

## Assessment of Correlation of Gadget Addiction with different *Prakriti* among children: A protocol

**Dr. Prasad Gajanan Yewale\* Dr. Swapnali Mate \*\* Dr. Utkarsha Khaire\*\***,

\* Asst. Prof. Dept. of Kaumarbhritya

Mahatma Gandhi Ayurved college hospital & research center, Salod(H),

Datta Meghe Institute of Higher Education & Research (DU)

Wardha Pincode- 442001

Orcid I'd - 0000-0003-2277-9185

\*\* Asst. Prof. Dept. of Kriya Sharir

Mahatma Gandhi Ayurved college hospital & research center, Salod(H),

Datta Meghe Institute of Higher Education & Research (DU)

Wardha Pincode- 442001

Orcid I'd- 0000-0001-6405-4479

\*\* PG scholar, Department of Samhita and Siddhant

Mahatma Gandhi Ayurved college hospital & research center, Salod(H),

Datta Meghe Institute of Higher Education & Research (DU)

Wardha Pincode- 442001

Orcid I'd- 0000-0001-6613-2055

**Abstract-** children are future of any country. Due to improper guidance or social issues they may suffer from various addictions. Government prohibit such addictive substances and take legal actions against it. But in this era of technology children are suffering from silent addiction identified as gadget addiction. As consequence, the excessive time devoted to gadget use and the behavioral narrowing can lead to dramatic psychosocial outcomes. This phenomenon is referred to as "gadget addiction"<sup>1</sup> Prakriti plays an important role in maintenance of person's health .

Hence our ancient seers studied correlation of various physical and mental diseases with Prakriti. But as time change new diseases affects human being hence to study their correlation with Prakriti is need of time

**Index Terms-** Ayurveda, Kaumarbhritya, Prakriti, Gadget Addiction

### INTRODUCTION

- I. Children are the future of any country due to improper guidance, or social issues they may suffer from various addictions. The government prohibits such addictive substances and takes legal action against them. But in this era of technology youth

are suffering from silent addiction identified as internet addiction. It can be defined as excessive time devoted to internet use and behavioral narrowing can lead to dramatic psychosocial outcomes. This phenomenon is referred to as "gadget addiction"<sup>1</sup> in simple words it has been called Internet dependency and Internet compulsivity<sup>2</sup>. gadget usage become day to day part of life though there are several benefits of the internet, its prolonged use interfering with their daily routine along with disturbed sleep pattern and sometimes behavior also. Internet addiction is related to compulsive behavior which interferes with normal living and relationships with family, friends, loved ones, and one's productivity. Internet addiction is an important contributing factor in nearly 50% of all relationship and family

problems<sup>3</sup>. It also has a physical impact like severe headaches, carpal tunnel syndrome, eating disorders, and sleeping problems<sup>4</sup>. Addiction may be defined as a process whereby a behavior, that can function both to produce pleasure and to provide relief from internal discomfort, is employed in a pattern characterized by recurrent failure to control the behavior (powerlessness) and continuation of the behavior despite significant negative consequences (un-manageability)<sup>5</sup>. Internet addiction is an issue of social concern, its prevalence is variable among different geographical areas, and socioeconomic conditions. Children are future adults hence, it is necessary to de-addict them as early as possible. And for deaddiction, it is necessary to survey the prevalence of internet addiction so we could catch the silently addicted persons and provide them with good rehabilitation care as well as proper guidance. Prakriti plays an important role in the maintenance of a person's health. Hence our ancient seers studied the association between various physical and mental diseases with Prakriti. Prakriti is not only the physical constitution of a person but it also influences the behavior of the person. Any addiction is a problem of choice that is addicted

person chooses unwholesome substances over wholesome ones this decision of choice or the nature to find pleasure is also the effect of Prakriti. Hence to study the association between internet addiction and *Prakriti* is need of time.

## II. NEED OF THE STUDY

- III. PRAKRITI IS THE IMPACT OF DOSHAS AT THE TIME OF BIRTH. SO WHATEVER AHAR AND VIHAR WE DO IT REFLECTS ON THE DOSHAS OF PRAKRITI RESULTING IN PSYCHOSOMATIC PROBLEMS. INTERNET ADDICTION HAS MANY ADVERSE EFFECTS LIKE
- IV. SOCIAL ISOLATION
- V. IMPAIRED SOCIAL SKILLS
- VI. POOR ACADEMIC PERFORMANCE
- VII. ATTENTION DEFICIT HYPERACTIVITY DISORDER
- VIII. DEPRESSION OR SUICIDAL IDEATION
- IX. SLEEP DEPRIVATION
- X. OBESITY

ANY ADDICTION DISTRACTS A PERSON FROM HIS OR HER AIM. THE LITERATURE SEARCH SHOWED THAT MANY STUDIES HAVE BEEN CONDUCTED TO FIND THE PSYCHOPATHOLOGY OF INTERNET ADDICTION BUT NO ONE STUDY IS FOUND TO ESTABLISH AN ASSOCIATION BETWEEN PRAKRITI AND INTERNET ADDICTION.

