

AYUSCRIPT

International Journal for Empirical Research in Ayurveda

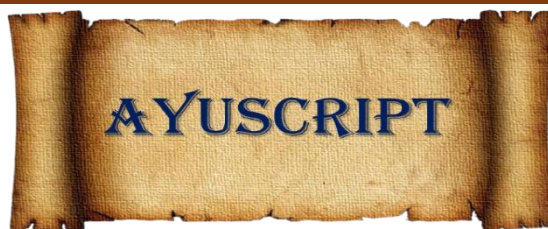
www.ayuscript.com

Volume - 5, Issue - 2

April-June: 2026

ॐ नमो भगवते वासुदेवाय ॥ १ ॥ विश्वकर्मो एमाहूयपुरीहाटकनि
र्मेता ॥ तत्रयोऽशसाहस्रस्त्रीणां चैव वराधिकम् ॥ ११ ॥ भवनानि मनोज्ञानि
योमध्यकल्पयन् ॥ परिजानतस्तत्रैवतासां भोगाय कल्पयन् ॥ १२ ॥ या
सानां गृहास्तत्रैव पंचाशतकोटयः ॥ अन्येपि बहुलौकावसिनिविता
राः ॥ १३ ॥ यत्किंचित्त्रिषु लोकेषु सुंदरं न च दृश्यते ॥ स वा जित प्रज्ञेनाप्यो पु
नरुगृह्य विद्युते ॥ १४ ॥ अमोघं नीरमासाद्य तन्मनस्कं न याचसः ॥ स चाजि
तपस्तेपेत्सर्वं मुदि शृणुष्विदं ॥ १५ ॥ अर्जुन निरसनं ह्यस्य सर्वं सर्वदुःखं च
नः ॥ प्रसन्नो भगवान्मनोजितपुरं स्थिता ॥ १६ ॥ सत्राजितोऽपि तुष्टावदष्टादिवदि
करम् ॥ निजोऽशनमस्ति तस्मै सर्वलोमुखः ॥ १७ ॥ विश्वव्यापिन्मस्ति त
मस्ति विश्वरूपिणः ॥ कल्पयेन्नमस्ति तस्मै हरिदम्बनमोस्तुते ॥ १८ ॥ गृहराजनम
स्तस्मै नमस्ते च हरो जितो ॥ वेदत्रयं नमस्ति तस्मै सर्वदेवनमोस्तुते ॥ १९ ॥ प्रसीद
तु हि देवा सुदृष्ट्या मां दिवाकरे ॥ ध्येयं सत्कथयमानोऽसौ देवदेवादिवाकरः ॥ २० ॥
सिंहासनेऽभीरतः परं स वा जितः स वा जितः ॥ चरन्ति हि जस्य निमित्तं यत्नेन न सिं





International Journal for Empirical Research in Ayurveda

A critical review on Adverse Effects of Excessive Screen Time on Eyes and Vision among School Children

Watti L.G.

Professor and HoD, Department of Shalakya-Tantra,
Vimladevi Ayurveda College and Hospital Wandhari, Chandrapur.

ABSTRACT:

Screen time has become an unavoidable part of the daily life of school-going children due to online education, smartphones, tablets, television, digital gaming, and social media. Although digital devices have educational and recreational value, excessive and unregulated screen exposure may adversely affect ocular health, visual development, sleep, posture, and overall wellbeing. Children are particularly vulnerable because their visual system is still developing, their self-regulation is limited, and they may use screens at shorter viewing distances for longer durations. The common eye-related problems associated with excessive screen time include digital eye strain, dryness, burning sensation, watering, redness, headache, blurred vision, accommodative fatigue, convergence problems, and progression of myopia. Reduced outdoor activity, prolonged near work, poor lighting, improper posture, and inadequate breaks further increase the risk of visual discomfort and refractive errors. This article reviews the adverse effects of screen time on eyes and vision among school-going children and discusses preventive strategies including parental supervision, school-based screen hygiene, outdoor activity, ergonomic correction, regular eye examination, and simple eye-care practices. The article also briefly highlights Ayurvedic preventive perspectives such as Netra Paricharya, Dinacharya, proper sleep, Pathya Ahara, and avoidance of Atiyoga of Chakshurendriya.

