Letters to Editor

Internet Phobia: A Case Report

Sir,

We are gradually becoming dependent on internet. From morning to evening, we have only one loyal friend which is Google. Whatever you want, Google has the answer. As internet has pierced every moment of our life, the fear of getting troubled by cybercriminals is real. Often, privacy of well-protected firm or individual get breached. Hence, the fear related to it is similar to phobia where “someone has marked fear, anxiety or avoidance of specific object or situation.” Phobia is an anxiety disorder which causes significant disability in person’s life leading to avoidance of important situation or activities.\[1,2\] Here, we present a case who had extreme avoidance and related dysfunction due to fear of getting broken of her privacy.

A 54-year-old homemaker, with nil previous history, presented with significant distress and fear about her safety due to interference to her privacy due to leakage through internet and internet gadgets for the past 1 year and increased for the past 6 months. She claimed that her bank accounts and e-mails including her browsing history of YouTube were known to others. But on clarification, she is not convinced, neither able to ignore the fact that her privacy being safe. Due to which, she started avoiding watching television, using e-mails, drawing money from internet banking, and asked for help from other family members. She feels at time restless, anxious, and terrified. She says that these are her own thoughts although she does not want this kind of discomfort but validates its rationality. She also cites examples of various hacking activities going on around her and she is concerned about her privacy. Owing to this, she has significant dysfunctions such as missing important e-mails, avoiding online shopping such as Amazon or Flipkart, and not enjoying the YouTube videos what she enjoyed the most. There was no distressing incident as a precipitating factor which she also acknowledged that nothing happened till now, but she is excessively worried about anticipation of misshappen.

We diagnosed her as phobic anxiety disorder named as “internet phobia” and started on systematic desensitization therapy. The patient showed gradual improvement while on therapy and later took referral in her own place.

Although computed security needs to be taken seriously, it might become excessive for some people leading to avoidance of computer. It is not uncommon that personal privacy is often attacked by hackers but anxiety related to it coloring all domains of life is surely not natural. In the present era, where we are dependent on internet shopping, bill payments, and internet banking, it is extremely difficult to avoid it in any level. Even, some activities only happen through internet which makes it more difficult for an individual to avoid internet. In our case, we ruled out delusional disorder as it was not false or fixed. We also ruled out obsessive–compulsive disorder as the patient did not think it as irrational but validates it as excessive.\[3\]

Although we have seen cases experiences about a similar phenomenon, we are just explaining a case in detail to understand common phenomenology emerging due to the current trend in social media. We believe that phenomenon like internet phobia is something similar to agoraphobia/claustrophobia which needs further identification and specific management. It might warrant a specifically structured therapy or intervention.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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Are the Therapeutic Qualities of Cannabis Reinforcing its Abuse? A Case Report

Sir,
Cannabis is the most commonly cultivated, trafficked, and abused illicit drug worldwide. Though it has been found to be useful in a few medical conditions, controversies surrounding the legal, ethical, and societal implications associated with use, safe administration, dispensing, and adverse health consequences represent some of the complexities associated with its use as a medicinal agent.[1]

Overactive bladder (OAB) is a syndrome characterized by symptoms of urgency, with or without urge incontinence, usually with increased daytime frequency and nocturia.[2] The term OAB can only be used if there is no proven infection or other causative pathology. It was further refined as a frequency of >8 micturitions/24 h and urgency and urge incontinence, which are not explained by metabolic or local pathological factors.[3] Prevalence in India was 49% among men.[4] Antimuscarinic agents are currently the first-line pharmacotherapy for OAB.[5] However, a significant proportion of patients may not be ideal candidates for these agents due to contraindications, lack of efficacy, and/or side effects. Hence, various other molecules have been evaluated, including β agonists, botulinum toxin, tachykinins, and physiological methods.[6] Cannabis is one among the other agents, which has been proposed to be useful.[6,7] Herein we would like to discuss a case of cannabis dependence and OAB who had relief of OAB symptoms while using cannabis.

CASE REPORT

Mr. X, a 22-year-old male pursuing his postgraduation, presented to us in March 2017. He was premorbidly a well-adjusted individual, with no significant medical history and family history suggestive of cannabis use and conduct disorder in younger brother. Mr. X started using marijuana at the age of 19 due to peer pressure and curiosity. Gradually, he developed tolerance, leading to increase in the number of joints per day, significant craving, loss of control, and withdrawal symptoms in the form of irritability and restlessness. He was found to be euphoric, disinhibited, and unable to concentrate in the class after smoking cannabis, unlike his premorbid self. His teachers and friends often noted him to have conjunctival injection. He had tried alcohol on a few occasions, but cannabis remained his substance of preference. He had missed classes in order to procure, use, or recover from the effects of cannabis and failed to pay his college fees. Parents were informed by the institute, following which he was brought to us for treatment. His last use of cannabis was on the previous day. There was no significant period of abstinence. His physical examination was normal except for conjunctival injection. He had tried alcohol on a few occasions, but cannabis remained his substance of preference. He had missed classes in order to procure, use, or recover from the effects of cannabis and failed to pay his college fees. Parents were informed by the institute, following which he was brought to us for treatment. His last use of cannabis was on the previous day. There was no significant period of abstinence. His physical examination was normal except for conjunctival injection. Mental status examination revealed anxious affect, craving for cannabis, and precontemplation phase of motivation. His cognitive functions were intact and there was no evidence of organic or other