## **XI. RESEARCH GAP ANALYSIS**

*A research gap exists with special reference to the association between the internet addiction and Prakriti.*

*I could not find any previous work done with the association between internet addiction and Prakriti.*

*Previous studies which I found reveal only the prevalence and side effects of Internet addiction. So we have undertaken this topic for the research study.*

## **RESEARCH QUESTION**

- IS THERE ANY CORRELATION BETWEEN GADGET ADDICTIONS WITH *PRAKRITI* AMONG CHILDREN?

## **PRIMARY OBJECTIVES:**

- TO EVALUATE THE ASSOCIATION BETWEEN GADGET ADDICTION AND *PRAKRITI* OF CHILDREN.

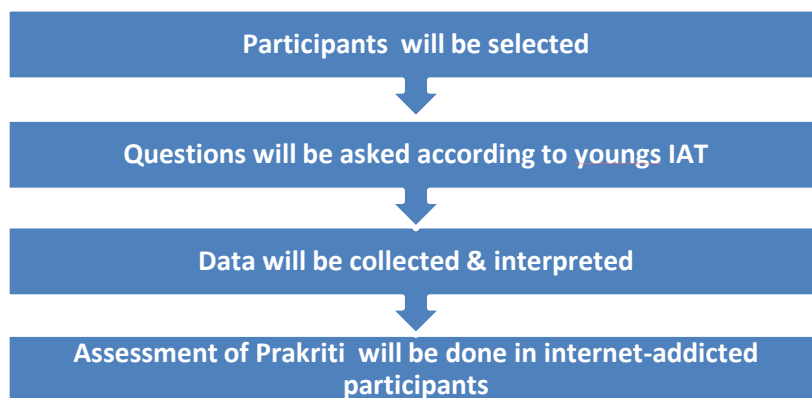
## **SECONDARY OBJECTIVES:**

- TO FIND OUT THE PREVALENCE OF GADGET ADDICTION AMONG CHILDREN.
- TO EVALUATE THE *PRAKRITI* OF CHILDREN.
- TO FIND AN ASSOCIATION BETWEEN GADGET ADDICTION AND *PRAKRITI*.

## **METHODOLOGY**

- **TYPE OF STUDY** - OBSERVATIONAL STUDY.
- **STUDY DESIGN** – A CROSS-SECTIONAL STUDY.
- **STUDY CENTER** – THE STUDY WILL BE DONE AT MAHATMA GANDHI AYURVED COLLEGE AND RESEARCH CENTER, SALOD (H) WARDHA.
- **STUDY DURATION** – SHORT TERM (6 MONTHS – 1 YEAR)
- **SAMPLE SIZE** – 200.

- **STUDY PROTOCOL (FLOWCHART)**



## **INCLUSION CRITERIA & EXCLUSION CRITERIA**

### **INCLUSION CRITERIA**

- SUBJECTS IRRESPECTIVE OF GENDER, RELIGION, AND SOCIOECONOMIC STATUS.
- AGE GROUP BETWEEN 6-16 YEARS.
- PARTICIPANTS AND PARENTS WHO WILL GIVE WRITTEN INFORMED CONSENT TO INCLUDE IN THE STUDY.

### **EXCLUSION CRITERIA**

- CHILDREN AGED BELOW 6 YEARS AND ABOVE 17 YEARS.
- CHILDREN SUFFERING FROM BEHAVIORAL DISORDERS.
- CHILDREN SUFFERING FROM GENETIC DISORDERS.
- CHILDREN SUFFERING FROM ANY SYSTEMIC DISEASES.

