

Homoeopathic treatment of a child with internet gaming disorder and atopic dermatitis: A case report

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Abstract

Introduction: Internet gaming disorder (IGD) is an emerging disorder, recently added to DSM-5, which has a capacity to reach pandemic proportions in the near future. The Indian mobile gaming market has grown significantly over the past few years with many users spending a significant amount of time on mobile games. A patient initially presenting with atopic dermatitis (AD) was subsequently diagnosed with IGD based on the analysis of his mental symptoms and was managed holistically with homoeopathy. **Case Summary:** A 3-year-old boy primarily presented with AD. During the interrogation of his mental state, he was found to have symptoms fulfilling the criteria of IGD as per DSM-5. He was successfully treated with individualised homoeopathic medicine *Mercurius solubilis* over a period of 3½ months. The subjective symptoms improved, the lesions on the skin disappeared, itching subsided and hyper-pigmentation was resolved. Furthermore, there was gradual improvement in his behavioural symptoms such as anger, destructive nature and the habit of playing internet mobile games for long durations. The Modified Naranjo Criteria score after treatment was 8, which suggested a probable association between the homoeopathic medicine *Mercurius solubilis* and the outcome in this case. This case shows that the individualised homoeopathic medicine selected based on the totality can have favourable results in the treatment of IGD and remission of AD.

Keywords: Atopic dermatitis, Individualised homoeopathy, Internet gaming disorder, *Mercurius solubilis*

INTRODUCTION

The internet has become an essential part of everyone's life. It has been reported that with over 900 million internet users, India was the second largest online market in the world, behind China.^[1] Despite the large number and a consistent increase in accessibility, internet penetration in the country was just under 50%, below the worldwide average. One of the main reasons for rapid internet adoption across socio-economic structures was the launch of Digital India in 2015.^[1]

Several studies have shown that children are starting to use digital devices (e.g., tablets and smartphones) at a very young age, including playing video games and engaging in social media.^[2] Video games are played mainly by children for entertainment, seeking excitement and challenge, emotional coping and escaping from reality.^[3] The need for early detection of digital addiction amongst children is becoming more of a necessity.^[2]

Here, we report the case of a child who presented with atopic dermatitis (AD) and was subsequently diagnosed to be suffering from internet gaming disorder (IGD) also based on the mental symptoms.

IGD is defined as “persistent and recurrent use of internet to engage in games, often with other players, leading to clinically significant impairment or distress” as indicated by the presence of five (or more) out of nine symptoms mentioned, in a 12-month period.^[4] IGD can be mild, moderate, or severe. Addicted persons typically devote 8–10 h or more per day and at least 30 h/week.^[4] The overall prevalence of internet gaming addiction ranges from 0.7% to 26.7%^[5] and in India, the mean age being 16.82 years.^[6] Males are more likely to be addicted than females. Persons with excessive use of the internet have high scores for anxiety and depression.^[6] However, the prevalence in India may be under-reported due to a lack of awareness about this problem and also due to the social stigma associated with consulting a psychiatrist or psychologist. The differential diagnosis for IGD includes

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Received: 22 December 2022; **Accepted:** 13 March 2024

Access this article online

Quick Response Code:



Website:
www.ijrh.org

DOI:
10.53945/2320-7094.1319

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How to cite this article: Mahajan A, Mahajan N, Singh A, Chopra ML. Homoeopathic treatment of a child with internet gaming disorder and atopic dermatitis: A case report. Indian J Res Homoeopathy 2024;18:36-43.

bipolar disorder.^[7] The diagnosis of IGD is confirmed as per DSM V criteria.

CBT appears to be the most frequently utilised treatment for internet addictions. Other treatment modalities include counselling and pharmacotherapy such as methylphenidate and bupropion.^[8] Currently, there is insufficient evidence to warrant the suggestion that trialled IGD interventions may confer any long-term therapeutic benefit.^[9] Hence, the search for an effective, safe and cost-effective medicine continues.

