

Awareness and Popularity of Ayush System among IT Professionals: A Cross-Sectional Study

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ABSTRACT

Background: The AYUSH system of medicine encompasses Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy. Despite government initiatives to mainstream these traditional healthcare systems, awareness and utilisation vary considerably across professional segments. The Information Technology (IT) sector, employing approximately 4.8 million sedentary workers in India, represents a distinctive population with high health-risk profiles and significant digital connectivity, warranting targeted assessment of AYUSH awareness. **Objectives:** To assess the awareness and popularity of AYUSH among IT professionals; to evaluate preferences, perceptions, and utilisation patterns; and to document suggestions for popularising AYUSH in the IT sector. **Materials and Methods:** A cross-sectional e-survey was conducted among IT professionals in Tamil Nadu using a preformed, validated, 19-item standardised questionnaire administered via Google Forms. A total of 195 responses were collected. Questionnaire validity was established through group discussions, expert review, and a pilot study on 20 individuals; internal consistency was confirmed using Cronbach's alpha. Data are presented as frequencies and percentages. **Results:** Of 195 respondents (54.4% male, 45.6% female), 52.3% had heard of AYUSH, primarily through friends/relatives (49.0%) and the internet (31.4%). Ayurveda (68.7%), Siddha (64.6%), and Homeopathy (64.1%) were the most recognised systems. While 64.6% of respondents believed in AYUSH, only 36.9% considered it popular. Ayurveda was the most preferred system (31.8%), and Siddha was the system most commonly used for prior treatment (35.3%). Hairfall, general weakness, and anaemia were conditions most associated with AYUSH preference (42.6%). A majority (68.7%) believed AYUSH medicines are free from side effects, and 63.6% perceived that AYUSH provides root-cause treatment. Only 10.8% had employer-provided health insurance covering AYUSH, and 65.6% were unaware of AYUSH wings in government hospitals. Notably, 73.8% felt that IT integration with AYUSH would improve healthcare service delivery. **Conclusion:** Awareness of AYUSH exists among IT professionals but remains limited in depth, particularly regarding institutional facilities. A favourable belief in AYUSH is evident, with support for IT-AYUSH integration. Structured awareness campaigns, improved hospital infrastructure, and corporate health policy reforms are opinionated to enhance AYUSH uptake in the IT sector.

Keywords: AYUSH, Awareness, Ayurveda, Cross-Sectional Study, IT Professionals, Siddha, Traditional Medicine.

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INTRODUCTION

Harnessing the power of Information and Communication Technology (ICT) for enhanced healthcare delivery is increasingly imperative in the current digital era. Across different domains of AYUSH, integration with information technology and engineering is inevitable. Right from telemedicine to building

AI deep learning models for prescription pattern analysis, bio-constitution determination, Naadi assessment, and specific tongue and urine analyses based on AYUSH systems, collaboration with information technology is bound to occur ((Mishra *et al.*; Patwardhan)). The Ministry of AYUSH has conceptualised the AYUSH GRID, an initiative designed to consolidate all IT-related projects under AYUSH into a unified platform. In parallel, a dedicated IT course for AYUSH professionals has been launched with support from the Centre for Development of Advanced Computing (C-DAC), Pune, aimed at building digital capacity among AYUSH practitioners to improve healthcare delivery systems (Kumar; E.D.S.R., *et al.*). India is among the largest IT offshoring nations globally. During the financial year 2021-22, the IT-BPM sector contributed approximately 7.4% to the national



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GDP and employed an estimated 4.8 million professionals (NASSCOM). The predominantly sedentary nature of IT work predisposes this population to a spectrum of lifestyle-related health conditions, including musculoskeletal disorders, metabolic syndrome, and mental health challenges, conditions for which AYUSH systems have traditionally offered therapeutic solutions. The integration of indigenous medicine with information technology requires mutual understanding and co-development; however, this process is contingent on the degree of awareness and receptivity among IT professionals themselves.

Despite its long history and government-supported institutional framework, the AYUSH system occupies a complex position in contemporary health-seeking behaviour. Whereas studies have examined AYUSH awareness in general populations and rural-urban comparisons (Jawla *et al.*; Khatri and Sinha; Pannu and Goyal; Rana *et al.*; Rudra *et al.*; Seelamantula *et al.*; Sudan *et al.*). Relatively little is known about awareness among IT professionals. Surveys conducted among different groups, including allopathic doctors (Ojha *et al.*; Singhal and Roy), dentists (Pavithra and Muthukrishnan), adolescents, and healthcare professionals, have revealed moderate awareness of AYUSH. Among the IT workforce, a growing and influential segment of India's urban population with considerable purchasing power, healthcare decision-making autonomy, and, importantly, the most relevant interdisciplinary collaborative sector for AYUSH, no dedicated awareness survey has been reported. This cross-sectional study was therefore undertaken to systematically assess the awareness, perceptions, preferences, and utilisation of AYUSH among IT professionals in Tamil Nadu and to identify actionable suggestions for enhancing AYUSH's reach within the sector.

