PriMera Scientific
Medicine and Public Health
Volume 8 Issue 2 February 2026
DOI: 10.56831/PSMPH-08-271
ISSN: 2833-5627

Parents' Experiences in Using Phytotherapy and Aromatherapy Resources in Daily Care and Nursing of Children Under 3 Years of Age

Type: Research Article
Received: December 28, 2025
Published: January 29, 2026

Citation:
Liepinaitiene Alina. "Parents' Experiences in Using Phytotherapy and Aromatherapy Resources in Daily Care and Nursing of Children Under 3 Years of Age". PriMera Scientific Medicine and Public Health 8.2 (2026): 11-19.

Liepinaitiene Alina*

SMK College of Applied Sciences, Klaipeda, Lithuania

***Corresponding Author:** Alina Liepinaitiene, SMK College of Applied Sciences, Liepų str. 83B, LT-92195, Klaipeda, Lithuania.

Abstract

Every year, approximately 52 percent of all European children are treated (treated) with some form of complementary and alternative medicine, often even without the knowledge of their pediatrician. Herbal medicines and aromatherapy products have been increasingly used worldwide in the last decade not only for the prevention of diseases in adults, but also for the health care, treatment (care) and prevention of diseases in children. For children, unlike adults, there are few types of medicinal plants and aromatherapy products intended for health care or disease prevention. Studies that would reveal the experiences of parents using phytotherapy and aromatherapy products for children under 3 years of age have not been conducted in Lithuania, while the use of aromatherapy and phytotherapy is very widespread and common.

Objective: to reveal the experiences of parents using phytotherapy and aromatherapy products in the daily care and care of children under 3 years of age.

The study was conducted by recording all interviews (with the consent of the informants). Parents were selected using the convenience sampling method, after a public invitation to participate in the study was published on social networks. 11 parents agreed to participate in the study. The study was conducted on October 1, 2025. – 2025. November 30. Research methods: scientific literature review; semi-structured interview; qualitative content analysis.

Conclusions. 1. For children, unlike adults, there are few types of medicinal plants and aromatherapy products intended for health or disease prevention. This is the most sensitive group, for which phytotherapy and aromatherapy should be used very carefully and in small doses, taking into account age and the suitability of the product for use according to the age of the child. 2. The study revealed that parents prefer to use aromatherapy, but not phytotherapy products or products, in their daily care for their children under three years of age. Most parents advocate the use of aromatherapy when aromatherapy products are inhaled through the respiratory tract. 3. The study revealed that parents give their children under three years of age immunity-boosting teas, cranberries, and honey for preventive purposes. Only a small proportion of parents indicated that they vaporize various essential oils with antibacterial effects at home to prevent diseases.

Keywords: phytotherapy; aromatherapy; parents experiences; Lithuania

Introduction

Every year, approximately 52% of all European children are treated with some form of complementary and alternative medicine, often without the knowledge of their pediatrician (Kim et al., 2013).

Herbal medicines and aromatherapy have been increasingly used worldwide in the last decade, not only for the prevention of diseases in adults, but also for the health, treatment (care) and prevention of diseases in children (Ghaderi et al., 2020; Sanchez et al., 2022).

Unlike adults, there are few types of medicinal plants and aromatherapy products for health or disease prevention in children (Sanchez et al., 2022).

The growth and popularity of the use of phytotherapy and aromatherapy has increased in the last decade, in line with the number of studies conducted. The number of published studies on phytotherapy and aromatherapy worldwide has increased significantly over the past 10 years (Ghaderi et al., 2020). Clinical trials are currently underway in Europe, Australia, Japan, India, the USA and Canada. Many of these studies have described the remarkable therapeutic properties of various oils and their positive effects on a variety of health conditions, including infections, pain, anxiety, depression, tumors, and nausea. The trend toward clinical trials is ongoing (Gottschling et al., 2014).

The lack of randomized controlled trials, which many researchers consider the gold standard of research, means that herbal medicine and aromatherapy are not always considered or recognized within the framework of integrative medicine (Lin et al., 2019). The lack of research does not mean that research is not being conducted on medicinal plants or their essential oils, it just means that there are fewer of these types of studies compared to other studies. One concern with conducting clinical trials on herbs or essential oils is finding an acceptable product for comparison. Because emotions are often associated with smell, participants in the non-herb or essential oil control group may have emotional reactions to the smell, which can skew the final results (Nirmala & Kamatham, 2021).