AD or atopic eczema presents with distinct features such as pruritus, skin dryness, serous exudates, excoriation, papules and lichenification. In 30% of children diagnosed with AD, the disease presents itself before the age of 5 years.^[10] AD typically affects the face, neck and flexural zones.^[11] Head-and-neck dermatitis is a variant of AD often seen in children.^[12] The prevalence of AD is estimated to be 15–20% in children and 1–3% in adults.^[13] The diagnosis is based on specific clinical criteria that take into account the patient's history and clinical manifestations.^[14] The differential diagnosis of AD in children and adults includes seborrheic dermatitis, psoriasis, allergic contact dermatitis, molluscum dermatitis, tinea corporis, mycosis fungoides, dermatomyositis, pityriasis lichenoides chronica, actinic prurigo and nutritional deficiency.^[15] The conventional treatment modalities include topical corticosteroids. Systemic therapies include antihistamines, immune suppressive agents and phototherapy.^[16]

The homoeopathic treatment has a holistic and individualistic approach. The homoeopathic medicine is selected based on the totality of symptoms, that is, mental, physical and particular symptoms of the case. The sick man is before the sick body. The statement of Dr. Kent confirms this view: *“It is the man who is sick and man consist of what he thinks and what he loves and there is nothing else in man. Man is the will and understanding and the house in which he lives is his body”*.^[17] Dr. Richard Hughes pointed out that *“the final selection of a similar remedy should be based on individual similarity, especially in those diseases that affect every subject in their way”*.^[18]

Several studies showed favourable results for AD treatment with homoeopathy.^[19,20] The effectiveness of homoeopathy has also been reported in the treatment of ADHD,^[21] depression and anxiety with homoeopathic treatment.^[22] Positive results of homoeopathic treatment are also reported for behavioural problems in children aged 6–12 years due to the bad effect of mobile phones.^[23] However, mobile phone addiction/dependence is not defined in DSM 5.^[4] A general article was published on the profiling of homoeopathic medicines for IGD.^[24] We have also reported the scope of homoeopathic medicines in IGD where homoeopathic medicines have been profiled.^[25] However, as no case report/series was found on the effect of homoeopathy in IGD, so this case is being reported.

PATIENT INFORMATION

A 3-year-old boy presented at the Dermatology OPD of Central Research Institute of Homoeopathy, Jaipur, with complaints of a moist lesion on the front and lateral side of the neck region [Figure 1] since 1 year. During elaborate homoeopathic case taking, her mother revealed that from 1½ years of age, he had an addiction to playing games on a mobile phone. When he was forced to stop his mobile gaming activity, he used to get angry, cry, scream and get irritable and destructive. He was in preschool but did not attend classes regularly and never took an interest in completing assignments/activities given to him.

History of presenting complaints

One year back, the lesions appeared initially on the front side of his neck for which allopathic medication along with steroid ointment was taken for 5 months after which, the lesion transiently improved. There was reappearance of the lesion on the front of the neck which spread gradually to the lateral side of the neck region even after applying local application for 2½ months. The lesion worsened and left multiple large, circular, blackish and hyper-pigmented patches over the affected parts. His complaints aggravated further with time, so his mother decided to give him homoeopathic treatment. There was severe itching, which aggravated at night, from warmth and during perspiration. After scratching, the excoriated parts oozed thick, sticky and glutinous discharge.

The past clinical history was non-significant. All milestones were achieved on time and the child was vaccinated with no adverse effects. The child's father was suffering from bipolar disorder, while no other family members suffered from any mental health issues. When the patient's mother was pregnant with him, she was worried about their family's financial situation. She had come to Jaipur to earn a livelihood and stayed at her sister's house.

While his parents were busy with matters related to earning a livelihood, they could not devote ample time to the child. He started playing mobile games at the age of 1½ years, to which he was introduced by his elder brother. When he used to lose a game, he would throw tantrums and get angry and irritable. He had no interest in learning or any other activity.