Keywords: Screen time, school children, digital eye strain, computer vision syndrome, myopia, visual health.

CORRESPONDING AUTHOR:

Dr.Lalaji Gomaji Watti

Professor and HOD, Department of Shalakya-Tantra,
Vimladevi Ayurveda College and Hospital Wandhari, Chandrapur
Email Lgwatti9@Gmail.Com. Mobile No. 9822296958

How to cite this Article:

Watti L.G. A critical review on Adverse Effects of Excessive Screen Time on Eyes and Vision among School Children. AYUSCRIPT 2026;5(2):1-8

DOI: <http://doi.org/10.55552/AYUSCRIPT.2026.5201>

Introduction:

children. School-going children are increasingly exposed to smartphones, tablets, laptops, desktop computers, television, and gaming devices. The use of digital devices increased further during the COVID-19 pandemic due to online classes, remote learning, and digital assignments. Even after reopening of schools, many children continue to use screens for study, entertainment, gaming, communication, and social media. Screen time is generally defined as the duration spent using screen-based devices such as television, mobile phones, computers, tablets, and video games. In children, screen time may be educational or non-educational. Educational screen time includes online classes, digital homework, e-learning applications, and academic videos. Non-educational screen time includes gaming, cartoons, movies, short videos, social media, and recreational internet use. Both forms may affect the eyes when exposure is prolonged, unregulated, and associated with poor visual hygiene.

The eyes of children are more vulnerable than adults because their visual system is still developing. School-going children may not complain early, may ignore symptoms, and may continue screen use despite eye discomfort. They often hold mobile phones very close to the eyes, use screens in dim light, watch videos while lying down, and avoid blinking during gaming or video watching. These habits increase visual strain and may contribute to dryness, fatigue, headache, and refractive problems.

The problem is not only the screen itself but also the associated lifestyle pattern. Excessive screen time often reduces outdoor play, physical activity, sleep duration, face-to-face communication, and exposure to natural daylight. Reduced outdoor activity has been strongly linked with increased risk of myopia among children. Therefore, screen-time-related visual health should be viewed as a combined problem of prolonged near work, reduced blinking, poor ergonomics, reduced outdoor exposure, and sedentary behaviour.

From an Ayurvedic perspective, excessive use of visual sense organs can be understood as

Atiyoga of Chakshurendriya. Continuous screen exposure, bright light, mental strain, night awakening, irregular routine, and lack of outdoor activity may aggravate Vata and Pitta Dosha, producing symptoms such as Akshi Klama, Netra Daha, Rukshata, Shoola, Ashru Srava, and visual fatigue. Ayurveda emphasizes preservation of eye health through Netra Paricharya, Dinacharya, proper sleep, balanced diet, and avoidance of excessive sensory stimulation.

Objectives

The objectives of this article are:

1. To review the adverse effects of excessive screen time on eyes and vision among school-going children.
2. To describe common ocular symptoms related to digital screen exposure.
3. To discuss the relationship between screen time, near work, outdoor activity, and myopia.
4. To suggest preventive measures for parents, teachers, and schools.
5. To present an Ayurvedic preventive perspective for maintaining eye health in children.

Materials and Methods

This article is a narrative review based on available scientific literature, ophthalmology guidelines, pediatric recommendations, and Ayurvedic principles related to eye health. Relevant articles discussing prevalence, risk factors, symptoms, ocular effects, myopia progression, prevention, and management were considered. Ayurvedic interpretation was developed by correlating screen-related symptoms with concepts of Atiyoga of Chakshurendriya, Vata-Pitta vitiation, Akshi Klama, Netra Daha, Rukshata, and Netra Paricharya.

