

## The Use of Acupuncture For Smoking Cessation An Alternative Method

By

Ted Zombolas EMT-a, RRT, CCP, CAc, LAc.  
Zombolas Acupuncture

*“I have been asked repeatedly to share my protocol for smoking cessation. Although I have given this protocol to many, I have decided to present this paper for all to read and perhaps use in their clinics.”*

Tobacco is the single greatest cause of disease and premature death in America today and is responsible for more than 430,000 deaths each year. Nearly 25 % of adult Americans currently smoke<sup>5</sup>, with approximately 3,000 children and adolescents becoming regular users of tobacco daily.<sup>1</sup> 22% of all male deaths and 11% of all female deaths are due to smoking.<sup>6</sup>

Smoking leads to many health related diseases including but not limited to:

Chronic obstructive lung disease	Chronic bronchitis	Emphysema
Lung cancer	Mouth cancer	Laryngeal cancer
Throat cancer	Oral cancer	Esophageal cancer
Urinary tract cancer	Kidney cancer	Pancreatic cancer
Cervix cancer	Heart disease	Peripheral artery disease
Blood vessel disease	Polycythemia	Female infertility
Early menopause	Low birth weight	Vaginal bleeding
Miscarriage	Premature delivery	Stillbirth
Sudden infant death syndrome		

Smoking cessation can reduce the risks of developing many smoking related illnesses. Within 10-15 years of cessation, an ex-smokers’ risk of developing lung cancer is only slightly greater than someone who has never smoked. Factors that increase a person’s chance of developing a disease are called risk factors; factors that decrease a person’s chance of developing a disease are called protective factors. Some of the risk factors for cancer can be avoided, but many cannot. For example, although you can choose to quit smoking, you cannot choose your genetic makeup, which you have inherited from your parents. Of all the smoking and inherited specific genes that could be considered risk factors, only smoking can be eliminated. Prevention means avoiding the risk factors and increasing the protective factors that can be controlled so that the chance of developing smoking related deceases.<sup>2</sup> Of the diseases listed above, cancer is the single most feared disease. Figure 1 shows both a normal lung and a cancerous lung. It is easy to see how devastating lung cancer can be.



Fig. 1.

On the left is a healthy lung and on the right is a cancerous lung.

In the same way that your patient might associate certain times of day with specific activities – such as a shower when they get up in the morning – certain situations and events become very strongly associated with smoking in their subconscious. Pavlov showed that if he rang a bell when he fed dogs, after a while purely ringing the bell was enough for the dogs to salivate. In the same way, even though your patient has made a conscious decision to stop smoking the association with certain situations will take time to disappear. Before you start treatment, have your patient become aware of when they smoke and why. Once you have identified their reasons for smoking and their triggers, it will become much easier to break the smoking habit.

Whilst acupuncture will help break the physical addiction to nicotine, many smokers find the psychological addiction is much harder to break. This is mainly because smoking is likely to have become deeply ingrained over many years and has therefore become an integral part of many emotional occasions. Sad or unhappy, bored or having to concentrate hard, happy and relaxed with friends – cigarettes are likely to have played a part in almost all of these situations. Again, being prepared helps.

It helps to remember that sometimes we ascribe too much power to cigarettes. They don't have the power to change anything or to make things better. As Freud once said, "Sometimes, a cigarette is just a cigarette". However, to stop and stay stopped you do need a strong and focused mind. The associations that have been established with smoking are likely to outlast the physical addiction to nicotine. Reminding the smoker that they are in control, together with acupuncture and a positive mental attitude, smoking cessation is possible – and your patients can enjoy life as a non-smoker!

