

SMOKING

Effect of Smoking on Your Body and Wallet

If you smoke one pack of cigarettes a day, you are investing roughly (365 X \$3.50) \$1277.50 per year in the tobacco industry. This \$1277.50 yearly investment with compound interest could spiral to over \$50,000 during the course of the next thirty years. That does not include the extra \$50,000 to \$75,000 you will lose to medical costs directly related to your smoking habit. Consider, too, that the tobacco industry spends \$5,000 of your money every minute promoting/advertising its products. "So what?" you might be wondering. "Why are you telling me all of this?" Well, I am merely trying to inform you of your huge investment in this multibillion-dollar industry. You are a major shareholder in this deadly enterprise if you persist in smoking. Let me list for you some of the returns on your investment in the tobacco industry.

The Dangerous/Unwanted Effects of Smoking:

The American Lung Association (ALA) reports that 430,000 deaths each year are directly related to smoking, with heart attacks accounting for the largest percent. In fact, cigarette-smoking accounts for more deaths yearly than those from AIDS, drug abuse, car

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accidents, and homicides—combined! Smoking not only *increases* your risk of painful death, but it also *decreases* your potential lifespan. Each time you light a cigarette, you have chosen to die 13 minutes earlier. .

Cigarette smoking, considered a widespread form of drug dependency, damages your heart, lungs, and blood vessels. Part of the reason for its widespread use despite obvious dangers is that smoking is considered a social thing to do.

Nicotine Addiction: Cigarette smoke contains around 4300 chemicals, the most dangerous of which is nicotine, a very addictive substance. Nicotine acutely increases your heart rate, breathing rate, blood pressure, and the volume of blood pumped by your heart. It also increases the blood clotting tendency and the heart muscle's oxygen requirement. In addition, it adversely affects the brain and nervous system and directly influences certain brain cell receptors that regulate one's mood, alertness, concentration, and reflexes. Nicotine increases the brain's alpha activity, leading to a sense of relaxation or even alertness. It can reach your brain within seven seconds after inhalation of cigarette smoke. Therefore, nicotine may act as both a stimulant or as a sedative. Since the endorphins released by nicotine provide a feeling of tranquility, many people smoke to relieve stress, anxiety, or loneliness.

However, the more one smokes, the greater his body craves this extremely addictive chemical. Soon a larger dose of nicotine is needed to satisfy the nicotine crave. Tolerance to this chemical develops very rapidly. When you smoke a cigarette, the nicotine level gradually goes up in your blood. About 30 minutes after smoking termination, the nicotine level comes down, inducing a crave for more nicotine. As your tolerance to nicotine builds up, you will seek larger and larger doses to satisfy your desire.

When you decide to quit smoking, be aware of various nicotine withdrawal symptoms. Anxiety, headaches, mood changes, upset stomach, sleep deprivation, dizziness, tremors, and appetite fluctuations are all common manifestations of nicotine withdrawal. Although these withdrawal symptoms may last for days, weeks, or even months, your benefits of nicotine withdrawal and smoking cessation far outweigh these minor but annoying symptoms.

Heart Problems: Smoking causes major heart and vascular problems. First, carbon monoxide, a major byproduct of smoking, reduces the amount of oxygen available for your heart and other organs to use. Second, smokers have twice the heart disease risk of nonsmokers and have fewer chances of surviving a heart attack than

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nonsmokers. Next, chronic smokers have lower levels of HDL cholesterol (the good cholesterol). Finally, smoking also promotes a disproportionate fat distribution around the waist (greater waist-to-hip ratio) that increases your heart disease risk.

Lung Dangers: Smoking is the principal cause of chronic lung disease. Smokers have a ten-fold increased risk of lung cancer and twenty-fold increase in emphysema incidence compared with nonsmokers. Unfortunately, any lung damage caused by smoking is permanent. Parents must avoid smoking around their young children since they are more susceptible to lung diseases resulting from cigarette smoke. Infants up to two years of age who are exposed to parental smoke have a much greater risk of developing bronchitis and pneumonia.

