

QUITTING NATURALLY
Become Smoke Free with Asian Medicine

Henry McCann, DAOM, LAc

Copyright © 2014, 2011 by Henry McCann

All rights reserved. No part of this book may be used or reproduced in any manner whatsoever without written permission from the author, except in the case of brief quotations embodied in critical articles and reviews

Published by

INSTITUTE FOR CLASSICAL ASIAN MEDICINE

12 Main Street, Suite 12-3, Madison, NJ 07940

www.asianmedicine.org



-The White Tiger -
Symbol of healthy and strong lungs in Asian Medicine

NOTICE

Chinese medicine (also known as Oriental medicine) is a professional system of healthcare. The information in this text is not meant to be implemented by laypersons, and neither the author nor the publisher advocate self treatment. Other healthcare providers interested in learning Chinese medicine should seek professional instruction. Patients who would like to receive Oriental medical treatment are urged to contact a professional healthcare provider.

Medical science is a constantly evolving and ever changing field. The information in this text is provided in good faith, but the author is not responsible for errors or omissions, and cannot be held responsible for treatments undertaken after having read this book. This book is provided only for patients under the care of a licensed practitioner of acupuncture and Oriental medicine.

CONTENTS

The Facts About Smoking	7
Time to Quit	9
Dealing with Cravings	11
Self Reflection	20
Final Considerations	24
Appendix – Program Outline by Week	27
References	28
About and Contact Information	33

THE FACTS ABOUT SMOKING

There's never a wrong time to quit smoking. As of 2009, in the United States 20.6% of adults were smokers. Although for many years there was a steady decline in the use of tobacco, those declines have slowed recently. All this is despite the fact that cigarette smoking is the leading cause of preventable disease and death in the United States today.¹

Cigarettes and Health

Simply speaking, smoking cigarettes leads to death, and more deaths are caused each year by tobacco use than by all deaths from HIV, illegal drugs, alcohol, motor vehicle injuries, suicides, and murders combined.² Smoking causes the majority of lung cancer cases³ and lung cancer is the most common cancer that kills patients in the United States.⁴ But the problem doesn't stop there. Cigarette smoking also causes the following diseases:

- Cardiovascular disease (heart disease)
- Stroke
- Cancer of the bladder
- Cancer of the cervix and uterus
- Cancer of the esophagus
- Cancer of the kidney
- Cancer of the mouth, throat and voice box
- Cancer of the stomach¹

Cigarette smoking also leads to infertility in women, lower bone density in older women (i.e., osteoporosis), and an increase in hip fractures in older women.¹ Cigarette smoking depresses the immune system, and *in as little as 20 minutes* after quitting positive health chances start.⁵

Social Justice:

In addition to the health risks of smoking, cigarettes are an issue of social justice – people with lower educational levels and lower income (and therefore less access to quality health care) are more addicted to cigarettes. Tobacco companies specifically target advertising at lower income racial and ethnic groups.⁶ Cigarette use is directly correlated to education and income. Smoking is more common in people below the poverty level (31.1% of people below the poverty level smoke while only 19.4% of people above the poverty level do), and it is more common in people with less education (49.1% of GED graduates, 25.1% of high school graduates, 11.1% of college graduates, and 5.6% of people with advanced graduate degrees).¹

TIME TO QUIT

Now is the time to quit, and you can do it! Smoking can become a thing of the past, and it can be easier with the help of Asian medicine. A combination of safe therapies and activities you can do at home can help kick the habit and begin a life of better health.