Smoking is not just a bad habit, but also a complex addiction. Experts believe that nicotine exerts its powerful addictive effects by altering two chemicals in the brain – dopamine and noradrenalin – known as neurotransmitters. Within seven seconds of inhaling, a concentrated dose of nicotine is delivered directly to the brain, producing a nicotine "rush". Many smokers interpret this rush as one of pleasure, but in reality the pleasure is misunderstood. It only appears pleasurable because it satisfies the craving created by the last cigarette. Over time the smoker has become victim to the classic cycle of addiction. Most smokers will admit that the first few puffs of smoke were anything but pleasurable. In fact, they probably had to persist until the addictive cycle had taken hold before smoking gave them any kind of "pleasure". What smokers perceive, as pleasure is, in reality, simply the relief of satisfying a craving for nicotine. After smoking a cigarette, withdrawal can set in as quickly as 15 minutes later. Don't be too alarmed though! Despite its addictive nature, nicotine doesn't hang around in the body long (about 48 hours) once you've stopped smoking. Acupuncture helps people to stop smoking. It eliminates cravings, reduces withdrawal symptoms, and relieves tension. Acupuncture involves needles being inserted into the key acupuncture points on the ear. The process is not painful and patients feel relaxed after the treatment. Acupuncture treatments build energy and give a sense of well being. Western science confirms that acupuncture treatments change levels of chemicals in the body and regulate the nervous system. The treatments trigger the release of natural chemicals, including endorphins, which reduce a smoker's cravings, ease withdrawal symptoms, and increase relaxation. Acupuncture is successfully used as a detoxification method at over 100 different clinics in the United States and is successfully used for smoking cessation in at least 25 other countries.

The smoking cessation protocol I have come up with in my clinic has been an evolving process, and the final result has afforded me positive outcomes. Patients will come for smoking cessation for many reasons. I have treated patients from different socio-economic backgrounds, with similar results.

The approach I use is tailored to meet the specific needs and concerns of my individual patients with an emphasis on smoking cessation. My unique 3-phase smoking intervention protocol is based on Traditional Chinese Medicine (TCM) and includes all of the following modalities, which are rendered as a "Package Treatment" for each patient. These modalities include:

1. Acupuncture
2. Electric stimulation to enhance the effect of acupuncture
3. Herbal therapy

The combination of the above has allowed me to achieve the overall therapeutic effect.

When a prospective patient calls my office for acupuncture treatments to stop smoking, I ask many questions to see why they are interested to quit smoking. If they come on their own accord, I accept them. If on the other hand, they are forced by someone else to come in for treatment, I inform them that their chances of success is less. One must understand that smoking cessation is very much a psychological issue as well as an addictive issue. They must want to quit for the protocol treatments to achieve 100% effectiveness.

Once in the office, I give them a “Are you ready to Quit Smoking? Information Handout” which is a short 7-point referral form on how to stay smoke free (Figure 2).

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(215) 692-0155

### Are you ready to Quit Smoking? Information Handout

- **Support team:** The decision to stop smoking can elicit uncomfortable emotions. Ask someone who is available to you in the next few weeks to act as a sounding board and provide encouragement when needed.
- **Affirmation:** An affirmation is a positive statement repeated often to create desired changes in your life. Repeating the affirmation helps not only to remind you why you are no longer smoking but imprints a new image of health so that the body can then produce health.  
Examples: “I am a non-smoker. I make healthy choices in my life”
- **Setting boundaries:** Set up contracts with other smokers to refrain from smoking in your presence. This includes spouses. When possible stay away from smokers until you feel more confident with your nonsmoking health status.
- **Drink water:** Research shows that dryness causes craving. Sip water frequently throughout the day.
- **Refrain from drinking coffee:** Research shows that coffee causes cravings and dehydrates the body.
- **Food cravings:** Eat a lot of carrots, celery and other vegetables throughout the next few days. Candies upset blood sugar level, which can aggravate smoking-withdrawal symptoms. Sugar substitutes such as Nutra-Sweet are sweeter than sugar and cause further sugar cravings.
- **Managing cravings:** Cravings feel like it will last forever but actually fade in two minutes. Plan what you will do during a craving.  
Examples: Take your herbs, repeat your affirmation; breath deeply; walk to another place; sing a song; dance; call your support person.

