

TOBACCO REHABILITATION

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ABSTRACT

We have gathered the information regarding the various aspects of tobacco. Attempt has been made to gather information on the side effects of tobacco & the various measures to treat tobacco addiction. Now a day's many peoples of India are causes to death because of the addiction of younger generation towards the tobacco addiction. Many peoples in India are responsible to cause death so its necessary to do some efforts to minimize the tobacco addiction Tobacco use is responsible for large number of death worldwide. The tobacco control programme are useful now a days to minimize tobacco addiction. Treatment involves targeting multiple aspects of addiction

including the aspects of neurobiology and behavioral processes. While current pharmacological and behavioral treatments are effective in improving and preventing the disease measures. The main target of study tobacco addiction its cause and the treatment procedure to minimize the number of death worldwide.

INTRODUCTION

Tobacco is a product derived from leaves of the tobacco plant by curing them. Tobacco consists of dried leaves of 'Nicotianatobacum', it belongs to family solanaceae'. While more than 70 species of tobacco are Tobacco contains nicotine an ingredient that can lead to addiction which is why so many people who use tobacco find it difficult to change their mindset to do not eat the tobacco or tobacco related products. Scientifically its necessary to treat tobacco addiction. It is necessary to study regarding tobacco and tobacco related products and study the diagnosis purpose and measures to treat tobacco addiction .Tobacco

may cause death and many peoples are or more then 40 percent people in India are addicted towards tobacco addiction.

In general our country large number of people are having death beacause of tobacco addiction and it is one of the greater challenge of country to minimize the addiction of people towards tobacco. The various approaches to minimize the tobacco addiction. One should arrange some programmes regarding the tobacco addiction and give information regarding hazardous effect of tobacco and give in general idea to people to treat and to overcome the addiction of tobacco.

How do people use tobacco

People can smoke or, chew or sniff tobacco. People can smoke the ciggarates, bidi and others kinds of products which are mainly affets the health of people. People which are mostly addicted towards the other kind of tobacco products may also responsible to cause death of people. In india about large number of people are addicted towards tobacco.

Tobacco consumption

There are almost 267 million tobacco users in India.

- ❖ Among adults (age 15+), 28.6% of the population currently uses tobacco products (men 42.4%; women 14.2%).
- ❖ 1.4% of adults use smokeless tobacco (men 29.6%; women 12.8%)
- ❖ 10.7% of adults smoke (men 19.0%; women 2.0%)
- ❖ The majority of adult smokers smoke bidis (7.7% of adults overall)
- ❖ Among youth (ages 13-15), 2 14.6% currently use some form of tobacco (boys 19.0%; girls 8.3%) and 4.4% smoke cigarettes and 12.5% use other tobacco products.

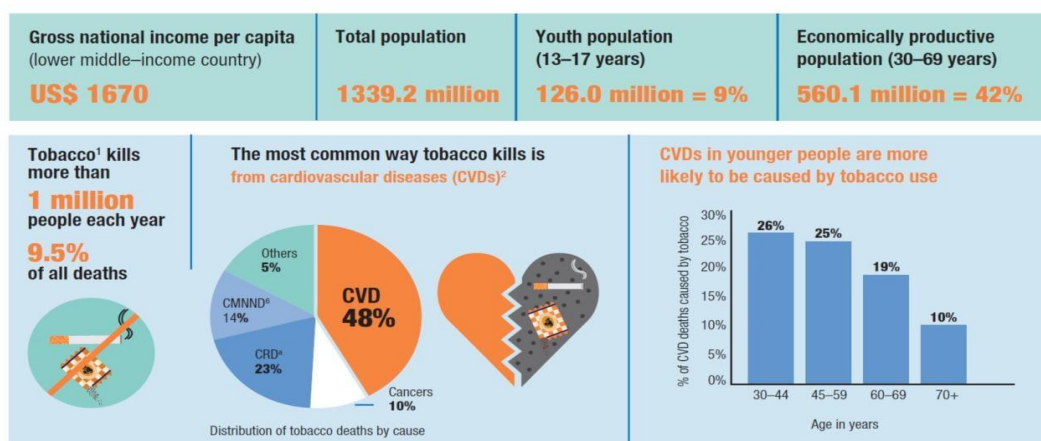


Fig:- Tobacco consumption.

History

How does nicotine dependence develop? Very little is known about this process. One does not know how long it takes to experience the first dependence symptom nor the full constellation of symptoms that would define someone as being dependent. One does not know who is at risk for becoming dependent.

The long-term longitudinal prospective data that are necessary to answer this question are not yet available from any existing study.

Although some preliminary and provocative findings are available from a study initiated in 1998 (Di Franza *et al.*, 2002). In the absence of direct prospective data, I have relied on retrospective information. The relevant available data for the most 9 part pertain to daily smoking rather than to dependence.

This is a limitation, since, as I noted earlier, there is not a one-to-one correspondence between daily smoking and dependence. In order to place the natural history of nicotine dependence in proper developmental perspective, one has to examine the natural history of smoking. Tobacco use starts in late childhood and early adolescence and increases sharply across the adolescent years. Nationwide in the U.S., in 2000, 24% of 6th graders (11 year olds) had already smoked cigarettes and 72% of high school seniors (17 year olds) had done so (American Legacy Foundation, 2000).

In that same age range, the percentages of daily smokers increased from 1% in the 6th grade to 20% in the 12th. Thus, rates of daily smoking increase more rapidly with age than rates of lifetime smoking.

