

Research & Reviews: Journal of Nursing and Health Sciences

How Tobacco and Cannabis Smoking Effects Human Physiology

Maddela VS*

Department of Chemical Engineering, Center for Bio-Technology ,Andhra University College of Engineering, Maddelapalem, Visakhapatnam, Andhra Pradesh, India

Review Article

Received: 23-07-2016

Revised: 25-08-2016

Accepted: 26-08-2016

Published: 31-08-2016

*For Correspondence

Maddela VS, B.Tech. Bio-Technology, Department of Chemical Engineering, Andhra University College of Engineering, Maddelapalem, Visakhapatnam, Andhra Pradesh, India, Tel: 9177989482.

E-mail:

vidsagar1024.sm@gmail.com

Keywords: Tobacco, Marijuana,

ABSTRACT

Apart from the recreational and medical use, Tobacco and Cannabis are nowadays widely being abused for getting high and temporary relaxation. Lungs are most badly effected organs in the patients with heavy use of tobacco and cannabis through smoking. The alkaloids in tobacco and cannabinoids in cannabis are responsible for the psychological and physiological effects of the smoking tobacco and cannabis. Other than lungs, most of the other organs in the body are affected by the abuse of these substances. Over a course of time, in long term smokers the physiological effects of the smoking these plant parts brings out gradual changes in the individual body parts and organ systems which eventually result in developing some cumulative changes in the body in regular functioning. These effects are widely varied under influence of various external factors ranging from geographical conditions, food habits, socio-economic and legal conditions of the environment the person living in. In this review we highlight the specific effects of smoking tobacco and cannabis on the physiology of human body. Various studies on the effects of tobacco and cannabis have revealed the detailed analysis and statistics of the micro level changes in the morphology and physiology of different systems of the body. These studies on the smokers of different plant material also revealed the details

Research & Reviews: Journal of Nursing and Health Sciences

Smoking, Physiology

and numbers for the relation between the rate of consumption, threshold limits, effects of administration through different modes and different combinations and also the statistical analyses for the symptoms of cessation, control, dependence and withdrawal among group of people which leads us to the conclusions which can be applied for welfare of individuals and society in different ways.

SMOKING TOBACCO AND CANNABIS

Historically tobacco and cannabis are the products of good value in trade and commerce for these are the most widely used substances by humans throughout the world for recreational and medicinal uses [1-3]. The early reports of smoking dates back to 5000–3000 BC roughly and mostly used in religious and social rituals in various civilizations. The word smoking refers to the act of burning the plant part especially leaves and stems to inhale the smoke accumulating from the combustion reaction into the lungs through mouth and releasing it. Various chemical substances along with carbon content in the cells of these plant parts will undergo series of changes by the combustion reaction [4-11]. The smoke people inhale while smoking contains various chemical substances which effect the physiological functioning of human body by altering the functioning of various organs systems of the human body like respiratory, endocrine, digestive, cardio vascular, reproductive and nervous systems including the brain.

TOBACCO

Tobacco is the most widely used plant substance for smoking. Tobacco, being first cultivated in South Americas and spread widely in Europe and rest of the world thereafter, played a key role in social, political and economic conditions of the human populations since times. The species most commonly used for smoking is *Nicotiana tabacum*, is a member of solanaceae family. Studying the adverse effects of tobacco smoking on the body especially lungs, the German scientists reported and started the first ever anti-smoking campaign in the modern world. Later many studies have clearly proven the direct and indirect relationship between Tobacco smoking and various types of cancers [12-19]. From mid-1950 the emphasis on negative effects of smoking has increased and pressured to take the political action against the practise. Tobacco is consumed in different forms and modes. The following are the different

Methods of Tobacco Smoking

Beedi

Beedis are the Indian version of cigarettes made with no filters and hand rolled out of Tendu leaf (*Piliostigma racemosum*) and processed tobacco. These flakes are thin, folded inside at the smoking end (to

Research & Reviews: Journal of Nursing and Health Sciences

make it partly stop the direct entry of smoke inside) and tied with a string from outside to hold the whole thing up.

Cigars

Cigars are firmly moved groups of dried and matured tobacco which are touched off with the goal that smoke might be drawn into the smoker's mouth. They are by and large not breathed in view of the high alkalinity of the smoke, which can rapidly get to be disturbing to the trachea and lungs. The pervasiveness of cigar smoking changes relying upon area, authentic period, and populace reviewed and commonness gauges differ to some degree contingent upon the study technique. The United States is the top expending nation by a long shot, trailed by Germany and the United Kingdom; the US and Western Europe represent around 75% of cigar deals worldwide ^[20-35]. As of 2005 it is evaluated that 4.3% of men and 0.3% of ladies smoke cigar in the USA.

Cigarettes

Cigarettes, French for "little stogie", are an item devoured through smoking and fabricated out of cured and finely cut tobacco leaves and reconstituted tobacco, regularly consolidated with different added substances, which are then rolled or stuffed into a paper-wrapped cylinder. Cigarettes are touched off and breathed in, more often than not through a cellulose acetic acid derivation channel, into the mouth and lungs. Albeit once in a while rehearsed, cigarettes can likewise be expended rectally by breathing in the smoke into the mouth and pushing it through a funnel into the rectum.