Acupuncture and Chinese Medicine

Acupuncture has been practiced in China for about 2000 years and according to the World Health Organization it can be used to treat a very wide variety of disease including numerous types of pain, infections, neurological conditions, respiratory diseases, and others.⁷ Acupuncture is widely used in drug detox programs in settings such as hospitals and clinics. Both research in China and own clinical experience and research suggest that acupuncture is effective in helping people break cigarette addiction.⁸ Acupuncture can help reduce cravings for cigarettes, and reduce the taste for tobacco and desire to smoke.^{9,10}

While most people in the West associate acupuncture with Chinese medicine, in Asian, herbal medicines are by far the most commonly used type of traditional medicine. Like acupuncture, Chinese herbal medicines can reduce withdrawal symptoms and increase success rates in quitting.¹¹

In our clinic, based on many years of experience, we recommend patients come in for 5 to 6 acupuncture treatments over the course of 2 weeks once cigarettes have been discontinued. Generally, more frequent application of acupuncture is associated with better effect, and in China acupuncture is sometimes given every day for a period of several weeks.¹² When we treat smoking cessation we will typically combine body acupuncture with ear acupuncture, sometimes including special acupuncture points developed in China specifically to help with smoking cessation.^{13, 14} Depending on the patient's case and preferences we may also recommend Chinese herbal formulas to be taken throughout the course of treatment.

Our At Home Program

For smoking cessation to be successful though, there has to be more to the plan than acupuncture and Chinese herbs over the 2 week period of treatment. Our clinic recommends a special approach to quitting based on Japanese methods of psychology – Morita Therapy and Naikan. We find that in combination with in office treatment this program gives patients the best chance of successfully starting a long-term smoke free life.

DEALING WITH CRAVINGS

Many patients will describe cigarette cravings as being one of the hardest parts of quitting. The good news is that research shows cravings frequency decline rapidly in the 2 weeks following quitting (one of the reasons we do about 2 weeks of treatment in the office). Even without acupuncture, the average smoker experiences about 6 episodes of craving by day 3 after quitting, and that goes down to an average of 1.4 episodes per day by day 10 after quitting. Each of these episodes of craving lasts for less than 3 minutes, meaning that on the worst day the average newly ex-smoker experiences less than 18 minutes of feeling like they really want a cigarette.¹⁵

So how do we deal with the cravings? The simple answer is that we don't. One of the most important things to try to understand is the relationship between what we can control, and what we can't. One of the central principles in Japanese psychology is that *we cannot control our feelings*. A feeling or a desire, like craving a cigarette, is uncontrollable and it must be recognized as such. In Japanese this is called *arugamama* – a word that means a type of acceptance.¹⁶ This does not mean however that we give up and give in to cravings (in Japanese “giving up” is *akirame*, very different from *arugamama*). Accepting cravings means understanding that they are inevitable, but then recognizing them and learning to, for a lack

of a better way to put it, take them along for the ride in the recovery process.

How do we learn to accept and live with the cravings? Practice... One of the exercises we suggest to help with quitting starts even the week before starting (or earlier if possible). Throughout the day, whenever you feel like you want a cigarette, notice the craving and just sit with it. Look at your watch and wait at least 3 minutes (since 3 minutes is the average time a craving episode lasts). During this 3 minute period of time, get up and do something physical. If at work, try to get up and walk to the bathroom or to the cooler to get some water. If at home consider going outside for a very short walk, or working at something with your hands in the house such as clearing dishes from the sink or folding clothes. This brings us to 2 more principles:

- *Feelings fade over time unless re-stimulated*
- *Your mind can only focus on one thing at a time*

Over the period of 3 minutes you are waiting and doing something else, the craving will naturally diminish in intensity, and, if you are doing something actively with your body you will not notice the craving as intensely (if at all depending on the intensity of the physical activity). Since this is just our practice week, after that 3 minute period of time you can go ahead and

12

have a cigarette. Here we have a slightly expanded version of a principle we've already seen:

- *Feelings are uncontrollable, but actions are controllable*

By waiting for 3 minutes, the average length of a craving episode once you stop smoking, you've separated your feeling from your action. You can feel the craving, but at the same time just notice it and *do* something other than smoke a cigarette, even if later you do decide to smoke. Congratulations, you have just taken a very small but real step towards being smoke free! Every great endeavor starts with just one very small step, and you've taken it.

Points for Practice

- The week before you quit, whenever you have a craving to smoke wait 3 minutes, notice your craving, then get up and **MOVE**. Do some sort of physical activity.
- After the three minutes you may have a cigarette, if you still want one.