Screen Time among School-Going Children

School-going children are exposed to screens for multiple reasons. Academic screen use includes online classes, digital notes, educational videos, homework portals, and examination platforms. Recreational screen use includes television, mobile gaming, cartoons, social media, web series, and short-video platforms. Many children use screens

before and after school hours, and some continue using mobile phones until bedtime. The duration of screen exposure is often higher in urban children due to easy availability of smartphones, internet access, digital learning systems, and limited outdoor play areas. In nuclear families, screens are sometimes used by parents to keep children engaged. In adolescents, peer communication and social media further increase screen dependence. Excessive screen time becomes more harmful when associated with the following factors:

1. Continuous screen use without breaks
2. Viewing screen at very short distance
3. Using mobile phones in lying-down position
4. Watching screens in dim light or darkness
5. High brightness and glare
6. Small font size
7. Poor posture
8. Lack of outdoor activity
9. Inadequate sleep
10. Uncorrected refractive error
11. Dry eye tendency or allergic eye disease
12. Poor nutrition and dehydration

Adverse Effects on Eyes and Vision

1. Digital Eye Strain

Digital eye strain, also called computer vision syndrome, is one of the most common outcomes of prolonged screen exposure. It includes a group of ocular and visual symptoms caused by continuous near focusing and screen viewing. Children may complain of tired eyes, burning sensation, itching, watering, redness, heaviness, blurred vision, headache, and difficulty in focusing.

Unlike printed books, digital screens emit light, have glare, and require continuous focusing and refocusing. Pixel-based images may not have the same sharp contrast as printed text. The eyes must work harder to maintain focus, especially when the child uses a small screen such as a smartphone. Long periods of online classes or gaming may therefore cause accommodative fatigue and eye strain.

2. Dryness and Reduced Blinking

Normally, blinking spreads tears evenly over the ocular surface and keeps the eyes moist. During screen use, blink rate decreases

significantly because the child is visually attentive and focused on the screen. Incomplete blinking may also occur. This causes tear film instability, dryness, irritation, foreign body sensation, and burning.

Dryness is more common when children use screens in air-conditioned rooms, under direct fan exposure, or in low-humidity environments. Children wearing contact lenses may experience more discomfort. Dry eye-like symptoms may be temporary initially but may become recurrent if screen habits remain unchanged.

3. Blurred Vision and Focusing Difficulty

Prolonged near work causes continuous contraction of ciliary muscles. After long screen use, children may experience blurred vision while looking at distant objects. This occurs due to accommodative fatigue or temporary focusing spasm. Some children may complain that the blackboard appears blurred after using mobile phones for long periods.

Children may also develop symptoms such as difficulty copying from the board, frequent rubbing of eyes, bringing books or devices very close, narrowing of eyes, and headache after reading. These signs should not be ignored because they may indicate refractive error, accommodative dysfunction, or early myopia.

4. Myopia and Myopia Progression

Myopia, or short-sightedness, is a condition in which distant objects appear blurred while near objects are seen clearly. Myopia is becoming increasingly common among children worldwide. Excessive near work, prolonged screen exposure, and reduced outdoor activity are important environmental risk factors.

The relationship between screen time and myopia is complex. Screen time often increases near work and reduces outdoor exposure. Outdoor light exposure is considered protective against myopia development. Children who spend more time indoors with screens and less time playing outside may therefore be at greater risk of developing or progressing myopia.

Myopia is not only a spectacle-related problem. High myopia increases the long-term risk of retinal detachment, glaucoma, myopic

maculopathy, and other eye complications. Therefore, prevention and early control of myopia among school children is a major public health priority.

5. Headache and Eye Pain

Headache is a frequent complaint among children with prolonged screen exposure. It may occur due to eye strain, uncorrected refractive error, accommodative stress, convergence difficulty, poor posture, or inadequate sleep. Headache may be frontal, temporal, or generalized. It may worsen after online classes, gaming, or reading from mobile screens. Eye pain or heaviness around the eyes may be due to visual fatigue. If headache is severe, recurrent, associated with vomiting, visual loss, squinting, fever, trauma, or neurological symptoms, urgent medical evaluation is required.