Blood Clotting and Arterial Problems: Smoking adversely alters the platelet function in the blood, leading to an increased blood-clotting tendency. Generally, during the final stages of a heart attack, a blood clot forms at the site of a critically narrowed artery, and causes a complete occlusion of the artery. It also increases the hardening process in the lining of blood vessels supplying the brain and the legs. This process, known as atherosclerosis, consists of a thickening of the arterial inner-lining, migration of mast cells, fat and cholesterol deposition beneath the arterial inner-lining, and smooth muscle cell proliferation. Over time, arteries damaged by atherosclerosis, lose their elasticity and become increasingly narrow and stiff. Smoking can also lead to arterial blockages in the legs, resulting in peripheral vascular disease. This condition causes intermittent pain while walking (claudication), poor circulation, and, in worst case scenario could lead to eventual loss of a limb. Diabetes Mellitus compounds the smoking-related vascular problems.

Women and Children: Although smoking incidence has been steadily declining over the past few years among men, it has been rapidly rising among women and teenagers. Death rates among women from smoking-related lung disease are reaching those of the men. This smoking trend among women is rather strange since women smokers have two-and-a-half times more the risk of stroke compared with nonsmokers. Female smokers also have lower levels of estrogen and have a greater risk of osteoporosis. In addition, they are more likely to experience an earlier menopause. Lady smokers on birth control pills increase their heart-disease risk several fold. Pregnant women smokers have higher rates of miscarriage, stillbirth, and premature babies. They are also likely to face more pregnancy-related complications. However,

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women are not the only one who suffer from undesirable complications related to smoking.

Their children also face many dangers from their mothers' smoking habit. Infants born to smokers are more likely to die from crib death than the babies of non-smokers. In addition, second-hand smoke is very harmful to children. From 150,000 to 300,000 children suffer each year from bronchitis and other respiratory diseases because of second-hand smoke.

Oral Cancer: The use of smokeless tobacco is rapidly rising, especially among the school-age males. Chewing tobacco or using moist snuff increases your chances of getting an oral cancer. These products contain cancer-causing nitrosamines at levels hundreds of times greater than those legally allowed for certain foods.

Arthritis: Arthritis is another painful problem often suffered by smokers. In fact, male smokers are almost eight times more likely to develop rheumatoid arthritis than non-smokers, and ex-smokers have four times the risk of developing this crippling disease. Exposure to tobacco smoke triggers rheumatoid factor production, which in combination with male hormones contributes to the exacerbation of arthritis and its symptoms.

Second Hand Smoke: Once, I asked a friend of mine a question about the economy.

"I am not in it. And, I am not even going to participate." he replied.

"Really!" I was astounded. "Well, I wonder what you would do in a different situation."

"What's that?"

"You say you avoid the economy. How about when people around you who smoke? What's your response to the prolific second-and smoke that often pollutes public places?" I questioned.

"when I am around smokers, I just refuse to inhale." He sighed.

"You are a dreamer," I laughed.

According to the ALA, the side-stream smoke coming from the tips of burning cigarettes completely escapes the cigarette filters and directly enters the air. This type of smoke contains more harmful compounds— tar, nicotine, carbon monoxide, etc.— than the mainstream smoke exhaled by smokers. Most of the smoke filling restaurants and nightclubs is comprised of this harmful second-hand smoke.

Low Tar Cigarettes: Scientific research has found no evidence that low tar and low nicotine cigarettes are any better than regular cigarettes in reducing one's heart disease risk. Due to the addictive

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nature of nicotine, trying to switch to a low-nicotine cigarette generally results in a more frequent consumption of these low-nicotine cigarettes to make up for the decreased nicotine supply. It has been found that those who switch to low-nicotine cigarettes invariably wind up even inhaling more deeply when they do smoke.

Stinking Odor: A preacher once told a friend of mine, “Jeffery, smoking may not send you to hell, but the cigarette smell sure makes you feel like you have returned from it.” Smoking leaves an unpleasant smell on your skin, clothes, and breath that remains on you long after you have smoked the cigarette or left the smoke-filled restaurant. However, as a smoker, you may be unable to recognize the odor because of the destruction of the smell receptors in the inner lining of your nose, as a result of long-term smoking.

Benefits of Smoking Cessation

Following the 1986 Surgeon General’s report on the deadly effects of smoking, more and more state and local laws have restricted or eliminated smoking practices in public places. The majority of all hospitals have now adopted a “No-Smoking Policy.” All domestic airlines through the country have banned smoking on their flights. Some states have even banned smoking in bars and nightclubs! An increasing number of private companies are rewarding their employees for adapting a “smoke-free” policy for their workplace.