Knowing Your Triggers

As we've already seen, *feelings fade over time unless re-stimulated*. Most smokers have certain *triggers* – places, people or events that remind them of the desire to smoke. During the initial period of quitting, it's very important to know what your triggers are and to avoid them. Some common triggers for smokers are stressful situations, being around other smokers or socializing with friends who smoke, or drinking alcohol or coffee. The week before you quit, take just a few minutes to notice your triggers. Write them down on a piece of paper and carry it with you in your pocket. When you come in contact with your triggers cigarette cravings are re-stimulated. It is therefore very important that you minimize triggers once you quit smoking, especially for the first few weeks into being smoke free. Avoiding your triggers is something that is *controllable* while the cravings themselves are not.

Points for Practice

- The week before you quit, make a list of your smoking *triggers*.
- Keep this list in your pocket and start avoiding these triggers.

Activity and Diet

Physical activity is an incredibly useful adjunct to quitting (physical activity is an incredibly useful adjunct to just about anything in life!). In addition to getting up and moving during a craving episode, increasing physical activity during the period of quitting will improve success rates. Research has shown that exercise, in addition to distracting you from a craving, reduces the actual craving.¹⁷ Consider moderate activity such as taking walks several times per week while quitting, or, if you are involved in any type of sport or exercise regimen, be sure to keep them up.

Another activity that is very helpful while quitting is *sleeping*. The week leading up to quitting and the first few weeks after stopping cigarettes, try to get adequate sleep. Research shows that increased sleep time improves the chances of quitting successfully.¹⁸ Getting to bed early is another activity that can be *controlled*, and an activity which can positively influence cigarette craving, something that cannot be directly *controlled*. Some patients experience insomnia as part of tobacco withdrawal (in fact, smoking cigarettes commonly results in insomnia and poor sleep),¹⁹ so if this happens, let us know. Both acupuncture²⁰ and Chinese herbal medicines²¹ have been shown to help insomnia, and this is something that can be controlled with treatment once you quit smoking.

Diet is another area that you can control while quitting. Some foods, such as vegetables, non-caffeinated drinks, and dairy products actually worsen the taste of cigarettes. Caffeinated drinks and meats enhance the taste of cigarettes.²² In the week leading up to and during the first few weeks of discontinuing cigarettes, increase the amount of vegetables in your daily diet. Drink more water and limit the amount of caffeine. For people who regularly use caffeine, one mildly caffeinated drink that may help with stopping cigarettes is green tea. In fact, drinking green tea may reduce the damage caused by cigarette smoking to lower cancer risks.²³ Since coffee is a common smoking trigger for many smokers, consider substituting green tea for coffee. Generally varying routine during the day also helps with reducing cigarette cravings.

One thing to avoid is dieting for weight loss at the same time as stopping smoking, as this can increase cigarette craving.²⁴ During the day, when cravings happen, in addition to some sort of physical activity, some people find it useful to eat or drink something. To minimize weight gain and reduce cravings at the same time, snack on vegetables (carrots are a great snack) and drink plenty of calorie free drinks such as water, green tea, or herbal teas. Avoid artificial sweeteners as they may actually worsen cravings and, contrary to what many people think, can lead to weight gain, not weight loss.²⁵

Points for Practice

- Move your body! Increase physical exercise and get more sleep.
- Eat more veggies, and drink more water, green tea, and herbal teas; avoid caffeinated drinks and reduce meat intake.
 - Avoid artificial sweeteners.

Support Network

Very little, and perhaps even nothing, gets done alone. Think about even this piece of paper you're holding. Imagine where it came from, this simple piece of paper. At one time it was a tree that someone eventually had to cut down. The tree was then transported to a factory somewhere where many people took it through steps to be made into paper. The paper was then put into machines, cut to a certain size, packaged, and transported yet once again to the location where the printing occurred. And the story goes on. Many hands, and a lot of effort went into making this one little booklet.

Major changes, such as quitting smoking, are easier with support networks. In the week or so leading up to your last cigarette start *telling* your friends you are going to quit. Deciding to quit is just a decision – it's *not* actually an action.