Hookah

Hookahs are a solitary or multi-stemmed (regularly glass-based) water funnel for smoking. Originated first in India and wide spread in Asia and middle-east. The hookah was an image of pride and respect for the landowners, lords and other such high class individuals ^[36-48]. Presently, the hookah has increased gigantic ubiquity, particularly in the Middle East. A hookah works by water filtration and aberrant warmth. It can be utilized for smoking home grown organic products, tobacco or cannabis ^[47-72].

Kretek

Kretek are cigarettes made with a perplexing mix of tobacco, cloves and an enhancing "sauce". It was initially presented in the 1880s in Kudus, Java, to convey the restorative eugenol of cloves to the lungs. The quality and assortment of tobacco assume an essential part in kretek creation, from which kretek can contain more than 30 sorts of tobacco. Minced dried clove buds weighing around 1/3 of the tobacco mix are added to include enhancing. In 2004 the United States precluded cigarettes from having a "describing flavour" of specific fixings other than tobacco and menthol, along these lines expelling kretek from being delegated cigarettes.

Research & Reviews: Journal of Nursing and Health Sciences

Passive smoking

Uninvolved smoking is the generally automatic utilization of smoked tobacco. Second-hand smoke (SHS) is the utilization where the smoldering end is available, ecological tobacco smoke (ETS) or third-hand smoke is the utilization of the smoke that remaining parts after the blazing end has been stifled. On account of its apparent negative ramifications, this type of utilization has assumed a focal part in the control of tobacco items.

Pipe smoking

ordinarily comprises of a little chamber (the dish) for the burning of the tobacco to be smoked and a dainty stem (shank) that finishes in a mouthpiece (the bit). Destroyed bits of tobacco are set into the chamber and lighted. Tobaccos for smoking in channels are regularly precisely treated and mixed to accomplish flavour subtleties not accessible in other tobacco items.

Roll-your-own

Roll-Your-Own or hand-moved cigarettes, regularly called "rollies", "cigi" or "Move ups", are extremely mainstream especially in European nations and the UK. These are set up from free tobacco, cigarette papers, and channels all purchased independently. They are generally much less expensive than instant cigarettes and little contraptions can be purchased making the procedure simpler.

Vaporizer

A vaporizer is a gadget used to sublimate the dynamic elements of plant material. As opposed to blazing the herb, which creates possibly chafing, poisonous or cancer-causing by-items; a vaporizer warms the material in a halfway vacuum so that the dynamic mixes contained in the plant bubble off into a vapour. This strategy is frequently best when medicinally administrating.

The dynamic substances in tobacco, particularly cigarettes, are regulated by smoldering the leaves and breathing in the vaporized gas that comes out. This rapidly and successfully conveys substances into the circulatory system by ingestion through the alveoli in the lungs. The lungs contain somewhere in the range of 300 million alveoli, which adds up to a surface territory of more than 70 m² (about the span of a tennis court). This technique is not totally productive as not the greater part of the smoke will be breathed in, and some measure of the dynamic substances will be lost during the time spent burning, pyrolysis. Pipe and Cigar smoke are not breathed in due to its high alkalinity, which are bothering to the trachea and lungs. In any case, in light of its higher alkalinity (pH 8.5) contrasted with tobacco smoke (pH 5.3), non-ionized nicotine is all the more promptly consumed through the mucous layers in the mouth ^[73-84]. Nicotine assimilation from stooze and funnel, in any case, is a great deal not as much as that from cigarettes. Nicotine and cocaine are studied initiate comparative examples of neurons, which underpins the presence of regular substrates among these drugs.

Research & Reviews: Journal of Nursing and Health Sciences

The breathes in nicotine copies nicotinic acetylcholine which when bound to nicotinic acetylcholine receptors keeps the reuptake of acetylcholine in this manner expanding that neurotransmitter in those ranges of the body. These nicotinic acetylcholine receptors are situated in the focal sensory system and at the nerve-muscle intersection of skeletal muscles; whose movement builds heart rate, alertness, and quicker response times. Nicotine acetylcholine incitement is not specifically addictive [85-92]. Be that as it may, since dopamine-discharging neurons are bottomless on nicotine receptors, dopamine is discharged; and, in the core accumbens, dopamine is connected with inspiration bringing about fortifying behaviour. Dopamine increment, in the prefrontal cortex, may likewise expand working memory.

At the point when tobacco is smoked, the greater part of the nicotine is pyrolyzed. There is likewise a development of harmaline (a MAO inhibitor) from the acetaldehyde in tobacco smoke. This may assume a part in nicotine dependence, by encouraging a dopamine discharge in the core accumbens as a reaction to nicotine stimuli. Using rodent thinks about, withdrawal after rehashed introduction to nicotine results in less responsive core accumbens cells, which produce dopamine in charge of reinforcement.

CANNABIS

Cannabis, produced from the hemp plant, is employed in 3 forms: herbal cannabis, the dried leaves and flowering first-rate, additionally referred to as 'cannabis,' ganja,' or 'weed,' among others; cannabin, the ironed secretions of the plant, referred to as 'hashish' or 'charash;' and cannabis oil, a mix ensuing from distillation or extraction of active ingredients of the plant. Herbal cannabis is that the cannabis product used most often in much of the world, whereas cannabin is primarily utilized in Europe. Cannabis oil is a smaller amount wide used, accounting for under zero.05% of cannabis seizures in 2009 [93-116].

