

Tobacco Cessation: An Insight on Multifarious Methods

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ABSTRACT

Smoking or smokeless form of tobacco consumption has been reflected to have a resilient addiction leading to a toxic practice and is the subsequent greatest hazard factor for pathologies associated with the oral cavity and lungs. Bearing extensive dominance in South East Asia, tobacco intake is contemplated as a rampant disease which proves to be a strong barrier to achieving sound health. Diverse health providers and professionals alongside the dental team implement an inimitable role in tobacco cessation. The entire dental team comprising of the dentist, dental assistant, and dental hygienist must be informed and educated on the latest development and advances in the process of tobacco cessation. The fundamental purpose of the article is to focus on the diverse approaches of tobacco cessation.

KEYWORDS: Smokeless Tobacco; Smoke Tobacco; Cessation; Dentist

INTRODUCTION

The foremost exterminator in the world today affecting members of all age groups is the use of tobacco products. However, the problem has been known to the health professionals for more than 50 years which has evidently signified the deleterious effects of tobacco and its products in the oral cavity.¹ The delinquency has climbed in recent years due to the evident tractability in the way the tobacco can be consumed including pan chewing and cigarette smoking. The menace has accounted for the death toll of over a hundred million in the latter century² and tobacco-caused oral cancer is the eleventh most common cancer in the world.³ The quality of life is also tarnished owing to the consumption of tobacco products leading to oral pathologies like periodontal and gingival disease inclusive of ulcerative gingivitis and periodontitis, heavy stains and calculus deposition, hairy tongue, premalignant lesions and ultimately oral carcinoma. It also hampers the process of healing and obfuscates the treatment risks by radically degrading the prognosis of the oral periodontal disease. Sustained use of tobacco following the surgical treatment of oral cancer can drastically escalate the chance of recurrence. The most disturbing data suggests that tobacco consumption may account for over a billion lives in the 21st century considering the rise in tobacco intake.

Tobacco abuse is a pathological condition associated with behavioral and addictive traits of a human being. The chief foundation of addiction is the presence of nicotine which sojourns a patient from quitting tobacco.⁴ The most elementary conception to grasp when bearing in mind the health management for an illness is to have a profound knowledge of the disease and absorb the novel

characteristics that can enhance the aftermath of a treatment strategy. Such a management plan of tobacco cessation can be labeled as a process of halting tobacco abuse in all arrangements on a dependable basis. The treatment is patently controlled by a set of determinants which suggests that most patients and subjects are in a state of constant anxiety and hold a firm believe that the tobacco cessation treatment phase would be more damaging mentally as well as physically. The treatment starts with a psycho-social approach to the issue explaining the patient the benefits of the cessation plan and the efficient ways to overcome any withdrawal symptoms.

MULTIFARIOUS TECHNIQUES OF TOBACCO CESSATION

1. Psycho-social tactic
2. Drug therapy
3. Hypnotic management
4. Acupuncture
5. Herbs

Psycho-Social Tactic: A principal approach to initiate the treatment plan of tobacco cessation is the amalgamation of psychological and social tactic.

Psycho-Social Tactic- 5 A's model – for people who are prepared to leave tobacco⁵

- **Ask:** The maiden stride is to probe and question the subject in regard to tobacco abuse. The response of the dentist or the associated health practitioner must be compassionate and supportive.
- **Advice:** The second stride must comprise of an eventful advice from the dental team to grow free of tobacco in a robust and tailored manner.

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- **Assess:** The dentist and the auxiliaries must assess the physical condition of the subject and assess his readiness to leave tobacco.
- **Assist:** The assistance would be offered by the means of physical and drug treatment and mental assistance by continuous discussions and positive motivations.
- **Arrange:** The arrangement for appropriate psychotherapy of the subject with the aid of accurately competent clinicians.