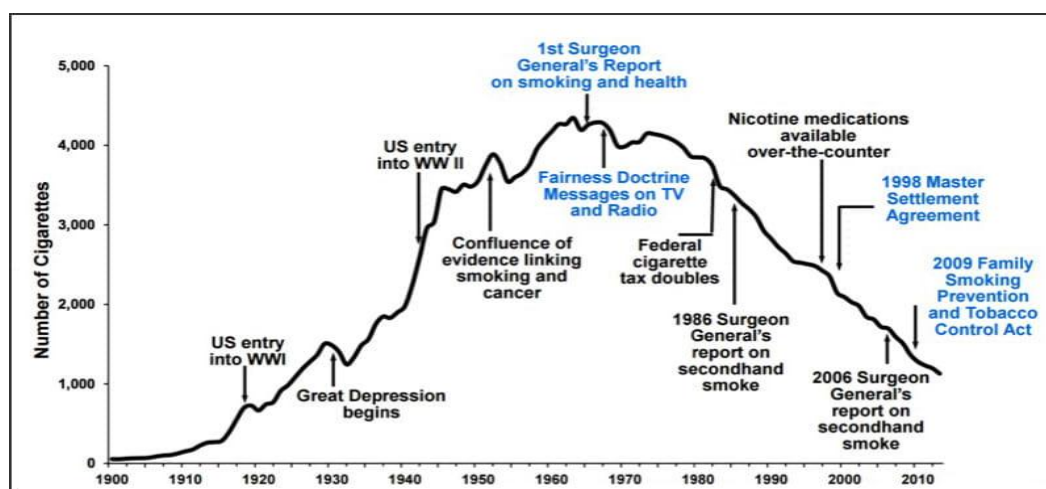


Fig:- Cigarette consumption & Major Smoking & Health Events.

Daily rates increase 20-fold compared with a 3-fold increase for lifetime rates. Indeed, the proportion of daily smokers among smokers is not constant over adolescence. Daily smokers come to represent an increasingly larger fraction of adolescent smokers.

These high rates of smoking reflect the fact that the adolescent years constitute the period of highest risk for initiation of smoking.

The overwhelming majority of smokers start smoking before the age of 20. In the United States in 2000, 86% of smokers aged 20 to 34 reported having.

Cultivation of tobacco

The cultivation of tobacco usually takes place annually. The tobacco is germinated in cold frames or hotbeds and then transplanted to the field until it matures. It is grown in warm climates with rich, well-drained soil. About 4.2 million hectares of tobacco were under cultivation worldwide in 2000, yielding over seven million tonnes of tobacco.



Fig:- Cultivation of tobacco.

6-10 ploughing are given by way of preparatory cultivation. Digging with a spade, followed by ploughing with a mould board plough and a country plough and then a harrowing is recommend. Farmyard manure is usually applied and the dose varies from 10-125 cartloads per hectare for different types of tobacco. Application of phosphorus and potash was found beneficial for some tobaccos.

Swong of growth

Tobacco seeds are scattered onto the surface of the soil, as their germination is activated by light. In colonial Virginia, seedbeds were fertilized with wood ash or animal manure (frequently powdered horse manure).

Seedbeds were then covered with branches to protect the young plants from frost damage, and the plants were left alone until around April. In the 19th century, young plants came under increasing attack from certain types of flea beetles, *Epitrix cucumeris* or *Epitrix pubescens*, which destroyed half the U.S. tobacco crops in 1876.

In the years afterward, many experiments were attempted and discussed to control the flea beetle. By 1880, growers discovered that replacing the branches with a frame covered with thin fabric effectively protected plants from the beetle. This practice spread, becoming ubiquitous in the 1890s. In Asian, Oceania, and the Indian subcontinent, the tobacco cutworm is a great pest to the tobacco plant. The caterpillar's vigorous eating habits can cause up 23-50% in yield losses, resulting in economic strain to the local agricultural economies. The cabbage looper is also known to have caused damage to tobacco plants in North Carolina, which became a concern as farmers lacked a suitable method for controlling the caterpillars.

Shade tobacco is the practice of growing the plants under a screen of cheesecloth fabric. The thin leaves were used for the outer wrappings of cigars.

Harvest

Tobacco can be harvested in several ways. In the oldest method, the entire plant is harvested at once by cutting off the stalk at the ground with a sickle. In the nineteenth century, bright tobacco began to be harvested by pulling individual leaves off the stalk as they ripened. As the plants grow, they usually require topping and suckering. "Topping" is the removal of the tobacco flowers while "suckering" is the pruning out of leaves that are otherwise unproductive.



Fig:- Harvest.

Both procedures ensure that as much of the plant's energy as possible focuses on producing the large leaves that are harvested and sold. "Cropping", "Pulling", and "Priming" are terms for removing mature leaves from tobacco plants. Leaves are cropped as they ripen, from the bottom to the top of the stalk.

The first crop of leaves located near the base of the tobacco stalk are called "sand lugs" in more rural southern tobacco states. They are called "sand lugs" because these leaves are close to the ground and get splashed with sand and clay when heavy rains hit the soil.

Sand lugs weigh the most, and are most difficult to work with. Their weight is due to their large size and the added weight of soil; slaves lugged each stack to the "stringer" or "looper", typically a female slave, who bundled each stack of leaves. Eventually, workers carried the tobacco and placed it on sleds or trailers.

As the industrial revolution approached America, the harvesting wagons that transported leaves were equipped with man powered stringers, an apparatus that used twine to attach leaves to a pole. In modern times, large fields are harvested by a single piece of farm equipment, though topping the flower and in some cases the plucking of immature leaves is still done by hand.

Some farmers still use "tobacco harvesters". They are not very efficient yet highly cost effective for harvesting premium and rare strains of tobacco. The harvester trailers for in-demand crops are now pulled by diesel fueled tractors. "Croppers" or "primers" pull the leaves off in handfuls and pass these to the "stringer" or "looper", which bundles the leaves to

a four-sided pole with twine. These poles are hung until the harvester is full. The poles are then placed in a much larger wagon to be pulled by modern farm tractors to their destination.

For rare tobaccos they are often cured on the farm. Traditionally, the slaves who cropped and pulled had a particularly tough time with the first pull of the large, dirty, base leaves. The leaves slapped their faces and dark tobacco sap, which dries into a dark gum, covered their bodies, and then soil stuck to the gum.