Cannabis is created in nearly each country worldwide, and is that the most generally created illicit drug. the very best levels of cannabis herb production – around twenty fifth of world production – ensue in Africa and African nation. North and South America follow, every to blame for twenty third of worldwide production of cannabis herb. Indoor production of cannabis herb is rising, as there's a lower probability of detection and growers area unit able to harvest multiple times per annum, and is targeted in North America, Europe, and Oceania. Cannabis herb remains the foremost trafficked illicit drug within the world in terms of volume and geographic unfolds. North America accounts for seventieth of world seizures, notably targeted in Mexico and also the us, followed by Africa (11%) and South America (10%). cannabin is second to cannabis herb in terms of volume of trafficking. Afghanistan has recently emerged as a significant producer of cannabin, reordering Morocco in terms of volume, and cannabis has become a rival to poppy as a remunerative crop for farmers. Nearly all cannabin seizures (95%) transpire in Europe, the centre East, Southwest Asia, and geographic region.

The plant contains the psychoactive chemical delta-9-tetrahydrocannabinol (THC) and alternative Related compounds. Extracts with high amounts of THC also can be made up of the cannabis plant.

Marijuana is that the most typically used illicit drug within the US. Its use is widespread among adolescents. in keeping with a yearly survey of middle and high school students, rates of marijuana use have

Research & Reviews: Journal of Nursing and Health Sciences

steady within the past few years when many years of increase. However, the quantity of adolescents World Health Organization believe marijuana use is risky is decreasing.

Although several have needed the nationwide group action of marijuana to treat medical conditions, the scientific proof so far isn't sufficient for the marijuana plant to achieve U.S. Food and Drug Administration (FDA) approval, for 2 main reasons. First, there haven't been enough clinical trials showing that marijuana's edges outweigh its health risks. The Food and Drug Administration needs rigorously conducted studies in giant numbers of patients (hundreds to thousands) to accurately assess the advantages and risks of a possible medication. Second, to be thought-about legitimate drugs, a substance should have well-defined and measureable ingredients that area unit consistent from one unit to future (such as a pill or injection). This consistency permits doctors to see the dose and frequency. Because the marijuana plant contains many chemical compounds that will have completely different effects which vary from plant to plant, its use as a drugs is troublesome to guage.

However, THC-based medicine to treat pain and nausea area unit already Food and Drug Administration approved and prescribed. Scientists still investigate the healthful properties of cannabinoids—or the individual parts of the marijuana plant (e.g. THC, CBD). The therapeutic potential lies in developing medications based mostly upon cannabinoids that have therapeutic worth however with limited-to-no risk for addiction, reminiscent of CBD.

Short term effects

When someone smokes marijuana, THC quickly passes from the lungs into the blood. The blood carries the chemical to the brain and alternative organs throughout the body. The body absorbs THC a lot of slowly once the person chuck or drinks it. Therein case, the user usually feels the results when half-hour to one hour. THC acts on specific neuron receptors that commonly react to natural THC-like chemicals within the brain. These natural chemicals play a job in traditional brain development and performance. Marijuana overactivates elements of the brain that contain the very best range of those receptors. This causes the "high" that users feel.

Alternative effects include:

- Altered senses (for example, seeing brighter colors)
- Altered sense of your time
- Changes in mood
- Impaired body movement
- Difficulty with thinking and problem-solving
- Impaired memory

Marijuana additionally affects brain development. Once marijuana users begin mistreatment as teenagers, the drug might scale back thinking, memory, and learning functions and have an effect on however the brain builds connections between the areas necessary for these functions.

Research & Reviews: Journal of Nursing and Health Sciences

Marijuana's effects on these talents might last an extended time or maybe be permanent. parenthetically, a study showed that individuals UN agency started smoking marijuana heavily in their teens And had an current cannabis use disorder lost a mean of eight ratio points between ages thirteen and thirty eight. The lost mental talents didn't totally come in people who quit marijuana as adults. People who started smoking marijuana as adults didn't show notable ratio declines. Marijuana use might have a good vary of effects, each physical and mental.

- Breathing issues. Marijuana smoke irritates the lungs, and frequent marijuana smokers will have constant respiration issues that tobacco smokers have. These issues embrace daily cough and phlegm, a lot of frequent respiratory organ malady, and a better risk of respiratory organ infections. Researchers still don't apprehend whether or not marijuana smokers have a better risk for carcinoma.

- Increased pulse rate. Marijuana raises pulse rate for up to three hours when smoking. This result might increase the prospect of coronary failure. Older individuals and people with heart issues could also be at higher risk

- Problems great development throughout and when gestation. Marijuana use throughout gestation is joined to enlarged risk of each brain and activity issues in babies. If a pregnant girl uses marijuana, the drug might have an effect on bound developing elements of the fetus's brain. Ensuing challenges for the kid might embrace issues attentively, memory, and problem-solving. to boot, some analysis suggests that moderate amounts of THC square measure excreted into the breast milk of nursing mothers. the results on a baby's developing brain square measure still unknown.

Mental effects

- Long-term marijuana use has been joined to mental disease in some users, such as:
- Temporary hallucinations—sensations and pictures that appear real tho' they're not
- Temporary paranoia—extreme and unreasonable distrust of others
- worsening symptoms in patients with schizophrenic disorder (a severe psychological disorder with symptoms like hallucinations, paranoia, and fucked-up thinking)

Marijuana use has additionally been joined to alternative psychological state issues, like depression, anxiety, and dangerous thoughts among teens. However, study findings are mixed. Compared to nonusers, significant marijuana users a lot of usually report the following:

- Lower life satisfaction
- Poorer psychological state
- Poorer physical health
- More relationship issues

Users additionally report less educational and career success. Parenthetically, marijuana use is joined to a better probability of throwing in the towel of faculty (**Table 1**). it's additionally joined to a lot of job absences, accidents, and injuries.

