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Multicentric study on the prevention of infections through the diffusion of SARO® essential oil in nursing homes

The origin of this study: the impact of COVID-19 in 2020 on nursing homes

Establishment	COVID cases / healthcare workers	COVID cases / close contacts	COVID cases / deaths / residents	Use EO
Ecouflant	2 personnels extérieurs à l'établissement	0	0	dry olfaction on compress (Saro EO) May-June 2020
Villevêque (Saro non utilisé)	0	2	0	Diffusion + topical application to inhale (throughout 2020)
Châteauneuf/Sarthe	0	0	0	EO saro and lemon litsea spray on fabric evaporation mobiles: May 2020 to July 2021
NANTES (44) Coulaines	0	0	0	Diffusion of a pranarôm-automate blend: all year round; anti-infectious EO in winter; citrus EO in summer

OBJECTIVE: to reduce the number of infections in nursing homes

Reducing the number of infections also improves residents' quality of life, avoiding the use of antibiotics and antibiotic resistance.

It also reduces the workload of caregivers, while allowing them to benefit from the same anti-infectious effect.

See Scientific Aromatherapy in Healthcare Settings, long version, June 2018:

3.2 Intérêt d'études multicentriques de protocoles HE existants

From 2022, start of a protocol for the administration of Saro only, with the organisation of a CONTROL group without administration and an administration group in each nursing home.



_ All healthcare teams received prior training in aromatherapy (IFSO-Angers): Thank you to the trainers, Anita Jouan and Eric Gernigon!

_ Tam Tam Phytoaroma covered the cost of the diffusion devices (Soléo), precision scales (for measuring the quantities of essential oil diffused), and travel expenses.

_ Saro essential oil from Madagascar was provided free of charge to each nursing home by Tam Tam Phytoaroma (donation from Aroma Forest-Olivier Behra).

Why *DIFFUSE* essential oils?

'Unlike the vast majority of antimicrobial agents used for air disinfection; essential oils are **low to non-toxic...**

The atmospheric diffusion of particularly active essential oils is recognized as **effective** against microbial germs suspended in the ambient air.'

See "Scientific aromatherapy in healthcare settings, long version, June 2018:

WHY SARO®? A balanced composition with broad anti-infectious properties



A Madagascan essential oil that is little known in France but the subject of publications, for example: Phytothérapie magazine v13, 2015 and Int. Journal of Clinical Aromatherapy 2011.

See book: Essential Oils of Madagascar, Uses and Clinical Results, M. Pidoux, 2020.

-Main composition of our batch: chemotype 1,8 cineole (35%) balanced by terpenes (18%) and alcohols (22%).

Properties: antibacterial, antiviral, antifungal, antiparasitic, *immunomodulatory*.

Indications: all types of infection



Unité LES PRIMEVERES (VERGER) - Rez de Chaussée

Soléo

L Nicole 15	G Marie France 14	G Marcel 13	B Raymond 12	D Joëlle 11
			G Gérard 10	
			J Madeleine 9	
			B Cécile 8	
			H. Roger 7	
			B Serge 6	
			A Jacqueline 5	

corridor

Diffuseur
Diffuseur
Diffuseur

23 13 11

B André 23		CHAMBRE COMMUN CANTE
V Madeleine 22		
P Christiane 21		
L Colette 20		
G Marcelle 19		
M Gilles 18		
G Yvonne 17		
P Monique 16		

Group Diffusion: study of the location of Soléo BROADCASTERS

Intense spraying every 10 seconds for 1 hour, at 11 a.m. and 5 p.m. (=2 hours/day)



17/3/20XX

Entrée de l'Unité

B Roselyne 1	P Pierre 2	G Marie-Louise 3	S/ Annick 4	Marie

AROMATHERAPY evaluation sheet: Diffusion of Saro Cinnamosma frangrans essential oil, prevention of winter respiratory illnesses, psycho-emotional quality of life

Resident name

Vaccinations effectuées dans les 6 mois passés :

