



Nicotine Withdrawal & Recovery Symptoms

The Effects of Nicotine Cessation

by John R. Polito, [WhyQuit](#) founder & author of "[Freedom from Nicotine - The Journey Home](#)"

[Watch a short video on how to quit smoking](#)

WARNING: The below information is **NOT MEDICAL ADVICE**, is **not intended for those using nicotine replacement products or nicotine designer drugs such as Chantix, Champix, Zyban or Wellbutrin**, and regardless of quitting method you should **IMMEDIATELY consult your physician** if you should experience **ANY condition or symptom that causes you CONCERN or ALARM**, including continuing depression.

Within reason, cold turkey quitters are fairly safe in blaming withdrawal for most effects felt during the first three days, but not always. Pay close attention to what your body is telling you and don't hesitate to call your doctor if at all concerned.

The below symptom information was compiled by a nicotine cessation educator who is not a physician. The information provided is designed to support, not replace, the relationship that exists between those quitting cold turkey and their doctor. Do not rely upon any information at [WhyQuit](#) to replace individual consultations with your physician or other qualified

health care provider.

We are Nicotine Addicts! -

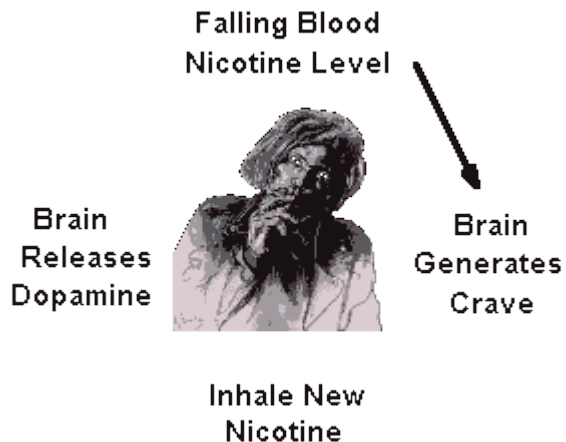
Recovery is a temporary journey of re-adjustment during which the mind and body are allowed to undergo an amazing healing process. It's a period when the brain is permitted the time needed to physically [re-sensitize](#) nicotine numbed dopamine pathway receptors, and to return the number of receptors to levels seen inside the brains of non-smokers.

Recovery is the time needed to allow the brain to again grow comfortable functioning without nicotine. It's the time needed to break and extinguish subconscious nicotine use triggers. It's where we allow our conscious thinking mind the time needed to adapt to all the physical changes, to get comfortable moving through your day without using, and the time to sort through years of [nicotine use rationalizations](#). Doing so allows us to arrive at a day where we comfortably engage all aspects of life without a physical, subconscious or conscious want or need for nicotine.

Although we should expect anxiety producing bumps along the road, each passing day beyond physical withdrawal will bring [fewer and fewer thoughts of wanting to use](#). Over time, all of your nicotine feeding cues, cues fathered by [true chemical dependency](#), will be broken. Recovery is a matter of staying calm yet prepared, as a few such cues may be seasonal, mood related or associated with infrequent activities or events.

The bottom line is that whether your dependency was maintained by being smoked, chewed, inhaled, drank, snuffed, sprayed, swallowed, sucked, licked or patched, in the end there is only one way out - [no more nicotine](#).

[Every recovery is different](#). The number and intensity of effects noticed or felt varies from person to person, and even between each person's own cessation experiences. Many members at [Freedom](#) are surprised to find that they



Mandatory Replenishment Cycle

experience almost no symptoms at all, while others are confronted with multiple symptoms. The number and types of particular feeding cues selected and formed by endless compliance with the mind's chemical demand for nicotine refueling also cause each person's recovery experience to be unique.

By understanding some of the symptoms and effects it may be possible, in some instances, to minimize their impact by thought or action. Removing the mystery associated with the sequencing and timing of withdrawal and recovery will hopefully make you feel like you have your very own personal roadmap to the rich sense of comfort, mental quiet and calm that awaits you here on Easy Street.

We nicotine smokers didn't suck tissue destroying tar composed of over [4,000 chemicals](#), including ammonia, formaldehyde, arsenic, butane, hydrogen cyanide, lead, mercury, vinyl chloride, methane or vast quantities of carbon monoxide into our bodies because we wanted to watch each puff destroy a bit more of our capacity to receive and circulate life-giving oxygen. We did so to get to the nicotine.



Those who care about you, including the victims and families whose nightmares are [shared](#) here at WhyQuit, are hoping and praying that you will decide to end your self-destruction while still time. What friends and loved ones don't understand is that the wanting felt for that next nicotine fix is as real and nearly identical to the wanting or craves they feel when hungry. What most users lack are the insights needed to explain why that next fix seems more important than life itself, an understanding that nicotine dependency is a brain wanting disorder, a [mental illness and disease](#).

Nicotine is a colorless, odorless, organic-based alkaloid in the same family as cocaine, morphine, quinine and strychnine. It is a super toxin, fetal teratogen and natural insecticide that was sold in the U.S. as [Black Leaf 40](#). The lethal dose needed to kill a 160 pound human is 2-3 drops or about 60mg. Drop for

drop it is [more deadly](#) than strychnine (75mg), diamond back rattlesnake venom (100mg), arsenic (200mg) or cyanide (500mg). Imagine 1mg of nicotine, the average amount delivered into the bloodstream by smoking just one cigarette, being sufficient to kill the largest rat you have ever seen (1-2 lbs.). Is it any wonder that a recent study suggests that nicotine gradually [destroys brain gray matter](#)?

Although heroin produces a numb dopamine high and alcohol a drunken dopamine high, [governments](#) and [experts](#) tell us that nicotine's alert dopamine high may be the most effective at establishing the onset of chemical "[dependency](#)."