The time to quit smoking is now, before you develop serious heart trouble! Remember that any lung damage caused by smoking is permanent. Therefore, early smoking cessation could save your lungs and possibly your life.

Weight gain following smoking cessation is a recognized phenomenon. Sometimes, it is misused as an excuse for replacing a smoking habit with an equally bad eating habit. A modest five to ten pound weight gain is noted in 65% of people who quit smoking. On the other hand, if you gain 50 to 75lbs after quitting smoking, you better seek some other explanation for that weight gain than smoking cessation. Immediately following smoking cessation avoid overindulgence in calories, inactivity, and preoccupying your mind with the loss of your beloved friend, ‘cigarette.’ Women or former heavy smokers tend to gain slightly more weight; but with proper guidance and support, even these high-risk smokers, can limit their weight gain to fewer than 2 lb.

One year after you quit smoking, your cardiac-related health risks reduce to the level of a non-smoker, and after two years your stroke

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risk returns to normal level. Women who stop smoking notice an increase in their HDL cholesterol (good cholesterol) by 7 mg/dL within a couple of months of smoking cessation. That is not a bad deal, especially, if you have been smoking for the past ten or twenty years.

Other benefits include the return of your smell and taste senses, easier breathing, and normal digestion of foods. That nagging “smoker’s cough” also disappears. It becomes easier for you to control your bronchitis and/or emphysema symptoms. Overall, you will enjoy better health, feel more energetic, and live longer. Consider also all the money you will save from reduced trips to the hospital because of smoking-related health problems. How about the co-payment cost savings? Now that is a definite reason to quit smoking!

One Final Thought: You could use the money you saved from smoking cessation to put one of your family members or even yourself through a medical school to become a doctor. If you do not intend to become a doctor, just donate that savings to The American Heart Association, The American Lung Association, or The American Cancer Institute. You may say, “I don’t want to be a doctor, so why should I give my money to others?” My only reply would be “Well! It is better than using it to fill the tobacco industry’s coffins.”

Smoking Cessation Resources

In the United States 1.5 million people quit smoking each year. Although this number might sound huge, in reality an additional 50 million adults could benefit from smoking cessation. Smoking cessation is not an easy step to take, especially if you have been smoking for many years. It will take a lot of earnest work and determination to kick a habit that has usurped most of your life.

Do not try to quit smoking merely to impress your doctor or your spouse. That effort will be short-lived. The decision to quit smoking has to be an unconditional resolve stemming from your heart and soul. Making that decision will be one of the most important steps in your life, so be sure to highlight and etch in your mind the benefits you will enjoy by kicking the habit, which will give you the enthusiasm and the incentive to keep up with your long-term goal.

Smoking cessation strengthens your confidence in yourself and paves your path toward a joyful, heart-healthy living. When you quit smoking, you are saying “good-bye” to your destructive smoking habit, nicotine addiction, and repulsive smoke smell.

At this time it is essential that you develop new habits and activities to replace your old smoking habit. These changes demand

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time, patience, commitment, and adaptation. It is not as simple as merely listening to a motivational or a hypnosis audiotape on smoking termination to reprogram your life. Although only hearing a lecture may work in some exceptional cases, you will have to mobilize substantial effort to permanently conquer this deadly habit.

Preparation: Once you have decided to quit smoking for good, set a date for totally dropping the habit. Eliminate from your home everything related to your smoking habit: ashtray, lighter, matches, and, of course, your cigarettes. Tell all your friends that you are going to quit. After all, once you make decision public, you cannot go back on your promise. This allows for accountability with those who really care about you. When a cigarette crave suddenly attacks you during the day, rely on small amounts of low-calorie snacks, walking, or a hot shower to overcome the urge. Never allow overindulgence in food to trade places with your smoking habit. Post a big sign over your refrigerator reminding you not to touch that ice cream or cheesecake, especially during periods of nicotine withdrawal pains. Better yet, get rid of any high-caloric temptations from your dwelling. Put the “Out of Sight, Out of Mind” psychology to work in your favor.