No.	Tobacco type	Varieties released / identified
1	S Flue-cured tobacco	Chatam, Delcrest, Kanakaprabha, Dhanadayi, CTRI Special, Jayasri, CTRI Spl. (MR), 16/103, FCV special, Godavari Spl., Swarna, Mc Nair 12, Jayasri (MR), Hema, Bhavya, Gauthami, CM 12 (KA), VT 1158, Kanchan, Thrupthi, Rathna, Kanthi, Hemadri, Siri, Sahyadri, FCH 222, LT Kanchan, CH-1, N-98, CH-3, CTRI Sulakshana (TBST-2), FCJ-11*, FCR-15*
2	Bidi tobacco	GT 4, NPN 190, Anand 119, Anand 2, Spoorthy (PL 5), GT 5, GT 7, GTH1, Bhavyasree, GT 9, NBD 43, MRGTH1, ABT 10, Vedaganga 1, GABT-11, Nadyala Pogaku-1, NBD 209, ABD-132*
3	Chewing tobacco	Chama, Podali, DP 401, GandakBahar, Sona, Vairam, Thangam Bhagyalakshmi, Maragadham, Prabha, PT 76, Meenakshi Vaishali Special, Lichchavi, Manasi, Abirami, Kaviri, Meenakshi (CR), Sangami, Kamatchi, Abirami (CR), DJ
4	Hookah and Chewing (Rustica) tobacco	DD 437, Sonar Motihari, GC 1, GT 6, GCT 2, GT 8, GCT 3, Dharla, Azad Kanchan
5	Oriental tobacco	Tungabhadra
6	Motihari tobacco (West Bengal)	Manasi, Torsa
7	Natu tobacco	Prabhat, Vishwanath, Natu Special, Gajapati, Bhairavi
8	Cheroot tobacco	DR 1, Bhavani Special, Lanka Special, Sendarapatty Special
9	Cigar-wrapper tobacco	S 5, Krishna
10	Burley tobacco	Burley 21, Banket A1, HDBRG (Dark burley

List of released / identified varieties of various tobacco types for cultivation

Tobacco uses

The medicinal use of tobacco before the Civil War has apparently not been documented in a single piece of writing. Yet, a review of publications on the subject shows that this plant was long used as orthodox medicine by the members of the medical profession. It seems to me to be a useful endeavour, therefore, to give the medico-historical account of tobacco, since:

- ✓ Tobacco is an American plant, the Indians having presented it to the rest of the world.
- ✓ According to Webster tobacco is America's most famous plant
- ✓ Tobacco is probably the only plant which was ever used as the panacea of panaceas.
- ✓ Tobacco is now, and has been throughout history, an important product of the State of Maryland.
- ✓ Tobacco was considered to have been one of the God-sent remedies
- ✓ Tobacco is a subject for controversy at present over the use of the cigarette for pleasure.

The hypothesis of medical men that there existed a panacea of panaceas prompted an age-long search for such a remedy. When Western European explorers of America discovered the tobacco plant, this hypothesis was one of the reasons that prompted the European medical men to seize upon the use of tobacco as medicine and subsequently to persuade themselves that tobacco was the long-sought panacea.

Their later experiments with the plant as medicine confirmed the hypothesis of the physicians to their own satisfaction over a long period of years. Very early, it was noted that tobacco had a habit-forming quality, and yet as the years passed the habit theory did not seem fully to explain the hold that tobacco medicine had upon its users. Eventually it came to be recognized that tobacco had an addictive property.

The following account of Dr. Sigmund Freud's experience is related to show the reasoning of a distinguished doctor of medicine as he made the distinction between habit and addiction.

In 1894, Dr. Sigmund Freud at the age of thirty-eight suffered an irregular disturbance of his heart beat (arrhythmia) which Dr. Wilhelm Fleiss informed him was due to smoking-Dr. Freud was then smoking twenty cigars a day. Dr. Fleiss ordered Freud to stop smoking, and from time to time he reduced the number of cigars or stopped smoking them altogether, only to resume his full daily allowance of twenty.

When at the age of sixty-seven it was discovered that Freud had cancer, he wrote, 'smoking is accused as the etiology of this tissue rebellion.' Thirty-three operations were performed on Freud for cancer, his jaw was removed, and an artificial jaw was substituted and, at the age of eighty, he was still smoking an endless series of cigars. Freud made an intensive study of his disease symptoms, as well as of his hypomanic mood following unsuccessful efforts to cease

smoking. He admitted that the torture when not smoking was beyond his human power to bear.

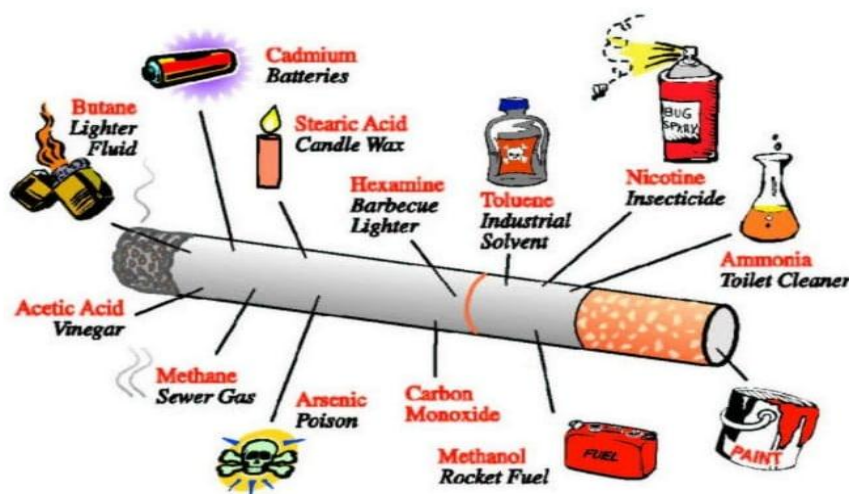
General use exmaple

1. **Cigar smoking:** Cigar smoking can be similarly quantified as the number of cigars per day for how many years
2. **Pipe smoking:** smoking is more difficult to quantify because many pipe smokers do not actually have their pipe lit all the time
3. **pouch of tobacco:** Perhaps the easiest way to quantify pipe smoking is the number of bowlfuls of tobacco used per day, or how long a pouch of tobacco
4. **inhalation smoke cigarate:** It is also important to quantify the degree of smoke inhalation, best done by categorizing as no inhalation, mild or moderate inhalation, and deep inhalation

Addiction

Nicotine

Nicotine is one of powerful deug responsible to addict the person to tobacco



Steps for quitting tobacco

1. Get ready
2. Get support
3. Learn new skills and behavior
4. Get medication and use it appropriately

Psychological symptoms- strong cravings, mood swings, anxiety, insomnia, depression.