The one-year success rate for those who go through heroin withdrawal is about 20 percent, whereas with "uneducated" nicotine cessation rate only about [6 percent](#). Except for the type of high experienced and the fact that our stimulant is legal, we truly are drug addicts, just as much as the addicts that fill jails and [prisons](#) around the globe. What's truly ironic is that in 1998 tobacco killed 25 times more Americans than all illegal drugs combined (418,690 to 16,926 - U.S. Center for Disease Control).

Don't Talk Yourself Into Having Symptoms - If you have a toothache at the same time you have a headache, the one that will receive the most attention and focus is the one generating the greatest pain or most discomfort. As soon as the discomfort from your primary concern falls below that of your secondary concern your focus will immediately change to the other. We do the same type of primary/secondary focusing with the effects of withdrawal and the phases of recovery. Sometimes we don't even notice a particular symptom until the discomfort of a prior one subsides.

Although the intensity of each remaining effect may be far less significant than the one that preceded it, the mind of the drug addict is looking for any excuse to relapse. After the dramatic reduction in overall symptoms and effects experienced within the first 72 hours, recovery remains continuous yet at times may be so gradual that - like trying to watch a rose bud open - it almost becomes impossible to notice change.

Yet, amazingly, within just 2 to 4 months the adjustment process transports most in recovery to a point where they experience that very first day where they never once "think" to themselves, "gee, I'd sure like a smoke," "a dip," "a chew," "a lozenge," "a piece of nicotine gum." After the first such day they become more and more common. Soon, they become our new norm in life,

with the distance between the occasional "thought" growing further and further apart.

Imagine entire days, weeks, months and possibly even years, where your mind never once "wants" for a nicotine fix. Imagine living in a constant state of 100% **total** comfort with no smoking related anxieties whatsoever - none, zero, nil, complete and total tranquility. It's where hundreds of millions of comfortably recovered ex-smokers and ex-oral nicotine addicts reside today. Were any of them truly stronger than nicotine? Were any of them stronger than us or was that just another lame excuse?

Breaking free doesn't take muscle or mountains of willpower. It takes dreams and honest reasons for wanting those dreams that are kept vivid, remembered, alive and in the front-seat of our mind. Our odds of success benefit from study, understanding, patience, an appreciation for the true power of nicotine, and a bit of love of self or at least a wee bit of "like". It takes following only simple rule - just one day at a time, no nicotine in any form, Never Take Another Puff, Dip or Chew.

Upon arresting my thirty-year and three pack-a-day dependency upon nicotine, my recovery evolved to the point of substantial comfort by about eight weeks, a few weeks earlier than most but later than some. It was then that I experienced my last major subconscious crave episode and started to notice that the once steady stream of thoughts of wanting were ever so slowly becoming fewer, shorter and generally less intense.

During the first few weeks I worked hard to maintain a strong positive attitude while refusing to allow negative thoughts to infect my thinking and dreams. While feeding myself large doses of positive thought I also confronted and analyzed those remaining thoughts that seemed to keep inviting relapse. Soon, it was no longer a matter of **trying** to believe what I was telling myself. I **did** believe in the new nicotine-free me and was growing to love it!

Although at times intense, I did my best to remain focused on the long overdue healing happening inside. I saw each and every day as a full and complete victory in and of itself. Today I was free and today I continued to heal! The little gifts along the way - the smells, tastes, energy, extra pocket change, the whiteness emerging in the smile, growing pride, empty pockets, a bit bigger step, odorless fingers, hope, endurance, an ashless world, new found time, long overdue self-respect, gradually lengthening periods of comfort, freedom and even the few extra pounds - was simply me coming home to meet

me.

I encourage you not to fight your recovery but to find joy in it. Welcome each crave and thought, and embrace them as a very necessary part of this amazing temporary journey of re-adjustment. It's a fantastic feeling never needing to quit again. All our prior attempts failed because we lacked understanding but not this time. Our eyes and minds are open and this time we're going the distance, headed home to again reside inside a quiet mind and to again meet the real "us"!

The problem with symptom lists, such as this one, is that simply by reading them we tend to lead our minds to look for and expect symptoms to occur. In fact, mental expectations are capable of generating mental symptoms. This phenomenon - known as psychological overlay - is very real. Most starting home do **NOT** experience the majority of the symptoms listed below. In fact, a [1983 survey](#) reported that 53% of ex-smokers said that it was "not at all difficult" to stop. The symptoms are shared here only to educate, allay unnecessary concerns and/or to satisfy curiosity.

Do not sell your mind on the belief that starting your new life needs to be painful or intense. If you relax, maintain a positive attitude, keep your reasons for wanting to break free in the forefront of your mind, abandon the unrealistic victory standard of "quitting forever" and instead focus on only the next hour, challenge or day (there is no need to see yourself sitting down to eat an entire cow when you can have just one nice juicy steak per day), drink plenty of fruit juice for the first three days to keep your blood sugar level, don't skip meals, [reduce your caffeine](#) intake by roughly half if you're a big caffeine user, your adventure home could turn out to be the most enjoyable and deeply satisfying experience of your entire life -- even if challenged now and then.

We are what we think. If we think recovery will be difficult then why shouldn't it be? If we believe that the healing happening inside our body is utterly amazing then it is. If we keep telling ourselves we are going to fail are we inviting defeat? If we truly believe that no force or circumstance on his planet can stop our quest for freedom then nothing can. Victory is in the mind.

