

International Journal of <u>Homoeopathic Sciences</u>

E-ISSN: 2616-4493 P-ISSN: 2616-4485 Impact Factor (RJIF): 5.96 www.homoeopathicjournal.com IJHS 2025; 9(3): 896-899

IJHS 2025; 9(3): 896-899 Received: 23-05-2025 Accepted: 25-06-2025

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Homeopathic approach in the management of digital addiction in children: A review of clinical and miasmatic perspectives

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DOI: https://www.doi.org/10.33545/26164485.2025.v9.i3.N.1760

Abstract

The widespread integration of digital devices into the lives of children and adolescents provides valuable educational, social, and recreational opportunities but has also heightened concerns regarding digital addiction. This behavioral issue, defined by persistent and compulsive digital media use, can negatively impact emotional health, academic outcomes, sleep quality, and social functioning. Additional approaches included family-centered programs to strengthen interpersonal bonds and technology-based interventions—such as web platforms, mobile applications, and virtual reality which demonstrate potential but are constrained by limited sample sizes, short study durations, and nonrandomized methodologies. Conventional treatment methods—behavioral modification, parental supervision, and pharmacological support—may not fully address the deeper psychological drivers of compulsive use. Homeopathy offers a holistic, individualized strategy that considers constitutional and miasmatic predispositions (psoric, sycotic, syphilitic) to restore emotional balance and reduce harmful behaviors. Remedies are tailored to a child's temperament, mental state, and symptom profile, with clinical observations suggesting improvements in irritability, concentration, sleep, and healthy technology engagement. When combined with CBT, structured daily routines, and active family participation, homeopathy may enhance treatment outcomes. Given the largely anecdotal nature of current evidence, further observational research and randomized controlled trials are necessary to establish its role in comprehensive, multi-modal interventions for digital addiction in youth.

Keywords: Homoeopathy, digital addiction, emotional regulation, miasms, screen dependency

Introduction

Digital devices are now integral to children's and adolescents' lives, yet excessive use and addiction have become a global concern. A review of 17 peer-reviewed studies published between 2018 and 2022 found that most interventions for digital addiction in individuals aged 0`-18 were cognitive`-behavioral therapy (CBT) based, showing benefits for anxiety, depression, and related symptoms. [1, 5, 6, 8] Family-focused approaches aimed to improve relationships and functioning, while digital delivery methods—such as websites, apps, and virtual reality—show promise, particularly for adolescents. However, most studies suffered from small samples, short durations, lack of control groups, and nonrandomized designs, limiting generalizability. Globally, internet use disorder affects about 6% of people aged 12`-41, with higher rates among youth, and internet gaming disorder affects 4.6% of adolescents. Data from Canada and China show high daily device use, even among toddlers. Future interventions should integrate varied strategies into scalable, long-term, and evidence-based platforms to address this growing issue worldwide. [2, 4, 7, 8]

The rapid proliferation of digital technology has profoundly reshaped the way children engage with their environment, bringing both unprecedented opportunities and emerging challenges. Digital devices—including smartphones, tablets, computers, and gaming consoles—have become ubiquitous, offering numerous educational, social, and entertainment benefits that contribute positively to child development when used mindfully. However, the increasing accessibility and appeal of these technologies have also led to a growing concern: digital addiction. This emerging behavioral disorder is characterized by compulsive and excessive use of digital media, resulting in significant distress and impairment in a child's daily functioning [9, 10]. Symptoms commonly associated with digital addiction in children include difficulty controlling screen time, withdrawal phenomena such

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as irritability and anxiety when access is limited, impaired academic performance, disrupted sleep patterns, and social isolation [10, 11]. These manifestations highlight the multifaceted impact of digital addiction on a child's cognitive, emotional, and social well-being.

Conventional management of digital addiction typically involves behavioral modification strategies, parental supervision, and, in certain cases, pharmacological interventions aimed at alleviating associated psychological symptoms [11]. Nevertheless, these approaches may not fully address the complex emotional and psychological underpinnings that fuel compulsive digital use. In this context, homeopathy offers a holistic treatment modality that seeks to restore balance by considering the child's overall mental and emotional constitution. By addressing both the external manifestations and internal disturbances, homeopathic interventions hold promise as complementary tools in the comprehensive management of digital addiction in children [12`-16].

Understanding Digital Addiction in Children

Digital addiction can manifest as:

- Excessive screen time exceeding recommended limits
- Difficulty limiting device usage
- Irritability, anxiety, or aggression when device access is restricted
- Decline in academic performance and social interactions
- Sleep disturbances due to nighttime device use

These symptoms indicate a behavioral pattern that can disrupt a child's developmental and emotional well-being $^{[9, 11, 17, 18]}$

Rationale for Homeopathic Approach

Homeopathy treats individuals on a holistic level, taking into account physical, emotional, and mental states. The "like cures like" notion states that therapies are selected to support the body's inherent healing mechanisms. In children with digital addiction, homeopathy aims to reduce irritability, anxiety, and compulsive behavior by addressing constitutional imbalances rather than just symptom suppression [9, 10, 19].

Homeopathy also focuses on the child's temperament, emotional state, and specific mental symptoms, offering individualized treatment that supports overall emotional regulation and resilience.