Research & Reviews: Journal of Nursing and Health Sciences

Name	Description
Acapulco gold	Marijuana from S.W. Mexico; marijuana
Ace	Marijuana cigarette; PCP
Airhead	Marijuana user
Are you anywhere?	Do you use marijuana?
Blunt	Marijuana inside a cigar; cocaine and marijuana inside a cigar
Bogart a joint	Salivate on a marijuana cigarette; refuse to share
Candy blunt	Blunts dipped in cough syrup
Cartucho (Spanish)	Package of marijuana cigarettes
Chillum	An object used to smoke opium, hashish, and marijuana
Dagga	Marijuana from South Africa

Table 1: Different words used by the cannabis smokers to refer the marijuana and related substances.

PHYSIOLOGICAL EFFECTS

Central Nervous System

One of the ingredients in tobacco may be a mood-altering drug referred to as vasoconstrictor. vasoconstrictor reaches the brain in precisely seconds. It's a central system stimulant, thus it makes the smoker feel additional energized for a bit whereas. As that impact subsides, they feel tired and crave additional. vasoconstrictor is habit forming. Smoking will increase risk of degeneration, cataracts, and poor visual sense. It may also weaken your sense of style and sense of smell, thus food might decrease pleasant. chassis contains a stress internal secretion referred to as glucocorticoid, that lowers the results of vasoconstrictor. If you're below loads of stress, you'll want additional vasoconstrictor to urge a similar impact. Physical withdrawal from smoking will impair your psychological feature functioning and create feel anxious, irritated, and depressed. Withdrawal may also cause headaches and sleep issues.

Respiratory System

When folks inhale smoke, they're taking in substances which will harm the lungs. Over time, their lungs lose their ability to filter harmful chemicals. Coughing can't filter the toxins sufficiently, thus these toxins get treed within the lungs. Smokers have a better risk of metabolism infections, colds and flu. During a condition known as respiratory disease, the air sacs in your lungs square measure destroyed. In bronchitis, the liner of the tubes of the lungs becomes inflamed. Over time, smokers square measure at redoubled risk of developing these kinds of chronic preventative pneumonic malady (COPD). Semi-permanent smokers also are at redoubled risk of carcinoma. Withdrawal from tobacco product will cause temporary congestion and metabolism pain as

Research & Reviews: Journal of Nursing and Health Sciences

your lungs begin to filter. Kids whose folks smoke square measure additional liable to coughing, wheezing and respiratory illness attacks than kids whose folks don't. They additionally tend to possess additional ear infections. Kids of smokers have higher rates of respiratory disease and respiratory disorder.

Cardiovascular System

Smoking damages your entire circulatory system. Once plant toxin hits your body, it offers your blood glucose a lift. Plant toxin causes blood vessels to tighten, that restricts the flow of blood (peripheral artery disease). Smoking lowers sensible cholesterol levels and raises force per unit area, which might lead to stretching of the arteries and a buildup of unhealthy cholesterol (atherosclerosis). Smoking raises the danger of forming blood clots. Blood clots and weakened blood vessels within the brain increase a smoker's risk of stroke. Smokers WHO have heart bypass surgery square measure at redoubled risk of continual coronary cardiovascular disease. Within the long run, smokers square measure at larger risk of blood cancer (leukemia). There's a risk to non-smokers, too. Respiratory second hand smoke has a right away impact on the circulatory system. Exposure to secondhand smoke will increase your risk of stroke, heart failure, and coronary cardiovascular disease.

Skin, Hair and Nails (Integumentary System)

Some of the additional obvious signs of smoking involve the skin. The substances in tobacco smoke truly amend the structure of your skin. Smoking causes skin discoloration, wrinkles and premature aging. Your fingernails and therefore the skin on your fingers could have yellow staining from holding cigarettes. Smokers sometimes develop yellow or brown stains on their teeth. Hair holds on to the smell of tobacco long when you set your fag out. It even clings to non-smokers.

Digestive System

Smokers square measure at nice risk of developing oral issues. Tobacco use will cause gum inflammation (gingivitis) or infection (periodontitis). These issues will result in dental caries, tooth loss, and unhealthy breath. Smoking additionally will increase risk of cancer of the mouth, throat, larynx and muscular structure. Smokers have higher rates of excretory organ cancer and carcinoma. Even smoke smokers WHO don't inhale square measure at redoubled risk of mouth cancer. Smoking additionally has a control on hypoglycaemic agent, creating it additional seemingly that you'll develop hypoglycaemic agent resistance. That puts you at redoubled risk of kind two polygenic diseases. Once it involves polygenic disease, smokers tend to develop complications at a quicker rate than non-smokers. Smoking additionally depresses craving, thus you will not be obtaining all the nutrients your body wants. Withdrawal from tobacco product will cause nausea.

Research & Reviews: Journal of Nursing and Health Sciences

Sexuality and Genital System

Restricted blood flow will have an effect on a man's ability to urge an erection. Each men and ladies WHO smoke could have issue achieving consummation and square measure at higher risk of physiological state. Ladies WHO smoke could expertise biological time at associate earlier age than non-smoking ladies. Smoking will increase a woman's risk of cervical cancer.