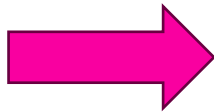
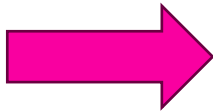
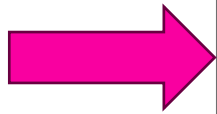
Ultrasonic diffusion of essential oils

de l'appareil ; Lieu(x) de diffusion : **Corridor name** ; Durée et nombre de diffusions/jour : 1h, 2

fois/jour (11h-12h et 17-18h); protocole 1 (**spray ev.10sec**)



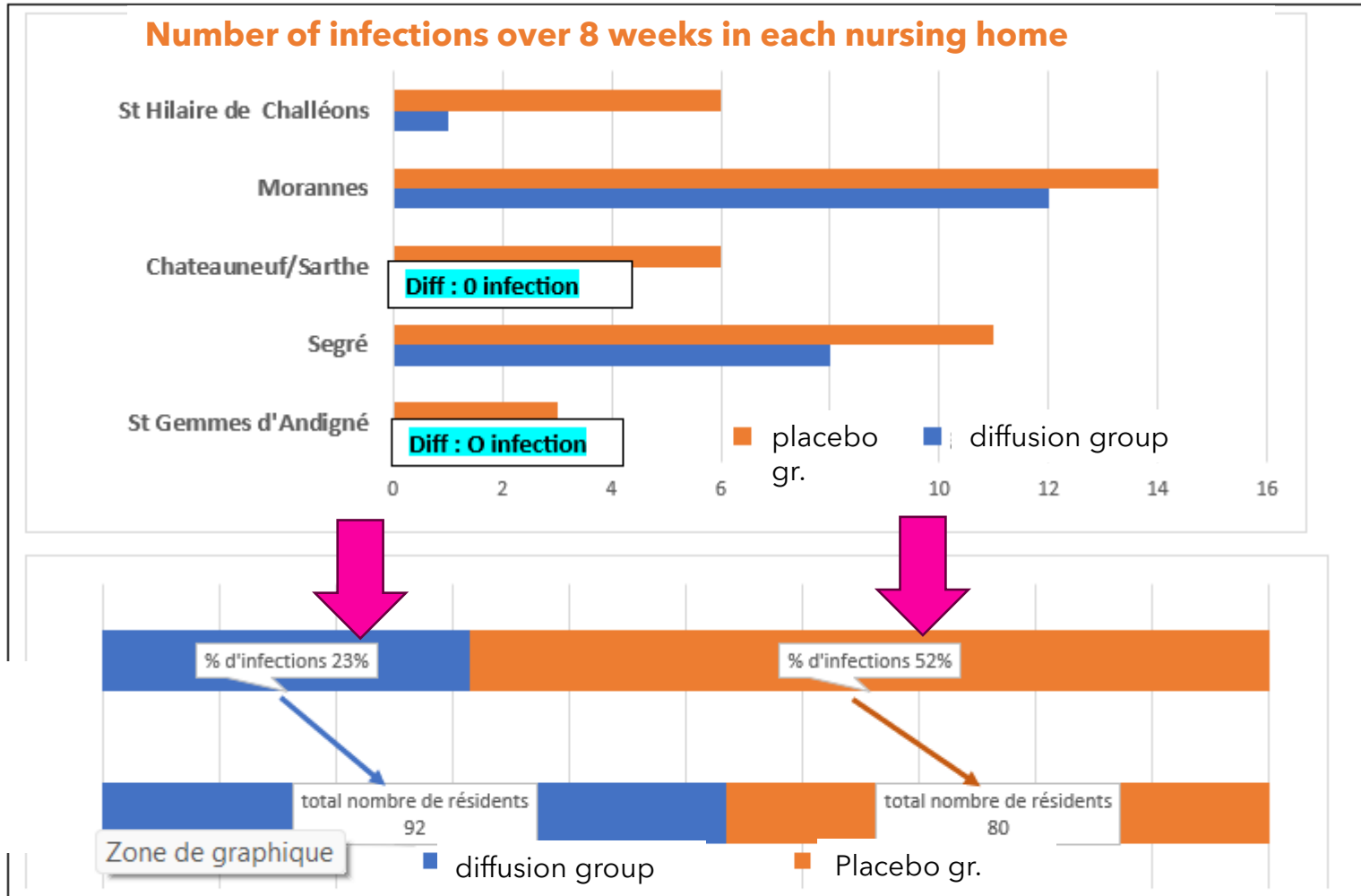
OBSERVATIONS :	AVANT Diffusion	Semaine1 DIFFUSION	S 2 DIFFUSION	S 3 DIFFUSION	S 4 DIFFUSION	S 5 DIFFUSION	S 6 DIFFUSION	S 7 DIFFUSION	S 8 DIFFUSION
	DATE :	DATE :	DATE :	DATE :	DATE :	DATE :	DATE :	DATE :	DATE :4
Pathologie (grippe, Covid...) ou symptômes									
Signaler : Troubles du sommeil Anxiété Angoisse Etat dépressif Autres :									
Appréciation olfactive par le résident ou par observation									
POIDS des flacons sans bouchon	Poids du flacon PLEIN :	Pesée fin semaine :	Pesée fin semaine :	Pesée fin semaine :	Pesée fin semaine :	Pesée fin semaine :	Pesée fin semaine :	Pesée fin semaine :	Pesée fin semaine :
-flacon 1 : -flacon 2 : -flacon 3 : -flacon 4:									



