfumes (Kaly, 1963 *apud* Gnatta; Day; Silva, 2011).

For the Greeks, scents were related to the gods of Olympus. They had, like the Egyptians, the custom of anointing the dead with oils, of burning incense, and of perfuming themselves, that their beauty might be perceived. They also had the habit of making garlands of roses to make the manifestations of migraine milder (Andrei; Peres; Del, 2005).

In Greece, aromatic herbs such as saffron, Cretan pine and cypress were used to prevent the proliferation of bacteria, viruses and other harmful microorganisms capable of causing infections, that is, as antiseptics (Andrei; Peres; Del, 2005; Barros, 2007). It was also there that a treatise on smells was created, which contains recipes for aromatic combinations with respective indications, including for emotional and mental states (Barros, 2007)

In the oracle of Delphi, frankincense and myrrh were burned by the priestesses who also macerated the flowers (Andrei; Peres; Del, 2005).

At the Olympics, the winner was rewarded with a fragrant laurel wreath (Andrei; Peres; Del, 2005).

According to Grace (1999), Ibn Sina, also identified as Avicenna (980-1037) was responsible for the invention of the distillation method. This process allowed the extraction of essential oil from roses and gave rise to rose water from Rosa centifolia, on the European continent, during the period of the Crusades (Andrei; Peres; Del, 2005).

In harem dwellings, women scented their breath and body using fenugreek-based soaks and plasters (Andrei; Peres; Del, 2005).

In the Middle Ages, the time of the invasion of the Black Death in Europe, the smell exhaled by plant oils was extremely relevant, as it was believed that they could purify contaminated air. Thus, when visiting the sick, the doctors set fire to the aromatic herbs. However, it was only in the eighteenth century that the importance of plants, flowers and their perfumes was reaffirmed (Kaly, 1963 *apud* Gnatta; Day; Silva, 2011).

The pharmacists Cajola, Cadeac, Chamberland Meunir and Gaffi exerted a strong influence on the study of perfumes, but it was René Maurice Gatefossé who was the first person to name art and science as aromatherapy, in 1928 (Andrei; Peres; Del, 2005).

In feudal France, seeds and aromatic compounds from lavender, orange blossom and violet were traded to be used as a defense against pests. However, with the decline of feudalism and the birth of urban commerce, the production of fragrances began, in an organized manner. It was not until the thirteenth century, however, that there was the first authentic and detailed description of essential oils, made by Arnold Villanova de Bachuone, relating rosemary, sage and turpentine. Soon after, a variety of other fundamental oils went through the distillation process, including sandalwood, cinnamon, and rue (Andrei; Peres; Del, 2005).

Around the year 1200, the official recognition of the profession of perfumer by King Felipe Augusto II took place, who authorized the opening of establishments for the sale of essences. Consequently, the first educational institutions emerged, focused on the training of apprentices and supervisors specialized in pressing and kneading techniques and in the creation of combinations for aromatic compositions (Andrei; Peres; Del, 2005).

In the year 1370, Queen Isabella of Hungary witnessed the development of Eau de Toalete [Eau de toilette], a mixture of essential oils in combination with alcohol (Barros, 2007).

In the 14th century, precious metal receptacles, worn as adornments around the neck or waist, known as "*pommanders*", were also employed to store a fragrance made from resins and essential oils. The purpose was to protect the bearer against epidemics and diseases (Andrei; Peres; Del, 2005).

According to Cardoso (2022), with the discovery of America, many plants that were not known to Europeans arrived in Europe.

In the period from 1560 to 1580, José de Anchieta, a priest, called peppermint a "beneficial herb", since the indigenous natives used it to relieve digestion problems and reduce nerve pain, in addition to treating rheumatism and nervous disorders (Andrei; Peres; Del, 2005; Brito *et al.*, 2013).

In 1654, Nicholas Culpeper, stated that nature was like a natural pharmacy, where plants and herbs contained medicinal properties that could be used to treat a variety of health conditions. He made contributions to the distillation of essential oils from them and his work was a precursor to modern approaches to treatment with essential oils and medicinal herbs. (Cardoso, 2022)

By the sixteenth century, about seventy essences in perfumery and cosmetics were used, but it was only in the following century that the existence of perfumery spread throughout the world. However, in this same century there was an advance in research in scientific terms due to the discovery of other new chemical substances, this time with an improved ability to recover in less time than fundamental oils. This caused the latter to fall into disuse, as they were replaced by synthetic substances. Thus, these oils came to be understood, strictly, for their property in giving perfume (Andrei; Peres; Del, 2005).

Then, in 1714, in France, Jean-Marie Farina created Eau de Cologne. This country, then, began to stand out in the development of new olfactory compositions, with the aim of perfuming the gloves of people of the nobility (Meira, 2019).

In 1791, with the advent of the discovery of saponification through caustic soda, the production of soaps contributed to further stimulate perfumery. From then on, the houses and bathrooms and the toilet were created, which brought back the habit of aromatized baths (Andrei; Peres; Del, 2005).

"Perfumes Guerlain", the first perfume house, came into existence in 1828, with the subsequent creation of the fragrance of Eau de Cologne, which is still marketed today. In the nineteenth century, gaining "status" and even being used to treat diseases, more precisely of the nervous system, perfumes came back to prominence and, in the twentieth century, revived the industry's interest in the synthesis of substances (Andrei; Peres; Del, 2005; Meira, 2019).

