

Questions and Answers

'Single-Day' Treatment for Smoking Cessation

Q Dr Neil Solomon, in a syndicated newspaper column, wrote that he injects a solution of vitamins, minerals, and procaine on each ear and alongside the nose of patients who want to stop smoking. He claims that the effect is immediate after four injections of this solution. What is your opinion about this so-called single-day treatment for smoking cessation? Is there any proof that it works?

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Among others inquiring about this treatment were Thomas P. Kennerly, MD, Houston; Jim J. Chow, MD, Manistique, Mich; and J. C. Mowrer, Jr, MD, Rochester, NY.

A In 1979 the Internal Revenue Service (IRS) denied an individual the right to deduct the cost of a smoking-cessation course—a correct ruling but for the wrong reason. The IRS did not note (and may not have known) that no single method of smoking cessation has an especially high or long-lasting success rate. (Most methods show less than a 25% success rate after six months.) Rather, the tax collectors did not want to define cigarette dependence as a disease by approving a deduction for the expense of treating it.

The technique described by the columnist also goes by the name of "nicotine neutralization," the premise being that the procaine solution somehow serves as an antidote to the addictive nicotine. The preparation originated in Paris 40 years ago as an injectable solution for the joints of patients with arthritis. Its application to smoking cessation came about in recent years, after a number of patients reported that the treatment seemed to decrease the desire to smoke. The choice of nose and ear in the present utilization corresponds to acupuncture sites even though acupuncture is an unproved method of smoking cessation.

Ideally, validity of such a smoking-cessation method should rest on the performance of a controlled, double-blind study in which there is a follow-up of at least six months' duration (preferably much longer) of all subjects who started out. Only one controlled study, as yet unreported, has been undertaken with nicotine neutralization.

Nor is the technique truly new. Schwartz' included mention of local anesthetics in his comprehensive catalogue of tried but unproved remedies. Other chemicals have been used, including lobeline (the most common

nicotine substitute, found in such preparations as Niko-ban), amphetamines, silver acetate, quinine sulfate, hydroxyzine, diazepam, meprobamate, anticholinergics, extract of oats, placebos, and nicotine itself in gum or lozenge form.

Despite insufficient medical evidence to back up their claims, expensive commercial smoking-cessation clinics and gimmicks are proliferating. The methods include hypnotherapy, rapid smoking, aversive conditioning with electric shocks, diets, special filters, vivid films on cigarette-related disease—even a live-in stop smoking program! Attacking the profit motive may be unfair, however, since having to pay a high fee for a smoking-cessation technique may well be the single most motivating factor. (The cost of nicotine neutralization is \$310, with an additional charge of \$100 if a booster is needed.)

Like so many other therapies, the "single-day" method zeroes in solely on the nicotine component to cigarette smoking and ignores other factors such as the individual's personality, the brand smoked, and the image evoked by that brand's advertising. Ironically, the most successful method is what Schwartz' describes as self-care, that is, doing it on one's own, often with the advice and support of the physician. In fact, if asked to name one important factor that helped them succeed, many if not most exsmokers will cite their physician's influence. Even a few concerned—and well-rehearsed—words from the physician have been shown to enhance significantly the rate of smoking cessation.¹ Of course, former smokers might not be consciously aware of 15 years' worth of counter-cigarette efforts and other subtle social pressures that reinforced their decision.

In my opinion, future generations will regard current smoking-cessation methods with the same amusement that we have for a Rube Goldberg invention or a corset ad in an old Sears Roebuck catalogue. I believe that through social reinforcement (as well as continued mass media publicity) smoking will gradually become more and more unfashionable. A key element in such a successful public health effort will have been the personal commitment on the part of physicians.

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1. Schwartz JL: A critical review and evaluation of smoking control methods. *Public Health Rep* 84:483-506, 1969.

2. Schwartz JL: Review and evaluation of methods of smoking cessation, 1969-77. *Public Health Rep* 94:558-563, 1979.

3. Russell MAH, Wilson C, Taylor C, et al: Effect of general practitioner's advice against smoking. *Br Med J* 2:231-235, 1979.