OBJECTIVES

Primary Objective

To assess the awareness and popularity of AYUSH among IT professionals.

Secondary Objectives

(i) To assess the preferences for AYUSH systems among IT professionals; (ii) To note the perception of AYUSH among IT professionals; (iii) To describe IT professionals' suggestions for popularising AYUSH in the sector.

MATERIALS AND METHODS

Study Design

This is a cross-sectional study conducted via a preformed, standardised e-questionnaire. The study was performed in accordance with the principles of the Declaration of Helsinki.

Study Population and Sample

The study population comprised IT professionals employed in various companies situated in Tamil Nadu. A total of 195 responses were obtained from volunteering participants who completed the questionnaire electronically via Google Forms.

Questionnaire Development and Validation

The questionnaire was developed after multiple rounds of group discussions conducted among 30 IT professionals via virtual meetings, complemented by one-on-one interviews with volunteering individuals. Published literature in the relevant domain was consulted as reference (Baragi and Ganer; Bevinamarad and Patil; Chitra and Muthu; Gopan *et al.*). The initial questionnaire was subjected to a pilot study administered to 20 individuals via Google Forms. Face validity was assessed by evaluating practical difficulties and overall clarity of the instrument. Content validity was established through expert review. Internal consistency was determined using Cronbach's alpha. The final instrument comprised 19 questions in total, of which three were demographic (name, age, gender) and 16 were closed-ended multiple-choice items (checkbox or dichotomous format).

The 16 substantive questions addressed: (1) awareness of AYUSH; (2) source of first exposure; (3) familiarity with individual AYUSH systems; (4) perceived popularity; (5) belief in AYUSH; (6) reasons for belief/disbelief; (7) system preference; (8) prior treatment experience; (9) preferred conditions for AYUSH use; (10) perception of side-effect profile; (11) perception of root-cause treatment; (12) perceived advantages; (13) perceived shortcomings; (14) participation in healthcare projects; (15) employer health insurance coverage; (16) awareness of government AYUSH facilities; (17) opinion on IT-AYUSH integration; and (18) suggestions for popularisation.

Data Analysis

Responses were compiled and analysed using descriptive statistics. Results were reported as absolute frequencies and percentages. Data were presented in tabular format for clarity.

RESULTS

Demographic Profile

A total of 195 responses were received. Of these, 106 (54.4%) were male and 89 (45.6%) were female. The age of respondents ranged from 20 to 41 years, with the majority falling within the 22–31-year age group, consistent with the typical demographic profile of entry- to mid-level IT professionals as given in Table 1, Figures 1 and 2.

Awareness of AYUSH

Of the 195 respondents, 102 (52.3%) had heard of the AYUSH system of medicine, while 93 (47.7%) had not. Among those who had heard of AYUSH, the primary sources of information were friends and relatives ($n=50$; 49.0%), followed by the internet ($n=32$; 31.4%), media ($n=12$; 11.8%), newspaper ($n=4$; 3.9%), proactive government initiatives ($n=3$; 2.9%), and radio ($n=1$; 1.0%). When asked about familiarity with individual AYUSH systems, respondents demonstrated the highest recognition for Ayurveda ($n=134$; 68.7%), followed by Siddha ($n=126$; 64.6%), Homeopathy ($n=125$; 64.1%), Yoga and Naturopathy ($n=65$; 33.3%), and Unani ($n=29$; 14.9%). Twenty-one respondents (10.8%) stated they were not aware of any AYUSH system as shown in Table 2.

Perceived Popularity and Belief in AYUSH

A majority of respondents ($n=123$; 63.1%) did not consider AYUSH to be popular, while 72 (36.9%) did. However, 126 respondents (64.6%) stated that they believed in AYUSH system of medicine, whereas 69 (35.4%) did not. Among those who believed in AYUSH ($n=126$), the most common reason was 'no reason in particular' ($n=40$; 31.7%), followed by personal or vicarious experience of patients cured by AYUSH treatment ($n=37$; 29.4%), understanding of basic principles and mechanisms ($n=27$; 21.4%), and belief in AYUSH medicine per se ($n=22$; 17.5%). Among those who did not believe ($n=69$), the majority offered no specific reason ($n=56$; 81.2%), while 13 (18.8%) cited concerns related to unreliability or perceived lack of scientific rigour.