Support: Encourage your family and friends to help you quit smoking. That means they also have to kick the smoking habit if they want to support you. When you are trying to quit, you will not make any progress if your spouse fills up your living room, bedroom, and lungs with your favorite cigarette smoke. If your smoking friends do not want to cooperate, then it is time to make some new friends. (Avoid those who want to replace your smoking habit with alcohol.) Establish a friendship with people who also are trying to quit the smoking habit so that you can exchange ideas, thoughts, and feelings.

Behavior Modification: Cultivate a habit of doing something enjoyable everyday to counteract the cigarette urge. Drink a lot of water and other fluids. Use medications or nicotine supplements under the supervision of a qualified physician. Take long walks or bicycle rides and carry sugarless gum with you or munch on celery sticks. If you get the urge to smoke, resist it—especially during the first five minutes. The first two to five minutes will always be the toughest. Remind yourself that you have made a promise to yourself, your family, and friends that you *will* quit the smoking habit.

Approaches: There are several approaches to smoking cessation, and different techniques highlight different aspects. Some programs cost a substantial sum of money. Whatever program you choose make sure that it has worked effectively for many others in the past. Do not hesitate to ask program representatives for statistics and references.

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You do not want to become a bitter statistical number in their program. If you are not satisfied with the program for any reason, contact the local American Lung Association (ALA) for the programs they support. The ALA has several well-tested programs for those who want to quit smoking.

I have listed below some common smoking cessation programs, discussing their success rates, benefits, and drawbacks. I hope this list will provide you with useful information in deciding which program might be best suitable for you.

Group Sessions: The American Lung Association has many comprehensive educational and smoking cessation programs for individuals, workplaces, pregnant mothers, schools, teens, and children exposed to a second-hand smoke. Please visit www.lunsusa.org for information and instructions on ordering these invaluable tools to help you cultivate a tobacco-free life. The most popular smoking cessation program *Freedom from Smoking* is available for individuals, schools, workplaces, and for instructors.

Facts About How You Can Stop Smoking For Good (ALA Item #0485C)
Facts About Secondhand Smoke (ALA Item #0006C)
Facts About Smoking and Pregnancy (ALA Item #0176C)
Facts About Tobacco Use (ALA Item #0173C)
Freedom From Smoking® For You and Your Baby (ALA Item #0056)
Freedom From Smoking® Handout Book Spanish Version (ALA Item #4232H)
Freedom From Smoking® Handout Book (ALA Item #4231H)
Freedom From Smoking® Promotional Brochure (ALA Item #0480C)
Freedom From Smoking® Self Help Manual (ALA Item #0055)
Freedom From Smoking® Cessation Clinics
How to Help a Friend Quit Smoking (ALA Item#1254C)
No Smoking Lungs at Work (ALA Item#0840C)
Not On Tobacco N-O-T Curriculum (ALA Item #0008)
Protecting Your Family from Secondhand Smoke Spanish (ALA Item#1453C)
Questions and Answers About Smoking and Health (ALA Item #0930C)
Stop Smoking - Control Your Weight (ALA Item #2102C)
Teens Against Tobacco Use T.A.T.U. A Resource Guide (ALA Item #0232X)
Teens Against Tobacco Use T.A.T.U. Facilitators Guide - (ALA Item #0231)

Freedom From Smoking (R): This seven-week program sponsored by the ALA, covers reasons for smoking cessation, motivation, stress management, exercise, weight control, and—most importantly— how to stay free from smoking. It also provides you with group support. Staff members trained by the National Corps of Lung Association conduct this program. In my opinion, this is one of the best programs available for smoking cessation. Contact your local ALA for the location and time of the next available session.

Hospitals, workplaces, or churches may offer similar smoking cessation programs in the community. Contact these local agencies for

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more information. Yes, indeed, you do need to take that first step yourself.

Nicotine Patches: Nicotine patches by themselves are not a cure for your smoking habit. They simply provide the nicotine you are craving in a patch form, while you are enrolled in a smoking cessation program. Unlike the nicotine from smoking that passes almost immediately into your blood, the nicotine in the patch may take up to three hours to reach your blood stream. These patches resemble large bandages that you wear on a daily basis. Nicotine patches differ in their nicotine contents, and the manner in which they release.

