



### ***Chantix Welplex Comparison***

Since the introduction of nicotine into Europe by the Spaniards in the 1700's, there has been little that medical science has had to offer for effectively dealing with nicotine addiction. These treatments included: hypnosis, acupuncture, aversion therapy, nicotine replacement systems, antidepressants and a variety of herbal solutions. All of these have had little, if any, therapeutic value and recidivism has been generally high.

**Smoking cessation** therapy was initiated with the introduction of Nicotine Replacement Therapy. This involved the use of gum, lozenges, patches and even “look-a-like” fake cigarettes to deliver nicotine. Effectiveness of these systems has been shown to be only marginally better than cold turkey methods. In the 90's the focus of nicotine addiction shifted to various pharmacologic neurotransmitter modulators used as an adjunct for smoking withdrawal. Tri-cyclic antidepressants, anxiolytics, central receptor modulators, and direct nicotine agonists were used with varying degrees of success. Of these medications Wellbutrin (Zyban), a serotonin adrenaline uptake inhibitor, is the best known. The common factor of the pharmacologic treatments is the diminution of the nicotine cravings and the subsequent reduction of the individual's physical and psychological distress.

**Recently Pfizer** has introduced a new medication for the treatment of nicotine addiction, **Chantix**<sup>TM</sup>. Chemically named varenicline, it is described as a novel A4 – B2 nicotinic acetylcholine receptor partial agonist. In simple terms this means that the drug binds competitively to the nicotine receptor and activates the central nervous mesolimbic dopamine system, believed to be the neuronal mechanism underlying reinforcement and reward experienced upon smoking. By this binding to the nicotine receptor it stimulates the reward-pleasure pathway as does nicotine but at a lower level. In addition, it also blocks the ability of nicotine to activate the receptor. The effectiveness of Chantix was shown in multiple clinical trials with over 3600 patients. In the Chantix trials patients were told to set a stop smoking date and begin medication one week prior to this date.

*For complete information regarding the clinical trials see: [Chantix.com](http://Chantix.com)*

**Similarly**, the **Welplex**<sup>TM</sup> patented method of anticholinergic blockade of the nicotine receptors is believed to activate the mesolimbic dopamine system. The Welplex patent uses an anticholinergic blockade of central and peripheral nicotine receptors for the treatment of nicotine addiction. This approach is unique because it is directed at immediate saturation of the nicotine receptors. This saturation results in nicotine withdrawal without the characteristic cravings and irritability. The tremendously unpleasant side effects of nicotine withdrawal are reduced or eliminated, thus leading to a substantial increase in the success rate of cure from nicotine dependency. To document the Welplex claim, a retrospective study of 200 patients treated was initiated demonstrating an >80% efficacy at 2 months and 56% at one year (complete results available on this website).



Both **Welplex** and Chantix act within the Central Nervous System to modulate the cravings for nicotine. The success of the Welplex is believed to relate to the immediacy of the treatment with the cravings for nicotine satiated immediately with the treatment injections. This approach provides a more direct psychological as well as physiologic breaking of the nicotine reward pathways.

The **Welplex** protocol is administered by injection followed up by a 2 week oral regimen of medications. The Chantix protocol consists of medications taken by mouth for recommended period of 12 weeks.

### Comparison of Adverse Reactions

CHANTIX™	Welplex™ Protocol
Nausea Sleep Disturbance Constipation Flatulence Vomiting	Sleep Disturbance Sedation Dry Mouth Blurred Vision Constipation Urinary Retention Decreased Sweating Confusion Hallucinations (Rare)

At **Welplex** our patients are screened with an EKG, pulmonary lung function and a physical examination. Some common contraindications would be cardio arrhythmia, enlarged prostate, narrow angle glaucoma, bi-polar disorder or pregnancy. We also look at patients who are taking multiple mind altering medications and may request clearance from their primary care physician prior to treatment.