

Increasing Awareness of the Harmful Effect of Shisha Smoking

Minesh Kooblall*

Specialist Registrar in Respiratory Medicine, Trinity College Dublin, Ireland

***Corresponding Author:** Dr. Minesh Kooblall, Specialist Registrar in Respiratory Medicine, Trinity College Dublin, Dublin, Ireland.

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Discovered in the 16th century, shisha is a method of smoking tobacco. The purpose of the device was to pass smoke through water in an attempt to 'purify' the smoke, an unproven concept that has repeatedly been questioned by the medical community. It consists of a head, body, bowl, hose and a mouthpiece. The head contains tobacco separated from an array of coal by foil. It is connected to a system of air tight pipes that draw tobacco smoke into a bowl which contain water. The smoke is then inhaled from the bowl through a pipe. In the UK since the smoking ban, shisha consumption has risen by approximately 210% due to the increase of more shisha cafes.

Shisha smoking involves burning tobacco, known as molasses, using coal. When the shisha user inhale from the mouthpiece, air is suctioned through the apparatus into the tobacco and heated by the coal to produce smoke. The smoke contains harmful components both from the tobacco and coal such as polycyclic aromatic hydrocarbons (PAH), volatile aldehydes and carbon monoxide among many others. Both tobacco- containing and tobacco- free molasses contain high levels of PAH, a carcinogenic compound. These high levels are caused mostly due to the combustion of coal. The presence of volatile aldehydes such as formaldehydes, acrolein, propionaldehyde and methacrolein has been associated in increased incidence of COPD and lung cancer. Furthermore carbon monoxide levels have been observed to be significantly increased in shisha smokers (10%) when compared with cigarette smokers (6.5%) and non smokers (1.6%). An increase in cardiovascular risks have also been observed among shisha smokers due to the fact that there is an increase in blood pressure and a reduction in heart rate variability and HDL thereby increasing the risk of developing coronary artery disease. Sharing of mouthpiece while smoking is commonly seen and this is associated with increased rates of infection such as tuberculosis, herpes and hepatitis. Although further studies is required regarding shisha smoking to define its pathophysiology, there are still many shisha users who are unaware of its harmful effect [1].

In Ireland lung cancer is the most common cause of cancer death and smoking has been found to a major risk factor [2]. Since the introduction of the smoking ban more than 10 years ago, a decrease in the prevalence of smoking has been noticed [3]. This is mainly due to the fact that the Irish population is more aware of the harmful effect of smoking cigarette. Similarly we are seeing few shisha cafes emerging in Ireland and therefore increasing the awareness about its harmful effect should be emphasised.

Bibliography

1. M Kadhun., *et al.* "A review of the health effects of smoking shisha". *Clinical Medicine* 15.3 (2015): 263-266.
2. Cancer in Ireland 2013: annual report.
3. RCPI Medical Workforce planning Feb (2014): 199.

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