Sign and Symptoms

- 1) **Nicotine cravings:-** Nicotine cravings typically last for five to 10 minutes. They may be extremely uncomfortable, but try to wait them out and remind yourself that the feeling will pass. Chewing nicotine gum or taking a long, brisk walk usually helps.
- 2) **Weight gain:-** If you were to stop smoking, you would experience a drop in blood sugar and feel the need to consume carbs, sweets, and other foods to satiate this sudden and often unexplained hunger.

As a result, people who quit cigarettes will gain an average of 10 pounds after one year with most of the gain occurring during the first three months, according to research from the University of Birmingham

- 3) **Sleep disturbances:-** Sleep problems are common side effects of nicotine withdrawal and can run the gamut from insomnia to needing extra sleep during the day. The symptoms are also closely linked to the dysregulation of dopamine, the hormone of which is also involved in sleep regulation.

Studies have also shown that rapid eye movement (REM) can be adversely affected when you quit, resulting in a lack of quality sleep and a persistent tiredness during the day. Improved sleep hygiene can often help.

- 4) **Mood changes:-** Stress and irritation are common symptoms of early nicotine withdrawal, triggered by the profound dysregulation of the endocrine (hormonal) and central nervous systems.

This can not only cause extreme changes in mood, including sudden and irrational outbursts, it can trigger short-term physiological changes, including increased blood pressure and heart rate. Memory problems, difficulty concentrating, and dizziness are also common.

Tobacco consumption

The NSS and many other nationally representative surveys and community-based studies have shown the socio-economic, cultural, demographic, religion, and caste-based correlates of tobacco

Smoking and Wealth

Disparities in cigarette consumption in selected Global Adult Tobacco Survey countries by wealth group

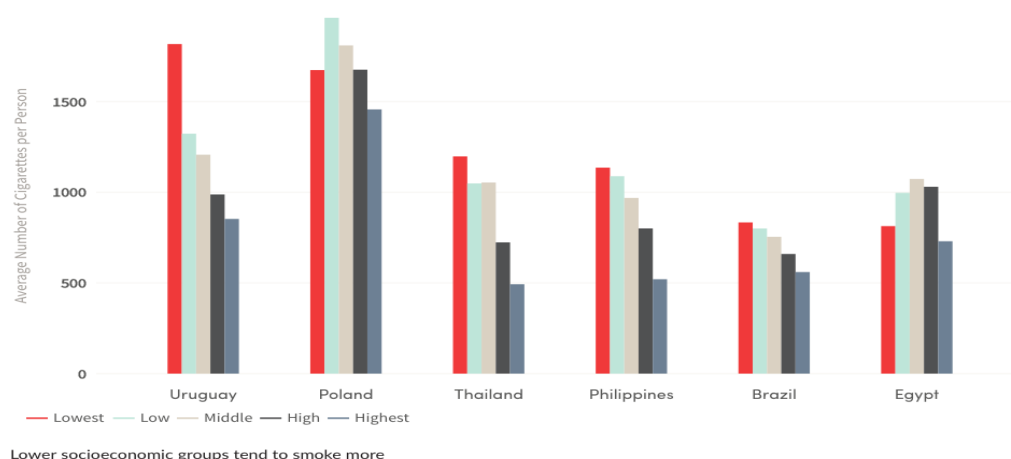


Fig :- Tobacco consumption.

Also showed that smoking and smokeless forms of tobacco are significantly higher in the rural areas, among uneducated poor people. Tobacco consumption among the poor is continuing and questions the penetration of tobacco control policies. Beedis, the cheapest indigenous smoking Marriage can also be seen as an important factor, the influence of husbands and also they being the sources for purchasing tobacco.

A study showed that wives of polyusers were 3 times more polyusers than wives of non-users. However, Tobacco use is a significant health problem in India. In NFHS-3, 9% women reported antenatal tobacco use; moreover, 12% of them were in the reproductive age group. It affects not only the users but also the foetus that carries the disease burden. A study showed that awareness on the adverse health effects among rural pregnant tobacco consumers was poor.

Tobacco causes disease

Smoking cigarettes will kill you, but before you die, you could experience some pretty terrible diseases and health conditions from smoking. Here are some of the most gruesome diseases caused by smoking