Smokers' are more likely to acquire additional complications of gestation, as well as miscarriage, issues with the placenta, and premature delivery. Pregnant mothers WHO square measure exposed to second-hand smoke also are additional seemingly to possess a baby with low birth weight. Babies born to mothers WHO smoke whereas pregnant square measure at larger risk of low birth weight, birth defects, and fulminant crib death syndrome (SIDS). New-borns WHO breathe second hand smoke suffer additional ear infections and respiratory illness attacks.

THERAPY

Nicotine Replacement

Nicotine replacement therapies (NRTs) love patches, gums, and inhalers deliver to your body the plant toxin it's desire during an abundantly safer type than cigarettes. Over time, you cut back the number of plant toxin you consume till you have got hopefully checked your cravings entirely.

Smoking-Cessation Medications

Prescription drugs alter chemicals in your brain so as to ease cravings and withdrawal symptoms. With a number of these medications, you are able to at the same time use plant toxin replacement therapies sort of a patch or gum to ease severe withdrawal symptoms. Some even allow you to continue smoking at the start of the program.

Alternative Therapies

Procedures like mental state, stylostixis, and meditation will address a number of the mental and physical habits you have got developed around cigarettes. Some people that have quit use these therapies alone, whereas others use them in conjunction with medicines or plant toxin replacements.

References

1. Williams ME, et al. Effect of green tea extract on the interferon-induced testicular apoptosis in the adult albino rat: Immunohistochemical and electron microscopic study. *Reprod Syst Sex Disord.* 2015;4:147.
2. Veres KT, et al. Assessment of knowledge, behavior and attitude of school children towards smoking. *J Pulm Respir Med.* 2015;5:297.

Research & Reviews: Journal of Nursing and Health Sciences

3. Liu Q. Medical Marijuana-opportunities and challenges. *Biochem Pharmacol* (Los Angel). 2016;5:e182.
4. Kandaswamy R. The truth about using medical marijuana and cannabis in treating autism. *Autism Open Access*. 2016;6:e138.
5. Beech RD. Medical marijuana: The pitfalls and the pendulum. *J Addict Res Ther*. 2015;6:e132.
6. Stone MH. Marijuana and psychosis: The effects of adolescent abuse of marijuana and other drugs in a group of forensic psychiatric patients. *J Child Adolesc Behav*. 2015;3:188.
7. Hatcharda T, et al. Marijuana use impacts cognitive interference: An FMRI investigation in young adults performing the counting stroop task. *J Addict Res Ther*. 2014;5:197.
8. Beatty JR, et al. Prevalence and perceived financial costs of marijuana versus tobacco use among urban low-income pregnant women. *J Addict Res Ther*. 2012;3:135.
9. Mashhoon Y, et al. Lower left thalamic myo-inositol levels associated with greater cognitive impulsivity in marijuana-dependent young men: preliminary spectroscopic evidence at 4t. *J Addict Res Ther*. 2013;S4:009.
10. Sneider JT, et al. A review of magnetic resonance spectroscopy studies in marijuana using adolescents and adults. *J Addict Res Ther*. 2013;S4:010.
11. McCormick MA and Shekhar A. Review of marijuana use in the adolescent population and implications of its legalization in the United States. *J Drug Metab Toxicol*. 2014;5:165.
12. Míguez-Burbano MJ, et al. Thrombocytopenia, liquor use and marijuana are associated with non-invasive markers of liver fibrosis in people living with HIV. *J Alcohol Drug Depend*. 2014;2:168.
13. Kuzmenko T, et al. The role of genetic polymorphism of il-4 (c-589t) and tnfa (g-308a) and regular passive smoking in clinical manifestations of pneumonia in infants. *Clin Pediatr*. 2016;1:106.
14. Akcay S and Dedekarginoglu EB. Smoking cessation in lung cancer. *J Lung Cancer Diagn Treat*. 2016;1:105.
15. Lopez PJT, et al. Pharmacoeconomic analysis of the therapies used in the treatment of smoking in a specialized unit. *J Pulm Respir Med*. 2016;6:347.
16. Woods JJ, et al. Cigarette smoking: a causal factor for Alzheimer's disease? *J Gerontol Geriatr Res*. 2016;5:286.
17. Hamadeh RR. Water pipe tobacco smoking among females: Middle eastern or a global epidemic? *J Women's Health Care*. 2016;5:e119.
18. De Silva WDAS, et al. A randomised single-blinded controlled trial on the effectiveness of brief advice on smoking cessation among tertiary students in Malaysia. *J Health Med Inform*. 2016;7:217.
19. Niimori-Kita K, et al. Nuclear phosphoproteomics features the novel smoking markers in mouse lung tissue following sub-acute phase exposure to tobacco smoke. *J Bioanal Biomed*. 2016;8:009-016.
20. Saleh M. Smoking: disease or therapy. *J Addict Res Ther*. 2016;7:269.
21. Farrukh U, et al. Dentists' practice and perceived barriers towards smoking cessation and intervention in Karachi, Pakistan. *J Pharma Care Health Sys*. 2016;3:151.