In 1920, with advances in chemistry and the invention of aldehydes, the perfume Chanel number 5 (Andrei; Peres; Del, 2005; Meira, 2019).

In 1928, in France, René Maurice de Gatefossé, used lavender essential oil to heal several burns he had when he was in the laboratory, starting his journey in the use of essential oils in beauty products and establishing the concept of aromatic therapy, instituting the term "aromatherapy". (Andrei; Peres; Del, 2005; Brito *et al.*, 2013).

In 1949, six major perfumery industries founded *The Fragrance Research Foundation*. All of them, with the purpose of studying fragrances among North American people and with the idea that the various categories of perfume can be used in a more appropriate way for each stage of life (Corazza, 2002 *apud* Gnatta; Day; Silva, 2011).

In 1964, the aromatherapy practices used in World War II to treat the wounded are reported in the book "Aromatherapie", written by Jean Valnet. However, although some important names have already been mentioned, it is essential to highlight that of Marguerite Maury (1895-1968), a nurse and surgical assistant who was born in Austria and is known as the mother of aromatherapy today. She combined the massage technique characteristic of the Orient with the distinctive healing properties of fundamental oils, creating formulations that took into account the particularities of each person and was responsible for the foundation of the first aromatherapy clinic in the English capital. He also published in 1961, in France, his book, a reference work when it comes to essential oil. In 1962, she was awarded an international award for her contribution to the treatment of the skin, considering the therapeutic and cosmetic fields (Andrei; Peres; Del, 2005).

3.2 ESSENTIAL OILS

Extracted from various parts of a plant, essential oils are volatile concentrates made up of highly complex chemical molecules that exude perfume when exposed to air and at room temperature (Gnatta; Day; Silva, 2011; Andrei; Peres; Del, 2005) and have numerous chemical functions (Pessoa *et al.*, 2021; Barros, 2007).

In general, they have a liquid and translucent texture, but they can change their state and color depending on temperature. They are also soluble in ether, alcohol, and other fatty compounds, but are mixed with water. In its compositions, organic elements such as oxygen, hydrogen and carbon are found. With the exception of sandalwood, whose composition is 95% of the same component, santalol and the others, remaining (5%) are of different composition, most essential oils have a complex composition (Andrei; Peres; Del, 2005).

Perfume and its therapeutic characteristics constitute the main attributes of essential oils. As a rule, the latter, when they have a high content of alcohol and esters, are safer to use, as they have moderate healing properties. Essential oils with high concentrations of phenols, aldehydes and ketones are rarely used in aromatherapy, as they can cause adverse effects. Thus, they end up being used only when necessary and in small quantities (Andrei; Peres; Del, 2005).

The constitution and quality of essential oils can vary depending on the climate, the region of cultivation, the relief, the age and exposure of the soil to microorganisms and pollutants in general, the harvesting process and the extraction method (Meira, 2019).

> As for cultivation, the content and composition of the essential oil of aromatic plants depend on different factors. Soil conditions, climate, geographical origin, harvest time, fertilizers, and mineral nutrition can greatly affect the production and quality of essential oil (Sales *et al.*, 2009 *apud* Luz *et al.*, 2014, p. 553).

In plants, essential oils play a role in defending against parasites and diseases, fertilizing, pollinating, and protecting from the sun's rays. In humans, they have several applications that will be addressed later (Andrei; Peres; Del, 2005).

According to Andrei, Peres and Del (2005), the chemical functional groups that constitute the essential oils most used in aromatherapy are:

- Monoterpenes/Sesquiterpenes: exert antiviral, antiseptic, bactericidal and anti-inflammatory effects. They act on the liver and stimulate glandular functions. Sesquiterpenes act on the brain, contributing to an increase in the amount of oxygen in the pituitary and pineal glands. They are present in frankincense, pine and lemon.
- Esters: act as fungicides, sedatives, and antispasmodics. In the product, they are responsible for the characteristic fruity aroma. They are present in lavender, bergamot and sage.
- Aldehydes: They act as a sedative, antiseptic and anti-infective agent. They are present in citronella, melissa and lemongrass.
- Ketones: exert a decongestant action in cases of colds, asthma and bronchitis. However, they can be toxic. They are present in ginger, fennel and hyssop.
- Alcohols: exert antiviral, antiseptic functions and stimulate the immune system. They are present in sandalwood, rosewood and geranium.
- Phenols: act as bactericides, disinfectants, anti-inflammatories. However, they can be irritating to the skin. They are present in thyme and cloves.
- Oxides: act as bactericides and expectorants. They can be present in tea tree and rosemary.
- Acids: exert antiseptic, diuretic and antipyretic functions. They have vitamins and antibiotics. They are present in melissa and benzoin.

Understanding that synthetically produced essential oils do not have the same therapeutic potential as natural botanical oils is of paramount importance. Researchers argue that the effectiveness of natural essential oils lies in their vitality, which is a unique feature of living matter. Therefore, although synthetic oils may resemble natural oils in terms of aroma, their therapeutic properties are remarkably distinct (Andrei; Peres; Del, 2005).

3.3 TOXICITY OF ESSENTIAL OILS

The substantial majority of poisonous plants are fragrance-free, however, although essential oils are natural botanicals, they are not free of toxic elements. On several occasions, the essential oil of a plant may contain toxic substances, while the plant itself does not have them, since most essential oils have a higher concentration than the original plant from which they were extracted (Andrei; Peres; Del, 2005).