Risks from Smoking

Smoking can damage every part of the body

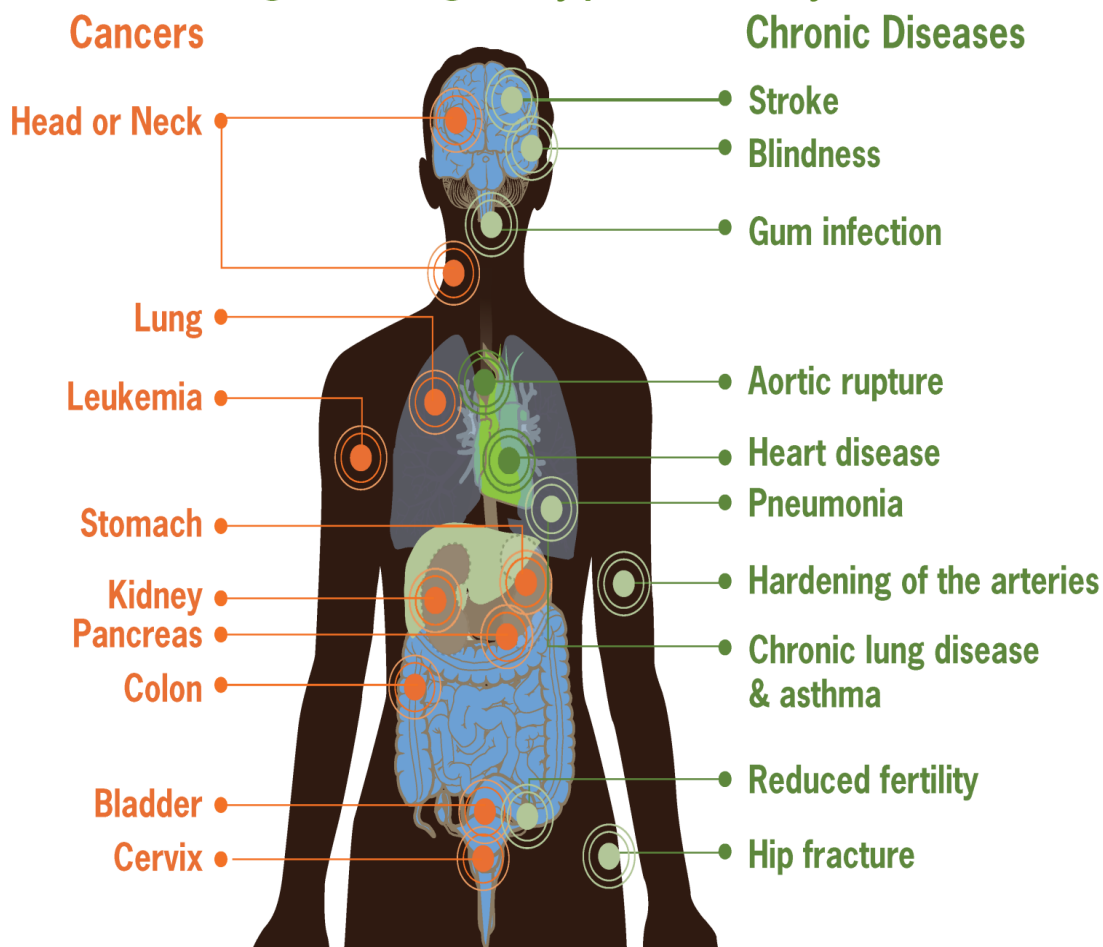


Fig :- Health effect of tobacco.

1. Lung cancer

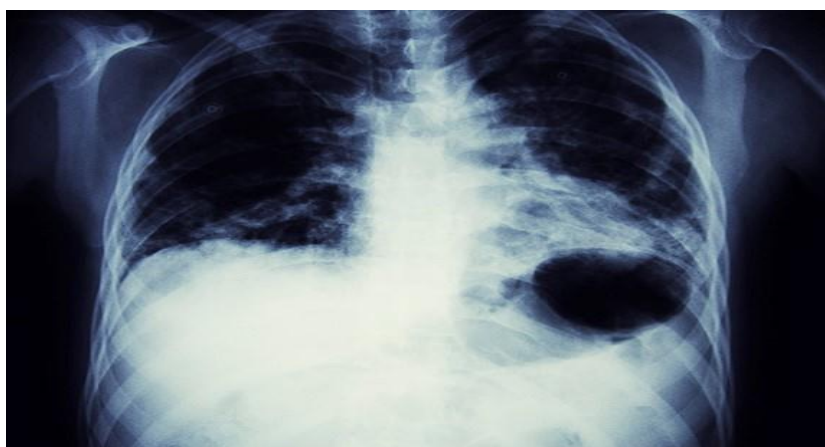


Fig:- Lung cancer.

More people die from lung cancer than any other type of cancer. Cigarette smoking is the number one risk factor for lung cancer; it's responsible for 87 percent of lung cancer deaths. Your chance of still being alive five years after being diagnosed is less than 1 in 5.

2. COPD (chronic obstructive pulmonary disease)

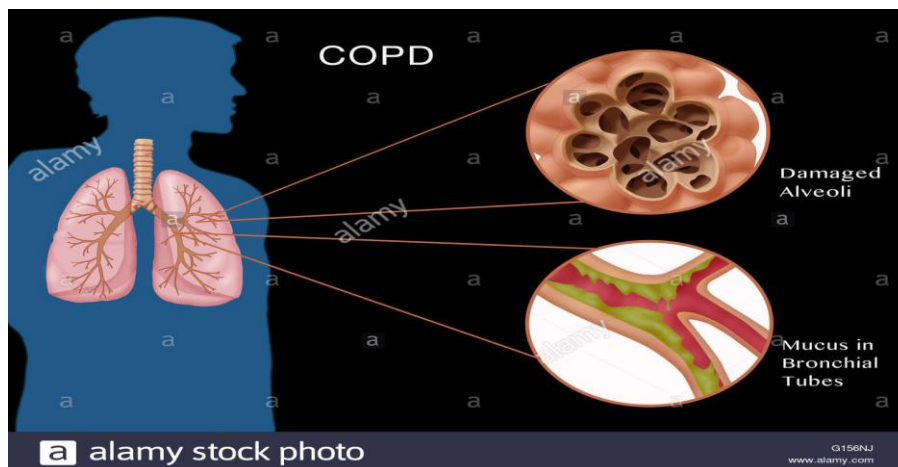


Fig :-COPD (chronic obstructive pulmonary disease).

COPD is an obstructive lung disease that makes it hard to breathe. It causes serious long-term disability and early death. COPD starts by making it hard to be active, such as playing with a grandchild, then usually gets worse, until climbing a short set of stairs or even walking to get the mail is exhausting or impossible. It can leave people stuck in their homes, unable to do the things they want or see friends. About 80 percent of all COPD is caused by cigarette smoking. COPD is the fourth leading cause of death in the United States.