However, the patch approach does have its downfalls. Most smokers give up patches because of the slow nicotine delivery by the patches, which does not help their nicotine urge. They also do not develop patch dependency for the same reason. Each patch may cost as much as a whole pack of cigarettes. In addition, I have seen people smoking while they are on the patch at the same time. Now, guess what happens when you do that? You are getting double the nicotine dose. No wonder you feel better on a combination of a patch and cigarettes. It may convince your spouse at first that you are trying, but, in reality you will never be able to kick your smoking habit this way. If you cannot stop smoking, you are advised by pharmaceutical companies not to use the nicotine patches. Some people cannot wear the patches because of skin irritations or profuse sweating problems. Headaches, dizziness, vivid dreams, weakness, and upset stomach are other common side effects.

Nicotine Gum: When you chew this gum, set amounts of nicotine are released, which reduces your urge to smoke. Nicotine from the gum takes several minutes to reach the brain. Nicotine makes it way into your blood through the cheek lining, as you chew the gum a few times to break it into small bits and park the broken bits between your gum and cheek. This gum is available in 2 mg doses (for those who smoke less than 24 cigarettes per day) and 4 mg doses (for those who smoke more than 24 cigarettes per day). You must stop smoking when you are using the nicotine gum. Do not eat or drink for 15 minutes while using the gum, and do not mix it with saliva and swallow it as it may upset your stomach. Some smokers may have to chew 10 to 15 gums per day (maximum 30 per day). If you do not have good results after 30 days of use, consult with your physician. This gum is available only by prescription and is intended as only a temporary aid for smokers trying to quit. It can be used in conjunction with other programs to reduce your nicotine withdrawal symptoms and costs approximately \$5 per day (2005).

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Nicotine lozenge: This new product available as a hard candy, releases nicotine slowly while it dissolves in your mouth. However, biting or chewing it releases more nicotine resulting in indigestion and/or heartburn. Hence, avoid eating or drinking during this period. It is available in 2mg or 4mg doses. Do not use more than 20 lozenges (doses) per day. The lozenge may stay in your mouth for 30 minutes. The common side effects are teeth and gum soreness, indigestion, and throat irritation. Its cost ranges from \$6 (for 12 lozenges) to \$12 (for 20 doses) per day.

Nicotine Nasal Spray: Resembling an ordinary nasal spray, the nicotine spray delivers nicotine more rapidly than most other nicotine products, which is an attractive feature to many smokers. You deliver two sprays to each nostril. A maximum of 5 doses per hour or 40 doses total per day is recommended. The most common side effects are nose and throat irritation. The retail price of the spray can vary from \$5/day (for 13 doses) to \$15/day (for 40 doses).

Nicotine Inhaler: Resembling a cigarette, this plastic cylinder with a cartridge delivers nicotine when you puff on it. However, the nicotine is delivered into your mouth and not into your lungs. Available only by prescription, each cartridge delivers up to 400 puffs of nicotine vapor. You have to take at least 80 puffs to get the nicotine effect of one cigarette. You achieve the best result by frequent and continuous puffing for 20 minutes. One cartridge lasts for 20 minutes and delivers 4 mg of nicotine (equal to 2 cigarettes). The maximum suggested dose is 16 cartridges per day. Side effect includes mouth irritation. It costs approximately \$45.00 for 42 cartridges. So it is not exactly cheap.

The “Cold Turkey” Approach: Most of the people who I treat for heart attacks immediately quit smoking during their hospital stays in the intensive care unit. Personally, I think it is great that they quit smoking after having a heart attack and stay smoke free for the rest of their lives, and I wish others could do the same. However, I do not want you to wait until you get a heart attack before you beef up your will power to quit smoking. If you have the will power to quit after a heart attack, then you must have had that will power all along. You just did not feel it was necessary to exercise that power. Before hand, It is the fear from a heart attack that shifts your thinking into a higher state.

Self-Help Methods: Many books, audiotapes, videotapes, and DVDs are available to help you quit smoking. The ALA also can provide you with a list of materials that covers everything from understanding your habits to changing your lifestyle. Self-help approaches may not be as effective as the planned programs, where you get the motivation and support group. However, they do provide you

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with valuable knowledge and information that will benefit you whether you try to quit on your own or with a group program.