Figure 1: (a and b) Pre-treatment (19 September 2019)

The patient was preoccupied with playing internet games daily for 12–13 h duration, with a frequency of 20–25 times or more per day, showing impaired tolerance and unsuccessful attempts to control the participation in internet games. When his mother or other family members forced him to stop his gaming activity, he suffered from bouts of irritability, used to get angry, used to cry and scream and had a destructive nature. He preferred internet gaming activity over routine daily activities.

Homoeopathic generalities

Mental generals

On enquiring about the mental state of the child, the mother informed that the child was addicted to playing internet/mobile games on phone. Whenever he was stopped from playing or his mobile phone was taken from him, he used to get angry. He used to throw things within his reach and break them. He could not bear to be looked at by anyone, was used to get violent and used abusive language. He used to catch small insects at home and kill them. On observation, the child was talking like a mature person.

Physical generals

The patient did not prefer summer season and wore less warm clothing in winter as compared to his sibling. He had an intense desire for cold drinks, cold water, tea and bananas. He had frequent urges to pass urine at night along with burning during urination. Perspiration was profuse all over the body, especially at night.

Clinical findings

On physical examination, a papulovesicular lesion was seen with mild scaling, hyperpigmentation and glutinous discharge on the front and lateral side of the neck. The skin was moist. Scratch marks were visible.

Diagnostic assessment

A provisional diagnosis of AD with IGD was made based on his presenting skin complaints, that is, itching, along with characteristic morphology and distribution of lesions, as per ICD-10 (L 20),^[26] which was further confirmed by a consultant dermatologist; and also the mental symptoms, as per DSM V, which was confirmed by a consultant psychologist using IGDS9-SF scoring, which was 35 at presentation.^[27]

Case analysis

After symptom analysis, the totality was framed using characteristic mental and physical generals. The important mental symptoms were: anger violence, he cannot bear to be looked at him, a destructive nature and talking like a mature person; while the physical generals were: an intense desire for cold drinks, cold water, frequent urge to pass urine worse at night, perspiration profuse over the whole body, especially at night and hot thermal reaction. The particular symptoms were: rash on the neck with severe itching worse at night, warmth and during perspiration and oozing a glutinous discharge.

Repertorisation

The repertorial analysis was done using Radar Opus 2.2.16 [Figure 2]. The top remedies were *Mercurius solubilis*

25/11, *Sulphur* 16/9, *Lycopodium clavatum* 15/9, *Natrum muriaticum* 13/8 and *Tuberculinum* 12/8.

Therapeutic intervention

After repertorial analysis, *Mercurius solubilis* was selected. The patient was prescribed the remedy in 200c potency, as a single dose.

Follow-up and outcome

The patient was assessed fortnightly [Table 1]. There was a gradual decrease in the intensity, frequency and duration of playing internet games. At present, there is an absence of such impulsive behaviour. Marked improvement in concentration was also observed. The lesions on the skin and itching were relieved and no recurrence was noted. No repetition of the medicine was required thereafter.

DISCUSSION

Excessive and potentially addictive use of the internet amongst children and adolescents has emerged as a major concern in recent times. Internet addiction is often conceptualised as an impulse control disorder, with features similar to pathological gambling.^[28]

In the present case, *Mercurius solubilis* covered the maximum number of rubrics and had the highest score on repertorial analysis. It was selected as it covered the physical generals and symptoms related to the main presenting complaint in the highest grade. Furthermore, *Materia Medica* mentions *Mercurius solubilis* as one of the prominent medicines in cases presenting with itching which is worse at night, from perspiration and warmth and having profuse perspiration with every complaint.^[29] It also covers the aspect of maturity in a child or precocity.^[30]

