

Shisha Smoking: A Serious Risk to Health

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Shisha also known as Hookha, Water Pipe or Narghile is known to man kind for over 300 years. Shisha is different from traditional Hookha in the sense that instead of plain tobacco it is used mixed with certain flavors and aromatic substances. The composition of the tobacco used in Shisha is variable and not well standardized. The tobacco used in Shisha typically weighs 10 to 20 g and has 3 main forms. "Mu'essel" or "maasel" contains 30% tobacco and 70% honey. "Tumbak" or "Ajami" is a pure, dark paste of tobacco. "Jurak," mainly of Indian origin, is an intermediate form that often contains fruits or oils.

"Muessel" is usually flavored with apple, mango, banana, strawberry, orange, grape, mint, cappuccino, or other additives. It is generally sold in boxes or plastic jars decorated with fruit illustrations. Drugs or alcohol is often added to the tobacco. Studies that have examined Shisha smokers have reported high concentrations of carbon monoxide, nicotine, "tar," and heavy metals. These concentrations were as high as or higher than those among cigarette smokers.

It has been claimed that more than 100 million people worldwide smoke shisha daily. It is a common practice in the Middle East, Turkey, India, Pakistan, Bangladesh, and some Parts of China. In some parts of Middle East, Shisha use is more prevalent than cigarette smoking. Among Arab women in many countries, there is less of a stigma associated with Shisha than with cigarette smoking and therefore more and more women are taking up this habit as a fashion.

Scientific studies done to see the adverse health consequences of shisha smoking point to dangers that are similar to those associated with cigarette smoking. The research conducted on Shisha use has clearly shown that it has particularly serious health consequences on 2 vital organs of body namely the lungs and heart. Lung Cancer, Cancers of the Food Pipe, Chronic Obstructive Lung Disease, Emphysema, low birth weight, precipitation of Asthma attacks and pneumonia are some of the health hazards associated with shisha smoking. Additional dangers not encountered with cigarette smoking are infectious diseases resulting from pipe sharing and the frequent addition of alcohol or psychoactive drugs to the tobacco.

Another worrying aspect of shisha epidemic is that previously it was used in countries like Pakistan and India, mainly by the elderly people living in the villages but in the past few years its use has markedly increased in the urban areas of this subcontinent. Many restaurants in urban areas are now offering Shisha to its customers. Those who use Shisha regularly eventually get hooked on to tobacco and become regular smokers. Some newly opened restaurants are doing good business by serving this to its customers as it is considered as a modern life style. For youngsters Shisha use is very exciting glamorous, fashionable and an enjoyable act.

Smoke from Shisha besides others contains hundreds of potentially dangerous heavy metals like, Arsenic, Cobalt, Chromium and Lead. Under normal Shisha use the smoke produced from a single pipe use contain approximately the same amount of Nicotine and Tar equivalent to 20 Cigarettes. Research has also shown that after 45 minutes of Shisha use expired air, carbon monoxide, plasma nicotine and heart rate are significantly elevated. Nicotine dependence may also result from repeated inhalation of tobacco smoke from Shisha.

Besides Lung Cancer Shisha use is also linked with increased risk of, Mouth and Urinary Bladder Cancer. There is also some evidence that Shisha use may also decrease the sperm count in men. Regular Shisha users have lung functions approximately 25% lower than those who do not use this. One study has also shown that Shisha use increases the risk of Pulmonary Tuberculosis. Children are particularly vulnerable to the harmful effect of the Shisha use. If they are present in any restaurants or at home where Shisha is being used there is increase risk of them getting lung infections, asthma and sudden infant death syndrome.

There is an urgent need to educate the public against the dangers of the Shisha use. Our religious scholars as well as non-governmental organizations should come forward and educate the public against the Shisha epidemic which is rapidly spreading in not only in the Muslims countries but also in the developed world. Special seminars should be held in schools warning the children against the dangers of Shisha use. Government must also bring laws restricting restaurants owners serving Shisha to its customers.

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