> The essential oils with different degrees of toxicity are, in descending order: mustard (Brassica nigra), rue (Ruta graveolens), mugwort (Artemisia vulgaris), hyssop (Hyssopus officinalis), wormwood (Artemisia absinthium) and fennel (Foeniculum vulgare). Examples of essential oils that can cause skin sensitization include, in descending order: bergamot (Citrus bergamia), clove (Syzygium aromaticum), cinnamon (Cynnamomum zeylanicum), pine (Pinus pumilho) and juniper (Juniperus comunis) (Andrei; Peres; Del, 2005, p. 62).

Prolonged inhalation of essential oils can cause allergies (Oliveira *et al.*, 2023), headaches, nausea, and other symptoms once it affects the nervous system. When inhaling a composition of essential oils, the danger of harmful effect will not be as if they were several oils separately, because the mixture is harmonious, so that one aromatic oil complements the properties of the other (Andrei; Peres; Del, 2005).

3.4 THE OLFACTORY PROCESS

Humans have the ability to identify several distinct odors in less than a second, accurately at concentrations as low as atograms per gram (ag/g, where 1 ag = 10^-18 g), while the most advanced machines can detect concentrations on the order of phentograms per gram (fg/g, where 1 fg = 10^-15 g) (Andrei; Peres; Del, 2005).

According to Corazza (2002), the process of odor perception is a set of interconnected reactions, involving chemical and electrical aspects, which occurs as follows: an aromatic substance is transported through the air, enters the nostrils and reaches the olfactory cells. These cells form a layer of mucus and respond to different odors by binding to specific molecules. This triggers chemical and electrical reactions, stimulating the olfactory cilia. The proteins that function as receptors for odoriferous substances, located in the cilia, are in charge of transmitting signals to the central nervous system, passing through the crivosa plate, a region with perforations where the nerves connect to the glomeruli.

As Bellinello (2022) states, along with the chemical process of odor detection, there is also a vibratory mechanism, through which it is possible to detect odors even when odorous molecules do not reach the nose.

According to Grace (1999), the limbic system is where the cells responsible for processing information from the nerve terminals connected to the olfactory bulb are located. The first evidence that the limbic system participated in emotional processes was in 1933, when Herrick contacted that this system could interfere with the emotional mechanisms of the body (Andrei; Peres; Del, 2005).

3.5 AROMATHERAPY APPLICATION METHODS

When it comes to aromatherapy, Corazza (2002), in practice, states that the most common methods of administration include spraying and diffusion in the air, inhalation, baths, compresses and

massages. The choice of the most appropriate method depends on the recommendation of a doctor or specialist, taking into account the essential oil to be used. In addition, treatment may involve mouthwash and gargle, as well as oral ingestion. However, before starting any treatment, it is essential to check the expiration date of the oils and perform an allergy test beforehand, at least 24 hours before the first application.

The following are some essential oils, their properties and the effectiveness of their uses in clinical practice (Andrei; Peres; Del, 2005).

ROSEMARY (Rosmarinus officinalis). Its main constituents are: limonene, pinene, linalool, borneol, eucalyptol, terpineol and camphene. Mainly used for arthritis, asthma and bronchitis, joint pain, mental tiredness, mange, lice and weakness.

ARTEMISIA (Artemisia vulgaris). An oil that has camphor, thujone, borneol, linalool, alpha-cadinol, 4-terpinolene and 1,8-cineole as its main components. It can be used as a regulator of menstrual disorders, antispasmodic, analgesic and mental stimulant. Indicated for amenorrhea, dysmenorrhea, epilepsy, pinworm and ascariasis.

VANILLA (Vanilla planifolia). Its main components are: acetic acid, methylprototecchic aldehyde, vanillin, isbutyric, hydroxybenzaldehyde, caproic eugenol and furfural. It works as a menstruation stimulant, as an antispasmodic and aphrodisiac.

BENZOIN (Styrax tonkinensis). Consisting of: benzoic acid, conifheryl benzoate, cinamyl benzoate, vanillin and sia-resinolic acid. It is an oil that has intense antioxidant properties and can be indicated in the treatment of colds, bronchitis, laryngitis, cough and respiratory tract infections. It also stimulates circulation and is useful in cases of rheumatoid arthritis, gout disease, as well as helping to combat stress, cracked skin, and anxiety.

BERGAMOT (Citrus bergamia) Its main constituents are: linalyl acetate, linalool, linalyl acetate, pinene, neryl acetate, nerol, neryl acetate, geraniol, terpineol, bergaptene and dipentene. It can be used to fight fever and worms, treat eczema, seborrhea, acne, psoriasis, boils, vaginal itching, cystitis, vaginal itching, loss of appetite, digestive problems, stress, depression, anxiety, halitosis, infections of the mucosa of the mouth and throat, because it has bactericidal action, acting on staphylococcus, gonococcus, meningococcus and also on the diphtheria bacillus. In addition, it has antiseptic, analgesic, healing, energizing and sedative power. It is widely used in the food and fragrance industries (Andrei; Peres; Del, 2005; Araújo; Farias, 2003).

GERMAN CHAMOMILE (Matricaria chamomilla). In its composition, it has azulene (main component), alpha-bisabolol, tujanol, farnesene, flavonoids (quercitin, apigenin and luteolin) and glycosides. It is used as an antianemic, antispasmodic, anti-inflammatory, immunostimulant and healing agent. Indicated for the treatment of gastrointestinal ulcers, boils, dermatitis, skin inflammations, acne, dysmenorrhea, amenorrhea, menopause, premenstrual syndrome (PMS), cramps,

headache, migraine, earache, insomnia, stress, toothache, insect bites, nausea, digestive problems, arthritis and rheumatism. It is also considered a mild sedative and can be used by infants as a popular rebalancing of emotions.

