

## WHY DO PEOPLE SMOKE ?

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This question resolves itself into two. Why do people begin to smoke ? And, in the second place, why do people go on smoking ?

Reduced to simplest terms, the answer to the first question is *Example* ; and the answer to the second is *Addiction*.

The force of example is an extremely powerful factor in relation to man's social habits and behaviour. This is so in matters of dress, speech, business, leisure pursuits ; undoubtedly many youngsters start to smoke because "the others are doing it". It's the done thing.

The continuance of the habit, for it soon becomes one, is another matter. It is here that addiction comes into play. Tobacco is just one of many habit forming drugs that man has sought out to vary the monotony of daily living and irksome toil. The tobacco habit is a very widely distributed one. Gustav Schenk in his fascinating work—*The Book of Poisons*—mentions that the Aztecs and Toltecs venerated Tobacco as the herb of the goddess Cihuacoatl. They smoked it out of gilded cane holders or earthenware pipes, and imagined their raingod as smoking, because of the clouds.

### Dramatic Conquest

The author points out, "The conquest of the world by tobacco was dramatic. At first smoking in its various forms was confined to soldiers and sailors. They had seen the Indians' *zicar* (a Maya word)—a cigar that was frequently so large that it had to be supported on a wooden fork. But, cigars were smoked only in the West Indies and the Amazon basin, while in North America and the southern part of South America pipes were used. Sir Walter Raleigh, who introduced smoking into England during the reign of Elizabeth I, smoked the same kind of pipe he had himself seen used in Virginia.

At the end of sixteenth century, the Spaniards brought

smoking to the Philippines, and from there it made its way to China. Indo-China and Japan. The circle of tobacco round the world closed via a gigantic detour: from Japan, tobacco smoking reached Siberia and crossed the Bering Straits to Alaska and the Eskimos. After this amazing journey round the world, tobacco has therefore come back to America."

Later the habit swept across Egypt, Persia and Turkey, and in due course reached Africa, being introduced in the north by the Arabs, in the west by the Portuguese and in the south by the Dutch.

There is no more virulent poison than nicotine; only prussic acid approaches it. A single cigar or five cigarettes contain forty to sixty milligrams—a dose which would be lethal to a human being if chewed or taken as an infusion. The body, however, can tolerate the poison to a considerable extent, if taken in inhaled form. Indeed a heavy smoker may absorb some twenty milligrams of nicotine an hour. Whether toleration is synonymous with immunity and impunity is very doubtful. In cigarette smoke, for instance, there are added a number of other poisons such as benzpyrene, arsenic, phenols and certain other chemicals.

#### **Insidious Poison**

It is difficult to see how the absorption of such an array of toxic material into the body can be conducive to health, yet this remarkable habit has encircled the globe, and brought phenomenal profits to traders and immense revenues to governments.

The answer to this somewhat astounding situation is not wholly commercial enterprise. Rather is it the subtle addiction produced in the smoker. Schenk has an interesting and apt passage on this point.

"Nobody quite knows in what the real pleasure of smoking consists. It banishes fatigue and hunger, but people do not smoke solely to rid themselves of fatigue and still the pangs of hunger.

"Smoking may excite or calm, as the smoker wishes. This comes about through the fact that the smoker has become an addict, and it is enough for him to satisfy his craving to experience a sense of stimulation or relaxation.

"If the smoker is worried, apprehensive, or excited, he longs for a cigarette ; if he feels contented and at ease, he also longs for one. If he is hungry, he seeks to still his hunger with tobacco ; if he has just had a good meal, he feels an equally strong urge to smoke. The ardent smoker responds to every strong emotion by smoking."

This final sentence is, perhaps, the most revealing ; in these days of uncertainty, stress and unrest the surge of strong emotions is ever present and the urge to seek the appeasement of a drug of addiction increasingly prevalent.

#### **To Smoke or Not to Smoke**

The effects of the tobacco habit are variable and not nearly so obviously devastating to health as the effects of habit-forming drugs such as phenobarbitone, marijuana, cocaine, morphine or heroin. Nevertheless chronic nicotine poisoning from excessive smoking is not at all uncommon.

It may begin with headache, dizziness, palpitations or stabbing pains in the region of the heart, shortness of breath and chill. Nerve pains grow increasingly intense. Disorders of vision may occur. Red-rimmed "tobacco eyes" and "smoker's cough" (chronic catarrh), complete the clinical picture—to say nothing of chronic insomnia.

All recent research into the action of tobacco smoke on the lining membranes of the air-passage goes to prove its deleterious effects, quite apart from the possible or probable connection of heavy smoking with the increasingly common occurrence of lung cancer.

That this probability cannot be just ignored is evidenced by the recent utterances of the Medical Research Council and by the fact that the Government of the country have accepted the finding "that a major part of the great increase in deaths from lung cancer among men during the past 25 years has been due to smoking tobacco, particularly heavy cigarette smoking."

Another pertinent observation indicates that "men who cease to smoke even in their early forties, may reduce their likelihood of developing the disease by at least one half."

By and large there can be little doubt that the effects of tobacco smoking are in the aggregate baneful rather than bene-

ficial. There would certainly appear to be a case for not starting the habit in the first place and for giving up the use of tobacco in any at all excessive degree or altogether.

Fortunately, however, as far as addiction goes the tobacco habit is far easier to break than that induced by other narcotic drugs. Moreover, the cessation of smoking is not followed by any serious or intolerable withdrawal symptoms as is the case with opium, morphine and some of the barbiturates.

The question is often asked, "Has homœopathy any remedies for breaking off the tobacco habit?"

#### **Will-Power Vital**

Perhaps the best way to answer this query is to state first, that the way to stop smoking is to stop. There is no need to smoke; there is no compulsion to smoke; there are no ill-effects from leaving off smoking.

Of course, the will to stop must be stronger than the desire to continue. It may be that, although the will to stop is there, some bodily condition of ill-health may make it more difficult. In such case it is probable that homœopathy can help. It is not a question of this or that specific for breaking off the habit, but of individual prescribing to deal with any particular disorder that may be present. The decision to stop smoking must be definite and final. Homœopathy can then prove a valuable ally.

—*Homœopathy, July '57*