Research & Reviews: Journal of Nursing and Health Sciences

22. duPont NC, et al. Developing a smoking cessation intervention for low income and minority women. *J Women's Health Care*. 2016;5:309.
23. Leone S, et al. Could smokers' socio-demographic and housing factors affect and influence the choice between smoking cessation therapies? *Clin Pharmacol Biopharm*. 2016;5:152.
24. Soskolne V. Dynamics of culture and health: perceived behavioural control and differences in smoking behavior between Arab and Jewish cardiac patients in Israel. *J Socialomics*. 2016;5:146.
25. Veres KT, et al. Assessment of knowledge, behavior and attitude of school children towards smoking. *J Pulm Respir Med*. 2015;5:297.
26. Yilmaz MO, et al. Relationship between smoking and female sexual dysfunction. *Andrology (Los Angel)*. 2015;4:144.
27. Anderson M, et al. Detection of smoking induced emphysema: Visual scoring versus computerised algorithms. *J Pulm Respir Med*. 2015;5:291.
28. Kapella-Mshigeni S, et al. Evidence based smoking cessation intervention methods for smokers with diabetes in Nevada. *J Diabetes Metab*. 2015;6:622.
29. Alice H, et al. "Summary of American heart association diet and lifestyle recommendations revision. *Circulation* 114.1 (2006):82-96.
30. Zaky EA. Second hand smoking and pediatric mental disorders; is there a link? A commentary. *Int Psychol J Sch Cog*. 2015;S1:005.
31. Zyambo CM, et al. Factors associated with smoking status among HIV-positive patients in routine clinical care. *J AIDS Clin Res*. 2015;6:480.
32. Spas JJ, et al. Targeting smoking cessation and weight loss simultaneously: an acceptance and commitment therapy (act) approach. *J Addict Res Ther*. 2015;6:243.
33. Prasad S and Cucullo L. Impact of tobacco smoking and type-2 diabetes mellitus on public health: a cerebrovascular perspective. *J Pharmacovigil*. 2015;S2:e003.
34. Asmaro D, et al. Behavioral and electrophysiological responses to tobacco-related words in a smoking stroop task discriminate between relapse or abstinence following a one-month quit attempt. *J Alcohol Drug Depend*. 2015;3:206.
35. Zaky EA, et al. Association of second hand smoking with mental disorders in children- an Egyptian study. *J Psychol Abnorm Child*. 2015;4:140.
36. Brody JS, et al. Effects of smoking on adpkd: Frequency of vascular events and concentrations of soluble cd40 ligand. *Gen Med (Los Angel)*. 2015;3:175.
37. Shimodaira S, et al. Smoking influences the yield of dendritic cells for cancer immunotherapy. *Pharmaceut Reg Affairs*. 2015;4:133.
38. Kassa A and Deyno S. prevalence and determinants of active and passive cigarette smoking among undergraduate students at Hawassa University, Hawassa, Ethiopia. *J Trop Dis*. 2014;2:145.
39. Dereje N, et al. Prevalence and predictors of cigarette smoking among adolescents of Ethiopia: School based cross sectional survey. *J Child Adolesc Behav*. 2015;3:182.

Research & Reviews: Journal of Nursing and Health Sciences

40. FitzGerald MJ, et al. Perception, cultural norm, and self-efficacy: Edges of smoking habit triangle among Chinese adult smokers. *J Community Med Health Educ.* 2014;5:324.
41. Cantin C, et al. Opportunities to improve the role of primary care nurses in increasing the uptake of evidence-based smoking cessation interventions for pregnant women: An exploratory survey. *Primary Health Care.* 2014;4:174.
42. Teklu D and Lema A. Optimization of time and temperature for smoking of Nile tilapia for a better preservation of protein and gross energy value. *J Nutr Food Sci.* 2015;5:341.
43. Jansen EHJM, et al. The effect of smoking on biomarkers of (anti) oxidant status. *J Mol Biomark Diagn.* 2014;5:207.
44. Kinney GL, et al. The protective effect of Hispanic ethnicity on chronic obstructive pulmonary disease mortality is mitigated by smoking behavior. *J Pulm Respir Med.* 2014;4:220.
45. Paul S and Amundson SA. Differential effect of active smoking on gene expression in male and female smokers. *J carcinog mutagen.* 2014;5:198.
46. Spas JJ, et al. Dynamic baseline variables predict treatment outcomes for addiction generally and smoking in particular. *J Addict Res Ther.* 2014;5:e125.
47. Unal M, et al. A patient having recurrent aphtous stomatitis after three years of smoking cessation; a case report and review of literature . *J Addict Res Ther.* 2014;5:202.
48. Cai X, et al. Untargeted lipidomic profiling of human plasma reveals differences due to race, gender and smoking status. *Metabolomics.* 2014;4:131.
49. Meszaros ZS, et al. Smoking severity and functional MRI results in schizophrenia: A case-series. *J Addict Res Ther.* 2014;5:189.
50. Campbell S, et al. Personality and smoking behaviour of non-smokers, previous smokers, and habitual smokers. *J Addict Res Ther.* 2014;5:191.
51. Gardner AW. Impaired peripheral circulation in veterans with claudication is associated with smoking. *Angiol.* 2014;3:133.
52. Adak M. Effects of smoking and need for cessation: biochemical and pharmacological feedback. *Biochem Pharmacol.* 2014;3:145.
53. Míguez-Burbano MJ, et al. The relevance of blue moods and depression in the context of smoking and natural quitting rates in people living with HIV. *J Alcohol Drug Depend.* 2014;2:175.
54. Bove I, et al. Smoking during pregnancy: a risk factor for stunting and anemia in infancy. *Int J Sch Cog Psychol.* 2014;1:109.
55. Masho SW, et al. Social support and smoking during pregnancy. *J Women's Health Care.* 2014;3:179.
56. Okamoto H. Smoking and the microbiome in the pathogenesis of rheumatoid arthritis. *Rheumatology (Sunnyvale).* 2014;4:132.
57. Grado VCME. Does smoking and alcohol abuse precipitate and aggravate the risk of metabolic syndrome? *J Metabolic Synd.* 2014;3:141.