Small case-control studies can be very valuable, although they are not always considered strong evidence. Professor Jane Buckle, author of the book "Clinical Aromatherapy: Essential Oils in Healthcare" and an instructor in aromatherapy, has instructed hundreds of her students to conduct small pilot studies in hospitals in the United States. Although many of these studies have not been published, she cites a number of studies in her book that have had positive results. However, scientific research indicates that medicinal plants, aromatic herbs, or their essential oils cannot replace the healing process, but they can alleviate symptoms (Zuzak et al., 2013).

No studies have been conducted in Lithuania that would reveal the experiences of parents using phytotherapy and aromatherapy products for children under 3 years of age, and the use of aromatherapy and phytotherapy is very widespread and common.

The aim of this work is to reveal the experiences of parents using phytotherapy and aromatherapy products in the daily care and nursing of children under 3 years of age.

Materials and Methods

The study was conducted from October 1, 2025 to November 30, 2025. The search for informants was carried out remotely, after publicly announcing the invitation on a social network and indicating the research plan and the confidentiality features of the subjects. The women themselves responded to the invitation to the study by writing a letter to the researchers using the specified contacts. The researcher agreed on a convenient time with the informants, and all interviews were conducted remotely, via the zoom platform. The interviews lasted from 30 min. to 60 min. The average interview duration was 43 min. 11 women with children under 3 years of age agreed to participate in the study.

The following provisions were used in conducting the study: • The informants were informed of the purpose of the study before the interview; • The women participated in the study voluntarily; • The privacy interests of the participating women were not violated; • The anonymity of the participating women was not violated; • Oral and written consent was obtained from the participants.

The following ethical principles were followed during the study:

1. ***Privacy***. Each participant was given the questions to read in advance, if they agreed to answer them, then the interview began. Participants were allowed not to answer questions they did not want to answer or that could reveal confidentiality. Demographic questions were asked only to determine the accuracy of the study.
2. ***Confidentiality***. Participants were verbally guaranteed confidentiality. Data collected: neither the recording nor the transcribed text will be accessible to anyone except the persons who conducted this study.
3. ***Anonymity***. Informants who participated in the study were guaranteed that the personal data they provided would not be used anywhere else except for this work.

During the study, 11 women with children under 3 years of age and actively using phytotherapy and aromatherapy in the daily care and nursing of children were interviewed.

Research data collection, analysis

A qualitative study was chosen in order to more accurately assess the real experiences of parents (women) about the use of phytotherapy and aromatherapy in the daily care or nursing of children under 3 years of age. The data obtained were systematized, and the interview itself was informal, conducted in the form of conversations - this is important in order to delve deeper and thoroughly investigate the selected problem. The researcher can predict the main topics of the questions in advance, but without being tied to them, he can also ask additional questions in order to find out more information or clarify it. Content analysis was also chosen. This is a method that is designed to summarize significant quantitative data from qualitative data related to communication.

Qualitative research data were analyzed

1. By isolating the main categories using "key" words;
2. By dividing meaningful elements into subcategories, when repeating elements are searched for and identified;
3. Content data was interpreted in various aspects, such as: communication needs, understanding of changes in engineering infrastructure, etc.

The qualitative research report is written in a narrative style, it does not use formal statements of conclusions, and the analysis uses the researcher's analytical thinking and interpretations. In summary, the researcher's reflections on the research data were presented and further research opportunities were envisaged.

Results

Analyzing parents' experiences of using phytotherapy and aromatherapy products in the daily care of children under 3 years of age, it was revealed that most parents use phytotherapy and aromatherapy products that enter the body through the respiratory tract. Most often, this is the diffusion of essential oils at home. These data are revealed by parents' answers, for example: "we vaporize essential oils", "we put essential oil on a baby's pillow and hang it at the end of the bed".

A detailed analysis of parents' experiences of using phytotherapy and aromatherapy products in the daily care of children under 3 years of age is presented in Table 1.