CINNAMON (Cinnamomum zeylanicum). Its main components are: benzene aldehyde, eugenol, cinnamic acid, cinnamic aldehyde, safrole, dipentene, cymene, furfurol, benzyl benzoate, pinene and phellandrene. It is used as an antispasmodic, analgesic, powerful antiseptic, diuretic, and antipruritus. It serves to stimulate the digestive system and circulation, fight infections such as flu and intestinal complications, impotence, constipation, nausea, stress, kidney stones and muscle pain. It is popularly known for its stimulating power and helps control blood sugar and other conditions.

CITRONELLA (Cymbopogon nardies). Often used as a deodorizer, this is an oil consisting of bourbonene, caryophyllene, hydrocyanic acid, citral, borneol, camphor, citronellol, camphene, farnesol, limonene, citronellal, ethanol, linalool, eugenol, menthol, furfurol, nerol, geraniol, terpinolene and pinene. It can also be used as an antiseptic, antidepressant, antispasmodic, digestive stimulant, cadiotonic, anti-inflammatory, and even an insect repellent. It is indicated for situations of tiredness, excessive perspiration, oily heads and skin, headache, treatment in cases of poor circulation, muscle pain, stomach pain, and also to stimulate menstruation when it is deficient.

EUCALYPTUS (Eucalyptus globulus). Its main constituents are: citronellal, camphene, eucalyptol, pinene, eugenol, limonene, terpineol, phellandrene and pinocarvone. It is an oil with antiviral, antiseptic, anti-inflammatory, expectorant and astringent potential. It also helps to stimulate the respiratory system and activate circulation. It may be indicated to treat colds, asthma, bronchitis, cough, phlegm, herpes simplex, diabetes, urinary tract disorders, sinusitis, muscle aches, poor circulation, urinary tract disorders, snakebite and rheumatism. When it is applied directly to a wound, it causes a reduction in pain and shortens the lifespan of the virus. It is often used to cause rebalancing of breathing. In the context of comb and emotions, eucalyptus essential oil can be indicated for people with rigid thinking, pessimists and obsessives. In the physical domain, it dilates the muscles of the bronchi, lungs and trachea, reduces runny nose and minimizes fever, and clears or clears the airways. When it is combined with rosemary and peppermint essential oil, it can be indicated to treat breathing difficulties. When combined with lavender, for cases of colds, runny nose, and chest pain; And with marjoram oil, it may be indicated for sciatic nerve pain relief.

GINGER (Zingiber officinalis). It is an oil whose main constituents are pinene, camphene, nerol, borneol, cineole, linalool, zingiberene, graniol, terpineol and betabisabolene. It has therapeutic properties aimed at analgesia and tonicity, also working as a general stimulant, antiseptic, carminative, antispasmodic, digestive, astringent and very aphrodisiac. It can be indicated for tonsillitis, sinusitis, sore throat, aerophagia, muscle pain, poor circulation, fatigue, migraine, mental tiredness, poor memory and even impotence. It can be considered an oil capable of providing the user with more

determination and self-confidence. It is an oil that promotes the reduction of nausea and vomiting after major abdominal surgeries, when used by the inhalation route, in addition to being cheap, easy to administer and having no known side effects (Lee; Shin, 2017 *apud* Andrei; Peres; Del, 2005).

GERANIUM (Pelargonium graveolens): Its main constituents are: linalyl acetate, eugenol, menthan, citronellol, geraniol, limonene, and caryophyllene. It can work as an astringent, antiseptic, healing and diuretic and be indicated to treat acne, tonsillitis, cellulite, sore throat, diabetes, hemorrhoids, premenstrual tension, menopause, burns, dermatitis, oily skin, inflammation of the vaginal mucosa, kidney stones, nervous tension and depression. It can also help people gain more self-confidence, creativity, determination, courage, and inspiration. It is an essential oil known to help clear up mental confusion and put an end to or reduce the fear of something unknown. When it is combined with rosemary, it is more suitable for treating menstrual tension; with tea tree, for seborrhea, acne and dermatitis. When it is combined with lavender, it is more suitable for poor circulation and depression. Geranium oil has the ability to stimulate the cortex of the adrenal gland, where sex hormones are produced, and can therefore act as a stimulant and stabilizing agent of the nervous system and female organs (Andrei; Peres; Del, 2005; Gnatta; Day; Silva, 2011).

PEPPERMINT (Mentha piperita). Its main constituents are: mentyl acetate, linalool, limonene, cineole, caryophyllene, menthol, nicotinamide, pipene, eucalyptol, carvone, menton and phellandrene. It can work as an antispasmodic, antiseptic, analgesic, anti-inflammatory, astringent, decongestant, carminative, emmenagogue, expectorant, refreshing, vermicide, vasoconstrictor, tonic, and promoter of digestion and the nervous system. It helps in reducing fever and cold and flu symptoms like nasal congestion followed by headaches. It also acts on asthma, bronchitis, laryngitis and sinusitis problems, digestive discomforts such as poor digestion, colic and flatulence, and also acts on muscle and joint pain, migraine, diarrhea and mental fatigue. When it comes to emotions, it can be suitable for shy and depressed people, thanks to its stimulating properties. It is very aphrodisiac and is used to treat impotence problems. It is an oil known to promote the "whitening" of ideas, until then obscure, providing the individual with more initiative and dynamism.