The Effects of Physical Withdrawal

Anxiety, Anger, Irritability, Impatience and Restlessness

The above are all normal temporary effects of physical withdrawal from nicotine. Our life-long roller coaster cycles of rising and falling blood nicotine levels are now ending. Your mind is in the process of resuming control of the more than 200 neurochemicals that nicotine had directly and indirectly taken hostage, including select adrenaline, dopamine and serotonin pathways. In resuming control the brain is making sensitivity adjustments associated with mood, wanting, stimulation and anxiety. In trying to protect your mind from the neurochemical influence of the toxic natural pesticide nicotine, in some brain regions it actually desensitize important neurochemical circuits by reducing neurotransmitter receptor sites (down-regulation), in other regions increasing the number of receptors (up-regulation), and still other regions by diminishing the number of transporters.

If a nicotine user remains 100% nicotine free for just 72 hours they should begin to notice the underlying current of recovery anxieties begin ever so slowly easing off as their brain's neurons begin bathing in nicotine-free and oxygen rich blood serum. You see, the brain's sensitivity adjustments have no choice but to begin bearing fruit. Although our quickly healing body soon becomes 100% nicotine-free and most of the normal symptoms of adjustment quickly reach their peak, it will take 10 days to two weeks before the ongoing process of restoring natural sensitivities reaches the point where you begin to catch whiffs of the flavor of coming home. These are priceless hours and days during which the mind and body are becoming accustomed to functioning without nicotine and other tobacco chemicals.

The early healing is rapid. Deep breathing with mind relaxation, together with a bit of physical activity, can help diminish anxieties. Adjustment of caffeine intake and limiting sugars can also have a calming effect. Acidic fruit juices, like cranberry, may help accelerate extraction of the blood's remaining nicotine and decrease the maximum of 72 hours required for the body to completely metabolize and remove all nicotine.

There is a detailed cessation effects study by Marcia M. Ward, entitled "Self-

reported abstinence effects in the first month after smoking cessation," published in Addictive Behaviors, 26 (2001) at pages 311-327. Its findings are fascinating. For example, it may be difficult to believe but, on average, anxieties peak on day one (within 24 hours) and, for most, within two weeks return almost to pre-cessation levels. Regarding anxiety, be sure you understand why ex-smokers only need half the amount of caffeine as smokers ([discussion link](#)). Irritability, often anxiety's aftermath, seems to peak at about 48 hours while restlessness peaks at 72 hours. According to the study, both begin hovering back around pre-cessation levels within two weeks.

Anger apparently peaks for the average quitter at about 48 hours (day 2) and within 72 hours is beginning to return to almost pre-cessation levels. Nicotine amazingly had taken command of the mind's adrenaline circuitry and when taking back control anger and fear (fight or flight) are our means of releasing adrenaline. It isn't unusual to find yourself intentionally attempting to induce releases by promoting conflict or feeling fearful about permanently altering your mind's sense of normal from "nicotine normal" back to "you!"

Find ways to vent your frustrations that won't cause needless hurt to family members, loved ones, friends or co-workers. Walk, run, vent into a pillow, find a punching bag, bend a piece of steel, or even bite your lip for the few hours (less than 72) that it will take before you begin to sense the onset of some relief. Talk about your feelings with family, friends or in your support group. Write yourself a loving letter to be read in a year from now that accurately describes what your chemical withdrawal and early psychological recovery experience was like and why you were more than willing to endure it. The mind does not remember pain or the bad times. In fact, your memories of "Glory Week" will rapidly fade within just a few short weeks. Give yourself the present gift of future memory. It may be just the motivation that you'll need to avoid temptation tomorrow.

Occupy your time. Try enjoying your favorite activity, sport or hobby. Celebrate each hour of freedom. Keep a positive attitude and review your reasons for beginning this journey. Clear your mind of all negative thoughts and chatter. Don't allow the seeds of false reasoning to fester and infect your logic or desire. Show yourself courage as you break free from years of slavery to the dictates of your master.

Time Perception Distortion

Nicotine smokers have long known that at times during early withdrawal time

itself seems almost to stand still. The first two weeks can seem like some of the longest days of your entire life. A new [2003 study](#) suggests that time perception distortion may possibly be a universal nicotine dependency recovery symptom experienced by all smokers.

Although a subconsciously triggered crave episode will not last longer than three minutes, as you probably already know those minutes can feel like hours. Whether dealing with a subconscious crave trigger or even consciously fixating on a thought of wanting to smoke, be sure and look at a clock or watch so that you can gain honest perspective in helping correct your impaired perception of time.

All of us are capable of handling a few brief moments of anxiety - all of us - but we need help in gaining an accurate estimation of how long we've endured any challenge or this symptom may falsely paint recovery as being beyond our ability to handle. Don't let time distortion deprive you of your dream of again comfortably embracing life as you.

When time distortion is combined with a destructive "big bite" recovery philosophy that insists upon measuring success in terms of quitting forever, it is often a recipe for relapse. Instead, adopt a "[one day at a time](#)" philosophy that sees and treats each challenge and each day of freedom and healing as the full and complete victory they reflect. What good is holding a victory party after you're dead? Celebrate life and the victory your latest victory.

Inability to Concentrate or a Foggy Mind

The feeling that your concentration is not as good or that your mind now lives in a fog is experienced, to one degree or another, by almost two-thirds of recovering nicotine addicts. The return of our clearness of mind and concentration levels may seem gradual but within two weeks most begin experiencing concentration levels very close to those of never-smokers.

Poor concentration, focus and thought can also be associated with low blood sugar. It's important to understand that nicotine force-fed us stored fats and sugars with each new puff. It's why so many of us could skip breakfast and/or lunch and yet not feel hungry. Smoking nicotine caused our brain to release adrenaline which in turn prepared us for the "fight or flight mode" by pumping stored fats and sugars into our blood stream (the bad artery clogging fats).