Figure 2.  
Patient information handout

I also give them a short questionnaire consisting of 10 questions (Figure 3).

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### Are You Ready To Quit Smoking?

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1. How soon after you wake up do you smoke your first cigarette?
  - Within 5 minutes
  - 6-30 minutes
  - more than 30 minutes
  
2. Which of the following statements best describes your interest in quitting:
  - I wish to quit now
  - I want to quit smoking soon, but not right away
  - I want to continue smoking but have thought about quitting
  - I want to continue to smoke and have no interest in quitting
  
3. How many serious attempts (one day or more) have you made at quitting smoking in the past year?
  - 0
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6 or more
  
4. How much pressure do you get from family members or close friends to stop smoking?
  - No pressure
  - lot of pressure
  
5. Do you worry that you smoke more than is safe?
  - Not at all
  - Sometimes
  - Most of the time
  
6. Have you tried quitting in the last six months?
  - Yes
  - No
  
7. What method(s) have you used to help you stop smoking in the past?  
(check all that apply)
  - Cold Turkey

- Nicotine patch
  - Nicotine gum
  - Hypnosis
  - Group stop smoking clinic/program
  - Acupuncture
8. How many years have you been smoking?
- Less than 5
  - 5 to 10
  - 11 to 15
  - 16 to 20
  - More than 20
9. Which of the following would keep you from succeeding in stopping smoking?  
(check all that apply)
- Little support from family or friends
  - Cravings to smoke are too intense
  - Fear of weight gain
  - No will power
  - Fear of failure
  - too much stress
10. In an average day, how many cigarettes do you usually smoke?
- Less than half a pack
  - Half to 1 pack
  - 1 to 2 packs
  - 2 to 3 packs
  - more than 3 packs

Figure 3.

10 questions I have patients answer prior to starting the treatment. This stays in the patient's chart.

This is meant for the patient to dig deep in themselves and understand why they are in the office and how committed they are, including any past attempts at smoking cessation they have tried. This questionnaire is kept in their file in the event that they question their reason for doing the program. At this time I answer any and all questions they may have and resolve any apprehensions they may have on the process of needling and the treatment protocol itself.

### **Treatment Protocol:**

The base treatment for smoking cessation is based on auricular acupuncture. Four needles (size 0.20x13) are inserted on one ear. These points are: Shenmen, Autonomic, Lung and Endocrine (Figure 4.). Electric stimulation is added to two sets of needles and brought to a level of patient tolerance. I ask the patients if they wish to control the electric stimulator and instruct them how to do so. This is strictly up to them, and some like the control and participation in their treatments. The orientation of the needles once inserted creates needle handle overlap between Shenmen and Autonomic and another overlap of the needle handles with Lung and Endocrine. This is where I clip the electric stimulating alligator clip, so there are two needles on one clip. I wrap the cord around the ear to prevent the needles from being pulled out with head movement. You can also tape the wire in place to keep it secure.