Telling people you are going to quit is a real step – it’s an action. Even though small, it’s a step in moving towards being smoke free. Tell your friends, family, or other support people the day you are going to quit, and ask one or more of them to start sending you text messages or calling you with encouragement. They will be happy to help, and research has actually shown getting encouraging messages throughout the day helps people quit.²⁶

Points for Practice

- TELL your friends and family you are going to stop smoking
 - Tell them the day you are going to stop smoking
- Ask family and friends to text you or call you at random times during the day to encourage your quitting

More Taking Action

We’ve already taken several action steps, including practicing dealing with cravings, identifying triggers, increasing activity, modifying diet, and enlisting support. One of the most important additional action steps to take during the week you stop is to be away from all cigarettes.

When you are smoking your last cigarette, get rid of ***all*** remaining cigarettes (waiting until after you've stopped may make it harder to get rid of them). Do *not* keep just one cigarette "just in case." Tell your friends and family who are still smokers you cannot socialize with them while they are smoking (they will understand, and most likely want to help your process). If you typically drive past where you purchased cigarettes, find new routes to travel during the first few weeks you are quitting.

The week before you quit and especially the week you stop vary your daily routine. As you experience cravings remember that at worst they last less than 3 minutes. During that time get up and move, keep occupied, and learn to co-exists with them since they cannot be controlled. Changing your routine though and avoiding all locations where you purchase cigarettes will help in the overall process.

SELF REFLECTION

Most of us have a very skewed view of our lives and tend to see things from a limited perspective. Self-reflection is a wonderful tool to help us see the bigger picture of our life. Before we even get to self-reflection though, looking at the actual details of smoking helps put the habit into perspective. As an exercise, calculate the amount of cigarettes you've smoked over the last year, the last 5 years, and, if applicable, the last 10 or more years. Estimate the number based on your average amount of cigarettes smoked in a day, but be precise with the number (use a calculator). Then, calculate the amount of money you've spent on cigarettes over the last year, the last 5 years, and if applicable, the last 10 years or more. Take a look at the actual number written down on paper. For example, for a pack a day smoker, we get these numbers:

$$1 \text{ pack (20 cigarettes)} \times 365 \text{ days} = 7,300 \text{ cigarettes per year}$$

$$\begin{aligned} \$6.68 \text{ (average price of a pack in NJ)}^{27} \times 365 \text{ days} = \\ \$2,438.20 \text{ per year} \end{aligned}$$

Another exercise in self-reflection comes from the Japanese method known as Naikan. Naikan, which literally mean "looking within" is a method of reflection created by Yoshimoto Ishin in the early 20th century. Naikan is simple yet profound, and can be adapted to many situations. In the

original Naikan method the person doing Naikan (known as the *Naikansha*) is prompted to reflect on the following questions:

1. *What have I received?*
2. *What have I given?*
3. *What troubles or difficulties have I caused?*

This can be asked about a specific person, about a period of time, or an activity. For smokers trying to quit it can be useful to modify these questions to focus on cigarette smoking. This can give us a broader and more accurate understanding of our situation. Take at least 30 to 45 minutes around the time you quit and reflect on the following questions:

1. *What have I done for cigarettes?*
e.g., "I have gone out of my way to drive to a store to purchase cigarettes."
2. *What have cigarettes done for me?*
e.g., "Cigarettes made me feel relaxed when I was stressed out."
3. *What trouble or difficulties were caused to others or to myself because of my smoking cigarettes.*²⁸
e.g., "Yesterday a man standing next to me on the street coughed because of my cigarette smoke."

When doing these reflections be as specific as possible with details (for example see the same answer to question 3 above). Life is in the details, not the generalizations. Write

down your lists and look at them periodically throughout the process of quitting. During one of your visits to our clinic, you may be asked to read the list to us if you are comfortable doing so (this was an original part of the Naikan process). When you read your list the person listening will not make any comment about the content, they will just listen and maybe suggest other things to think about for future reflection.