Once we stop putting nicotine into our body the adrenaline fat feedings end. If

you continue to attempt skipping meals, your blood sugar will plummet along with your concentration, as nicotine is no longer your spoon. It isn't necessary to eat more food but only to spread your normal daily food intake out more evenly over your entire day. Women would be well advised to put a very small amount of fuel into their stomach about every three hours and men at least every five. During only the first 72 hours (as it can be fattening) natural fruit juices (cranberry is excellent) will not only aid with helping stabilize blood sugar but may actually help accelerate the rate at which nicotine metabolizes just a wee bit. Here is a good [discussion thread](#) on the subject.

Even if you can't correct the entire problem by stabilizing blood sugar and you're forced to push yourself a bit more than normal in order to live up to your old expectations, concentration improvement appears to be fairly steady and relief won't be long in coming. You may also want to temporarily reduce or avoid alcohol use, which reduces brain oxygen, and obviously impairs concentration. Brisk walks or other physical exercise and slow deep breathing will deliver additional focus giving oxygen to your mind. Remember, life-giving oxygen is a far healthier brain stimulant than any addictive substance. Trust in you. It's only temporary.

Flash - a new medical study was released in May 2002 indicating that heavy nicotine use may actually destroy brain cells and diminish concentration and memory. Here is a [BBC news link](#) and a link to the [study abstract](#). If true, the very temporary concentration effects associated with adjusting to the absence of nicotine might better be seen as a very welcome occurrence.

Feeling Tired or Fatigued

Our body is shedding the effects of being under years of dependence upon a powerful stimulant and the process of withdrawal and readjustment can be physically and emotionally exhausting. We're also experiencing changes in basic metabolism as our heart rate and respiration have rapidly returned to normal. Time distortion, awaiting that next crave episode, using anger or fear to try and generate adrenaline that we sense is missing, possible sleep disruption, it isn't at all unusual to feel a bit drained during the first few days but after that you should begin feeling much better with more energy than you may have felt in years.

Just as recovering from any other illness, the body and mind need time to heal. Moderate exercise can act as a natural pick-me-up and also help us sleep better. We need to allow ourselves additional rest, extended sleep or even a

nap. "Glory Week" consumes tremendous energy.

It is not normal to continue feeling tired or fatigued three weeks after starting your journey and there are many potential causes ranging from improper diet, blood sugar problems, [medications that may possibly be in need of adjustment](#) (hypertensives, thyroid, depression, blood sugar drugs or asthma medications, among others) upon ending use of the 4,000+ chemicals present in tobacco smoke, an underlying condition that was being masked and hidden by those same 4,000 chemicals, or by other coincidental conditions that just happened to occur and have nothing whatsoever to do with ending tobacco or nicotine use. Also, see depression below.

Trouble Sleeping or Insomnia

Nicotine is a powerful drug that affects subconscious thought, brain waves, the depth of sleep, and can even affect dreams. The disturbance of "normal" sleep patterns can occur during physical withdrawal or new patterns may be established as you [return to your body's true level of need](#). You may find that you don't need nearly as much sleep as you did while smoking. Are you still tired or just sleeping less?

It's important to understand that nicotine smokers need twice the amount of caffeine in order to achieve the same effect as a non-smoker. Nicotine indirectly causes caffeine to metabolize (to be depleted) at a rate twice that of non-smokers. If you're a heavy caffeine user who attempts to continue using caffeine at the same amount as you did while using nicotine, you may find yourself not only having difficulty sleeping but probably climbing every wall in sight. Here's a Freedom [message thread](#) discussing the issue in far more depth.

Relaxation through mind clearing and slow deliberate breathing can help induce sleep. Mental relaxation can be as simple as slowly clearing your mind of all other thoughts by focusing exclusively on a single object or color. If your sleep continues to be disrupted and is affecting your health, safety or performance then turn to your physician or pharmacist for assistance. Don't allow sleep to be your mind's junkie excuse to destroy your quest to meet and become comfortable as "you" again.

Chest Tightness

Chest tightness is normal, temporary and should not last for more than a few

days. Aside from arising from the tension and stress associated with early withdrawal, it can be a component of normal dependency recovery blues (the emotional loss) or associated with the early cleansing, coughing and lung healing. Any tension or depression induced tightness or muscle stiffness may benefit from relaxation exercises, a warm shower, slow deliberate breathing or moderate exercise. Fluid or ice water may help with minor discomfort associated with tar and mucus removal or irritation due to coughing. Keep in mind that your lungs need moisture to help with healing and flushing.

As a general rule of thumb, normal daily fluid intake should equal a minimum of one-half your body weight in ounces daily. A cool glass of water may not only taste refreshing it may stimulate a small earned release of dopamine -- that "aaah" sensation. Add in a few deep deep "aaah" breaths and you may just begin to sense the beauty of the gradually emerging "you" as neurochemical sensitivity and control again is regulated by life not nicotine. If we have any concerns about chest tightness, it never hurts to pick up the phone and give our doctor a call.

Slight Sore Throat

Years and years of smoking while ingesting hundreds and hundreds of chemicals (every twenty to thirty minutes) has irritated our throat, damaged or destroyed millions of cells, has deeply marinated tissues in gobs of tar, and has caused them to become numbed to the tremendous harm being inflicted. As our tissues begin to heal, they may feel temporarily irritated as the cells slowly renew, our tissues begin to breathe and natural moisture levels gradually return. Cool liquids and juices may provide a bit of soothing. Hard sugarless candy or cough drops may also generate moisture, provide soothing or give relief from minor discomfort.