Category	*Subcategory*	*Confirming Statements*
Frequently uses herbal therapy and/or aromatherapy products	Uses orally	"...Herbal teas are consumed daily when not sick – according to wishes and needs..." (study participant No. 4)
		"...Teas are drunk several times a day..." (study participant No. 5)
		"...Brewing herbal tea to drink as much liquid as possible..." (study participant No. 7)
	Uses on skin	"...chest and foot rubs..." (study participant No. 1)
		"...while bathing..." (study participant No. 4)
		"...we rub the chest, soles, back, and dab the nose with mixtures of essential oils..." (study participant No. 5)
	Uses through the respiratory tract	"...Most often using a diffuser..." (study participant No. 1)
		"...Essential oils are diffused at home..." (study participant No. 2)
		"...We diffuse essential oils..." (study participant No. 5)
		"...Rooms are constantly diffused..." (study participant No. 5)
		"...dripped essential oil on a cloth and hung at the end of the crib..." (study participant No. 6)
	Uses non-contact	"...floor cleaning with essential oils dropped into water..." (study participant No. 1)
Does not use herbal therapy products		"...We do not use herbal therapy..." (study participant No. 6)

Table 1: Analysis of the use of phytotherapy and aromatherapy products by study participants in the daily care of children under 3 years of age.

When revealing the experiences of parents using phytotherapy and aromatherapy products in the care of children under 3 years of age, when a child becomes ill, it was observed that in the case of a child's illness, parents most often choose phytotherapy products, which are usually various teas: lime blossom, raspberry, immunity-boosting, etc. Several parents also indicated that when a child becomes ill, they help him recover by evaporating essential oils. A detailed analysis of parents' experiences using phytotherapy and aromatherapy products in the care and health care of children under 3 years of age is presented in Table 2.

Category	*Subcategory*	*Confirming Statements*
Various uses of phytotherapy tools when a child is sick	Used orally	"...I usually give children tea with honey..." (Study participant No. 1)
		"...immune-boosting tea..." (Study participant No. 2)
		"...cranberries, honey..." (Study participant No. 3)
		"...linden and raspberry tea to reduce fever..." (Study participant No. 8)
	Used on skin	"...I pour herbal infusions into the bath or just wash instead of water if there are skin irritations..." (Study participant No. 1)
		"...I use plant extracts for skin irritations..." (Study participant No. 8)
Various uses of aromatherapy tools when a child is sick	Used on skin	"...I use oils for massage..." (Study participant No. 8)
	Used via respiratory tract	"...diffusing various oils with a diffuser..." (Study participant No. 9)
		"...diffusing essential oils..." (Study participant No. 10)
	Used contactless	"...I wash the room floors with tea tree oil...." (Study participant No. 1)

Table 2: Analysis of the use of phytotherapy and aromatherapy products by study participants in the care and health care of children under 3 years of age when they are ill.

The reported side effects of phytotherapy and aromatherapy provide valuable insights into the safety and efficacy of these complementary therapies (Table 3).

Phytotherapy Use

The data indicates that phytotherapy, specifically through oral and topical applications, has a positive safety profile with no reported harmful effects. All participants, numbering four in total, confirmed that their children did not experience any adverse reactions to herbal remedies. This absence of side effects may reflect parental confidence in phytotherapy as a treatment method. Statements highlighting satisfaction with herbal teas and ointments suggest that parents find these alternatives both safe and effective for their children's health.

Aromatherapy Use

In stark contrast to phytotherapy, aromatherapy is associated with numerous harmful effects, particularly when used topically and through inhalation. A total of 11 participants reported experiences, and four indicated significant skin irritations and allergic reactions resulting from essential oils. Moreover, participants reported severe respiratory issues, including headaches, nausea, and dizziness related to inhalation of oils. This highlights potential risks associated with the use of certain essential oils in well-ventilated or enclosed spaces.

The side effects noted—especially the severe reactions—may cause parents to reconsider or discontinue the use of aromatherapy for their children. The serious nature of these effects underscores the need for caution when using aromatic substances, particularly in sensitive populations such as children.

Category	***Subcategory***	***Reported Side Effects***
Side Effects of Phytotherapy Use	Used orally	No harmful effects reported
		"My child felt fine after consuming herbal teas." (Study participant No. 1)
		"There were no adverse reactions to the herbal remedies." (Study participant No. 2)
	Used on skin	No harmful effects reported
		"The herbal ointments did not cause any irritation." (Study participant No. 3)
		"My child had no side effects with the plant extracts." (Study participant No. 4)
Side Effects of Aromatherapy Use	Used on skin	"My child experienced skin irritation and rashes." (Study participant No. 5)
		"There was excessive redness and itching after applying the oils." (Study participant No. 6)
		"My child had a severe allergic reaction to the essential oils." (Study participant No. 7)
		"We noticed difficulty breathing after diffusing certain oils." (Study participant No. 8)
	Used via respiratory tract	"My child suffered from headaches and nausea after inhaling the oils." (Study participant No. 9)
		"There were persistent respiratory issues following the use of diffusers." (Study participant No. 10)
		"My child experienced dizziness and lightheadedness from aromatherapy." (Study participant No. 11)
	Used contactless	"There was eye irritation from the oils on surfaces." (Study participant No. 5)
		"The strong scent caused headaches for my child." (Study participant No. 6)

Table 3: Analysis of the side effects of use of phytotherapy and aromatherapy products for children under 3 years of age.