6. Watering and Redness

Some children develop watering of eyes during or after screen use. Watering may occur as a reflex response to dryness or irritation. Redness may occur due to dryness, allergic conjunctivitis, rubbing of eyes, or prolonged visual stress. Children may rub their eyes frequently, which may worsen irritation and increase risk of infection or allergy-related complications.

7. Binocular Vision Problems

For comfortable near vision, both eyes must work together. Prolonged screen use at close distance may increase convergence demand. Some children may develop difficulty in maintaining binocular coordination, leading to eye fatigue, double vision, headache, difficulty reading, or avoidance of near work. Such children need detailed ophthalmic and optometric evaluation.

8. Postural and Musculoskeletal Effects Affecting Vision Comfort

Although posture is not a direct eye disease, it strongly influences visual comfort. Children often bend their neck, lie down, or hold mobile phones close to the face while using screens. Poor posture may cause neck pain, shoulder stiffness, backache, and headache. These symptoms may combine with eye strain and reduce concentration during study.

9. Sleep Disturbance and Indirect Effect on Eye Health

Screen use before bedtime may disturb sleep due to mental stimulation and light exposure. Inadequate sleep may worsen eye fatigue, dryness, headache, irritability, and poor academic performance. Children who sleep late due to mobile use may wake up with tired eyes and reduced concentration. Sleep regulation is therefore an important part of visual health.

Warning Signs in School Children

Parents and teachers should observe the following warning signs:

1. Child holds books or mobile very close to eyes
2. Difficulty seeing blackboard clearly
3. Frequent headache after reading or screen use
4. Frequent rubbing of eyes
5. Excessive blinking or watering
6. Redness or burning of eyes
7. Squinting or narrowing eyes to see distant objects
8. Avoidance of reading or homework
9. Poor concentration during study
10. Tilting head while reading
11. Complaints of double vision
12. Decline in academic performance due to visual difficulty

If these symptoms are present, the child should undergo eye examination.

Preventive Measures

1. Limit Recreational Screen Time

Educational screen use may sometimes be unavoidable, but recreational screen exposure should be controlled. Parents should set clear rules regarding mobile, television, gaming, and social media use. Screen time should not replace sleep, outdoor play, study, meals, or family interaction.

2. Follow the 20-20-20 Rule

Children should be taught the 20-20-20 rule: after every 20 minutes of screen use, look at an object about 20 feet away for at least 20 seconds. This relaxes the focusing muscles and reduces eye strain.

3. Encourage Outdoor Activity

Outdoor play is one of the most important protective measures for children's visual development. Children should spend sufficient

time outdoors daily. Outdoor activity exposes the eyes to natural light, encourages distance viewing, improves physical activity, and reduces sedentary screen time.

4. Maintain Proper Viewing Distance

The screen should not be too close. Mobile phones should be avoided for long academic sessions because of small screen size and short viewing distance. For online classes, a laptop or desktop screen is preferable to a mobile phone. The screen should be kept approximately arm's length away, and the top of the screen should be slightly below eye level.

5. Adjust Lighting and Brightness

Children should not use screens in complete darkness. Room lighting should be comfortable and should not produce glare on the screen. Brightness should be adjusted according to ambient light. Excessive brightness or very low brightness both may cause strain.

6. Increase Font Size

Small letters increase visual effort. Font size should be increased during reading, especially on mobile phones and tablets. Children should be discouraged from reading long study material on very small screens.

7. Promote Blinking

Children should be reminded to blink consciously during screen use. Teachers conducting online classes can include short eye relaxation pauses. Blinking helps maintain tear film and prevents dryness.

8. Avoid Screen Use Before Bedtime

Screens should be avoided at least one hour before sleep. Mobile phones should not be kept near the child during sleep time. Parents should encourage reading printed books, relaxation, prayer, or calm family conversation before bedtime.