Further, on referring to mental symptoms of *Mercurius solubilis* in *Materia Medica*, aggression comes up easily in response to the slightest contradiction, in the form of abuse, destructiveness and fighting without any guilt. It is also useful in cases of impulse control disorder, where there is a failure to resist an impulse, drive or temptation to perform acts that are harmful to others or him.^[31]

As per the *Organon of Medicine*, aphorism 253, amongst all the signs, the state of the mind and the whole demeanor of the patient are the most certain and instructive. In the case of slightest improvement, we observe a great degree of comfort, increased calmness and freedom of the mind, higher spirits- a kind of return to the natural state.^[32] During the follow-ups, there was gradual improvement not only in the physical symptoms of the patient [Figure 3] but also in his mental symptoms.

The patient was assessed using IGDS9-SF, which is the first brief standardised psychometric tool to assess IGD according to the nine clinical criteria developed by the American Psychiatric Association in the latest edition of the DSM V.^[27] The patient had a pre-treatment score of 35 (range of 9–45) initially, which was

Table 1: Timeline including follow-up

Date	Physical symptoms	Behaviour	Mobile gaming addiction	Prescription
19 September 2019	Lesions present on the front side of neck Hyperpigmentation present Itching worse at night, warmth and during perspiration	Anger violent Destructive nature	Frequency: 20–25 times Duration: 12–13 h	<i>Merc sol</i> 200/1 dose Placebo/14 days
3 October 2019	Lesions present on front side of the neck, status quo Hyperpigmentation slightly improved. Itching slightly improved Discharge slightly improved	Anger: slightly improved Destructive nature: slightly improved	Frequency: 10–15 times Duration: 10–11 h	Placebo/14 days
24 October 2019	Lesions-improved Hyperpigmentation – Slightly improved Itching- Slightly improved Discharge- improved	Anger: improved Destructive nature: improved	Frequency: 8 times Duration: 8 h	Placebo/14 days
13 November 2019	Lesions - improved Hyperpigmentation – improved Itching-improved Discharge- improved	Anger: improved Destructive nature: improved	Frequency: 3 times Duration: 5 h	Placebo/14 days
27 November 2019	Lesions- improved Hyperpigmentation – improved Itching-improved Discharge- improved	Anger: improved Destructive nature: improved	Frequency: 2 times Duration: 4 h	Placebo/28 days
20 December 2019	Lesions- improved Hyperpigmentation – improved Itching-improved Discharge- improved	Anger: improved Destructive nature: improved	Frequency : 1–2 times Duration: 1–2 h Taking interest in school work daily as well as in other activities	Placebo/14 days
7/1/2020	Lesions- improved Hyperpigmentation – improved Itching-improved Discharge-improved	Anger: improved Destructive nature: improved	Frequency: 1–2 times Duration: 1–2 h taking interest in school work daily as well as in other activities	Placebo/28 days