### **CRITERIA FOR ASSESSMENT**

### OBJECTIVE CRITERIA-

- INTERNET ADDICTION TEST SCALE
- DSM- V SCALE FOR SOCIAL BEHAVIOR

### SUBJECTIVE CRITERIA-

- DEHA PRAKRITI PARIKSHAN
- MANAS PRAKRITI PARIKSHAN

### QUESTIONNAIRE

- NAME-
- AGE-
- GENDER –
- ADDRESS-
- SOCIOECONOMIC STATUS –
- RELIGION -
- EDUCATION –

### INTERNET ADDICTION TEST SCALE

- THIS QUESTIONNAIRE CONSISTS OF 20 STATEMENTS.
  - AFTER READING EACH STATEMENT CAREFULLY, BASED ON THE 5-POINT LIKERT SCALE,
  - SELECT THE RESPONSE (0, 1, 2, 3, 4, OR 5) WHICH BEST DESCRIBES YOU.
  - IF TWO CHOICES SEEM TO APPLY EQUALLY WELL, CIRCLE THE CHOICE THAT BEST REPRESENTS HOW YOU ARE MOST OF THE TIME DURING THE PAST MONTH.
  - BE SURE TO READ ALL THE STATEMENTS CAREFULLY BEFORE MAKING YOUR CHOICE. THE STATEMENTS REFER TO OFFLINE SITUATIONS OR ACTIONS UNLESS OTHERWISE SPECIFIED.
  - 0 = NOT APPLICABLE , 1 = RARELY , 2 = OCCASIONALLY , 3 = FREQUENTLY , 4 = OFTEN , 5 = ALWAYS
1. \_\_\_\_HOW OFTEN DO YOU FIND THAT YOU STAY ONLINE LONGER THAN YOU INTENDED?
  2. \_\_\_\_HOW OFTEN DO YOU NEGLECT HOUSEHOLD CHORES TO SPEND MORE TIME ONLINE?
  3. \_\_\_\_HOW OFTEN DO YOU PREFER THE EXCITEMENT OF THE INTERNET TO INTIMACY WITH YOUR PARTNER?

4. \_\_\_\_HOW OFTEN DO YOU FORM NEW RELATIONSHIPS WITH FELLOW ONLINE USERS?
5. \_\_\_\_HOW OFTEN DO OTHERS IN YOUR LIFE COMPLAIN TO YOU ABOUT THE AMOUNT OF TIME YOU SPEND ONLINE?
6. \_\_\_\_HOW OFTEN DO YOUR GRADES OR SCHOOL WORK SUFFER BECAUSE OF THE AMOUNT OF TIME YOU SPEND ONLINE?
7. \_\_\_\_HOW OFTEN DO YOU CHECK YOUR EMAIL BEFORE SOMETHING ELSE THAT YOU NEED TO DO?
8. \_\_\_\_HOW OFTEN DOES YOUR JOB PERFORMANCE OR PRODUCTIVITY SUFFER BECAUSE OF THE INTERNET?
9. \_\_\_\_HOW OFTEN DO YOU BECOME DEFENSIVE OR SECRETIVE WHEN ANYONE ASKS YOU WHAT YOU DO ONLINE?
10. \_\_\_\_HOW OFTEN DO YOU BLOCK OUT DISTURBING THOUGHTS ABOUT YOUR LIFE WITH SOOTHING THOUGHTS OF THE INTERNET?
11. \_\_\_\_HOW OFTEN DO YOU FIND THAT YOU STAY ONLINE LONGER THAN YOU INTENDED?
12. \_\_\_\_HOW OFTEN DO YOU NEGLECT HOUSEHOLD CHORES TO SPEND MORE TIME ONLINE?
13. \_\_\_\_HOW OFTEN DO YOU PREFER THE EXCITEMENT OF THE INTERNET TO INTIMACY WITH YOUR PARTNER?
14. \_\_\_\_HOW OFTEN DO YOU FORM NEW RELATIONSHIPS WITH FELLOW ONLINE USERS?
15. \_\_\_\_HOW OFTEN DO OTHERS IN YOUR LIFE COMPLAIN TO YOU ABOUT THE AMOUNT OF TIME YOU SPEND ONLINE?
16. \_\_\_\_HOW OFTEN DO YOUR GRADES OR SCHOOL WORK SUFFER BECAUSE OF THE AMOUNT OF TIME YOU SPEND ONLINE?
17. \_\_\_\_HOW OFTEN DO YOU CHECK YOUR EMAIL BEFORE SOMETHING ELSE THAT YOU NEED TO DO?
18. \_\_\_\_HOW OFTEN DOES YOUR JOB PERFORMANCE OR PRODUCTIVITY SUFFER BECAUSE OF THE INTERNET?
19. \_\_\_\_HOW OFTEN DO YOU BECOME DEFENSIVE OR SECRETIVE WHEN ANYONE ASKS YOU WHAT YOU DO ONLINE?
20. \_\_\_\_HOW OFTEN DO YOU BLOCK OUT DISTURBING THOUGHTS ABOUT YOUR LIFE WITH SOOTHING THOUGHTS OF THE INTERNET?