LAVENDER (Lavandula officinalis or Lavandula angustifolia or Lavandula vera). Its main components are: lavandulol, camphor, eucalyptol, limonene, linalool, camphene, lavandyl acetate, caryophyllene, phellandrene, nerol, bisabolol, pinene, geraniol, terpinene, cineole, borneol, and some acids such as valeric, coumaric and benzoic acids (Barros, 2007). Regarding its therapeutic properties, we can mention the analgesic, antidepressant, antistress, antibiotic, antiseptic, antiviral, antitoxic, bactericidal, decongestant, healing, sedative, carminative, diuretic and insect repellent effects. It is also indicated for skin lesions, cases of burns, flu, sore throat, asthma, migraine, bronchitis, cystitis, depression, insomnia, leucorrhoea, dysmenorrhea, amenorrhea, premenstrual tension, menopause, oily skin, acne, insect bite, allergy, flatulence, chicken pox, hypertension, rheumatism, wounds and bruises.

It can be useful in labor situations, as its scent favors the mother's relaxation (Andrei; Peres; Del, 2005; Velozo *et al.*, 2023) and significantly reduces pain intensity (Velozo *et al.*, 2023). Another relevant fact is that it also acts on the respiratory system by minimizing the discomfort caused by colds and bronchitis and sinusitis. It is important to inform you that lavender oil is the only one that can be applied directly to the skin, without prior dilution, that is, in its pure state. In open cuts or wounds, it can be applied in its pure form to prevent the appearance of infectious conditions and assist in the healing of the epithelial tissue. It is a compound that can also be used as a skin sedative to provide refreshment to skin exposed to the sun or insect bites. Some scholars believe that this oil can restore mental balance, harmonize feelings, raise awareness about reality and provide calm, exerting immediate action on the body and mind as a result of its high vibration (Andrei; Peres; Del, 2005).

Domingos and Braga (2015) carried out a study that included the application of Lavender oils, together with Geranium oils, in patients with Adult Behavior and Personality Disorder. The route used was massage by straightening. The purpose of this study was to reduce their anxiety, a fact that was verified through the parameters of Respiratory and Heart Rate. For these authors, linalyl acetate and linalool, present in lavender and geranium essential oils, are substances that inhibit cholinergic action by altering the way ion channels work in the regions of neuromuscular junctions. In addition, by interacting with the dopaminergic system and the action of the neurotransmitter GABA, they favor the inhibition of tone in the central nervous system.

Farahani *et al.* (2019) argued that aromatherapy can be used as an alternative therapy to treat patients diagnosed with cancer and undergoing chemotherapy treatment, promoting improvement in the general condition and acting on anxiety, especially when the route used is massage and inhalation with lavender essential oil, which was also proven by the results found, in other studies carried out with patients undergoing dialysis, with the elderly, and also with women in labor situations.

The treatment of the symptoms of both anxiety and depression constitutes, for the vast majority of studies, the main therapeutic use of aromatherapy (Pessoa *et al.*, 2021) However, as found by Gnatta, Dornellas and Silva (2011), lavender essential oil favored the reduction of the state of anxiety in the sample of cancer patients, but in a not statistically significant way.

PATCHOULI (Pogostemon cablin or Pogostemon patchouli). The main constituents are: cadinene, cinnamaldehyde, eugenol, patchulipyridine, patchulol, phenol, caryophyllene and pogostol. It is an oil that, according to Wei and Shibamoto (2007) has antioxidant therapeutic properties. In addition, it can have anti-inflammatory, decongestant, healing, regenerating, fungicidal actions (Andrei; Peres; Del, 2005) and helps repel insects, as stated by Salerno *et al.* (2004), too. It can be indicated for acne, skin treatment (cracked, dry and even oily), dermatitis, dandruff, seborrhea, stress, anxiety, obesity, mental fatigue, water retention and depression. On the skin, it acts as a rejuvenator. The exhaled aroma exerts an action on the psychic centers, stimulating the central nervous system.

Thus, it can help in retrieving memories of youth and stimulate creativity. In the endocrine glands, more precisely, it acts as a good aphrodisiac. It is widely known for collaborating with the balance between the mental, physical, and spiritual bodies (Andrei; Peres; Del, 2005; Barros, 2007).

TEA-TREE (Melaleuca alternifolia). Its main constituents are: eucalyptol, 4-terpineol, pinene and sesquiterpenes. Regarding its therapeutic properties, we have its antiviral, antiseptic, healing, insecticide, fungicidal and stimulant action. It has a remarkable inhibitory capacity acting especially on Gram-positive bacteria and can be indicated for infections, cystitis, candidiasis, herpes (both labial and genital), vaginitis, warts and cold sore. Its most important function is to act as a stimulator of the immune system. It is common, in practice, to use this oil on wounds, cuts, scrapes, acne, gingivitis, nasal congestion and for foul odor on the feet (Andrei; Peres; Del, 2005; Pasin, L.; Pasin, L.A., 2020).