9. Regular Eye Examination

School-going children should undergo periodic eye examination, especially if they complain of headache, blurred vision, eye strain, or poor blackboard visibility. Early detection of refractive error prevents academic difficulty and visual discomfort.

10. Ergonomic Study Environment

The study table and chair should suit the child's height. The child should sit upright with back support. Feet should rest comfortably. The

screen should be placed at proper height and distance. Continuous lying-down screen use should be avoided.

Role of Parents

Parents play the most important role in regulating screen habits. Children usually imitate adult behaviour. If parents constantly use mobile phones during meals, conversations, and bedtime, children are more likely to develop similar habits. Therefore, parents should follow digital discipline at home.

Useful parental strategies include:

1. Keep screen-free meal time
2. Keep bedrooms screen-free
3. Avoid giving mobile phones to stop crying or boredom
4. Set fixed timing for screen use
5. Prefer educational and age-appropriate content
6. Watch content together when possible
7. Encourage drawing, reading, sports, music, and hobbies
8. Take children for outdoor play daily
9. Observe visual symptoms early
10. Avoid using screens as a reward or punishment

Role of Schools and Teachers

Schools should create awareness about digital eye health. Teachers should design online assignments in a balanced way. Long continuous online sessions should include small breaks. Printed reading and writing should not be completely replaced by screens. Schools may conduct annual vision screening camps to identify refractive errors and eye problems.

Classroom lighting, seating arrangement, blackboard visibility, and digital smart-board brightness should be child-friendly. Students sitting at the back should be asked whether they can see clearly. Teachers should inform parents if a child frequently squints, copies incorrectly from the board, complains of headache, or avoids reading.

Ayurvedic Perspective

Ayurveda gives great importance to preservation of sense organs. The eyes are considered highly important and delicate organs. Excessive use of eyes can be understood as Atiyoga of Chakshurendriya.

Prolonged screen exposure, bright light, late-night study on mobile, lack of sleep, mental stress, and irregular food habits may disturb Vata and Pitta Dosha. Screen-related symptoms such as dryness, pain, tiredness, burning, heaviness, watering, and blurred vision may be interpreted through Ayurvedic terms such as Akshi Klama, Netra Daha, Rukshata, Shoola, and Ashru Srava. Ayurveda therefore recommends preventive eye care rather than waiting for disease to develop.

Ayurvedic Preventive Measures

1. Netra Paricharya

Children should be encouraged to wash eyes gently with clean cool water. Rubbing eyes with dirty hands should be avoided. Exposure to excessive bright light, dust, smoke, and continuous screen glare should be minimized.

2. Dinacharya

A regular daily routine is essential. Proper waking time, timely meals, outdoor play, study discipline, and adequate sleep help maintain Dosha balance and eye health.

3. Proper Sleep

Night awakening is harmful for children. Late-night screen use aggravates Vata and Pitta and may produce eye strain, irritability, headache, and poor concentration. Children should maintain regular sleep timing.

4. Padabhyanga

Ayurveda describes Padabhyanga as beneficial for eyes and sleep. Gentle foot massage with suitable oil may help children with dryness, fatigue, poor sleep, and stress. It should be done safely and gently.

5. Shiro Abhyanga

Gentle head massage may help reduce stress, headache, and sleep disturbance. It may be useful in children who experience screen-related heaviness of head or mental fatigue.

6. Pathya Ahara

A balanced diet supports visual health. Children should take fresh fruits, green leafy vegetables, milk, ghee in suitable quantity, nuts, and home-cooked food. Excessive junk food, packaged snacks, cold drinks, and spicy food should be avoided.

7. Eye Relaxation Practices

Simple practices such as palming, gentle blinking, looking at distant greenery, and relaxed breathing can be taught. These should

be done gently and without strain. Intense Trataka or forceful eye exercises should not be advised to children without expert guidance.