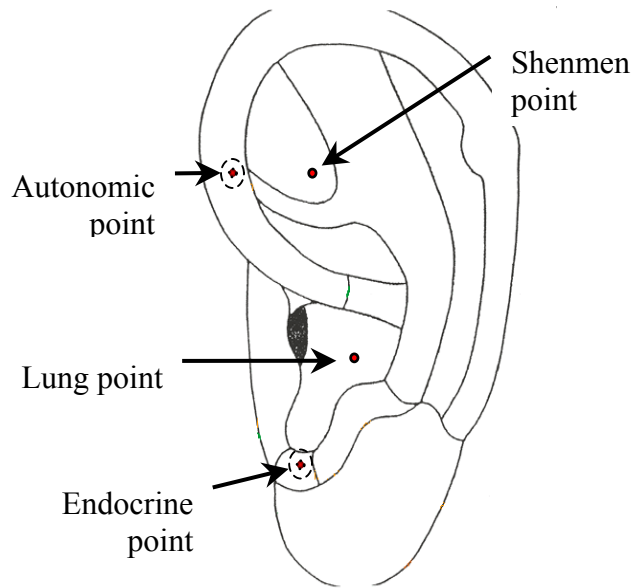


Fig. 4.  
Ear points for smoking cessation

With the needles inserted in the ear, I use an ear probe to locate the Tim Mee point on the wrist (Figure 5). This point is located between Lung 7 and Large Intestine 5. Search for ashi points and this is the Tim Mee point on smokers. I insert one (34# x 1.0") needle Tim Mee bilaterally. If there is no ashi point I do not insert Tim Mee, usually there is a strong ashi point to be found.

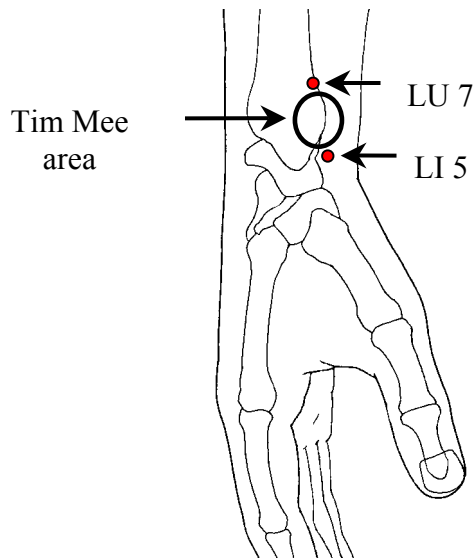


Fig. 5.  
Tim Mee acupoint is located inside this area. Look for ashi point, to find the correct Tim Mee point.

This protocol includes three treatments. One treatment per day for three days, alternating ears. I have had to do this treatment in a span of five days, with good results as well, but try to stay within the three-day protocol. To enhance the treatment, I include an herbal tea called West Lake Tea (Stop Smoking Support) (Figure 6.). The ingredients are: Green Tea 88%, Lotus Seed 3%, Ginseng Leaf 1%, Chinese Asparagus 2% and Licorice Root 6%. This tea is to replace all coffee the patient drinks throughout the day. Patient feedback has shown that the tea is instrumental in cutting the smoking cravings by eliminating nicotine through the

urine and stool. I had one patient on the second day of treatment indicate that the tea made a big difference and I was responsible for killing the one pleasure in his life with this protocol.



Fig. 6.  
Herbal Tea used for smoking cessation

With this protocol, I offer a free 4<sup>th</sup> treatment in the event that a patient feels that they will have a relapse within 30 days of the last treatment. I would rather help them out before they start smoking again and tell them to call as soon as possible to get the treatment again. To date I have not been taken up on my offer.

For the Master Tung acupuncturists, you can use and include points 8.17 Tz'u Ma Chung, 8.18 Tz'u Ma Shang and 8.19 Tz'u Ma Hsia (Figure 7.) as a dao ma grouping.

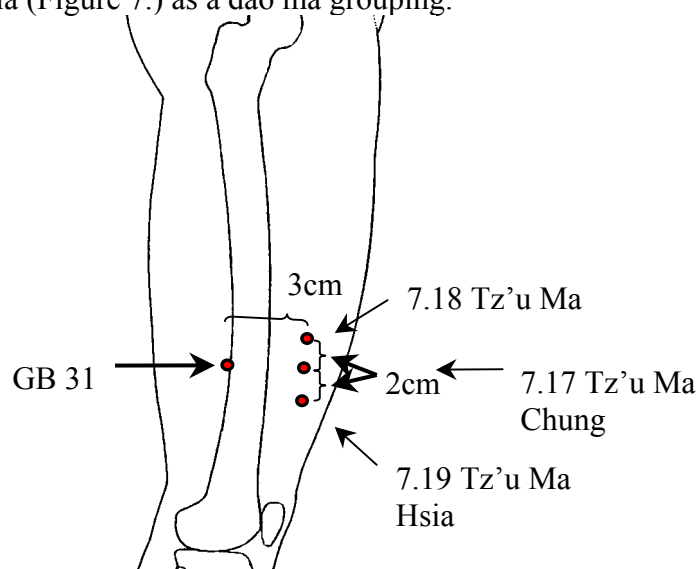


Fig. 7.  
Location of Master Tung's Dao Ma grouping for

These points are reflex area of the liver and lungs, and are indicated for many lung related issues. I use #28g 0.35x40 needles when I use Tung style acupuncture in this location. You may opt to use thinner needles and still get adequate results.