Weight of essential oil diffused over 7 days for 2 hours/day—converted to g/h then m3 of air

2023-2024: 172 residents affected.
> Half as many infections in the Diffusion group

The olfactory assessment of Saro essential oil was generally favorable.



Results: various infections, colds, bronchitis, pneumonia, gastroenteritis, COVID; similar flu-COVID vaccination rates in both groups.

2024-2025:

320 residents affected

5 times fewer infections

Placebo Group

35% infections

Diffusion Group

7% infections

Number of infections

Consolidation of results for 2023-24 and 2024-25

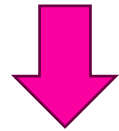
with 492 residents involved:

> 3 times fewer infections with the use of Saro•

EHPAD	DIFFUSION	TEMOIN
Chateauneuf/Sarthe	3 cas/35	9cas/25
Morannes	16 cas/57	17 cas/54
St Gemmes d'Andigné	2 cas/47	13 cas/24
Segré	8 cas/45	12 cas/44
	0 cas/19	22 cas/44 res.
Saint georges sur Loire	0 cas/ 44 res.	10 cas/44 res
St Hilaire Challéons	1cas/10	6cas/6
	30 cases/257	89 / 235
% residents INFECTED	11,6%	38%

3.6 Benefits of measuring residual VOC levels during atmospheric diffusion of essential oils ex.: Risks for asthmatics / monoterpenes

Accurate measurements of essential oil weights diffused over 8 weeks

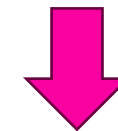


Average

weight of EO diffused in 7 days (i.e. 14 hours)



weight/hour/**monoterpenes 18%**



Weight per 10 min/m³ of air



Maximum: 670 micrograms per cubic metre

Calculation of risk for a resident who would park for 10 minutes in the corridor where the Diffusions took place

Exposure < 3000 micrograms/m³?

Conclusion 1.

We are waiting for aromatherapy as well against antibiotics Resistance!!

3.4 The benefits of essential oils in combating nosocomial infections

The path opened up by this research deserves to be followed up by other scientific studies that could provide a framework for safe practices that are beneficial to patients, professionals and the health economy. This method of combating infections through the atmospheric diffusion of anti-infectious essential oils, used judiciously, could be put to good use more systematically in the fight against nosocomial infections.

See 'Scientific aromatherapy in healthcare settings, long version, June 2018.'

-Conclusion 2: The autonomy of healthcare teams can help extend the benefits of this **dissemination** to all departments and over more winter weeks, in order to better identify epidemic periods (flu, COVID-19, and future new viruses!).

**Thank you for your attention, Tam
Tam Phytoaroma remains at your
disposal**