内 観

NAIKAN – “LOOKING WITHIN”

Reflecting on Purpose

Thinking about purpose helps us stay on task. There are many, many reasons to stop smoking, but everyone has their own reasons. The week before you quit, or at the very start of the week you quit take some time and *write out* a list of reasons why you want to stop smoking, and the benefits of quitting. What is *your* purpose in quitting? Carry this list with you (with your list of triggers) and review it for a minute or 2 each day, adding to the list as necessary over time.²⁹

Points for Practice

- Write out a list of your reasons for quitting and benefits of quitting.
- Carry this list with you and review it for a few minutes each day; add to the list as necessary.

FINAL CONSIDERATIONS

Drug Therapy for Smoking Cessation

There are a number of different drug therapies being marketed now for smoking cessation. The choice to use drugs for smoking cessation is a personal one that patients must make based on their circumstances, although our clinic believes that a natural approach to smoking cessation can be both effective and safe.

One of the most common, and one that is available over the counter, is a variety of nicotine replacement therapies such as nicotine gum or nicotine inhalers. It is true that there are relatively few serious side effects associated with these therapies. Nicotine replacement does increase rate of successfully quitting. However, since the success rate is so low anyway, even with improved success, only about 7% of patients receiving nicotine replacement therapy are successful after 12 months³⁰ (a much lower rate than advertising would have patients believe). When patients try to use nicotine replacement to quit cigarettes by slowly cutting down on smoking (instead of going “cold turkey”) the success rates with nicotine replacement are abysmally low – only about 5.3% after 12 months.³¹ Unfortunately, much of the research on the effectiveness of nicotine replacement therapy is industry funded, and other research has suggested publication bias (i.e., the drug

24

manufacturers preferentially selecting to publish more positive studies about their product) may account for some of the reported “success” of nicotine replacement.³²

In addition to nicotine replacement, there are other medications used now in smoking cessation, the two most common being varenicline (Chantix) and bupropion (Zyban). Unlike nicotine replacement therapy there are many side effects, some quite serious, associated with these drugs.

In June 2011 the FDA moved to strengthen warning that varenicline (Chantix) use may lead to more heart problems in patients who have heart disease. The use of varenicline (Chantix) has also possibly led to changes in behavior, hostility, agitation, depressed mood, and suicidal thoughts in some patients. There is an even longer list of more commonly seen side effects, such as trouble falling asleep or staying asleep, unusual dreams or nightmares, drowsiness, headache, difficulty swallowing or breathing, rash, and swollen, red, peeling or blistering skin (to name just a few on the list).³³

Similar to Chantix, bupropion (Zyban; also distributed as Wellbutrin) use has possibly led to changes in behavior, hostility, agitation, depressed mood, and suicidal thoughts in some patients. Bupropion (Zyban) can cause relatively minor side effects such as drowsiness, dry mouth, dizziness, headache, nausea, and vomiting. However bupropion (Zyban) can also cause seizures, confusion, hallucinating, irrational fears, and

swelling of the face, throat, tongue, lips, eyes, hands, feet, ankles, or lower legs.³⁴

Unlike most drug therapies, acupuncture is an incredibly safe therapy associated with very, very few adverse events.³⁵

What if I Smoke?

Quitting smoking isn't easy, although you *can* do it. However, many people slip up and end up smoking after they "quit." Just like any important endeavor, setbacks are common, although they don't mean you've failed. If you have a setback and smoke, start the next day again with renewed effort. Review your list of purpose and be sure you carry it with you *every day*. If you have a setback and smoke, be sure to call our office and let us know that same day you do, even if you have to leave a message over a weekend. Together we will get you to being smoke free.