3. Heart disease

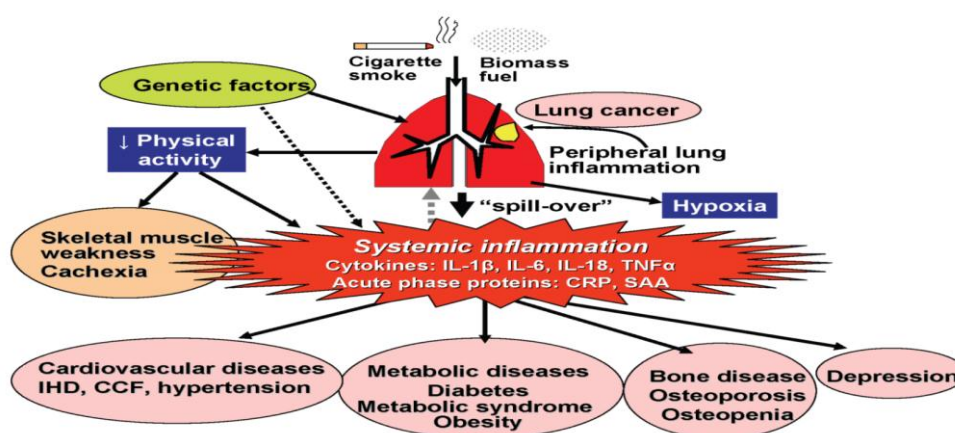


Fig:- Heart disease.

Smoking harms nearly every organ in your body, including your heart. Smoking can cause blockages and narrowing in your arteries, which means less blood and oxygen flow to your heart. When cigarette consumption in the U.S. decreased, so did the rates of heart disease. Yet, heart disease remains the number one cause of death in the U.S.

4. Types of Cancer, Including Colon, Cervix, Liver, Stomach and Pancreatic Cancer

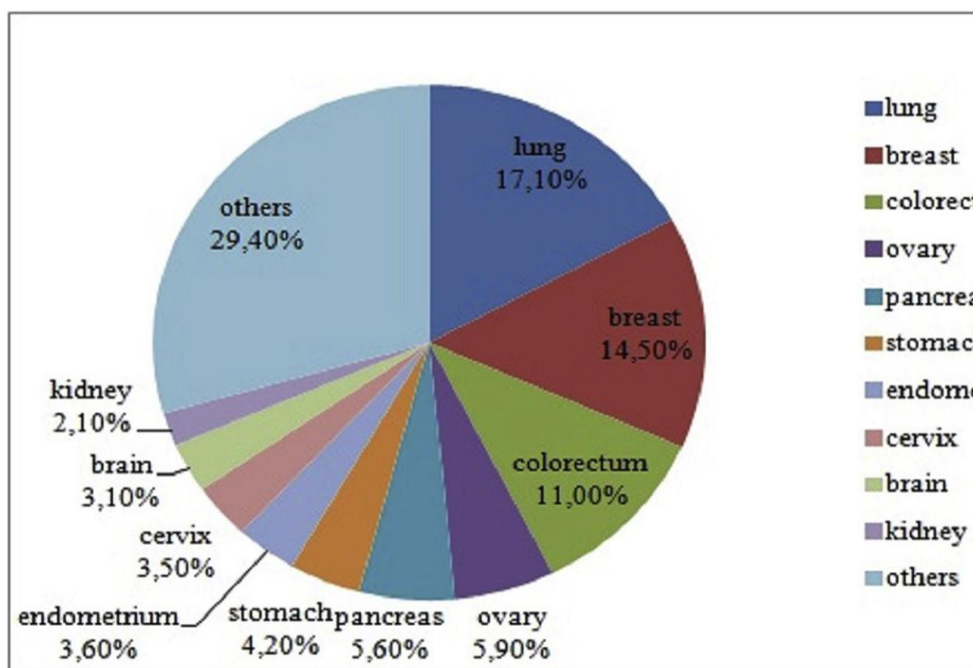


Fig:- Types of Cancer

Basically, all the cancers. For both cancer patients and survivors, those who smoke are more likely to develop a second primary cancer. And now we know that smoking causes at least a dozen cancers, including liver and colorectal, and reduces the survival rates for prostate cancer patients.

5. Smokers' Sperm less fertile

Smoking damages sperm, making them less likely to fertilize eggs -- and making the embryos they do manage to create less likely to survive. The finding comes from a study of sperm from 53 heavy smokers and 63 nonsmokers among male partners of couples seeking help for infertility.

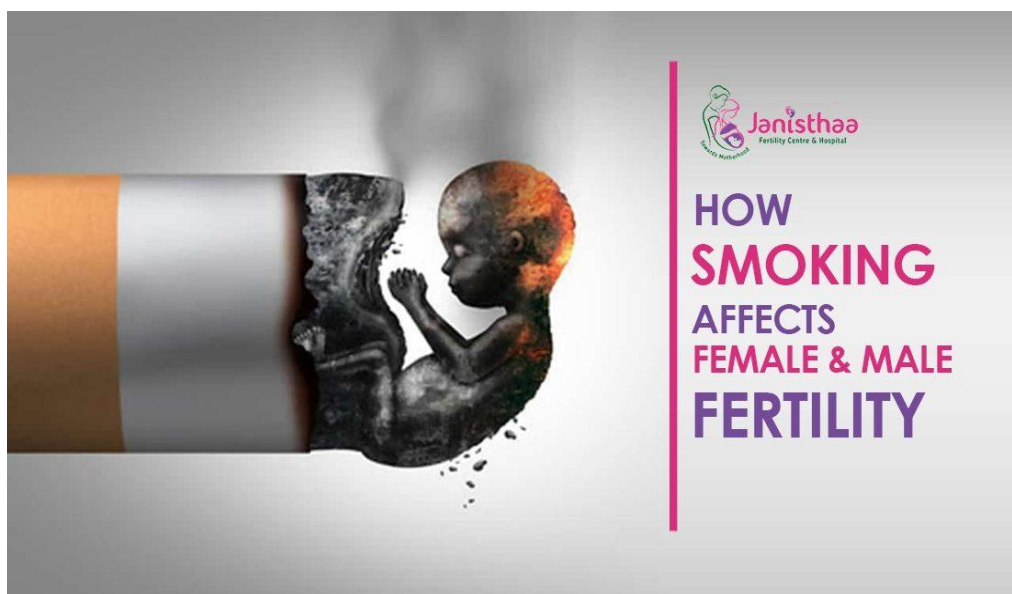


Fig:- Smokers' sperm less fertile.