THE IAT TOTAL SCORE IS THE SUM OF THE RATINGS GIVEN BY THE EXAMINEE FOR THE 20-ITEM RESPONSES. EACH ITEM IS RATED ON A 5-POINT SCALE RANGING FROM 0 TO 5. THE MAXIMUM SCORE IS 100 POINTS. THE HIGHER THE SCORE IS, THE HIGHER THE SEVERITY OF YOUR PROBLEM.

TOTAL SCORE	LEVEL OF ADDICTION
0 TO 30 POINTS	NORMAL
31 TO 49	MILD

50 TO 79	MODERATE
80 TO 100	SEVERE

**DSM V CRITERIA FOR SOCIAL BEHAVIOR –**

SR NO	SOCIAL BEHAVIOUR ASSESSMENT CRITERIA	SCORE
1	NO EVIDENCE OF DIFFICULTY OR ABNORMALITY IN RELATION TO PEOPLE. THE CHILD'S BEHAVIOR IS APPROPRIATE FOR HIS AGE	1
2	MILDLY ABNORMAL RELATIONSHIP. THE CHILD MAY AVOID LOOKING THE ADULT IN THE EYE, MAY AVOID THE ADULT OR BECOME FUSSY IF INTERACTION IS FORCED MAY BE EXCESSIVELY SHY	2
3	MODERATELY ABNORMAL RELATIONSHIP: PERSISTENT AND FORCEFUL ATTEMPTS ARE NECESSARY TO GET THE CHILD'S ATTENTION AT TIMES	3
4	SEVERELY ABNORMAL RELATIONSHIP: THE CHILD IS CONSISTENTLY ALOOF OR UNAWARE OF WHAT THE ADULT IS DOING AND ALMOST NEVER RESPONDS TO THE ADULT OR INITIATES CONTACT WITH THE ADULT OR THE FELLOW CHILDREN	4

SR NO	ASSESSMENT OF GADGETTE USE	SCORE
1	CHILD SHOWS NORMAL INTEREST IN GADGETTE	1
2	MILDLY INAPPROPRIATE INTEREST IN GADGETTE	2
3	MODERATELY IN APPROPRIATE INTEREST: PLAY WITH GADGETTE TO THE EXCLUSION OF ALL OTHERS	3

4	SEVERELY INAPPROPRIATE: THE CHILD MAY ENGAGE IN THE SAME BEHAVIOR AS IN 3 ABOVE BUT WITH GREATER FREQUENCY AND INTENSITY	4
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SR NO	ASSESSMENT OF EYE CONTACT	SCORE
1	AGE APPROPRIATE VISUAL RESPONSE: CHILD'S VISUAL BEHAVIOR IS NORMAL AND APPROPRIATE FOR A CHILD OF THAT AGE	1
2	MILDLY ABNORMAL VISUAL RESPONSE: CHILD MAY BE MORE INTERESTED IN LOOKING AT A GADGETTE OR MAY OCCASIONALLY STARE OFF INTO SPACE	2
3	MODERATELY ABNORMAL VISUAL RESPONSE: CHILD MAY STARE INTO GADGETTE, AVOID LOOKING PEOPLE IN THE EYE, LOOK AT GADGETTE FROM AN UNUSUAL ANGLE OR HOLD OBJECTS VERY CLOSE TO THE EYES EVEN THOUGH HE OR SHE CAN SEE THEM NORMALLY	3
4	SEVERELY ABNORMAL VISUAL RESPONSE: THE CHILD FLUTTERS AND THE CHILD CONSISTENTLY AVOID LOOKING AT PEOPLE OR CERTAIN OBJECTS	4

❖ TOTAL SCORING WILL BE NOTED PRE AND POST OF THE STUDY.

RATING:

- 1) SCORE COMES 3 - CHILD WITHIN NORMAL LIMITS.
- 2) BETWEEN 4 TO 6 MILD ABNORMALITIES.
- 3) BETWEEN 7 TO 9 MODERATELY ABNORMAL.
- 4) SCORE > 9 SEVERE ABNORMALITIES

**DEHA AND MANAS PRAKRITI PARIKSHAN-** DEHA AND MANAS PRAKRUTI WILL BE ASSESSED BY USING AYUSOFT PRAKRUTI DIAGNOSTIC TOOL