Therapeutic Approach

If a child develops persistent symptoms, treatment should be based on proper diagnosis. The first step is ophthalmic evaluation to rule out refractive error, dry eye, allergy, squint, binocular vision problems, or other ocular disease. Spectacles should be prescribed when needed. Lubricating drops may be advised by an ophthalmologist in children with dry eye symptoms.

Ayurvedic supportive care may include suitable Netra care, Nasya, Shiro Abhyanga, Padabhyanga, and internal Rasayana or Netrya medicines under supervision of a qualified Ayurvedic physician. Direct instillation of non-sterile home remedies into the eyes should be avoided. Any eye medication in children should be safe, sterile, and clinically indicated.

Red Flag Signs Requiring Immediate Medical Attention

The following symptoms require urgent medical evaluation:

1. Sudden loss of vision
2. Severe eye pain
3. Eye injury
4. Persistent redness with discharge
5. Double vision
6. Severe headache with vomiting
7. Squint developing suddenly
8. White reflex in pupil
9. Swelling around eyes
10. Visual symptoms after trauma
11. Headache with fever or neurological symptoms

Such conditions should not be managed only with home remedies.

Discussion

Screen time has become an important public health issue among school-going children. While digital tools can support education, uncontrolled exposure can negatively affect eye health and visual development. The main ocular effects include digital eye strain, dryness, blurred vision, headache, watering, redness, accommodative fatigue, binocular stress, and myopia progression. The increasing burden of myopia among children is particularly concerning.

Myopia developing at a younger age may progress for many years and may lead to high myopia in adulthood. High myopia is associated with serious complications such as retinal degeneration, retinal detachment, glaucoma, and macular disease. Therefore, prevention of myopia progression should begin early in school life. The risk is not limited to online classes. Recreational screen time often contributes more to total exposure. Gaming and short videos are especially problematic because they hold attention intensely and reduce blinking. Children may continue for long periods without realizing eye fatigue. Smartphones are more harmful than larger screens when used excessively because they are held closer and require more focusing effort. Another important issue is reduced outdoor play. Outdoor activity is protective for visual development and also improves physical fitness, mental health, sleep, social interaction, and immunity. Therefore, the practical message should not be only “reduce screen time” but also “increase green time and outdoor time.” Parents and schools must work together. Parents should regulate home screen use, while schools should promote visual hygiene during digital education. Pediatric eye care should include history of screen exposure, outdoor activity, sleep, posture, and academic visual demands. Regular vision screening in schools can detect refractive errors early and prevent avoidable learning difficulties. Ayurveda contributes a preventive and lifestyle-based approach. The concept of Atiyoga of Chakshurendriya is highly relevant in the digital era. Excessive use of the eyes, lack of rest, irregular sleep, improper diet, and mental stress can disturb ocular comfort and visual function. Netra Paricharya, Dinacharya, adequate sleep, Pathya Ahara, Padabhyanga, Shiro Abhyanga, and gentle relaxation practices can be integrated with modern eye-care advice. However, safety is essential. Ayurvedic eye therapies should not be used casually in children without expert advice. Serious ocular symptoms require immediate ophthalmic evaluation. The best approach is integrative: modern eye examination and corrective care, along with Ayurvedic preventive lifestyle measures.

Recommendations

1. Children should avoid unnecessary recreational screen exposure.
2. Outdoor activity should be encouraged daily.
3. The 20-20-20 rule should be followed during study-related screen use.
4. Mobile phones should not be used for long online classes when a larger screen is available.
5. Screens should not be used in darkness or while lying down.
6. Children should maintain proper posture and viewing distance.
7. Parents should avoid giving mobile phones during meals and bedtime.
8. Schools should conduct regular vision screening.
9. Any child with headache, blurred vision, eye strain, or blackboard difficulty should undergo eye examination.
10. Ayurvedic preventive eye-care practices may be adopted safely under proper guidance.