YLANG-YLANG (Cananga odorata). It is an oil that has in its constitution some main elements such as: pinene, farnesol, ylangol, granial, cadinene, benzyl acetate, safrole, geraniol, linalool and eugenol. It can be used therapeutically as a sedative, antispasmodic, soothing and uplifting, slightly euphoric. It is an oil that can help reduce the symptoms of anxiety and stress, which, in turn, can positively interfere with self-esteem, as feelings of anxiety and low self-esteem are often interconnected. It is also indicated for frigidity, tachycardia and depression. Because it is used in cases of sexual impotence as a potent aphrodisiac. In practice, it is widely used to increase self-esteem and sexual appetite (Andrei; Peres; Del, 2005). However, Gnatta *et al.*, (2011) found that the essential oils of *ylang ylang* and rose could interfere in the reduction of anxiety, however, the results were not statistically expressive.

3.6 MECHANISM OF ACTION OF ESSENTIAL OILS

The aromatherapy effectiveness of an oil is closely linked to how its molecules are administered. When administered through inhalation, the molecules travel through the upper respiratory tract and into the lower airways, where they are absorbed into the bloodstream through the pulmonary vessels. In this process, the molecules stimulate the olfactory nerves, which have a direct connection to the Limbic System, which plays a key role in emotions, feelings, memories, and impulses Gnatta *et al.*, 2011).

The substances that make up essential oils (EO) act by sending biological signals to the receptor cells that are located in the region of the nostrils. Once received, these signals are routed to limbic areas and the hypothalamus in the brain, via the olfactory bulb. As a consequence, the central nervous system releases neurotransmitters that can promote a balance between both mental and physical well-being, generating a sense of relief. (Ali *et al.*, 2015; Sundays; Braga, 2015).

If the contact occurs through the cutaneous route, the stimuli penetrate the skin or mucous membranes and, due to their small molecules with low molecular weight, are absorbed and then

distributed to the tissues of the body through the bloodstream. If contact happens through ingestion, its molecules enter the intestinal mucosa and reach the bloodstream. From there, they are distributed in the body (Gnatta *et al.*, 2011, 2016).

In studies by Kawai *et al.* (2017), it was found that some fragrances have inhibitory effects on the brain and autonomic nerve functions. For example, inhalation of chili oil induces an increase in adrenaline concentration compared to the resting state; while inhaling rose oil causes a reduction in adrenaline concentration. Thus, what they concluded is that the inhalation of essential oils can work by modulating sympathetic activity.

For Montibeler *et al.* (2018), volatilized chemical molecules exert an influence on the reduction of the sympathetic activity of the nervous system concomitantly with the stimulation of the parasympathetic system.

As for the limbic system, research highlights the connection of a molecular mechanism in which essential oils send a biological signal to receptor cells in the nose. This information is transmitted to the hypothalamus, resulting in the release of neurotransmitters (Montibeler *et al.*, 2018).

Studies also show that essential oils have antimicrobial properties due to their influence on the cell wall structure of microorganisms, causing denaturation and coagulation of proteins. This effect occurs thanks to changes in cytoplasmic membrane permeability resulting from the lipophilic nature of these molecules. This disrupts the cell's vital processes, including electron transport, protein translocation, phosphorylation, and other enzyme-dependent reactions. These actions lead to the loss of osmotic chemotic control of the affected cell, leading to its destruction (Gnatta *et al.*, 2016).

3.7 THE PANORAMA OF PRIMARY HEALTH CARE

Primary Health Care, often referred to as primary health care, is, in fact, the gateway to the health system and is designed to meet the health needs of the majority of the population.

> In addition to being one of the main gateways to the health system, primary care has to be an "open door" capable of providing "positive" responses to users, and cannot simply become a bureaucratic and mandatory place of passage for other types of services (Brasil, 2013a, p 15).

It is a level of health care that, in order to be effective, recognized and legitimate, "cannot be the place where only promotion and prevention are carried out at the collective level (although these are highly necessary actions), nor can it be restricted to carrying out consultations and procedures, even though they constitute mandatory and essential actions" (Brasil, 2013a, p. 14).

Montibeler *et al.* (2018) points out that the patients who are indicated for Primary Health Care are:

- Individuals of all ages: Primary care is aimed at people of all ages, from the infant group to the elderly group.

- Healthy patients: Primary Care is not limited to treating diseases; It is also aimed at promoting health and preventing numerous pathologies. In this way, healthy patients are encouraged to seek preventive care, such as vaccinations and routine exams, precisely so as not to get sick.
- Patients with chronic diseases: Many chronic diseases, such as diabetes, hypertension, asthma and heart disease, are managed in basic health services, that is, in the Primary Care network. Patients with these conditions, in the corresponding units, receive regular medical follow-up to monitor and control their diseases and can also receive the care of some other health professionals who, together, add forces in the direction of care. Speaking of interdisciplinary care, it must be mentioned that even the professionals who care for it can benefit from aromatherapy. Proof of this appears in a study involving nurses that showed that it provided a statistically significant reduction in blood pressure and heart rate, biophysiological parameters. However, with regard to the psychological aspects, the measures did not indicate an effect on stress, and this would be an indication for research in this sense to be carried out in order to quantify the evidence of its use in contexts characterized by high complexity.

According to Huang and Capdevila (2017), aromatherapy is established as an effective therapeutic in cases of stress in the workplace. That is, it can contribute to the reduction of this stress and, consequently, improve performance at work.

Data from a scientific experiment showed that massage with essential oil and other ways of doing aromatherapy were favorable in reducing anxiety in patients with a history of cancer. (Aragon *et al.*, 2003).