Miasmatic Analysis in Digital Addiction

Miasms, a key concept introduced by Dr. Samuel Hahnemann and further developed by later homeopaths such as Dr. J. T. Kent, refer to underlying chronic disease tendencies or predispositions in the vital force that influence the manifestation and chronicity of diseases [11, 12, 20].

Digital addiction in children can be viewed through a miasmatic lens as a symptom complex resulting from a disturbed vital force with deeper chronic tendencies. The following miasmatic considerations may be relevant:

1. Psoric Miasm

The most common foundational miasm in many chronic conditions. Children with psoric tendencies may show hypersensitivity, anxiety, compulsive behavior, and a need for reassurance all of which can predispose them to digital

addiction as a coping mechanism for underlying vulnerabilities or emotional insecurities [12, 20].

2. Sycotic Miasm

Characterized by suppression and accumulation of hidden emotions or habits. Children under the sycotic influence may develop secretive or compulsive digital use patterns, with denial or concealment of the extent of their addiction. They may resist behavioral control, showing stubbornness and irritability [12, 20].

3. Syphilitic Miasm

This miasm presents with destructive tendencies, impulsiveness, and risk-taking behavior. In some cases, digital addiction may be an expression of syphilitic miasmatic influence, where the child exhibits reckless screen usage, lack of control, and aggressive reactions when confronted [12].

Understanding the dominant miasm helps the homeopath select remedies that not only address acute symptoms but also support deep vital force correction and long-term healing.

Homeopathic Medicines Commonly Used for Digital Addiction Symptom Management

While no single remedy is specific for digital addiction, the following homeopathic medicines are commonly indicated based on presenting symptoms and miasmatic background:

1. Calcarea Carbonica (Psoric)

Suitable for anxious, cautious children prone to compulsive behaviors and dependency on digital devices for security [9, 10]

2. Stramonium (Syphilitic)

Indicated in children with sudden fearfulness, irritability, and aggressive behavior triggered by sensory overstimulation [9].

3. Phosphorus (Psoric/Sycotic)

For anxious, distractible children craving stimulation, often showing intense attachment to digital media. ^[9].

4. Hyoscyamus Niger (Syphilitic)

Useful in restless, impulsive children with difficulty controlling aggressive or hyperactive tendencies [9].

5. Medorrhinum (Sycotic)

For children displaying traits of stubbornness, secrecy, and compulsive behaviors, along with a propensity to reject the notion of problematic digital usage. ^[8]

6. Arsenicum Album (Syphilitic)

For anxious, restless children who obsessively seek control but show impulsive and destructive behavior when frustrated [9].

Additional Remedies

7. Silicea

For timid, anxious children with poor concentration and dependence on comfort objects, including devices [10].

8. Tuberculinum

Suitable for restless, impulsive children with poor attention

span and mood swings [10].

9. Causticum

For children who are sensitive and exhibit irritability, depression, and compulsive behaviors [10].

10. Nux Vomica

For easily irritated, impatient children with hypersensitivity to stimuli and escapism through device use [10].

11. Lycopodium

For children with low self-esteem who seek refuge in digital worlds [10].

12. Ignatia Amara

For emotionally sensitive children using digital devices to soothe grief or emotional pain [10].

13. Belladonna

For children with sudden anger outbursts and agitation triggered by overstimulation $^{[10]}$.

Clinical Observation and Management

A typical homeopathic management process includes:

- 1. **Detailed Case-Taking:** Comprehensive assessment of physical, mental, emotional symptoms, and miasmatic tendencies.
- **2. Remedy Selection:** Individualized prescription based on totality of symptoms and miasmatic influence.
- **3. Follow-up and Monitoring:** Regular monthly follow-ups to evaluate behavioral improvements, emotional stability, and reduced screen dependency [13, 20, 21].

Observed Benefits

- Reduction in irritability and aggression when devices are withdrawn.
- Improved concentration, academic engagement, and social behavior.
- Reduced excessive digital use and improved sleep quality.
- Gradual enhancement of self-control and balanced device use [15, 21].

Integration with Conventional Approaches

Homeopathy complements behavioral therapies, parental guidance, and digital detox strategies. Holistic care involves family education, establishing structured daily routines, and promoting offline activities to support healthy digital habits.

Limitations and Future Directions

- The majority of the data supporting homeopathy in digital addiction is anecdotal and clinical.
- Controlled trials and systematic studies are needed to validate effectiveness.
- Miasmatic analysis offers deeper insight but requires skilled practitioners for accurate application [19, 20].

Recommendation

Future studies should include observational studies, pilot RCTs, and the use of validated assessment tools (e.g., SDQ, IAT-C) [19, 20].

Conclusion

Digital addiction in children is a multifactorial challenge

impacting mental and emotional health. A homeopathic approach, enhanced by miasmatic understanding, offers individualized, holistic care addressing not just symptoms but underlying predispositions. This supports improved behavioral regulation, emotional balance, and healthier interaction with technology. Integration with conventional interventions and further research will strengthen management strategies.

Acknowledgements

The authors would like to acknowledge (mentors, institutions, or colleagues) for their support and insight.

Conflict of Interest

The authors declare no conflict of interest.

Funding

No financial support was received for this study.

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How to Cite This Article

Chaudhary R, Chand T. Homeopathic approach in the management of digital addiction in children: A review of clinical and miasmatic perspectives. International Journal of Homoeopathic Sciences. 2025;9(3):896-899.

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