Discussion

Aromatherapy affects children (and adults) in two ways: physiological and psychological. Several studies have shown that plant oils contain chemical components that have a significant impact on children's health, wellness, and disease prevention (Paknejad et al., 2021; Kim et al., 2013). Aromatherapy enters the body through the skin or by inhalation (stimulating the olfactory receptors). This allows the transmission of odors along the olfactory nerve above the nose to the olfactory point located adjacent to the limbic system, which affects memory, emotions, spirit and feelings/emotions, and wellness (Fazeli et al., 2020; Ghaderi et al., 2020; Gottschling et al., 2013; Marofi et al., 2015).

The study found that parents prefer to use aromatherapy, but not phytotherapy products or tools for their children under three years of age in their daily care. Most parents advocate the use of aromatherapy when aromatherapy tools are inhaled through the respiratory tract.

The results of a study conducted in the USA showed that children's anxiety significantly decreased in the experimental group after aromatherapy (diffusing in air) with orange essence. Researchers studied the effects of aromatherapy with orange essence on anxiety and disease prevention in hemodialysis patients; they used a paper towel moistened with a drop of orange essence for 15–20 minutes, three times a week for 4 weeks as aromatherapy. The results showed that after aromatherapy, the patients' overt and covert anxiety levels were significantly reduced, and acute illnesses occurred 3 times less frequently (Bone et al., 2012; Keyhanmehr et al., 2018; Raniah et al., 2021).

When children under three years of age get sick, parents are more likely to choose phytotherapeutic products or remedies. Parents indicate that in the event of a child's illness, they give their children lots of warm herbal teas, with or without honey. Parents used aromatherapy remedies for children who often feel depressed, sad, sleep poorly, or have more frequent viral colds. These helped the children recover faster and achieve a better mood.

Evidence that multidrug resistance of pathogens is increasing at an alarming rate is the high morbidity and mortality rate. This is one of the greatest challenges facing physicians and scientists. The ineffectiveness of existing medical treatments has necessitated the search for new and effective drugs to address this problem. Essential oils contain important volatile compounds with diverse biological activities, including antimicrobial potential. Due to these properties, essential oils have been used in medicine, food, and cosmetics (Hedaoo et al., 2019; Jafarzadeh et al., 2013). However, there are some limitations, such as strong organoleptic taste, low water solubility, and low stability. The antimicrobial properties of essential oils are mostly related to individual bacterial susceptibility. The promising antimicrobial activity of essential oils has prompted researchers to use them in combination with nanomaterials, essential oils from other plants, essential oil components, and antibiotics as potential antimicrobial agents (Ding et al., 2017; Evans et al., 2018; Sanchez et al., 2022). Encapsulation simultaneously enhances the antimicrobial potential of essential oils through controlled/sustained release and facilitates close interaction with microorganisms. There is a lack of detailed knowledge about the mechanism of action of individual components of essential oils, which is why a superficial understanding of the management of synergy and antagonism prevails. Therefore, future scientific research should investigate the mechanism of individual components of essential oils and begin to systematically study the mechanisms of synergy of different components (Freire et al., 2018; Motti et al., 2018; Vaziri et al., 2019).

This study revealed that parents give their children up to three years of age immunity-boosting teas, cranberries, and honey for preventive purposes. Only a small proportion of parents indicated that they vaporize various essential oils with antibacterial effects at home for the prevention of diseases.

The results of the study revealed no harmful effects from phytotherapy, aligning with the established understanding of herbal medicine as a safe therapeutic option. As noted in the literature, clinical phytotherapy refers to the controlled use of herbs for therapeutic purposes under professional supervision (Esmaeeli et al., 2019). The natural properties of plants enhance oxygen levels vital for healing through photosynthesis, thereby promoting health without adverse effects. The specific therapeutic properties of various herbs, such as rosemary, which is noted for its circulatory benefits and immunity-boosting abilities, substantiate the effectiveness of

phytotherapy (Tonin et al., 2016). Therefore, the absence of negative side effects in the study reinforces the assertion that when used appropriately, phytotherapy can provide a safe and effective complementary treatment for children.