Coughing, Mucus or Nasal Drip

According to the Ward "abstinence effects: study, roughly 60% in recovery reported coughing on day two, 48% by day seven, 33% by day fourteen, and 15% by day twenty-eight. I hope that those still coughing after a month made an appointment to go for a thorough check-up! Our [bronchial brushes or cilia are healing](#) and again engaging in cleaning and clearing. Years of tar build-up is loosening itself and must either be expelled or flushed from the lungs. Mucus and coughing are common but as seen from the Ward study many in recovery often experience neither. If you do experience increased coughing that persists, it is highly advisable to see your physician for a complete

checked-up as one of the earliest signs of lung cancer or disease is a chronic cough.

Clearly our lungs will benefit from extra fluids to aid with cleansing and healing. Although the 8 x 8 rule is under attack in some literature, many authorities still advocate trying to drink at least eight glasses of water daily. Try ice to sooth and moisten the mouth and possibly lemon for flavoring and a bit more valuable nicotine extracting acid. Cough syrups or decongestants can also bring some temporary relief from coughing or irritation but if your cough should persist don't hesitate to give your doctor a call. It isn't uncommon to see a smoker's lung function improve by almost a third within just 90 days. That's an amazing pace. I couldn't run 200 feet prior to quitting and truly thought I would never would again. Not too far but today these lungs can run like the wind and amazingly not be winded when I stop. I thought I'd damaged them beyond repair. I'm so glad I was wrong.

Bad Breath, Nasty Tastes and Bleeding Gums

Are you noticing the horrible odors rising up from healing lungs as they exhale, cough and flush years of tar buildup within notice of healing taste buds and a more accurate sense of smell? Picturing the slow healing of deeply marinated gum, cheek and tongue tissues impregnated by years of thousands of passing chemicals may be more accurate than you think. Depending on how long we smoked it could take some time for these tastes and odors to totally dissipate. Cell healing, time, oxygen rich blood, and fluids will keep mouth, nasal, throat and respiratory tissues on the road to maximum recovery. Brushing a bit more frequently and mouthwash should help control the odors that will continue to be released from both dead and recovering cells.

As for gum bleeding, it is not unusual to be a bit overzealous and brush too much but also be aware that your gums are experiencing some rather amazing healing all their own and, surprisingly, it is normal for the ex-smoker's gums to be more prone to bleeding during recovery, not less. Nicotine constricts blood vessels diminishing blood flow, which, according to a [January 2003](#) study, may account for smokers having thicker gum tissues. According to an [April 2004](#) study, gingival (gum) blood flow rate was "significantly higher at 3 days" and within 5 days the liquid sticky plasma proteins normally released by healthy gums (gingival crevicular fluid) had significantly increased and within 2 weeks were comparable to those of non-smokers. But if it takes a bit of bleeding to begin gradually reversing the risk of experiencing [240% greater](#)

[tooth loss](#) than a non-smoker then so be it. If at all concerned give your dentist a quick call.

Headaches

Changing brain oxygen and chemical levels, added anxiety or tension, possible temporary sleep disruption, increased caffeine levels, or diet changes can all result in headaches. According to the Ward "abstinence effects" study, 33% of smokers reported having headaches immediately PRIOR to quitting. Interestingly, those reporting headaches peaked on day three (72 hours) at 44%, dropped to 17% on day seven, and had declined to a low of just 11% on day fourteen.

Within eight hours of commencing recovery, carbon dioxide levels in our blood and brain return to normal but it takes time to adjust. Relaxation, slow deep breathing, extra rest, mind clearing with thought focusing exercises, a warm bath or shower, or exercise may help relieve tension and often brings relief. Aspirin or other headache relievers are available but shouldn't be taken on an empty stomach. If you are a fairly heavy caffeine drinker make sure you understand that ex-smokers only need half as much caffeine as smokers in order to get the same effect, otherwise your [caffeine overdose](#) may actually cause your headache.

Stomach Pain, Nausea, Constipation or Gas

Nausea was also examined in the Ward "abstinence effects" study. Again, although only averages, 16% of participants reported nausea on day one (as compared to 2% at pre-cessation baseline), 11% on day three, 16% on day seven, 9% at two weeks, and 4% on day twenty-eight.

Cessation related constipation was the focus of a [November 2003](#) study. It found that one in six quitters develop constipation and that for one in eleven quitters the problem was severe. The study also found that constipation levels peaked at about two weeks. If you develop constipation concerns during recovery consult your pharmacist or physician and obtain relief.

There are a host of digestive disorders, including cancers, associated with smoking. Intestinal and bowel movements can be temporarily affected while they adjust to the absence of nicotine. Stress, anxiety or normal sense of loss depression can cause our stomach or GI area to generate pain. Tissues numbed and deadened by years of nicotine use are healing. It isn't uncommon to

experience temporary pain. We can aid the healing process by drinking at least eight glasses of water each day. Increasing the amount of leafy vegetables, roughage, whole grains, bran or prunes in our diet will aid our intestines in cleansing and in moving things along. Moderate exercise may also help with circulation and movement. Consult our physician if symptoms persist.

Symptoms of Psychological Withdrawal

Cravings, Urges, Yearnings, Desires and Thoughts

The initial powerful cravings that overlay the up to 72 hours of abstinence needed to purge our blood of all nicotine are more creatures of survival pathway conditioning than actual physical withdrawal. Our cravings are the mind's means of warning us that it's time to ingest nicotine to avoid experiencing physical withdrawal (nervousness, irritability, grouchiness, tension, anger, rage, frustration, sweating, jitters, shaking, inability to concentrate and mind fog).