APPENDIX

PROGRAM OUTLINE BY WEEK

WEEK 1

- Read informational booklet
- “Wait, then smoke” exercise
- Make a list of “triggers”
- Increase exercise, start eating more vegetables and drinking fluids
- Identify your support network and TELL them your quit date
- Reflect on, and write out purpose in quitting

WEEKS 2-3

- Start acupuncture (6 treatments) and Chinese herbal medicine
- Continue basic dietary change
- Be sure to get enough sleep
- Get up and move during cravings
- Ask your support network to text and call with encouragement
- Vary your daily routine
- Review your purpose and triggers list
- Practice Naikan reflection

WEEK 4

- Continue to vary routine, continue increased movement
- Continue basic dietary changes
- Review your purpose and triggers
- Get enough sleep
- Check in with your support network
- Repeat Naikan reflection
- Continue acupuncture and Chinese herbal medicine as needed (optional)

REFERENCES

1. Vital Signs: Current Cigarette Smoking Among Adults Aged ≥ 18 Years - United States, 2009. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5935a3.htm>. Accessed August 6, 2011.
2. Health Effects of Cigarette Smoking (CDC Fact Sheet). Available at: http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm. Accessed August 6, 2011.
3. Lung Cancer (Mayo Clinic). Available at: <http://www.mayoclinic.com/health/lung-cancer/DS00038/DSECTION=causes>. Accessed August 6, 2011.
4. Lung Cancer Statistics (CDC). Available at: <http://www.cdc.gov/cancer/lung/statistics/>. Accessed August 6, 2011.
5. Smoking and Influenza (CDC Fact Sheet). Available at: <http://www.cdc.gov/flu/protect/smoking.htm>. Accessed August 6, 2011.
6. Stoddard JL et al., Target Tobacco Markets: Outdoor Advertising in Los Angeles Minority Neighborhoods. *American Journal of Public Health* 87:1232-3, July 1997. See also, Laws MB et al., Tobacco availability and point of sale marketing in demographically contrasting districts of Massachusetts. *Tobacco Control* 11(Suppl 2):71-73, June 2002.
7. *Acupuncture: Review and Analysis of Reports on Controlled Clinical Trials*. World Health Organization, 2003.
8. Jiang Aiping et. al. Analysis of Therapeutic Effects of Acupuncture on Abstinence from Smoking. *JTCM* March 1994 45/33.
9. He D, Medbø JI, Høstmark AT. Effect of acupuncture on smoking cessation or reduction: an 8-month and 5-year follow-up study. *Prev Med.* 2001 Nov;33(5):364-72.
10. Chae Y, Kang OS, Lee HJ, Kim SY, Lee H, Park HK, Yang JS, Park HJ. Effect of acupuncture on selective attention for smoking-related visual cues in smokers. *Neurol Res.* 2010 Feb;32 Suppl 1:27-30.

11. Lee HJ, Lee JH. Effects of medicinal herb tea on the smoking cessation and reducing smoking withdrawal symptoms. *Am J Chin Med*. 2005;33(1):127-38.
12. Brand E. Dr. Shi Xue-Min on Acupuncture Research and Treatment Frequency. Available at: <http://www.bluepoppy.com/blog/blogs/blog1.php/dr-shi-xue-min-on-acupuncture-research-a>. Accessed August 6, 2011.
13. Hu JS. Commonly Used Methods For Abstinence From Smoking. *J Chin Med* 37/35.
14. Tian ZM, Chu YW. Treating Smoking Addiction with the Ear Point Seed Pressing Method. *J Chin Med* 52/5.
15. O'Connell KA, Gerkovich MM, Cook MR, Shiffman S, Hickcox M, Kakolewski KE. Coping in real time: using Ecological Momentary Assessment techniques to assess coping with the urge to smoke. *Res Nurs Health*. 1998 Dec;21(6):487-97.
16. Morita S. *Morita Therapy and the True Nature of Anxiety-Based Disorders*. State University of New York Press, 1998.
17. Janse Van Rensburg K, Taylor A, Hodgson T, Benattayallah A. Acute exercise modulates cigarette cravings and brain activation in response to smoking-related images: an fMRI study. *Psychopharmacology (Berl)*. 2009 Apr;203(3):589-98.
18. Rapp K, Buechele G, Weiland SK. Sleep duration and smoking cessation in student nurses. *Addict Behav*. 2007 Jul;32(7):1505-10.
19. Anderson P. Cigarette smoking causes sleep disturbances. Available at: <http://www.medscape.com/viewarticle/569875>. Accessed August 7, 2011.
20. Jiang B, Ma ZH, Zuo F. Auricular acupuncture for insomnia: a randomized controlled trial. *Zhonghua Liu Xing Bing Xue Za Zhi*. 2010 Dec;31(12):1400-1402.
21. Wing YK. Herbal treatment of insomnia. *Hong Kong Med J*. 2001 Dec;7(4):392-402.