Research & Reviews: Journal of Nursing and Health Sciences

58. Talaat HS. Passive smoking: a possible risk factor for development of minimal hearing loss in children. *Commun Disord Deaf Stud Hearing Aids*. 2014;2:107.
59. Jradi H, and Al-Shehri A. Knowledge about tobacco smoking among medical students in Saudi Arabia: findings from three medical schools. *Epidemiol*. 2014;4:150.
60. Koszowski B, et al. Experimentally switching from factory made to self-made cigarettes: A preliminary study of perceptions, toxicant exposure and smoking behavior. *J Addict Res Ther*. 2014;5:179.
61. Iwai T and Umeda M. Smoking, periodontitis and vascular disease-collaboration study with dentists and vascular surgeons. *J Interdiscipl Med Dent Sci*. 2014;2:113.
62. Ashaolu Michael O. Development and performance evaluation of a motorized fish smoking kiln. *J Aquac Res Development*. 2014;5:225.
63. Rajkumar A, et al. Pure signet-ring cell carcinoma of lung by fine needle aspiration in a smoking Asian American: Case report and literature review. *J Clin Exp Pathol*. 2013;4:155.
64. Stough C, et al. An open label study investigating the efficacy of *Hypericum perforatum* special extract (ze117), nicotine patches and combination (ze117)/nicotine patches for smoking cessation. *Altern Integr Med*. 2013;2:147.
65. Fröjd S, et al. Depression predicts smoking among adolescent girls but not among boys. *J Child Adolesc Behav*. 2013;1:114.
66. León HD, et al. Modulation of the hepatic lipidome and transcriptome of apoe^{-/-} mice in response to smoking cessation. *J Liver*. 2013;2:132.
67. Proctor B, et al. National survey of stop smoking service provision in hospitals in Great Britain: Current practice, barriers and facilitators. *J Addict Res Ther*. 2013;4:156.
68. Ojedokun J, et al. Lung age bio-feedback using a portable lung age meter with brief advice during routine consultations promote smoking cessation – know2quit multicenter randomized control trial. *J Gen Pract*. 2013;1:123.
69. Duong-Quy S. Chronic smoking and vascular disease: What can we hope for the future? *J Vasc Med Surg* 2013;1:e113.
70. Ahmadi J and Sharifi M. lifetime and current prevalence of tobacco smoking. *J Addict Res Ther*. 2013;4:145.
71. Gaafar MA and Basiony LA. Pattern of smoking habit and quit attempts among industrial workers in Kuwait. *Occup Med Health Aff*. 2013;1:115.
72. Chen H, et al. Fetal programming of renal development–influence of maternal smoking. *J Diabetes Metab*. 2013;S9:003.
73. Lahdentausta L, et al. The effect of smoking on diagnostic value of serum matrix metalloproteinase-8 in acute coronary syndrome. *J Mol Biomark Diagn*. 2013;S4:002.
74. Mohammadpoorasl A, et al. Pattern of hookah smoking in Tabriz, Iran. *J Addict Res Ther*. 2013;4:143.
75. Shadid HM and Hossain SZ. Understanding smoking behaviour among secondary school students in Amman, Jordan: A qualitative study. *J Community Med Health Educ*. 2013;3:199.

Research & Reviews: Journal of Nursing and Health Sciences

76. Karkhane Yousefi M, et al. A review of varenicline's efficacy and tolerability in smoking cessation studies in subjects with schizophrenia. *J Addict Res Ther.* 2011;S4:001.
77. Broms U, et al. Diurnal evening type is associated with current smoking, nicotine dependence and nicotine intake in the population based national finrisk 2007 study. *J Addict Res Ther.* 2012;S2:002.
78. Varis E, et al. Alcohol consumption, but not physical activity or smoking, contributes to advanced forms of diabetic retinopathy: A case-control study. *J Clin Experiment Ophthalmol.* 2012;S5:005.
79. Jimba KT and Sharma M. Ethnic differences in susceptibility to smoking and intention to smoke on smoking behavior among adolescents. *J Community Med Health Educ.* 2012;2:143.
80. Molnar-Kimber KL. Effects of smoking on immunologic and skeletal mechanisms involved in rheumatoid arthritis and responses of various biologic therapies for ra. *J Clin Cell Immunol.* 2012;S6:003.
81. Miguez MJ. Current issues in cigarette smoking among persons living with HIV/AIDS: A growing public health problem surrounded by missing information and misconceptions. *J AIDS Clinic Res.* 2012;3:e109.
82. Mishra S, et al. Smoking related changes in neurotransmitters in African Americans. *J Bioprocess Biotechniq.* 2011;1:e106.
83. Wu IH, et al. Cigarette smoking among Taiwanese adults. *Epidemiol.* 2011;1:107.
84. Yu Y, et al. Beliefs in effectiveness of various smoking cessation interventions among Chinese adult smokers. *Epidemiol.* 2011;1:106
85. Abughosh S, et al. Predictors of intention to quit cigarette smoking among Jordanian adult. *Epidemiol.* 2011;1:103.
86. Khara M and Okoli CTC. Smoking cessation outcomes among individuals with substance use and/or psychiatric disorders. *J Addict Res Ther.* 2011;2:115.
87. Abughosh S, et al. Predictors of persistent water pipe smoking among university students in the United States. *Epidemiol.* 2011;1:102.
88. Ragab AR and Al-Mazroua MK. Passive cannabis smoking resulting in a coma in a 16 month old infant. *J Clin Case Rep.* 2012;2:237.
89. Chen X and Lin F. Estimating transitional probabilities with cross-sectional data to assess smoking behavior progression: A validation analysis. *J Biomet Biostat.* 2012;S1:004.
90. Mostafa T. Smoking in andrology: State of art. *Andrology.* 2012;1:e108.
91. Huang C, et al. Smoking susceptibility and its predictors among adolescents in China: Evidence from Ningbo city. *J Addict Res Ther.* 2012;S8:004.
92. Sahin A, et al. Is Hypertrophic osteoarthropathy associated with smoking? *J Clin Case Rep.* 2012;2:145.
93. Helvacı MR, et al. Atherosclerotic effects of smoking and excess weight. *J Obes Wt Loss Ther.* 2012;2:145.
94. Chattopadhyay B, et al. Protective role of raw-turmeric rhizomes against nicotine-induced complications of beedi (Indian cigarette) workers. *Pharm Anal Acta.* 2015;6:386.
95. Dautzenberg B and Bricard D. Real-time characterization of e-cigarettes use: The 1 million puffs study. *J Addict Res Ther.* 2015;6:229.