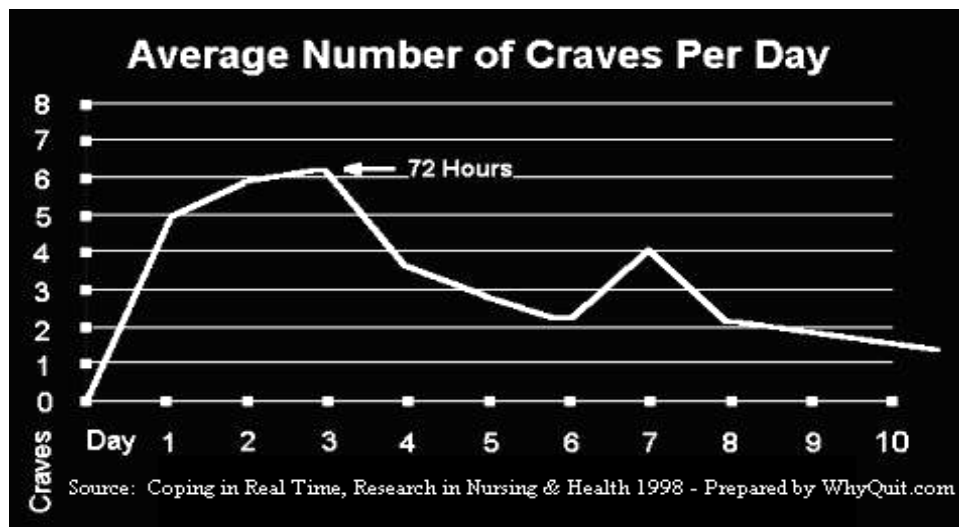
Like Pavlov's dogs, who he conditioned to salivate upon the ringing of a bell, the nicotine addict's mind has been conditioned to expect nicotine as soon as it begins to feel any discomfort associated with the onset of physical withdrawal. In response to falling nicotine levels, the primitive limbic mind has been somehow pre-programmed to intensify "desire" in order to cause us to ingest new nicotine and thereby avoid any discomfort. When we smoked, most of us received a gentle "desire" reminder every 20 to 30 minutes. If not satisfied, the desire would build and escalate in intensity to the point of becoming an influential urge or extremely demanding crave. Our mind has stored the means and manner by which it motivates us to bring into the body another hit of nicotine. Even after all nicotine has left our body (72 hours), our mind's crave generator remains in tact and fully functional.

Our Time Triggers - The foundation for our mind's knowledge of how to escalate the intensity of desire, to cause us to bring new nicotine into our body, is "time." Although the subconscious mind is believed to be incapable of independent reasoning or judgment, our conscious mind has conditioned our subconscious to realize that time depletes our blood nicotine level and that the onset of discomfort can be satisfied with nicotine. When we feel [a crave begin](#)

to escalate in intensity, it is simply our subconscious turning up the volume control that it has been conditioned to believe will bring the desired result. But in that the subconscious mind is a product of conditioning and not independent reasoning, if nicotine is not ingested after desire's volume or intensity control is increased to maximum, the subconscious simply gives up and quits.

It is extremely important to understand that no subconsciously triggered crave episode will last longer than three minutes. But, as noted above under physical symptoms, time perception distortion appears to be an almost universal recovery symptom and the minutes can seem like hours. It's important to look at a clock in order to reassure yourself, as it may only take seconds to locate a source of nicotine. This time distortion psychological mind warfare is the downfall of many as the rising tide of anxiety has them falsely believing that the only way to end their crave is by means of another fix.

As the body's nicotine level continues to fall during the 72 hours of physical withdrawal, our mind's time trigger will continue to be revisited until all nicotine has left the body. It is then that true and complete reconditioning of our time trigger will occur as our physical symptoms begin subsiding and our mind becomes conditioned to realize that time will no longer produce new nicotine. Withdrawal's peak occurs at the 72-hour mark. The average "starter" will experience approximately six desire attacks or crave episodes on day three. By hour 96 or day four the number of attacks or episodes will diminish to about 3.5. By day ten the average number of daily craves is less than two. In that our time trigger was reconditioned upon depletion of our body's nicotine, we need to explore and understand the reason for our continuing craves.



Although no subconscious crave episode will last longer than 3 minutes, serious time distortion is very real when quitting so keep a clock handy.

Overlaying our time trigger atop physical nicotine withdrawal symptoms can, for some, generate a rather intense 72-hour experience. But it's even more complex than that, as habit triggers are being encountered as well. Very few who are willing to attempt recovery lack the basic core dream and desire needed to carry them far enough (72-96 hours) to begin feeling their physical symptoms begin to gradually subside or to watch the number of subconscious crave episodes become reduced by almost half.

With a little self-determination, the real battle against physical nicotine addiction is over in a matter of hours. It is hard to believe that drug manufacturers have sold so many smokers on their "Nicotine Replacement Therapy" (NRT) gradual reduction approach, when they've done nothing more than repackage nicotine. They are telling smokers that the nicotine patch, gum, lozenge, spray or inhaler will make them more comfortable and they are 100% correct. Nicotine addicts need nicotine to maintain comfort. The question should be, does NRT's gradual nicotine reduction approach help smokers achieve permanent long-term abstinence from tobacco? Sadly, their own studies (the results of which they hide from their public web sites and refuse to share with smokers) show that [93%](#) of over-the-counter NRT users relapse to smoking nicotine within just six months.

Our Habit Triggers - Although our basic time trigger served as our mind's foundation for conditioning it to generate desire attacks, we have also conditioned it to expect new nicotine during certain events, at specific times

each day, upon experiencing certain emotions or when we engage in specific activities. The mind is a "steal trap." You may not consciously remember what you were doing, feeling or where you were when you fed yourself nicotine in the past, but those memories have been locked away deep within your subconscious.

Each of these emotions, events, specific times or locations will trigger our mind's crave generator to begin pulsating desire when next encountered. Reconditioning each trigger is a very necessary part of recovery and should not be feared but anticipated. Again, the beauty is that our subconscious mind is not capable of true reasoning and that almost all of our trigger links will be disconnected or reconditioned after just one episode where they fail to produce new nicotine. An additional comforting fact is that over time the power and intensity of our desire or crave generator will diminish to the point of becoming almost insignificant.