A scientific study carried out with epileptic patients showed a satisfactory effect in the treatment with the use of aromatherapy associated with hypnosis, although the patient needs to make more personal effort (Betts, 2003). There is also evidence that there was a reduction in nausea and pain in this group of patients. (Fellowes; Barnes; Wilkinson, 2008).

- Patients with minor acute conditions: Cases of respiratory infections, allergies, colds, mild cuts, and other minor acute conditions can be treated in Primary Care.
- Pregnant women and women of childbearing age: Prenatal care, family planning, and gynecological examinations are an integral part of Primary Care. Childbirth, a unique moment in women's lives, is a continuum of sensations that culminate with the birth of the baby. However, the phases that precede it, finding out about the pregnancy, carrying out tests and even the moment itself, are often permeated by anxiety. Every birth is a particular and unique process, regardless of whether these women are in their first pregnancy (nulliparous or primiparous) or if they have already gone through one or more pregnancies

(multiparous). Aromatherapy is an efficient non-pharmacological resource for reducing pain and anxiety levels associated with labor (Velozo *et al.*, 2023).

- Children and adolescents: Child care, including vaccinations, growth and development screenings, as well as health education, is part of Primary Care.
- Older Adults: Primary Care plays an important role in the care of the elderly by addressing age-related health issues such as preventing falls and managing chronic diseases.

According to Domingos and Braga (2015), aromatherapy is beneficial in the treatment of various dementias, regardless of the type and degree of severity, in relation to agitation and other neuropsychiatric symptoms. The authors also mention that more information is needed to reach safer conclusions.

- Patients with mental health problems: Numerous primary care teams include mental health professionals, including nurses, occupational therapists, and psychologists who can help diagnose and treat mental health problems such as anxiety and depression.

According to Domingos and Braga (2015), the application of aromatherapy, through massage, in users during psychiatric hospitalization, favors multiple benefits, causing the reduction of anxiety symptoms. However, they point out that, although aromatherapy is becoming a promising technique in the treatment of anxiety, depression and other psychiatric disorders, there is still a lack of studies with the public with mental disorders.

- Patients in situations of social vulnerability: Primary Health Care also prioritizes equity in health care, providing care to communities in situations of vulnerability, including homeless individuals, migrants, and refugees.
- Patients with special needs: Primary Care also proposes to be a healthcare facility accessible to patients with special needs, including people with physical or intellectual disabilities.

> [...] we highlight the structuring and strategic character that PRIMARY CARE (or Primary Health Care) can and should have in the constitution of health care networks, to the extent that (primary care) is characterized by great proximity to the daily lives of people and collectives in their territories, since basic units are the type of health service with the highest degree of decentralization and capillarity. Primary care teams have the possibility of bonding, taking responsibility and acting in the realization of collective actions of promotion and prevention in the territory, in individual and family care, as well as in the (co) management of users' unique therapeutic projects, which sometimes require pathways, trajectories, lines of care that cross other modalities of services to meet health needs in a comprehensive way (Brasil, 2013a, p.13-14).

Thus, Primary Care can be understood as a Public Health strategy designed to meet a wide range of health needs and promote equitable access to health care. It plays an essential role in health promotion, disease prevention, and the management of chronic and acute health conditions.

> Primary care, as one of the structuring axes of the SUS, is experiencing a special moment when it is assumed as one of the priorities of the Ministry of Health and the federal government. Among its current challenges, those related to access and welcoming, the effectiveness and problem-solving capacity of its practices, the recruitment, provision and retention of professionals, the capacity for management/coordination of care and, more broadly, its bases of support and social legitimacy stand out (Brasil, 2013a, p. 8).

As a practice recognized for the possibility of being used both individually and collectively (Pessoa *et al.*, 2021) aromatherapy in Primary Health Care is an effective and low-cost therapy (Gnatta; Day; Silva, 2011; Gnatta *et al.*, 2011), and helps to enhance satisfactory responses in the treatment of many pathologies. In addition, it contributes to preventing the installation of others, being applicable in various clinical scenarios, including in the workplace itself (Pessoa *et al.*, 2021).

However, it is necessary to consider that for it to be performed, it is necessary that the professional has knowledge and practice in its application (Pessoa *et al.*, 2021).

The well-known ICPs effectively build a new understanding of the health-disease process and care promotion, by seeing the patient as a whole, and need to be valued, encouraged, and disseminated.

4 FINAL THOUGHTS

The Unified Health System (SUS) undeniably represents one of the most expressive examples of public policy in Brazil today. This system, the result of extensive debates and the democratic mobilization of civil society, as well as of the institutional spaces of the Brazilian State, especially the health reform movement (a "movement of movements"), was incorporated into the 1988 Constitution. It is based on the premise that health is a right of all and a responsibility of the State, based on principles and guidelines such as universality, equity, comprehensiveness, decentralization, and social control.

Over the last two decades, it has been observed that the SUS has experienced a paradoxical development, since it has implemented comprehensive health policies, despite chronic challenges, including the issue of insufficient and unequal funding. This evidences, on the one hand, the resilience of the ideal and the joint effort of various actors and institutions that contributed to the construction of the SUS, making it an invaluable public asset that requires careful preservation. On the other hand, the SUS needs continuous "support" and "cultivation", not only to avoid setbacks in the broad social agreement that conceived it, but also because there is a long way to go to effectively consolidate this system. This will allow all Brazilian citizens to feel supported in their health-related needs and demands.