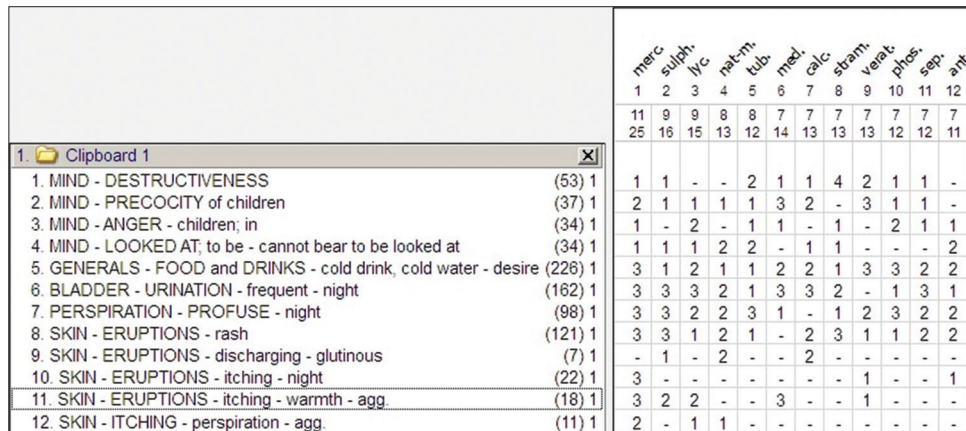


Figure 2: Repertorial chart

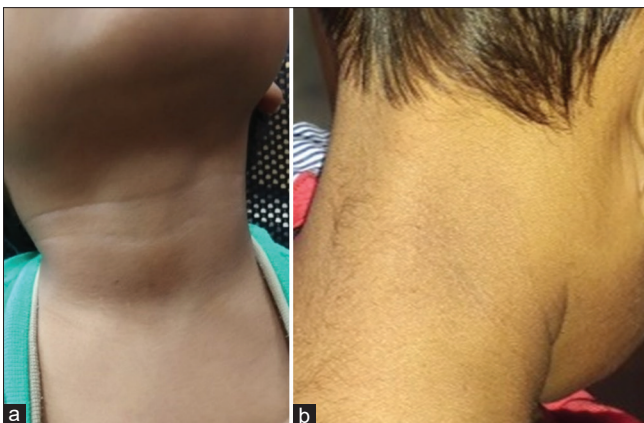


Figure 3: (a and b) Post-treatment (07 January 2020)

reduced to 9 after treatment. However, a change in IGDS9-SF during follow-ups could not be added which serves as a limitation. *Mercurius solubilis* brought changes not only in physical disease but also in the mental symptoms of the person as well.

A study found computer gaming disorder as early as preschool age, with a mean of 5.8 years, with boys showing a higher risk than girls due to more frequent and longer gaming sessions.^[33] The prevalence or the impact of IGD on children below 5 years of age has not been found to be reported yet.

Family therapy and motivational interviewing have been used alone or in conjunction with cognitive behavioural therapy (CBT) in IGD. Definitive conclusions about the efficacy of any one approach or set of combined approaches or their

Table 2: MONARCH Inventory (improved version of the Modified Naranjo Criteria for Homeopathy)

Domains	Yes	No	Not sure or N/A	Score for successfully treated case	Justification
1 Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2	-1	0	2	Main Complaint Rash and hyper pigmentation along with itching and glutinous discharge from the affected part disappeared after treatment and did not reappear to date.
2 Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1	-2	0	1	The complaint was persisting for more than 1 year but was resolved within 3½ months after medicine.
3 Was there a homeopathic aggravation of symptoms?	+1	0	0	0	Not observed.
4 Did the effect encompass more than the main symptom or condition (that is, were other symptoms, not related to the main presenting complaint, improved or changed)?	+1	0	0	1	Marked improvement in the frequent urge to pass urine at night, burning in urine while urinating, perspiration- profuse over the whole body. Behavioural modifications were observed in domains of anger, destructive tendencies and habit of playing internet games on mobile phone
5 Did overall well-being improve? (suggest using a validated scale or mention changes in physical, emotional, and behavioural elements)	+1	0	0	1	Mental and physical well-being improved.
6A <i>Direction of cure</i> : Did some symptoms improve in the opposite order of the development of symptoms of the disease?	+1	0	0	0	Not observed.
6B <i>Direction of cure</i> : did at least one of the following aspects apply to the order of improvement in symptoms: - From organs of more importance to those of less importance? - From deeper to more superficial aspects of the individual? From the top downwards?	+1	0	0	0	Not observed.
7 Did “old symptoms” (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during improvement?	+1	0	0	0	Not observed.
8 Are there alternative causes (that is, other than the medicine) that—with a high probability—could have produced the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)	-3	+1	0	1	The patient had taken allopathic treatment for 5 months and improvement while applying ointment transiently but rashes reappeared in worse condition when ointment was discontinued. After homoeopathic intervention rashes with hyperpigmentation and glutinous discharge disappeared and did not recur to date.
9 Was the health improvement confirmed by any objective evidence? (that is, investigations, clinical examination, etc.)	+2	0	0	2	Yes by photographs (before and after).
10 Did repeat dosing, if conducted, create similar clinical improvement?	+1	0	0	0	Not applicable
Total score=08					

comparative effectiveness cannot be made yet because of the lack of randomised, controlled research.^[34]

