Healing
Category : November 1994
Published by Anonymous on Nov. 01, 1994

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The Nicotine Fit: Fit for No One

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It is the middle of the night. He wakes up coughing and gasping for air. There is a thick, tenacious mucous covering the inner walls of his breathing tubes. His foul breath is stale and offends even himself. He must sit up and use all of the accessory chest muscles to try to loosen the obstruction to his breathing tubes. He feels his eyes bulging from the pressure of the cough. There is no relief. He thinks he is going to suffocate. With increasing weakness, he reaches for his inhaler, the magic substance that will open his bronchi. Finally, after another prolonged coughing spell, he feels a small amount of air enter the deeper portions of his lungs. He now tries the second inhaler, containing a corticosteroid, and takes four intermittent whiffs. Slowly the swelling of the inner mucosa recedes a slight bit, and more air enters the deeper lungs. He tries to get out of bed to expectorate and to take his regular medicine; but he is light-headed and short of breath and falls back upon the elevated pillow asking, "Why me?" Sleep is gone for the rest of the night.

This story is all too common and happens in more or less degree to everyone who smokes cigarettes. It is a natural and unavoidable reaction to the irritation that the tobacco smoke makes on the linings of the lungs and bronchi. After years of irritation and damage, scar tissue sets in which narrows the caliber of the air tubules. With coughing, the delicate membranes that separate the air sacs, alveoli, break down, forming larger sacs that will transmit less life-giving oxygen-a condition called emphysema. The constant irritation of these membranes produces a chronic bronchitis that adds to the breathing problems by forming copious amounts of thick, tenacious, yellowish, smelly mucus that tends to fill the smaller bronchi.

Is there no hope for this man that has succumbed to the temptations of

tobacco? If he stopped soon enough, before much damage had occurred, there could be some repair and little morbidity. However, if one waits too long, and it is a matter that varies with each individual, the changes are irreversible and medications can do very little to help. An adequate antioxidant diet and a change in climate may be helpful to a minor degree.

The condition may become cancerous. In spite of what the tobacco industry says, smoking tobacco does have a causative effect with cancer of the lung as well as emphysema, bronchitis, asthma and susceptibility to pneumonia. The industry says there is no proof of this, but they are merely protecting their income. There is, and has been for many decades, a known causative relationship between smoking and these dreadful diseases. Death because of cancer of the lung is one of the most prolonged, painful and difficult ways of dying that we see clinically.

Each of us who has smoked has always felt, "It cannot happen to me. I will quit before it gets me." That kind of thinking is delusional. It does happen to everyone eventually. The nicotine, and probably other factors as well, in tobacco is addictive. Accept no information to the contrary. It is very difficult to stop this dirty habit because of its addictive nature.

Smoking is a no-win situation, especially for the young. Also, we now know that second-hand smoke is almost as dangerous as the primary, especially to infants and children. The easiest way to quite smoking is to never try it nor start! The only smart smoker is the non-smoker.

Part II will appear January, 1995

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