Unlike allopathy (conventional treatment), which can present side effects and adverse responses, aromatherapy, a practice incorporated into the SUS in Brazil, stands out as a holistic, gentle therapeutic option, covering the body and mind, and is gaining increasing acceptance among the population, because, as a Complementary Integrative Practice, it focuses on the prevention of diseases, the recovery of health, in addition to promoting self-care.

Therapy that uses substances, essential oils (EO) through inhalation, olfactory or topical application, with the purpose of reducing anxiety, promoting well-being, constituting itself as an expanding practical tool to avoid or reduce harm, relieve suffering, help improve self-esteem and prolong life, in addition to favoring the creation of positive bonds, reducing isolation and abandonment, and also that it can contribute to interprofessional work little by little, has been incorporated into Brazilian culture.

It is capable of acting on physical and psychological imbalances, helping to rescue, above all, the human essence; This essence, which is increasingly forgotten, to the detriment of the "rules" imposed by society. The characteristics of this society are the unbridled competition, both in personal and professional life and, consequently, physical and psychological fatigue, as well as extreme materialism. In this context, essential oils have the power to make the air that will be breathed purer and, at the same time, promote relaxation, stimulate or relieve feelings, by inducing reflective moments.

It should be noted, however, that there is a resistance on the part of the population in not believing in the effects provided by aromatherapy treatment, since it is not a common practice of daily life, but, thanks to the numerous benefits it can bring to the community, and the positive reports of those who have already undergone to try it, it can be said that aromatherapy is at the beginning of a long journey. It has to be established all over the world, but there is also still much to be researched and invested, so that it effectively becomes a therapeutic approach widely recognized as conventional and scientific medicine, thus gaining more credibility and respect.

The term "integrative practice" commonly refers to the incorporation of complementary approaches to the health system, and for this reason the acronym PICS. This means that there needs to be a clear understanding of what is considered a "complementary" practice and what is considered an "alternative" practice. When it is a non-conventional practice and is used in conjunction with traditional (conventional) medicine, it is considered "complementary". In contrast, when a non-traditional (unconventional) practice is used to replace conventional medicine, it is considered "alternative."

It is infrequent to apply purely alternative approaches, taking into account that individuals who use non-conventional approaches, in the vast majority, use them in parallel with conventional medicine. However, through integrative and complementary therapies, it is perfectly possible to bridge the gap between traditional and modern medicine."

Complementary health practices, so to speak, can be classified as those that make use of natural products or practices of the body and mind to stimulate natural mechanisms to prevent diseases and recover health, with a focus on welcoming listening, which can collaborate in the prevention of diseases and also in the treatment of chronic diseases.

Aromatherapy is inserted in this context and contributes significantly to the "quality of life" factor of the population, seeking an integral and holistic view of the individual. However, their effectiveness and safety, and subsequently the cost and financial impact, need to continue to be researched and evaluated to guide the incorporation of these practices into the health system, not only in the public sphere.

In one way or another, it is a *sine qua non condition that the* health professionals involved are engaged in order to contribute to the demystification of the science that covers aromatherapy, in order to increase the understanding of effective and safe practices for the scientific community and, also, for the non-scientific and scientific community. in the face of empiricism and the denial of the reality of this technique.

Thus, based on the assumption that the use of aromatherapy, in practice, has known beneficial effects on various clinical scenarios, and that it can, in fact, be an effective practice in the care of the Primary Health Care network, this study does not intend to be the last to address this topic. Further work should be carried out in order to further support aromatherapy, because, in addition to it not being seen as a substitute for conventional medical treatments, taking into account the Brazilian context that faces challenges of funding and limited access to services, it is essential that it is an approach used responsibly, as a complementary therapy and not as an exclusive alternative and so that we can open new perspectives for the health, well-being and quality of life of citizens.

It is important to understand that, despite the therapeutic potential in various clinical scenarios, more studies on Aromatherapy need to be carried out in the sense that they encompass important points regarding the forms of administration, time to provide the desired effect of reduction, for example, of some symptoms, choice and seals of the quality of the essential oils used and, and possible interferences and associations with medications.

However, thanks to the benefits already demonstrated and taking into account the reality of Primary Health Care in Brazil, the level of care of the Brazilian SUS, it is possible to accept and support the use of aromatherapy as an expanding practice, not only favoring the individual but also the collective level. The incorporation of teams as a form of collective care for the community should be a common occurrence in health services. The intention is, through the structuring of these teams, to improve the efficiency of the work process and involve users and other team members in the educational process, which is aligned with interdisciplinary practice.

Although the physician can be an important agent of medicalization, other health professionals can also act, in some way, in this process, making their list of action broader for dimensions that life has, until then, in part, absent from this type of intervention.

Numerous challenges are presented, and among them, issues related to financing, the workforce, and health care management and care models stand out. With regard to the latter, referring

to the way of conceiving and organizing health systems and services based on technical and political choices, they deserve special attention. This is because they exert a substantial influence on how people and communities receive care in their everyday lives.

Therefore, it is crucial that not only is there an adequate amount of health services, but also that these services are coordinated collaboratively, rather than competitively, following a networks of care approach. These networks must be able to meet individual and collective needs in a comprehensive, equitable, integrated, and shared manner.

Finally, it is hoped that, through actions and in cooperation with other measures carried out by the Ministry of Health, professionals qualified to perform Aromatherapy in Brazilian Primary Health Care, including physicians, will be able to play a fundamental role in the production and comprehensive administration of care in a network, having a positive impact on the lives of people and communities.

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