Men who smoke are less fertile than men who don't smoke. Now a research team led by Mohamad Eid Hammadeh, PhD, professor of obstetrics and gynecology at the University of the Saarland, Homburg/Saar, Germany, have learned why. Human sperm cells carry two tiny, highly charged proteins called protamine 1 and protamine 2. Nature keeps them in a perfectly balanced one-to-one relationship. But in smokers, Hammadeh and colleagues find, sperm cells carry too little protamine 2. This imbalance makes them highly vulnerable to DNA damage. "The DNA alphabet of these sperm has one or two letters missing. And this cannot be repaired," Hammadeh tells WebMD. "When we inject these damaged sperm into an egg cell, the sperm is not capable of fertilizing the cell. And even if it does, the rate is very high."

Tobacco disorders

Comorbidity with Substance Use Disorders Use of illicit drugs or alcohol greatly increase the likelihood of tobacco use and dependence among adolescents. Studies have found that up to 80% of youth with substance use disorders report past-month tobacco use, many report daily smoking, and many become highly dependent, long-term tobacco users. For example, a recent study of substance use treatment programs found that 48% of the 1,062 adolescents met criteria for tobacco dependence, 58% reported weekly tobacco use, and the sample reported a mean of 5 cigarettes smoked per day. Several studies have demonstrated that levels of tobacco use persist despite decreases in alcohol or drug use during substance use treatment, indicating the targeted interventions for smoking cessation are needed for youth receiving substance use treatment.

Clinical presentation

The general examination may reveal signs that increase the probability of tobacco use. For example, the presence of smoke-odored clothing, a bottle for chew/dip spit, or cigarette packs may clue the clinician to ask more detailed questions about tobacco use. Adolescents rarely present with clinical signs that are present in adults, such as stained teeth or fingernails, wrinkles, or a hoarse voice. Adolescents in nicotine withdrawal may present with irritability, anxiety and agitation, and may ask “how long will I be here (because I need to smoke a cigarette)?” Tobacco contains the psychoactive drug nicotine, which is central nervous system stimulant. The immediate effects of nicotine administration are tachycardia, hypertension, increased respiration, enhanced memory storage, improved concentration, and appetite suppression. Nicotine produces withdrawal symptoms about one hour after the last dose. Withdrawal symptoms are not life threatening, are usually self-limited, and include irritability, annoyance, anxiety, and cravings for nicotine

Diagnosis

- 1) Cigarettes and other forms of tobacco are addictive.
- 2) Nicotine is the drug that causes this addiction, and
- 3) The pharmacological and pharmacodynamical aspects are also concern to diagnose the disease. The difference between the addiction of nicotinic diseases and other diseases is the behavioural aspects with tobacco use.

In case if patient has suffering from asthma may can cause more chances of severe infection than other normal people. The diagnosis of tobacco related problem mainly involves the study of symptoms and if must concern to the doctors regarding symptom.

Mainly steps involve to detect diagnosis of tobacco addiction are

1. There are no current diagnostic test that can determine whether somebody is addicted to nicotine, and to what degree
2. A doctor can help the patient determine their degree of dependence by asking patient the symptoms related to diseases.
3. In cases nicotine dependence will normally arise once a person seeks medical assistance for the addiction. Alternatively they require treatment for conditions such as COPD.

Tobacco related problems The main problems related to tobacco addiction causes lung related problems. Generally the various major problems associated by actual evaluation of data of

patient which smokes and mainly affects on the health of human being which may can cause death. Tobacco addiction may causes cancer related diseases such as mouth cancer and other types of mouth related problems.

The number of health problem that tobacco causes are

1. **Addiction;** Physical or physiological dependence on physiological substances
2. **Mucus;** It is thick and lines body parts
3. **Inflammation;** It is body reaction to inflammation ,injury.
4. **Chronic;** It continues for long period of time

The other diseases such as stroke, lung cancer, heart related diseases are also responsible by the tobacco addiction.

Statistical relationship of death of people verses year

It involves relationship between the ratio of death of people and years about of 10 year and evaluate the death of people. It involves the study of factors such as current course, effective prevention.

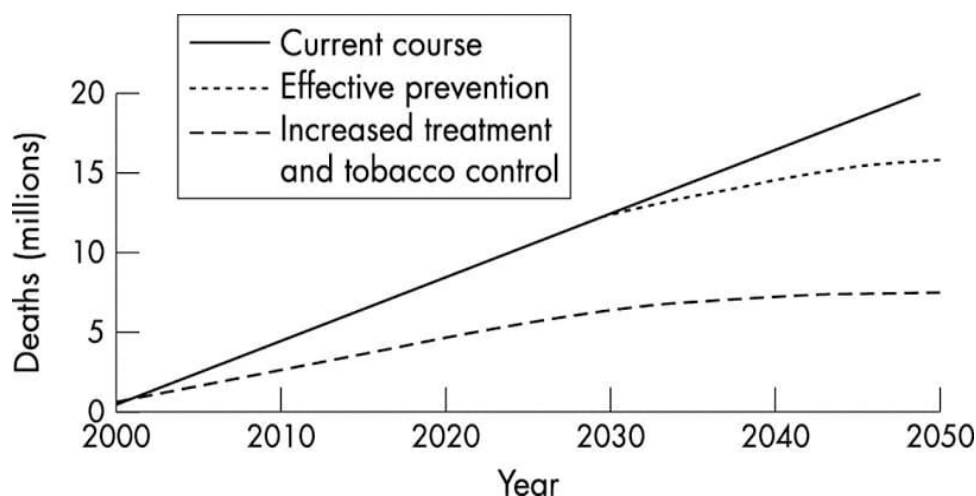


Fig:- Statistical relationship of death millions verses year.