Research & Reviews: Journal of Nursing and Health Sciences

96. Hu JZ, et al. Metabolite signatures in hydrophilic extracts of mouse lungs exposed to cigarette smoke revealed by 1 h NMR metabolomics investigation. *Metabolomics*. 2015;5:143.
97. Eman Allam, et al. Jack Windsor *in vitro* effects of nicotine, cigarette smoke condensate, and *Porphyromonas gingivalis* on monocyte chemoattractant protein-1 expression from cultured human gingival fibroblasts. *J Interdiscipl Med Dent Sci*. 2015;3:171.
98. Kassa A and Deyno S. Prevalence and determinants of active and passive cigarette smoking among undergraduate students at Hawassa University, Hawassa, Ethiopia. *J Trop Dis*. 2014;2:145.
99. Elzinga S, et al. The conversion and transfer of cannabinoids from cannabis to smoke stream in cigarettes. *Nat Prod Chem Res*. 2015;3:163.
100. Maria Jose MB, et al. Mentholated cigarettes are related with abnormal brain-derived neurotrophic factor levels among smokers living with HIV. *J Alcohol Drug Depend*. 2014;2:180.
101. Jansen E, et al. Simple determination of sugars in cigarettes. *J Anal Bioanal Tech*. 2014;5:219.
102. Lamb DJ, et al. Characterization of a mouse model of cigarette smoke extract-induced lung inflammation. *J Pulmon Resp Med*. 2012;2:125.
103. Chen G. Nanotube-based controlled drug delivery. *Pharmaceut Anal Acta*. 2012;3:e136.
104. Lamb D, et al. Mice lacking epithelial i- β kinase are protected from lipopolysaccharide and cigarette smoke extract induced inflammation. *J Pulmon Resp Med*. 2013;3:142.
105. Diniz MF, et al. Cigarette smoke causes changes in liver and spleen of mice new-born exposed during pregnancy. *J Cytol Histol*. 2013;4:168.
106. Liu R. Should electronic cigarette use allowed in smoke-free environments? *J Pollut Eff Cont*. 2013;1:e105.
107. Wright WR, et al. The role of tlr2 in cigarette smoke-induced gene induction. *Transcriptomics*. 2013;1:102.
108. Kanda Y. Cigarette smoke and breast cancer stem cells. *J Women's Health Care*. 2012;1:e104.
109. Xue Y, et al. Microarray analysis reveals that dietary retinoic acid suppresses cancer-related gene expression of the lungs of cigarette smoke-exposed rats. *J Nutr Food Sci*. 2012;S2:005.
110. Zhu SH, et al. The cigarette-carrying habit of occasional smokers. *J Addict Res Ther*. 2012;S2:006.
111. Francisco Aguayo G. Crosstalk between human papillomavirus and cigarette smoke components for cancer development? *J Carcinogene Mutagene*. 2012;3:e105.
112. Krotow A, et al. Comparative analysis of lipid extracts and imaging mass spectrometry for evaluating cerebral white matter biochemical pathology in an experimental second-hand cigarette smoke exposure model. *Mass Spectrom Purif Tech*. 2016;2:113.
113. Singh D. Effect of cigarette smoking on serum homocysteine and vitamin b12 level in male population of Udaipur. *Biochem Anal Biochem*. 2016;5:282.
114. Przulj D, et al. Effects of nicotine-free e-cigarettes on urges to smoke and cigarette withdrawal symptoms: A randomised cross-over study. *J Addict Res Ther*. 2016;7:259.
115. O'Connell G, et al. An experimental method to determine the concentration of nicotine in exhaled breath and its retention rate following use of an electronic cigarette. *J Environ Anal Chem*. 2015;2:161.

Research & Reviews: Journal of Nursing and Health Sciences

- 116.** Hajek P, et al. Adding e-cigarettes to specialist stop-smoking treatment: City of London pilot project. *J Addict Res Ther.* 2015;6:244.