Articles on mobile phone addiction/dependence with positive results by homoeopathic treatment have been published but this diagnosis is not mentioned anywhere in DSM V nor ICD 11 draft. General articles shortlisting and profiling some homoeopathic medicines have been published on IGD. However, currently, there is no case report or case series for the treatment of IGD with homoeopathy.

This case responded positively to holistic and individualistic homoeopathic treatment based on the totality of symptoms;

hence, it is important to be presented. The individual curative response in this case was assessed using the MONARCH inventory. The total score of 08 (Table 2) suggested a probable association between the medicine and the outcome.^[35] This case is being reported as per HOM-CASE-CARE guidelines.^[36] The result re-establishes the strength of homoeopathy as a holistic system of medicine, as the conventional approach of family therapy or CBT is not possible at such a young age.

CONCLUSION

This case report shows positive results with homoeopathic medicine *Mercurius solubilis* as improvement in the

behavioural patterns of the child, symptoms of IGD when prescribed on the basis of individuality and without any recurrence of his physical complaints. Further clinical studies are required to establish the role of homoeopathy as one of the reliable treatment methods in such cases.

Patient's perspective

The patient's mother reported that the child was irritable, angry, obstinate, played mobile games continuously for several hours daily and if stopped, destroyed things. She reported that there was an improvement in his behaviour, irritability, anger and obstinacy; the duration and frequency of playing games was reduced, and his physical complaints were also relieved.

Declaration of patient consent

The authors certify that they obtained written consent from the patient's mother for his anonymised images and other clinical information for reporting to the journal.

Financial support and sponsorship

Nil.

Conflict of interest

None declared.

Acknowledgements

The authors are thankful to Dr. Sakshi Gupta, Consultant Dermatologist, for confirming the diagnosis of AD and Ms. Ritu Wadhvani, Consultant Psychologist, for confirming the diagnosis of IGD and helping in pre- and post-treatment assessment of the patient using the IGD 9-SF questionnaire.

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Titre: Traitement homéopathique d'un enfant atteint de trouble du jeu sur Internet et de dermatite atopique : à propos d'un cas

Introduction: Le trouble du jeu sur Internet (IGD) est un trouble émergent récemment ajouté au DSM-5, avec une capacité à atteindre des proportions pandémiques dans un avenir proche. Le marché indien des jeux mobiles s'est considérablement développé au cours des dernières années, de nombreux utilisateurs consacrant beaucoup de temps aux jeux mobiles. Un patient présentant initialement une dermatite atopique (MA) a ensuite reçu un diagnostic d'IGD sur la base de l'analyse de ses symptômes mentaux et a été pris en charge de manière holistique par homéopathie. Cas d'un vieux garçon présentant principalement une MA. Au cours de l'interrogatoire sur son état mental, il a été constaté qu'il présentait des symptômes répondant aux critères d'IGD selon le DSM-5 depuis trois ans. Il a été traité avec succès avec le médicament homéopathique individualisé *Mercurius solubilis* pendant un mois et demi. Au bout de trois périodes, les symptômes subjectifs du patient se sont améliorés, les lésions cutanées ont disparu, les démangeaisons ont diminué et l'hyperpigmentation a été résolue. En outre, il y a eu une amélioration progressive de ses symptômes comportementaux tels que la colère, la nature destructrice et l'habitude de jouer à des jeux mobiles sur Internet pendant de longues durées. Le score des critères de Naranjo modifiés après traitement était de 8, ce qui suggère une association probable entre le médicament homéopathique *Mercurius solubilis* et l'issue de ce cas. Ce cas montre que la médecine homéopathique individualisée sélectionnée sur la base de la totalité peut avoir des résultats favorables dans le traitement de l'IGD et la rémission de la MA.