Treatment of tobacco addiction

The various treatment approaches related to tobacco addiction involves ayurvedic and allopathic methods to treat disease

Medication

Recommend the use of approved medicine except when contraindicated.

The first line medication include

- 1) bupropionSR
- 2) Nicotine gum
- 3) Nicotine inhaler
- 4) Nicotine lozenges
- 5) Nicotine nasal spray
- 6) Nicotine patch
- 7) Varencline

Physician role – For the detection and treatment of tobacco addiction the role of physician is important that it necessary to check the symptoms of patient and to check at what level the addiction of tobacco that causes the patient.

It mainly involves evidence based study that at what level the patient is addicted to tobacco then by studying the symptoms the actual treatment that can be given to patient

Counseling

Counseling involves motivating the tobacco user to quit by examining the consequences from smoking. It also involves educating the tobacco user about the beneficial health effects after completely stopping smoking , beneficial effects which can be experienced even.

When Components of effective counseling include problem solving, that is the discussion methods and coping skills to deal with situation that uses with tobacco addiction that can refer tobacco users to their own regional quit line.

Mainly counseling is done for patient give idea regarding symptoms of disease and accordingly the treatment can given to patient.

Now a day its much necessary to counselle people and they must treated regarding tobacco addiction. The role of doctor as well as patient as well as various government schemes plays an vital role to prevent tobacco addiction.

Relapse prevention

Relapse prevention strategies aim to assist people to avoid or cope with high-risk smoking situations. Such strategies also aim to prevents a lapse form occurring or if it occurs form becoming a full relapse to smoking. Suggested strategies are: Identify high-risk tobacco use situations and important triggers

- Plan coping strategies in advance.
- Consider lifestyle changes that may reduce the number of high-risk situations.
- Encountered, e.g. stress management, reduction in alcohol consumption Encourage patients to have a plan for how to deal with a slip to prevent it.
- Becoming a full relapse Components of relapse intervention: During relapse prevention, a patient might identify a problem that threatens his or her abstinence. Specific problems likely to be reported by patients and potential responses follows:
- It is important to remember the reasons you want and need to stop tobacco. The first few days to weeks after quitting will be the hardest.
- It is important to use self-discipline and your most effective techniques to avoid giving in to the cravings. What some people find helpful when urges come include: Take a few deep breaths and let them out slowly.
- Think about the most important reasons why you wanted to stop tobacco.
- Use a coping strategy from your action plan.
- Focus you attention away fromthe urge. Usually peak and subside within 5 to 10 minutes. Go to a place where smoking is not permitted.



Fig:- Components of drug addiction treatment.

- Seek support from a non-tobacco user friend.
- Use a low-calorie substitute for oral stimulation.

The treatment of tobacco addiction may involve the balance of all the factors, firstly people are addicted towards alcoholism or tobacco addiction.

Because of stress and other factors such as it may also involve habituality, so it needs to maintain hypothetical balance between the factors which are discussed in above diagram as family services, mental health services, medical service.

Nicotine replacement therapy

The medication related to tobacco addiction involves various types of therapies and the drug treatment involves in it which are as follows. It is bandage-like sticker that is applied to the arm to decrease the addiction of the patient towards tobacco addiction.

Nicotine gum:- Nicotine gum can be useful for the patient which is having a habit of chewing tobacco. Such patients are giving the feeling of chewing with the help of nicotine gum.

Spray or inhaler:- They are the substances which are helpful to inhale nicotine without the use of tobacco. They are the substances given to the patient in the form of inhaler or spray.

Medications method:- Nicotine replacement therapy: It is an important therapy to minimize the addiction of tobacco with the help of taking nicotine, gum, and inhaler to reduce tobacco addiction. It is one of the greater useful techniques to minimize the level of tobacco addiction in people.

There are other antidepressant drugs which are helpful to humans to withdraw from tobacco addiction. Some doctors recommend the use of medication to help with tobacco addictions.

Certain antidepressants or high blood pressure drugs might be able to help manage the tobacco-related problems.

Psychological and Behavioral treatments

The psychological and behavioural aspects of treatment of tobacco addiction mainly involve

- Hypnotherapy
- Cognitive-Behavioral Therapy
- Neuro-Linguistic Programming

It is responsible for changing or altering the mind of people towards tobacco addiction. It is taken in mind that one treatment that helps to treat one person can't help to a group of people.

Ayurvedic method to treat tobacco addiction

When you are having feeling to withdraw tobacco addiction the increase in the level of vata pitta and kapha in the body.uchsymptom may appear which may have ability to distract people from tobacco withdraw by tobacco addicted people

Herbal mixture for nicotine withdrawal

Ashwagandha Powder	100 grams
Licorice Powder (MulethiChurna)	100 grams
Shankpushpi Powder	100 grams
Jatamansi Powder	100 grams
Gotu Kola (Mandukaparni) Powder	50 grams
Vacha (Sweet Flag) Powder	25 grams
Amalaki (Amla) Powder	25 grams
MuktaPishti	10 grams

Preparation: All the ingredient in powder form may mix thoroughly.

Dosage : One tea spoonthree time a day with milk.

CONCLUSION

We have understand in review that how people are addicted towardtobaccoaddiction.The various type of diseasethat can cause death of patient. The various approach to treat tobacco addiction the theorapies that are useful to treat diseases. There are various type of ayurvedic and allopathic type of treatment are studied.

The study of psychological and behavioural aspect to treat tobacco addiction are studied. The main fact that it also responsible for quiting tobacco related addiction. The study of various types of antidepressantdrug that are responsible for minimize the level of tobacco addiction in people.

Some therapies are useful to treat tobacco addiction such as nicotine replacement therapy. In this review project we also studied the ratio of death of people annually observed. It also involves the study of mental balance and psychological facts of people addicted with tobacco.

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