**PLAN FOR STATISTICAL ANALYSIS**

- THE DATA WILL BE OBSERVED BY APPROPRIATE STATISTICAL METHODS AND RESULTS WILL BE DRAWN ON THAT BASIS



## REFERENCES

1. PETERSEN KU, WEYMANN N, SCHELBY Y, THIEL R, THOMAS R. PATHOLOGICAL INTERNET USE – EPIDEMIOLOGY, DIAGNOSTICS, CO-OCCURRING DISORDERS, AND TREATMENT. FORTSCHR NEUROL PSYCHIATR. 2009;77:263–71.
2. ABRAMSON, L. Y., METALSKY, G. I., & ALLOY, L. B. (1989). HOPELESS DEPRESSION: A THEORY-BASED SUBTYPE OF DEPRESSION. PSYCHOLOGICAL REVIEW, 96, 358–372.
3. CAPLAN, S. E. (2002). PROBLEMATIC INTERNET USE AND PSYCHOSOCIAL WELL-BEING: DEVELOPMENT OF A THEORY-BASED COGNITIVE-BEHAVIORAL MEASUREMENT INSTRUMENT. COMPUTERS IN HUMAN BEHAVIOR, 18, 553–575
4. HALL, A. S., & PARSONS, J. (2001). INTERNET ADDICTION: COLLEGE STUDENT CASE STUDY USING BEST PRACTICES IN COGNITIVE BEHAVIOR THERAPY. JOURNAL OF MENTAL HEALTH COUNSELLING, 23, 312–327
5. GOODMAN, A. (1990), ADDICTION: DEFINITION AND IMPLICATIONS. BRITISH JOURNAL OF ADDICTION, 85: 1403–1408. <https://doi.org/10.1111/j.1360-0443.1990.tb01620.x>
6. WEISER EB. THE FUNCTIONS OF INTERNET USE AND THEIR SOCIAL AND PSYCHOLOGICAL CONSEQUENCES. CYBERPSYCHOL BEHAV. 2004;4(6):723–743.
7. GHASSEMZADEH L, SHAHRARAY M, MORADI A. PREVALENCE OF INTERNET ADDICTION AND COMPARISON OF INTERNET ADDICTS AND NON-ADDICTS IN IRANIAN HIGH SCHOOLS. CYBERPSYCHOL BEHAV. 2008;11(6):731–733. DOI: 10.1089/cpb.2007.0243.
8. KORMAS G, CRITSELIS E, JANIKIAN M, KAFETZIS D, TSITSIKA A. RISK FACTORS AND PSYCHOSOCIAL CHARACTERISTICS OF POTENTIAL PROBLEMATIC AND PROBLEMATIC INTERNET USE AMONG ADOLESCENTS: A CROSS-SECTIONAL STUDY. BMC PUBLIC HEALTH. 2011 JUL 27;11:595. DOI: 10.1186/1471-2458-11-595. PMID: 21794167; PMCID: PMC3199595.
9. YOO H, CHO S, HA J, YUNE SK, KIM SJ, HWANG J, CHUNG A, SUNG YH, LYOO IK. ATTENTION DEFICIT HYPERACTIVITY SYMPTOMS AND INTERNET ADDICTION. PSYCHIATRY CLIN NEUROSCI. 2004;58(5):487–494. DOI: 10.1111/j.1440-1819.2004.01290.x
10. A KIM K, RYU E, CHON MY, YEUN EJ, CHOI SY, SEO JS, NAM BW. INTERNET ADDICTION IN KOREAN ADOLESCENTS AND ITS RELATION TO DEPRESSION AND SUICIDAL IDEATION: A QUESTIONNAIRE SURVEY. INT J NURS STUD. 2005. PP. 185–192
11. KO CH, YEN JY, CHEN CS, CHEN CC, YEN CF. PSYCHIATRIC COMORBIDITY OF INTERNET ADDICTION IN COLLEGE STUDENTS: AN INTERVIEW STUDY. CNS SPECTRUMS. 2008;13(02):147–53.
12. A ISKENDER M., AKIN A. SOCIAL SELF-EFFICACY, ACADEMIC LOCUS OF CONTROL, AND INTERNET ADDICTION. COMPUTERS AND EDUCATION. 2010;54 (4):1101–6.
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<https://www.yogavedinstitute.com/wp-content/uploads/2016/06/MANASPRAKRITIEXAM.PDF>

## AUTHORS

**First Author** – Dr. Prasad Gajanan Yewale, Mahatma Gandhi Ayurved college hospital & research center, Salod(H), Datta Meghe Institute of Higher Education & Research (DU)

**Second Author** – Dr. Swapnali Mate, Mahatma Gandhi Ayurved college hospital & research center, Salod(H), Datta Meghe Institute of Higher Education & Research (DU)

**Third Author** – Dr. Utkarsha Khaire, Mahatma Gandhi Ayurved college hospital & research center, Salod(H), Datta Meghe Institute of Higher Education & Research (DU)

**Correspondence Author** – Dr. Prasad Gajanan Yewale,