The American Cancer Society has programs for individuals, workplaces, and the community. The American Heart Association supplies brochures and videotapes. The American Lung Association offers the *Freedom From Smoking* program, *Seven Steps to a Smoke-Free Life*, and *Quit Tobacco Chewing Habit*. In one study, researchers found that people who followed a structured smoking cessation group program had a much higher success rate compared to those who did not. They also noted a 50% overall reduction in death rates over a period of 14.5 years, among those who were enrolled in the smoking cessation group program. The authors concluded that the ongoing group-support and behavior modifications played an important role in sustaining smoking cessation, which may be difficult to achieve on one's own.

Hypnosis: Hypnosis has been found useful for certain smokers when administered by a qualified and trained hypnotherapist. It is even more effective when the training is spread over several weeks. However, consider the cost of such programs. If you are not easily hypnotized, this may get very expensive, and you may not get the best benefit from this approach. If you do want to pursue this approach, make sure that the therapy is provided by a psychiatrist, psychologist, or social worker with experience and a good track record.

Acupuncture: Acupuncture is based on an ancient Chinese practice. Fine needles are inserted into specific places on your body where nerve connections are present to achieve certain responses by your body. Yet, there is no sound evidence that this technique helps people quit smoking. It may only serve as a "placebo effect" for the smoker who is trying to overcome the smoking habit and nicotine addiction. This method is often not sufficient by itself and requires other smoking cessation programs to be practiced at the same time. In addition to acupuncture, you need motivation, education, group support, and counseling.

The Electric Shock and Rapid Smoking Methods: The rapid smoking method is where you inhale smoke every six seconds until you cannot tolerate smoke anymore. This effect may take up to four to six minutes to occur on your first try. Try this once or twice during a session. You may have to repeat this process up to ten times before you begin to feel nauseated whenever you think of lighting another cigarette. If you have significant heart or lung problems, this smoking

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cessation approach may prove very dangerous. As always, consult with your physician before you try this method.

The electric shock method delivers small electrical shocks to people each time they light a cigarette. This is used to remind the smoker that he should avoid lighting that cigarette. However, most people tend to remove the batteries from the devices to avoid the shock. Neither of these two methods is popular today.

Over the Counter Products: Among all the products available: Nicocure, Nicozan, Nutraquit, and Habitall are most popular. Their popularity is based on high overall effectiveness, low side effects, longevity, guarantee, and a high success rate.

Non-Nicotine Pill: Bupropion hydrochloride (Zyban), a prescription medicine originally approved for depression, has been found useful for smoking cessation (150 to 300 mg/day). It is started one week before you quit and then continued for 7 weeks, while you engage in a smoking cessation group program. The usefulness of this drug beyond seven to eight weeks is unknown. If you are not successful by that time, then you are advised to discontinue the drug.

Sad Irony

As a final note, I do want to mention that even with the best program the one-year-quit rate is around 25-40%. That means that more than half of the people who try to quit go right back to smoking. If you want to quit smoking, you need a program that not only helps you to quit the smoking habit, but also stay smoke-free. You need a program that provides you with appropriate guidelines that will last for years, supplying you with energy and vigor until you have eliminated your cigarette need. The determination has to come from within you.

When you enroll in a program, consider the following points:

- Is it the right plan for you?
- Is the location convenient for you?
- Are the staff well trained and encouraging?
- Do they provide follow-up support?
- Do they stand by their program?
- What is their success rate?
- What does their program cost?
- Who endorses their program?
- What are the likely chances of you sticking with the program?

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Do not be discouraged if you are not successful on your first try. Refuse to give up. The only thing you should give up is your smoking habit. Do not quit until the smoking habit quits you. The single most important factor in the smoking cessation path will be your determination. The rest will follow.

Internet Resources:

American Heart association www.americanheart.org

American lung association www.lungusa.org/

Surgeon General www.surgeongeneral.gov/tobacco

Quit smoking www.quitnet.com/

CDC www.cdc.gov/tobacco

Stop smoking center www.stopsmokingcenter.net/

In the Internet era, you may try to seek help from the quit smoking forums. Be aware of people disguised as experts trying to push their products or requiring you to respond to their private email addresses. Instead, review information from the reputable sources such as the American Lung Association or the American Heart Association. As always, consult with your physician before implementing any plan, since your physician is most familiar with your complete medical history.