Psycho-Social Tactic- 5 R's model – for people who are not prepared to leave tobacco⁶

- **Relevance:** The maiden stride is to make the subject ripen an understanding that the thorough cessation of tobacco is relevant to his ailment and everyday lifestyle.
- **Risks:** The second stride is on the part of the dental team to provide the meticulous portrayal of the potential undesirable risks of the elongated tobacco abuse.
- **Rewards:** The third stride involves explaining the patient about the conceivable rewards of tobacco cessation. The subject has to understand that it will deliver a sound mental and physical health, thereby enhancing his finances and refining his taste perspicacity and food appetite.
- **Roadblocks:** The fourth stride involves the clinician explaining the subject that the management plan may encounter potential roadblocks characterized by the vigorous withdrawal symptoms alongside despair and weight expansion.
- **Repetition:** The last stride is to repeatedly motivate the patient to continue his efforts of tobacco cessation.

Drug Therapy: Numerous medications have been deployed in the fight for the absolute cessation of tobacco abuse and most of them have been reasonably fruitful. The basic and fundamental principle of the use of nicotine replacement therapy is to provide the subject with an innocuous form of drug treatment which assuages the withdrawal symptoms associated with the tobacco cessation.⁷ The therapy consists of products like patches and gums which assist in cessation. Nicotine patches distribute nicotine via the dermal course and the remaining nicotine products carry nicotine through the nasal and oral route with the use of an inhaler or sublingual medication. However, studies have proposed that the preponderance use of the nicotine replacement therapy products may cause substantial side effects. The side effects are frequently in straight proportion to the dose which can be controlled by dropping the dosage. Some drugs that play a crucial role in tobacco cessation include bupropion hydrochloride and clonidine. The fundamental effect of bupropion is to lift the intensities of dopamine. Such an elevation in the levels of dopamine in the brains is observed on the intake of nicotine; hence bupropion has an effect that mimics the effect of nicotine.

Hypnotic Management: Hypnosis is a science that deals with the transmogrified awareness leading to a state of

serenity. It is a commonly disputed notion that the branch of hypnotic science deals only with the alteration of physical state to diminish the level of pain, but indeed it deals with the psychological issue of the subject. The science has shown tremendous improvements for the efficacious managing of the speech troubles. In pertinence to the tobacco cessation, the action employed is typically pandering the subject with imaginings of pitiable consequences of smoking and making the subject sense that the odour of the smoke is worse than the exhaust of an automobile.⁸

Acupuncture: Acupuncture has proved to be a vital option for management for tobacco cessation especially during the segment of the withdrawal symptoms like yearnings and crankiness. To test the efficacy of acupuncture in the chronic phase, a series of tests were conducted which consisted of 46 healthy subjects that were smoking about 25 cigarettes a day. The study was steered after the spur of the anti-smoking acupoints as a part of the treatment remedy. A conclusion was drawn that when the acupuncture is performed sufficiently, it may cause a drastic decline in the quantity of consumed cigarettes and subsequently, aid is absolute cessation. The approach also proposed that altered acupoints had variegated effects on cessation and aided by plummeting the savour of tobacco.⁹

Herbs: Herbs are the distinct kind of plant yields that have been consumed for healing purpose for a long period of time. They have also been exploited for the purpose of tobacco cessation with foremost effects on dismissing strain on the body and diminishing the withdrawal symptoms. They are available in a variety of forms for intake, mostly consumed with tea or in the form of pills. Some researchers have also suggested the smoking of herbs but the results have not been fairly encouraging. A resilient herb termed Lobelia aids in the soothing of the mind and additionally placates the body. It is the most recommended active herb to ease the yearnings next to nicotine cessation. The mechanism of action of the herb Lobelia is to bother the gustatory influence of cigarettes.¹⁰ A herb titled Calamus is recognized to mend the gusto and determinations during withdrawal and strappingly cut the apprehension.

CONCLUSION

Tobacco is a principal cause of unnecessary demise in the biosphere. It is vital that all health workers must be actively involved in battling tobacco abuse. Complete and absolute tobacco cessation are continually favourable to human health. The concept midst the subjects abusing tobacco abusers is the miserable feeling associated with the withdrawal symptoms which prevent them from effectively quitting tobacco. However, the current forms of available treatment options provide a smoother journey from dependency to complete cessation. The dentist and the other oral care providers must be well versed with the tobacco cessation management plans to provide the superior most treatment to the patient.

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