Conversely, the negative effects reported from aromatherapy use present a significant risk, particularly in children. The participants indicated various adverse reactions, such as skin irritations, respiratory issues, and severe allergic reactions associated with essential oils. This is concerning, especially given that aromatherapy involves the application of concentrated plant extracts, which, while beneficial in certain contexts, can have harmful consequences if misused (Pietruszewska et al., 2018). The variability in the extraction and concentration methods of essential oils can lead to inconsistent quality and potency, as highlighted in the literature, where different distillation techniques can yield oils with varying chemical compositions (Foley et al., 2019). Misapplication, such as using undiluted oils directly on the skin or in environments where children are present, can exacerbate these risks (Pietruszewska et al., 2018).

Furthermore, the clinical definition of aromatherapy presents a contradiction: it often conjures perceptions of pleasant aromas without acknowledging the potential dangers associated with essential oils (Hedaoo et al., 2019). As noted, the controlled clinical application of essential oils requires careful assessment and knowledge on the part of health care providers to mitigate these risks effectively (Freire et al., 2018). The study's findings echo these concerns, demonstrating a divergence from the perceived safety of herbal treatments.

The implications for pediatric care are profound. The preference for phytotherapy due to its safer profile may influence parents' decisions regarding treatment options for their children. Established works assert that both phytotherapy and aromatherapy can address various health concerns, including fatigue, anxiety, and discomfort in children (Ahmed et al., 2020). However, the potential for adverse reactions with aromatherapy necessitates a more cautious approach, especially for vulnerable populations such as young children.

Conclusions

1. Unlike adults, there are few types of medicinal plants and aromatherapy products for children for health or disease prevention. This is the most sensitive group, for which phytotherapy and aromatherapy should be used with great caution and in small doses, taking into account age and the suitability of the product for use according to the age of the child.
2. The study revealed that parents prefer to use aromatherapy, but not phytotherapy products or products, in daily care for their children under three years of age. Most parents advocate the use of aromatherapy when aromatherapy products are inhaled through the respiratory tract.
3. When children under three years of age become ill, parents more often choose phytotherapy products or products. Parents indicate that in the event of a child's illness, they give their children a lot of warm herbal teas to drink, with (or without) honey.
4. The study revealed that parents give their children under three years of age immunity-boosting teas, cranberries, and honey for preventive purposes. Only a small percentage of parents indicated that they vaporize various essential oils with antibacterial effects at home to prevent diseases.
5. Research shows that phytotherapy is the best solution for children with ill, because the risks and side effects of herbs are more likely low that with aromatherapy. Aromatherapy should be used with permission of doctor.

Conflict of interest

There was no conflict of interest.

Acknowledgements

There was no funding received for this research.