Almost like a battery gradually losing its charge, after about twelve weeks or 90 days our once powerful craves start becoming nothing more than ordinary "thoughts." Just like the thought of a "nice juicy steak," you will have total control over when you discard the thought. You may hear those in "cold turkey" recovery discuss long-term "craves" (months or years down the road) but when you quiz them they quickly admit that it was more like dreaming about a "Hot Fudge Sunday" and it came and went almost as quickly as any other normal desire. What's interesting is trying to learn what triggered the desire "thought," as it is usually some activity that was infrequently engaged in but during which the ex-smoker had previously smoked (weddings, funerals, graduations, births, etc.).

Aside from our basic time trigger that has already been reconditioned, most of our psychological or habit triggers need to be encountered and reconditioned before total comfort begins arriving. Our psychological triggers may include such things as the habit of smoking while talking on the phone, driving a vehicle, working, upon waking, before going to bed, when leaving a store, when around other smokers, while drinking, surrounding romance, when alone, after meals, during celebrations, when sad, during stressful situations, during other specific emotions, or upon visiting specific locations (garage, porch, garden, in-laws, bathroom). You may notice a small crave spike on day seven of recovery as you celebrate your first full week of freedom. Almost all of us smoked as part celebrating. Unless you've developed an extremely healthy attitude, up until now you've probably been doing very little

celebrating. When you do first celebrate, expect a visit from your joy trigger, your pride trigger and/or your party trigger.

The most serious trigger is a period of extremely "high stress" such as tremendous financial strain, serious family illness, injury, or the death of a close friend or loved one. It's a cold hard fact of life that each of us will experience the death of someone we love. We need to prepare our mind now to cope with our "high stress" trigger, as it is certain to occur for each of us. If it occurs while our desire or crave generator still carries a significant charge (the first few weeks), it can be used as your mind's unjustified excuse for relapse.

Psychological Relapse - Unlike physical withdrawal, psychological withdrawal is 100% mental and greatly within our ability to control. To understand the process can be power in itself. We also need to realize that just one puff of nicotine from one cigarette will revive all memories and conditioning associated with that particular habit trigger and commence the process of re-establishing your full chemical dependency upon nicotine. Whether immediate or gradual, your freedom is over and you're going back to your old level of nicotine intake or higher. Soon, the millions and millions of smoking memories in the recovered addict's mind will make them feel like they've never tasted freedom. Once an addict, even when we do arrest and trade places with our dependency our probation is conditioned on one simple rule - no nicotine, Never Take Another Puff, Dip or Chew!

Depression & Sadness

Depression can affect our entire being. Sadness, loneliness, disruption of sleep, fatigue, digestion problems, stomach pains, poor memory, an inability to concentrate, a loss of appetite or weight gain, neglect of our appearance, low self esteem, loss of sex drive, irritability, hopelessness, headaches or even a change in bowel habits can and often do accompany depression.

Serious chronic depression is often easily treated but does require medical assistance. That being said, giving up years and years of nicotine dependence is a traumatic event, akin to the death of a close loved one. Quitting smoking is often accompanied by the onset of a temporary state of depression.

Here's the problem. Is the sense of depression felt after quitting being caused by chronic organic depression that was being masked, hidden or diminished by one or more of cigarette smoke's more than 4,000 chemicals (most notably

nicotine), or possibly due to smoke's 4,000 chemicals interacting with current medications being taken, or does it reflect the normal and expected temporary sense of loss associated with ending a long and extremely intense chemical relationship?

If you or loved ones are concerned, don't guess as to the cause. Depression can be as life threatening as bleeding. And don't allow other quitters to assure you that it will pass. They have no idea whether its organic or emotionally rooted ([link to Freedom discussion on the topic](#)). Although well intended, they cannot possibly know your medical history, the medications you are taking and whether their effectiveness has been altered by the absence of smoke's 4,000 chemicals, or the intensity of the depression you feel. If you or loved ones are concerned about lingering depression it's always best to get seen and evaluated.

As for the normal sense of loss, although nicotine is not a close [friend](#) or loved one, over the first 72 hours nicotine, along with 90% of its metabolites (chemicals it breaks down into) exit the body via our urine. As it departs, not only is our mind breaking an extremely dependent psychological bond, [studies](#) suggest that nicotine had physically taken select serotonin anxiety busting neuro-circuits hostage. Once the administration of nicotine ends, physical sensitivity readjustment begins as the brain resumes command and control.

Some degree of sense of loss depression is common, and heavy long-term smokers seem to experience it a bit more frequently. It can almost seem like experiencing the death of a friend or loved one, or the end of a marriage or other long-term inter-dependent bond. It is normal to mourn the loss and go through the normal phases of grieving. This article by Joel reviews the normal sense of [emotional loss](#) associated with smoking cessation.

As with the end of any long-term relationship, our period of cessation mourning and grieving can be as long or short as we desire. Although it can and often does generate physical symptoms, the underlying conscious thoughts generating those symptoms are very much within our ability to control. A sense of loss can become the recovering mind's primary focus once crave trigger re-conditioning diminishes in frequency to the point where you feel somewhat comfortable in managing or coping with craves. This usually happens somewhere between weeks one and three, but may not be noticed until later if any other symptom is receiving higher priority due to continuing discomfort.

Freedom's "[Emotions](#)" message board contains a number of articles on cessation depression, including, as mentioned, a discussion on the basic difference between underlying organic depression and the emotional loss associated with cessation.