Titel: Homöopathische Behandlung eines Kindes mit Internet-Spielstörung und atopischer Dermatitis: Ein Fallbericht

Einleitung: Die Internet-Gaming-Störung (IGD) ist eine neu auftretende Störung, die kürzlich zu DSM-5 hinzugefügt wurde und in naher Zukunft pandemische Ausmaße annehmen kann. Der indische Markt für mobile Spiele ist in den letzten Jahren erheblich gewachsen, da viele Benutzer viel Zeit mit mobilen Spielen verbringen. Bei einem Patienten, der zunächst an atopischer Dermatitis (AD) litt, wurde aufgrund der Analyse seiner psychischen Symptome anschließend IGD diagnostiziert und er wurde ganzheitlich mit Homöopathie behandelt. Fallzusammenfassung: Ein dreijähriger Junge wurde hauptsächlich mit AD vorgestellt. Bei der Befragung seines Geisteszustandes wurden bei ihm Symptome festgestellt, die die IGD-Kriterien gemäß DSM-5 erfüllten. Er wurde über einen Zeitraum von dreieinhalb Monaten erfolgreich mit dem individualisierten homöopathischen Arzneimittel *Mercurius solubilis* behandelt. Es kam zu einer Verbesserung der subjektiven Symptome des Patienten, die Hautläsionen verschwanden, der Juckreiz ließ nach und die Hyperpigmentierung wurde behoben. Außerdem kam es zu einer allmählichen Verbesserung seiner Verhaltenssymptome wie Wut, destruktive Natur und die Angewohnheit, über einen längeren Zeitraum mobile Internetspiele zu spielen. Der modifizierte Naranjo-Kriterien-Score nach der Behandlung betrug 8, was auf einen wahrscheinlichen Zusammenhang zwischen dem homöopathischen Arzneimittel *Mercurius solubilis* und dem Ergebnis in diesem Fall schließen lässt. Dieser Fall zeigt, dass die auf der Grundlage der Gesamtheit ausgewählte individualisierte homöopathische Medizin günstige Ergebnisse bei der Behandlung von IGD und der Remission von AD haben kann.

इंटरनेट गेमिंग डिसऑर्डर और एटोपिक डर्मेटाइटिस से पीड़ित बच्चे का होम्योपैथिक उपचार: एक केस रिपोर्ट

परिचय: इंटरनेट गेमिंग डिसऑर्डर (आईजीडी) एक उभरता हुआ विकार है जिसे हाल ही में डीएसएम - 5 में शामिल किया गया है और यह निकट भविष्य में महामारी का रूप लेने की क्षमता रखता है। पिछले कुछ वर्षों में भारतीय मोबाइल गेमिंग बाजार में काफी वृद्धि हुई है और कई उपयोगकर्ता मोबाइल गेम्स पर काफी समय व्यतीत करते हैं। ऐसा रोगी जो शुरू में एटोपिक डर्मेटाइटिस (एडी) से पीड़ित था, बाद में उसके मानसिक लक्षणों के विश्लेषण के आधार पर आईजीडी का निदान किया गया और होम्योपैथी के साथ समग्र रूप से प्रबंधित किया गया।

