

Smoking Cessation Therapy (SCT) with Acupuncture and Chinese Herbal Support

Acupuncture can help significantly with Smoking Cessation but it needs to be well thought out and strategized for success.

Equipment; you need an electrical point locator, originally I used the Hibiki-7 from Japan however this is no longer made. There is one called the "Point-Mate" for about \$35 from Lhasa/OMS that works.

Screening and Intake:

One of the key factors for Smoking Cessation Therapy (SCT) success is to properly screen the patient prior to the initiating treatment. First, it is important to ask about the amount of cigarettes/cigars that the patient smokes. In general the higher the total dosage the more challenging the transition will be to zero cigarettes/cigars as the quantity reflects the dosage they need to keep their Pre-Frontal Cortexes active. It is also imperative to ask about the number of prior attempts to quit, whether or not they were successful and for how long the patient quit smoking; the extent, frequency and severity of the cravings during that period is also information that must be known. Finding out their motivation is also important, one of the best motivators is having a heart attack and being told by a physician that you will die soon if you don't quit. However in some cases this is not enough, the hold that the nicotine and other chemicals has on the brain is too strong. In some cases the patient may want to consider pharmacological intervention (research the medications Welbutrin and Zyban). While in my opinion western medications like Wellbutrin are ideally not a first choice option for most patients, setting the patient into a Major Depressive Episode is not ideal either.

You also want the patient to prepare for the treatment. The night before their first treatment they should go through their house and get rid of ashtrays, smoking paraphernalia, etc. anything they can control that can be considered a trigger for smoking.

It can also helpful to screen the patient for subclinical or clinical hypothyroidism as well as depression or dysthymia. If either of these conditions is present the patient needs to be treated for these before a SCT program is likely to be effective.

The most difficult patients to treat for SCT are those whose spouses or partners smoke, similar to when patients have co-workers who smoke and it has become part of their social rituals during breaktime, etc. The best approach in this situation is to have the patient discuss their desire to quit with these people in advance and solicit their support by having them not offer them cigarettes or smoke in front of them, etc. Most people will understand this and respect the patient's quest down this path.

What I have found and tell patients is that acupuncture can help with the cravings to smoke. A common response with SCT is for the cravings to be reduced by 50 - 100%, e.g. if with prior attempts at quitting the person had 30 cravings a day it would be

common for the cravings post acupuncture to be between 0 and 15 per day.

Even though the cravings will be reduced it is important to have a plan of action in case they do occur. This is one area where the acupuncturist can play the role of coach and help our patients come up with well thought out plans of action for when they get cravings. Relapses tend to occur when a surprise stressor occurs, e.g. the mortgage check bounced, the dog ran away, etc. and they “just have to smoke”. Having something to do with the hands and mouth can often be helpful such as chewing on carrot sticks, etc. Helping our patients develop individual action plans can be of great benefit. This is where the influence of multiple approaches can be of benefit, e.g. when I get a craving I will walk around the block, text my best friend and push on my ear seed/tack, etc. This is a “trust in God but tie your camel” approach. I like to have the patient use tincture of Siberian Ginseng or a Bupleurum formula. For patients who smoke while driving it can be helpful to remove all paraphernalia, the vehicle’s ash tray, etc. as well as to travel with carrot sticks. Basically any trigger that the patient can remove to facilitate their SCT process.

The ideal structure for Smoking Cessation Therapy is to have the patient come in on Day 1 of quitting and have them be in mild detox for the appointment. Ask your patient to bring in their last cigarette during the treatment. The procedure performed can be with a Hibiki 7 or similar device that will run small amounts of electricity mostly through the anterior hypothalamus point on the ear.

A visualization exercise is helpful during the first SCT treatment. This can be one of your choosing. I ask the patient to smell the cigarette and pretend that they are Pablo Neruda and are going to write an ode to their last cigarette, i.e. to really focus on the smell. Once they have locked onto how it smells I then tell them I am going to check a few points and am interested in whether any of the points changes the sense of smell of the cigarette. I usually check the shoulder point and the amygdala, just to throw in a few points that are not likely to change the smell to remove the possibility that they are hyper-suggestible. Then I proceed to check the anterior and posterior hypothalamus. This part of the brain is strongly involved in addiction and where the sense of smell of the cigarette is processed. What I search for is the most active point which will usually reduce or eliminate the sense of smell of the cigarette. 80% of the time it is the anterior hypothalamus that works the best, but 20% of the time it will be the posterior. Usually the patient is very impressed that you could make the sense of smell of the cigarette go away and I believe this can help encourage the treatment. Again, usually the point that is the most successful at removing the taste of the cigarette is the Anterior Hypothalamus on the dominant handed side (90% of humans are right-handed dominant so the right ear). Occasionally the most “active” point (the one that removes or reduces the sense of smell) is the Posterior Hypothalamus and I have seen at least one patient that the Phase 4 Anterior Hypothalamus point was the one that changed the sense of smell. Like with other auricular protocols you keep searching until you find a fairly dramatic point, i.e. the one that changes the sensation of smell of the cigarette the most.

If you are on either of the hypothalamus points and the sense of smell of the cigarette increases or they say that all of a sudden it smells really good, even better than before, that is a bad sign diagnostically in terms of the efficacy of the treatment. This doesn't happen very often and when it does they tend to be "oscillators" with opposite reactions to things. (For more on Oscillation read Nogier's books and/or Terry Oleson's books on Auriculotherapy).

Once you have found the most active point you connect the ear point to a point on the arm (I usually use SJ5 or LU7) with electrical stimulation machine (I use the Pantheon device but am not sure if any electrical device will work). This is a type of SAT (Somato Auricular Therapy) and the guidelines are the same as for SAT (best results are obtained when the patient feels the electrical connection in the ear).

Putting an ear tack in the point that reduced the craving the most is the final step before the patient leaves. If it is in the right spot the patient will grimace and have a visceral reaction to its placement. They can be instructed to push on the point or massage it when they experience a craving.

Frequency of Treatment: I ask my patients to commit to 5 sessions after which we will re-evaluate. The first two treatments are back to back, i.e. Monday/Tuesday and the remaining three are spaced out after that every 2 or 3 days. Sometimes the ear gets irritated under the tack and the opposite ear needs to be used. I don't re-test with the cigarette as I prefer the first treatment to be the last time they are around a cigarette, the temptation increases if they are carrying one around.

Case Study:

had one case that was very interesting during a workshop I was teaching on auricular therapy. The demo patient smoked about 5 cigarettes a day and only after taking long hikes in the mountains. At first I had trouble locating a point that changed anything and was beginning to feel embarrassed. Then I tried the anterior hypothalamus phase 4 point. The patient grimaced, sat up and turning green said loudly, "that smells like cat piss and I hate cat piss!" He continued to look nauseated and one of the students went to get the trash can in case he needed to vomit; this did not happen however. Later I was informed that while the patient had not quit smoking he had change brands because of this new association.

Acknowledgement:

This protocol was largely developed by Leah Martino and Miki Shima. I have been using it for about 17 years after listening to lectures by them.

NOTE: Leah worked on hundreds of SCT patients in California and found some research that dryness triggers cravings at which point she began using ITM's Lily 14 formula (similar to Mai Men Dong Tang) with success. I have used it since and also find it helps.