In the Ward "abstinence effects" study ([Addictive Behaviors, 2001, Volume 26 2001, Pages 311-327](#)) 39% of smokers entering the study reported experiencing depression on the day before quitting compared to only 19% of non-smokers in the control group. On day three after quitting, the percentage in recovery indicating depression peaked at 53 percent. Reported depression had fallen to 33 percent by day seven (6 points below their starting baseline). By quitting day twenty-eight (28) only 20 percent reported depression, just one percentage point above the rate for non-smokers in the control group.

It was once thought that those with depression smoked in order to self-medicate their depression. But new research is beginning to seriously ask, "which came first, nicotine addiction or depression." This thread contains [recent medical journal article references](#) and this one discusses the need for [possible medication adjustments](#) following cessation.

[Education](#) and complete self-honesty are the quickest means of putting those sense of loss nicotine blues behind us. In reality the real quitting occurred when nicotine assumed neuro-chemical control and we lost the sense of normal that defined how and what we felt when interacting with life. You are not quitting "you" but recovering "you." If each reason for believing that we experienced a loss is [fully explored](#) we start to realize that nearly all use justifications as to why we smoked were false, that we invented them to try and explain one simple truth, a true drug addict's inability to control the uncontrollable.

For example, many nicotine addicts have convinced themselves that tobacco makes their coffee taste better when in truth their coffee's taste won't change at all. In fact, our healed taste buds and more accurate sense of smell will allow us to enjoy our coffee or tea even more.

Another example is the falsehood that smoking nicotine is a stress buster. Truth is, smoking makes stress worse not better. As this "[Why do smokers smoke](#)" video by Joel explains, stress and alcohol cause the smoker's urine to become more acidic. This in turn causes the kidneys to accelerate elimination of the alkaloid nicotine from the bloodstream, throwing the smoker into early withdrawal. Forced to immediately service their addiction and replenish

missing nicotine, once replenishment was complete the tire was still flat, the bill still needed paying or the relationship still needed mending.

Once such falsehoods are learned, appreciated and understood it aids in helping realize that [nicotine was never our friend](#). "The **truth** will set us free."

It should also be mentioned that a physician's depression resources include scores of wonderful non-nicotine and non-addictive depression medications that do not have a carcinogen as one of the metabolites (NNK). Among them is bupropion (Wellbutrin and Zyban). Both Wellbutrin and Zyban are manufactured by [GlaxoSmithKline](#) It is very important in using either of these drugs that you consult and rely upon your physician regarding risks, potential side effects and proper use.

Loneliness or Feeling Cooped Up

Akin to "sense of loss" associated depression, loneliness is natural anytime we leave behind a life-long companion (who in this case was extremely unhealthy and killing us ever so slowly). It's time to recognize a new healing and healthy companion - **YOU!** We need to climb out of the deep deep smoker's rut that we resided in for years. For far too long we've severely limited many of the activities that as smokers we were willing to engage in either because they might have interfered with our need to obtain our mandatory nicotine fix (every 30 minutes or so) or because our lungs and body did not have the capacity to enjoy them. Start your new life now! Don't wait to gradually learn that you've been missing so much. Alter your outlook, climb from the ditch and open your eyes. One of the interesting parts of recovery is in learning to live life as an ex-smoker. If we want to stay in our rut and keep waiting for something to happen, instead of climbing out and learning to enjoy all that we've been missing, we'll continue to feel lonely. If we don't replace our loneliness with the glory of our wonderful new, emerging, and healthy life, we may eventually talk ourselves into returning to the world we know, a world of fix and fix after fix after fix - until death do we part.

Increased Appetite or Hunger

It's easy to attribute a new found desire to consume large quantities of food to our rapidly healing taste buds and our revived sense of smell. Truth is that many reach for extra calories almost immediately and probably for a combination of reasons. Whether using it as a hand-to-mouth oral [crutch](#) or as a [replacement feeding for those now absent nicotine induced adrenaline](#)

releases that once pumped stored fats and sugars into the blood with each new puff, the net effect is the same - extra body weight. How can the weight gained during quitting be minimized?

Yes, the foundation of our dependency was a nicotine-induced flood of unearned dopamine. Yes, a mouth full of food will provide a small but short-lived burst of dopamine. But whether a brief crutch and coping tool, take extreme care not to condition your mind to use extra food as a substitute for nicotine. Serious weight problems can gradually sap you of your dreams and motivations to the point of making a 50% chance of a losing 14 years of life look more appealing than that next extra pound. If you do find yourself using food as a temporarily early oral substitute (which is NOT recommended) reach for healthy foods like fresh vegetables.

Even if we leave extra food alone it's very common to see some initial weight gain in the first couple of days. Unless you're piling it on, it's usually extra water retention primarily associated with physiological changes. If so, you should see water retention return to normal within two weeks. Minor metabolism changes can account for a few extra unburned calories each day but they can be more than offset by enhanced cardiovascular abilities resulting from up to a 30% increase in overall lung function within just 90 days and general enhanced performance of the entire body. Not smoking nicotine does not cause weight gain, eating does.

We often smoked at the end of meals. It was a conditioned signal to the brain that our meal was complete and our period of eating over. This cue no longer exists. Its absence may lead to continued eating after our normal meal would have ended. If the leftovers keep vanishing you may need to find a new cue that your meal has ended. A toothpick, walk, immediate brushing of your teeth, doing the dishes, a stick of sugarless gum, or even a nice big deep breath may be all it takes.

But accept early on that should they occur, that a few extra pounds are acceptable and try to be patient. It would take an extra 75 to 100 pounds to equal the health risks associated with a single pack of cigarettes. Is your life worth a few temporary pounds? There will be plenty of time to shed them later.

The next few minutes are all that matter and each is entirely doable. There is only one rule - no nicotine today, Never Take Another Puff, Dip or Chew!

Breathe deep, hug hard, live long,

[John R. Polito](#)

Nicotine Cessation Educator



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