22. McClernon FJ, Westman EC, Rose JE, Lutz AM. The effects of foods, beverages, and other factors on cigarette palatability. *Nicotine Tob Res.* 2007 Apr;9(4):505-10.
23. Liang W, Binns CW, Jian L, Lee AH. Does the consumption of green tea reduce the risk of lung cancer among smokers? *Evid Based Complement Alternat Med.* 2007 Mar;4(1):17-22.
24. Cheskin LJ, Hess JM, Henningfield J, Gorelick DA. Calorie restriction increases cigarette use in adult smokers. *Psychopharmacology (Berl).* 2005 May;179(2):430-6.
25. Swithers SE, Davidson TL. A role for sweet taste: calorie predictive relations in energy regulation by rats. *Behav Neurosci.* 2008 Feb;122(1):161-73.
26. Free C, Knight R, Robertson S, et. al. Smoking cessation support delivered via mobile phone text messaging (txt2stop): a single-blind, randomised trial. *Lancet.* 2011 Jul 2;378(9785):49-55.
27. Duffy E. Tobacco tension. Available at: <http://www.nj.com/news/times/regional/index.ssf?/base/news-16/123864514731630.xml&coll=5>. Accessed August 7, 2011.
28. Dick R. Naikan and drug addiction. *Constructive Living Quarterly.* Spring 1994:3.
29. Kahn H. Stop smoking: a CL approach. *Constructive Living Quarterly.* Spring 1994:4.
30. Stead L, Perera R, Bullen C, Mant D, Lancaster T. Nicotine replacement therapy for smoking cessation. *Cochrane Database Of Systematic Reviews* (Online) [serial online]. January 23, 2008;(1):CD000146. Available from: MEDLINE with Full Text, Ipswich, MA. Accessed August 9, 2011.
31. Wang D, Connock M, Barton P, Fry-Smith A, Aveyard P, Moore D. 'Cut down to quit' with nicotine replacement therapies in smoking cessation: a systematic review of effectiveness and economic analysis. *Health Technol Assess.* 2008 Feb;12(2):iii-iv, ix-xi, 1-135.
32. Etter JF, Burri M, Stapleton J. The impact of pharmaceutical company funding on results of randomized trials of nicotine replacement therapy for smoking cessation: a meta-analysis. *Addiction.* 2007 May;102(5):815-22.

33. Varenicline (Medline Plus, National Institutes of Health). Available at: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a606024.html>. Accessed August 9, 2011.

34. Bupropion (Medline Plus, National Institutes of Health). Available at: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a695033.html>. Accessed August 9, 2011.

35. MacPherson H, Thomas K, Walters S, Fitter M. The York acupuncture safety study: prospective survey of 34 000 treatments by traditional acupuncturists. *BMJ*. 2001 Sep 1;323(7311):486-7.

ABOUT

Henry McCann, DAOM, LAc is a licensed doctor of acupuncture and Oriental Medicine with a private practice in New Jersey. He is a core faculty member of the doctoral degree program at the Oregon College of Oriental Medicine, and he teaches Chinese medical classics and Chinese herbal medicine at the Pacific College of Oriental Medicine in New York. Dr. McCann also lectures regularly throughout Europe. In addition to his training in Chinese traditional medicine, Dr. McCann has a certificate in Japanese psychology from the ToDo Institute in Monkton, Vermont.

Whether you are a patient or an acupuncture and Oriental medicine provider who wants to learn more about our clinic or smoking cessation program please contact us:

NORTH JERSEY CENTER FOR ACUPUNCTURE AND ORIENTAL MEDICINE

Henry McCann, DAOM, LAc, Dipl OM
Candace Sarges, MAc, LAc, Dipl OM

12 Main Street, Suite 12-3
Madison, NJ 07940
www.newjerseyacupuncture.com
(973) 660-0110