Conclusion

Excessive screen time is an emerging threat to the ocular and visual health of school-going children. It is associated with digital eye strain, dryness, headache, blurred vision, accommodative fatigue, binocular stress, sleep disturbance, and increased risk of myopia. The problem is aggravated by short viewing distance, poor posture, inadequate blinking, poor lighting, prolonged near work, and reduced outdoor activity. Prevention should focus on rational screen use, outdoor play, proper ergonomics, regular breaks, sleep discipline, and periodic eye examination. Ayurveda provides a valuable preventive framework through Netra Paricharya, Dinacharya, Pathya Ahara, Padabhyanga, Shiro Abhyanga, and avoidance of Atiyoga of Chakshurendriya. An integrated approach involving parents, teachers, physicians, and eye-care professionals is essential to protect the vision and overall health of school-going children in the digital era.

References

1. American Academy of Ophthalmology. Screen use for kids. San Francisco:

- American Academy of Ophthalmology; 2024.
2. Ha A, et al. Digital screen time and myopia: a systematic review and dose-response meta-analysis. *JAMA Netw Open*. 2025;8(2):e2456789.
 3. Salari N, et al. Global prevalence of myopia in children using digital devices: a systematic review and meta-analysis. *BMC Ophthalmol*. 2025;25:1-12.
 4. Aldukhayel A, et al. Digital eye strain caused by online education among children. *Int J Ophthalmol*. 2022;15(5):810-817.
 5. Cortés-Albornoz MC, et al. Effects of remote learning during the COVID-19 lockdown on children's visual health: a systematic review. *BMJ Open*. 2022;12:e062388.
 6. Kassem A, et al. Myopia progression in children and adolescents: impact of COVID-19 pandemic and digital screen use. *Clin Ophthalmol*. 2023;17:1231-1240.
 7. Mohan A, Sen P, Shah C, Jain E, Jain S. Prevalence and risk factor assessment of digital eye strain among children using online e-learning during the COVID-19 pandemic: Digital eye strain among kids study. *Indian J Ophthalmol*. 2021;69(1):140-144.
 8. Sheppard AL, Wolffsohn JS. Digital eye strain: prevalence, measurement and amelioration. *BMJ Open Ophthalmol*. 2018;3(1):e000146.
 9. Rosenfield M. Computer vision syndrome: a review of ocular causes and potential treatments. *Ophthalmic Physiol Opt*. 2011;31(5):502-515.
 10. Portello JK, Rosenfield M, Bababekova Y, Estrada JM, Leon A. Computer-related visual symptoms in office workers. *Ophthalmic Physiol Opt*. 2012;32(5):375-382.
 11. World Health Organization. Guidelines on physical activity, sedentary behaviour and sleep for children under 5 years of age. Geneva: World Health Organization; 2019.
 12. World Health Organization. To grow up healthy, children need to sit less and play more. Geneva: World Health Organization; 2019.
 13. Zadnik K. Outdoor activity protects against childhood myopia: let the sun shine in. *JAMA Pediatr*. 2019;173(5):415-416.
 14. Jones L, Downie LE, Korb D, Benitez-del-Castillo JM, Dana R, Deng SX, et al. TFOS DEWS II Management and Therapy Report. *Ocul Surf*. 2017;15(3):575-628.
 15. Stapleton F, Alves M, Bunya VY, Jalbert I, Lekhanont K, Malet F, et al. TFOS DEWS II Epidemiology Report. *Ocul Surf*. 2017;15(3):334-365.

Authors Contribution: All authors have contributed equally.

Financial Support and Sponsorship: None declared

Conflict of Interest: There are no conflicts of interest.

Declaration of Generative AI and AI Assisted Technologies in the writing process: The author has not used generative AI/AI assisted technologies in the writing process.

©2026 AYUSCRIPT (International Journal for Empirical Research in Ayurveda) An Official Publication of ARCA- AYURVEDA RESEARCH & CAREER ACADEMY

Website: <https://ayuscript.com/>

IIFS Impact Factor: 4.175

Email: ayuscriptjournal@gmail.com