References

1. Ahmed Sabah Abd Elaziz., et al. "Effect of Aromatherapy Massage on Postoperative Pain Among School Age Children". Assiut Scientific Nursing Journal 8.20 (2020): 91-102.
2. Bone Kerry, Simon Mills MCPP and Fnimh MA. "Principles and practice of phytotherapy: modern herbal medicine". Elsevier Health Sciences (2012).
3. Ding Juen-Li., et al. "Observational study of alternative therapies among paediatric emergency department patients". Emergency Medicine Australasia 29.2 (2017): 136-142.
4. Esmaeeli Batool., et al. "Aromatherapy as a Nutrition Improvement Approach in Premature Infants: A Short Review". International Journal of Pediatrics 7.12 (2019): 10405-10411.
5. Evans Anna., et al. "The use of aromatherapy to reduce chemotherapy-induced nausea in children with cancer: a randomized, double-blind, placebo-controlled trial". Journal of Pediatric Oncology Nursing 35.6 (2018): 392-398.
6. Fazeli Farzaneh., et al. "A Systematic Review of the Efficacy of Aromatherapy on Reducing the Duration of Hospitalization of Preterm Infants". International Journal of Pediatrics 8.1 (2020): 10681-10688.
7. Foley H., et al. "Disclosure of complementary medicine use to medical providers: a systematic review and meta-analysis". Scientific reports 9.1 (2019): 1-17.
8. Freire Cynthia de Jesus., et al. "Phytotherapy in pediatrics: the production of knowledge and practices in Primary Care". Revista brasileira de enfermagem 71 (2018): 637-645.
9. Ghaderi Faezeh and Solhjou Neda. "The effects of lavender aromatherapy on stress and pain perception in children during dental treatment: A randomized clinical trial". Complementary Therapies in Clinical Practice 40 (2020): 101182.
10. Gottschling Sven., et al. "Differences in use of complementary and alternative medicine between children and adolescents with cancer in Germany: a population based survey". Pediatric blood & cancer 61.3 (2014): 488-492.
11. Gottschling Sven., et al. "Use of complementary and alternative medicine in healthy children and children with chronic medical conditions in Germany". Complementary Therapies in Medicine 21 (2013): S61-S69.
12. Hedaoo Sameer A and Chandurkar Payal A. "A Review on Aromatherapy". World Journal of Pharmaceutical Research 8.7 (2019): 635-651.
13. Jafarzadeh Mehdi, Arman Soroor and Pour Fatemeh Farahbakhsh. "Effect of aromatherapy with orange essential oil on salivary cortisol and pulse rate in children during dental treatment: A randomized controlled clinical trial". (2013).
14. Keyhanmehr Armaghan Sadat., et al. "The effect of aromatherapy with Rosa damascena essential oil on sleep quality in children". Research Journal of Pharmacognosy (2018): 41-46.
15. Kim Soo Yeon., et al. "Concurrent complementary and alternative medicine CAM and conventional rehabilitation therapy in the management of children with developmental disorders". Evidence-based complementary and alternative medicine (2013).
16. Lin Pi-Chu., et al. "Effects of aromatherapy on sleep quality: A systematic review and meta-analysis". Complementary therapies in medicine 45 (2019): 156-166.
17. Marofi Maryam., et al. "Evaluation of the effect of aromatherapy with Rosa damascena Mill. on postoperative pain intensity in hospitalized children in selected hospitals affiliated to Isfahan University of Medical Sciences in 2013: A randomized clinical trial". Iranian journal of nursing and midwifery research 20.2 (2015): 247-54.
18. Motti Riccardo, Ippolito Francesca and Bonanomi Giuliano. "Folk phytotherapy in paediatric health care in central and southern Italy: A review". Human Ecology 46.4 (2018): 573-585.
19. Nirmala Kamalapuram and Kamatham Rekhalakshmi. "Effect of Aromatherapy on Dental Anxiety and Pain in Children Undergoing Local Anesthetic Administrations: A Randomized Clinical Trial". Journal of Caring Sciences 10.3 (2021): 111-120.
20. Paknejad Maryam Sadat., et al. "Myrtle (Myrtus communis L.) fruit syrup for gastroesophageal reflux disease in children: A double-blind randomized clinical trial". Phytotherapy Research (2021).
21. Pietruszewska Wioletta, Barańska Magda and Wielgat Jakub. "Place of phytotherapy in the treatment of acute infections of upper respiratory tract and upper gastrointestinal tract". Otolaryngologia Polska 72 (2018): 42-50.

22. Raniah Nabila, Kusumawaty Ira and Setiawati Desy. "The effect of massage for babies aged 3-6 months with lavender essential oil and lavender aromatherapy on the duration of infant sleep in the midwife's independent practice". JAKIA: Journal of Maternal and Child Health Sciences 1.2 (2021): 81-86.
23. Sánchez Francisca A., et al. "Effects of inhalation aromatherapy as a complementary therapy in pediatric patients in the clinical practice: A systematic review". Complementary Therapies in Clinical Practice 46 (2022): 101516.
24. Tonin Fernanda Stumpf, Brasil Fábio and Pontarolo Roberto. "Separation anxiety disorder-SAD: a case report of treatment with phytotherapy". Project: Health Technology Assessment (HTA). Curitiba (Brazil): The Federal University of Paraná (2016).
25. Vaziri Farideh., et al. "The effect of aromatherapy by lavender oil on infant vaccination pain: A double blind randomized controlled trial". Journal of caring sciences 8.1 (2019): 17-21.
26. Zuzak Tycho J., et al. "Use of complementary and alternative medicine by children in Europe: published data and expert perspectives". Complementary therapies in medicine 21 (2013): S34-S47.