### Case Studies:

JB a 50yo Female dental assistant 35-year smoker, very apprehensive of needles came to my office for smoking cessation. I assured her that the ear needles would not be unpleasant and with her approval I inserted 4 ear needles much to her surprise it was painless. After her second treatment, she went to the bar

for her weekly friends get together. During that time, smokers were all around her and she indicated that she did not have any cravings and that the smoke was offensive.

MC 32yo male 18-year smoker, security officer came in for smoking cessation treatments. He was smoke free after the three treatments and indicated that the tea was very effective in his progress.

SH 52yo female 34-year smoker, office worker, completed the program. She called me on her one-year anniversary of the treatments to say she was still smoke free.

Although I have not been in contact with all smoking cessation patients, I have had to repeat the full program on one patient. This patient had lost her mother and father in law both in the same week and had some depression set in. After the second treatment, she was smoke free again

### **In conclusion:**

Every patient that seeks help for smoking cessation must be evaluated individually and approached with sensitivity and compassion. Individual responses to the treatment vary and you should be able to alter your method of treatment accordingly. It may be necessary to stop and reestablish treatments at a later date depending on how your patient does, but I prefer to finish all three treatments once initiated.

If you have any questions concerning my protocol and wish to discuss it in more detail, please email me at [ted@zaclinic.com](mailto:ted@zaclinic.com), and I would be more than happy to help you out in any way.

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### **About the Author:**

Ted Zombolas EMT-a, RRT, CCP, CAc, LAc  
Board Certified Acupuncturist Diplomat Acupuncture (NCCAOM)  
Diplomas from : Kunming Yunnan, China; Beijing, China; Toronto, Canada

Ted was first involved in the Oriental arts at the age of 13 when he began his martial arts training. He has studied and taught various styles of oriental fighting systems such as Karate, Gung Fu, Ju-Jitsu, Escrema and Jeet Kune Do. Included in these studies, Ted was introduced into the world of Oriental healing arts. His exposure to herbal remedies, which are used for treating injuries sustained in training and combat, opened him to the world of Traditional Chinese Medicine. He currently holds certification as Emergency Medical Technician (EMT), Registered Respiratory Therapist (RRT), Cardiovascular Perfusionist (CCP) and Acupuncturist (L.Ac., C.Ac.). Ted's western medical exposure has been in the critical areas since 1978. He has been credited with historic accomplishments serving as one of the first paramedics (Advanced EMT) in Montreal. He was also a member of the heart surgical team involved in the first three Jarvic heart implants in Canada. As well, he is a distinguished Cardiovascular Perfusionist; involved in Open-Heart surgery including multi organ transplantation with numerous papers written on perfusion related topics and has also lectured in Canada and the USA on perfusion.

Ted began his studies of TCM in the United States, and completed his Acupuncture studies at the Chinese Medicine and Acupuncture Academy of Toronto (CMAAT), at which he received a Diploma of Traditional

Chinese Medicine Degree. Ted holds a diploma from the International Medical Acupuncture Training Program from Beijing China. He has also completed an extensive internship at the Yunnan Provincial Hospital of Traditional Chinese Medicine, Kunming China. Ted incorporates Traditional Chinese Acupuncture, Master Tung style acupuncture and Optimal Acupuncture styles in his modalities of treatment.

Ted has lectured on Traditional Chinese Medicine in China, Canada and the United States. He is the author of the book "Food As Medicine, A Traditional Chinese Medical Perspective".