सारांश: एक तीन साल का लड़का मुख्य रूप से एडी से पीड़ित था। उसकी मानसिक स्थिति के बारे में पूछताछ के दौरान, उनमें डीएसएम - 5 के अनुसार आईजीडी के मानदंडों को पूरा करने वाले लक्षण पाए गए। साढ़े तीन महीने की अवधि के लिए व्यक्तिगत होम्योपैथिक दवा मर्क्यूरियस सॉल्यूबिलिस के साथ उनका सफलतापूर्वक इलाज किया गया। इसमें रोगी के व्यक्तिपरक लक्षणों में सुधार हुआ, त्वचा पर घाव गायब हो गए, खुजली कम हो गई और हाइपर-पिग्मेंटेशन का भी समाधान हो गया। साथ ही, उसके व्यवहार संबंधी लक्षणों जैसे क्रोध, विनाशकारी स्वभाव और लंबे समय तक इंटरनेट मोबाइल गेम खेलने की आदत में भी धीरे-धीरे सुधार हुआ। उपचार के बाद संशोधित नारंजो क्राइटेरिया स्कोर 8 था, जिससे होम्योपैथिक दवा मर्क्यूरियस सॉल्यूबिलिस और इस मामले में परिणाम के बीच एक संभावित संबंध का संकेत है। इस मामले से पता चलता है कि समग्रता के आधार पर चुनी गई व्यक्तिगत होम्योपैथिक दवा आईजीडी के उपचार और एडी के लक्षणों में कमी लाने में सकारात्मक परिणाम दे सकती है।

Título: Tratamiento homeopático de un niño con trastorno de los juegos de Internet y dermatitis atópica: informe de un caso

Introducción: El trastorno de los juegos de Internet (IGD) es un trastorno emergente añadido recientemente al DSM-5, con capacidad de alcanzar proporciones pandémicas en un futuro próximo. El mercado indio de juegos móviles ha crecido significativamente en los últimos años y muchos usuarios dedican una cantidad significativa de tiempo a los juegos móviles. A un paciente que inicialmente presentaba dermatitis atópica (EA) se le diagnosticó posteriormente IGD basándose en el análisis de sus síntomas mentales y se le trató de manera integral con homeopatía. Resumen del caso: Un niño de tres años presentó principalmente EA. Durante el interrogatorio de su estado mental, se descubrió que tenía síntomas que cumplían los criterios de IGD según el DSM - 5. Fue tratado con éxito con el medicamento homeopático individualizado *Mercurius solubilis* durante un período de tres meses y medio. Hubo mejoría en los síntomas subjetivos del paciente, las lesiones en la piel desaparecieron, la picazón disminuyó y la hiperpigmentación se resolvió. Además, hubo una mejora gradual en sus síntomas de comportamiento como la ira, la naturaleza destructiva y el hábito de jugar juegos móviles de Internet durante períodos prolongados. La puntuación de los Criterios de Naranjo Modificados después del tratamiento fue de 8, lo que sugirió una probable asociación entre el medicamento homeopático *Mercurius solubilis* y el resultado en este caso. Este caso muestra que el medicamento homeopático individualizado seleccionado en función de la totalidad puede tener resultados favorables en el tratamiento de la IGD y la remisión de la EA.

标题：患有网络游戏障碍和特应性皮炎的儿童顺势疗法：病例报告

简介：网络游戏障碍（IGD）是最近添加到 DSM-5 中的一种新兴疾病，有可能在不久的将来达到流行病的程度。印度手机游戏市场在过去几年中显著增长，许多用户在手机游戏上花费了大量时间。一名最初表现为特应性皮炎（AD）的患者随后根据其精神症状分析被诊断为 IGD，并接受整体顺势疗法治疗。摘要：一名三岁男孩，主要表现为AD。在对他的精神状态进行询问时，发现他的症状符合DSM-5的IGD标准。他成功地接受了个体化顺势疗法药物溶汞剂为期三个半月的治疗。患者的主观症状有所改善，皮肤病变消失，瘙痒减轻，色素沉着消失。此外，他的愤怒、破坏性、长时间玩网络手机游戏等行为症状也逐渐改善。治疗后的改良纳兰霍标准评分为 8，这表明顺势疗法药物溶汞与本病例的结果之间可能存在关联。本病例说明，基于整体选择的个体化顺势疗法药物，对于IGD的治疗和AD的缓解可以取得良好的效果。