

Adverse effect of internet and preventive measures.

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EDITORIAL

The internet has become an integral part of modern day life, and the global population using the internet has grown to almost 3.8 billion. Over the past few years, the study of the correlation between excessive internet use and mental disorders has grown. Young first introduced the term Internet Addiction (IA) in a pioneering study and defined it as an impulse control disorder which does not involve an intoxicant. Thus, IA is a psychological dependence on the internet regardless of the type of activities pursued after logging in. IA leads to an impairment of various life functions. Internet Gaming Disorder (IGD) is a consequence of IA, which is defined as uncontrolled internet gaming activity with negative impacts on the psychosocial functions. The severity of IA and IGD is well established now. Excessive internet use or IA and IGD are reported to be correlated with many psychiatric and psychosocial disorders.

A lot of psychiatric disorders have been correlated with IA. It has been reported to be associated with low self-esteem, impulsivity, poor sleep quality, mood disorder, and suicide. In an Indian context, a survey was conducted for IA which included 2,755 individuals (1,392 males and 1,363 females) in the age group of 18-65 years. This study reported addiction in 1.3% individuals (2% males and 0.6% females). A study of 2,114 students (1,204 males and 910 females) diagnosed with IA using a self-report questionnaire revealed that individuals with IA had higher Attention Deficit Hyperactivity Disorder (ADHD) symptoms, depressive disorders, social phobia, and hostility particularly among male adolescents. In another significant study regarding IA, four reliable and validated questionnaires were used: the young IA test, the insomnia severity index, the depression anxiety stress scale, and the Rosenberg self-esteem scale. A total of 600 students (182 males and 418 females) aged between 18 and 28 years participated in this study. The potential IA prevalence rate was 16.8%, and a significant difference was found between males and females with a higher prevalence in males (23.6 vs. 13.9%). Furthermore, a strong correlation was found between IA and anxiety, stress, and depression. Thus, the comorbidity of psychiatric disorders in IA is widely accepted.

It has been established in neuroimaging studies that IA is associated with structural and functional changes in brain regions involved in executive attention, decision making, emotional processing, and cognitive control. Recently various morphometric studies on cortical centres of the brain with IA have found possible neural mechanisms. It has also been demonstrated in the internet-addicted brain that white matter integrity is impaired, and thus the proper connection and processing between the two hemispheres and connections among different lobes of the brain also get interrupted. Individuals with

IA showed a larger volume in the hippocampus/amygdala than healthy controls. Dopamine transporter is a protein situated in the presynaptic terminal and is responsible for the active reuptake into the presynaptic neuron, thus playing a critical role in the regulation of striatal synaptic dopamine levels. The striatal dopamine transporter level was measured by single photon emission computed tomography in individuals with IA and brain scans were altered, and it was found that the dopamine transporter level of striatum was significantly decreased.

Among the integrative ways to deal with treat habit, yoga and care have been demonstrated as an expected corresponding treatment. The restorative impacts of yoga are generally considered concerning a large number of different afflictions and conditions including normal indications of IA-like pressure, nervousness, melancholy, and helpless rest quality. Yoga is a type of psyche body wellness including a mix of strong movement and inside centered attention to oneself, breath, and energy.

In a critical audit by Khanna and Greeson on yoga and care as reciprocal treatments for fixation, it is recommended that the ability, bits of knowledge, and mindfulness through yoga and care practices can focus on different mental, neural, physiological, and conduct measures involved in enslavement and backslide. Besides, in a survey, different contemplation based preparing programs which are successfully utilized for the treatment of different addictions, for example, care based backslide avoidance, Medical Treatment (MT) for smoking suspension, and care situated recuperation improvement, have been appropriately depicted. Care based backslide counteraction is a 8-week manualized program which fuses psychological social abilities with care based practices to diminish backslide by expanding mindfulness. Since IA has similar ramifications as different types of addictions, it has been proposed that the viability of different types of yoga, contemplation, and MT as an integrative medication is achievable. Hence, yoga and contemplation ought to be treated as a reciprocal treatment for clinical treatment in the treatment of stress, tension, melancholy, and other mental habit-forming problems such IA, since it expands fearlessness, mind unwinding, and mindfulness, and diminishes crabbiness.

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