Preference and Prior Utilisation of AYUSH

Regarding system preference, Ayurveda was the most preferred system ($n=62$; 31.8%), followed by Siddha ($n=45$; 23.1%), Yoga and Naturopathy ($n=33$; 16.9%), Homeopathy ($n=30$; 15.4%), and Unani ($n=1$; 0.5%). Twenty-four respondents (12.3%) expressed no preference. When asked whether they or their family members had ever received AYUSH treatment, 68 (34.9%) responded affirmatively and 127 (65.1%) had not. Of those treated, Siddha was the most commonly utilised system ($n=24$; 35.3%), followed by Ayurveda ($n=20$; 29.4%), Homeopathy ($n=19$; 27.9%), Yoga

and Naturopathy ($n=4$; 5.9%), and Unani ($n=1$; 1.5%) as tabulated in Table 3.

Disease Conditions Preferred for AYUSH Treatment

Respondents were asked to identify conditions for which they would prefer AYUSH treatment (multiple selections permitted). Hairfall, general weakness, and anaemia were collectively most preferred ($n=83$ each; 42.6%), followed by joint pain, muscular pain, back pain, and fractures ($n=67$ each; 34.4%), common fever, sore throat, and the common cold ($n=74$ each; 37.9%), lifestyle disorders including diabetes, hypertension, and obesity ($n=60$ each; 30.8%), skin diseases and allergies ($n=58$ each; 29.7%), and infertility, sexual problems, anorectal, and menstrual conditions ($n=38$ each; 19.5%). Forty-nine respondents (25.1%) indicated no preference for AYUSH in any of the listed conditions.

Perceptions of AYUSH Medicine

A considerable proportion of respondents ($n=134$; 68.7%) believed that AYUSH medicines are free from side effects, while 61 (31.3%) did not. Similarly, 124 respondents (63.6%) believed that AYUSH provides root-cause treatment and thereby offers permanent relief, whereas 71 (36.4%) did not share this view. Regarding perceived advantages of AYUSH, 74 respondents (37.9%) cited safety and effectiveness, an equal number ($n=74$; 37.9%) stated they had no idea, 37 (19.0%) identified preventive healthcare and wellness promotion, 6 (3.1%) cited external therapies, and 4 (2.1%) noted holistic treatment as a primary advantage. Among perceived shortcomings, slow recovery was noted by 69 respondents (35.4%), followed by difficulty in adhering to lifestyle modifications ($n=23$; 11.8%), high cost ($n=11$; 5.6%), unpleasant taste or complicated mode of intake ($n=10$; 5.1%), and perceived lack of scientific basis ($n=10$; 5.1%). A substantial number ($n=72$; 36.9%) reported having no idea about shortcomings, as shown in Table 4.

Healthcare Project Participation, Insurance, and Institutional Awareness

Only 36 respondents (18.5%) had previously worked in any healthcare-related projects. Regarding employer-provided health insurance coverage for AYUSH treatment, only 21 participants

Table 1: Demographic Profile of Respondents (N=195).

Variable	Category	Frequency (%)
Gender	Male	106 (54.4%)
	Female	89 (45.6%)
Age (years)	20-25	83 (42.6%)
	26-30	75 (38.5%)
	31-35	28 (14.4%)
	36-41	9 (4.6%)
	Missing/Not specified	6 (3.1%)

Table 2: Awareness of AYUSH Systems among Respondents (N=195).

AYUSH System	Frequency	Percentage (%)
Ayurveda	134	68.7
Siddha	126	64.6
Homeopathy	125	64.1
Yoga and Naturopathy	65	33.3
Unani	29	14.9
None of the above	21	10.8

*Multiple responses permitted; percentages calculated against total N=195.

Section 1: Demographics

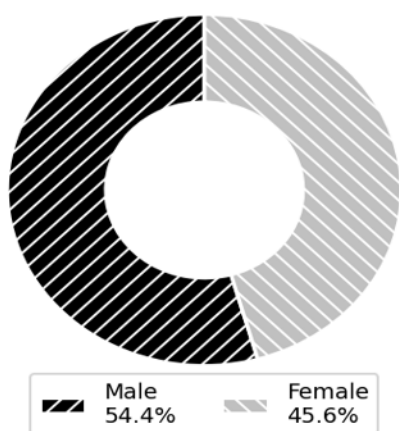


Figure 1: Gender Distribution (N=195).

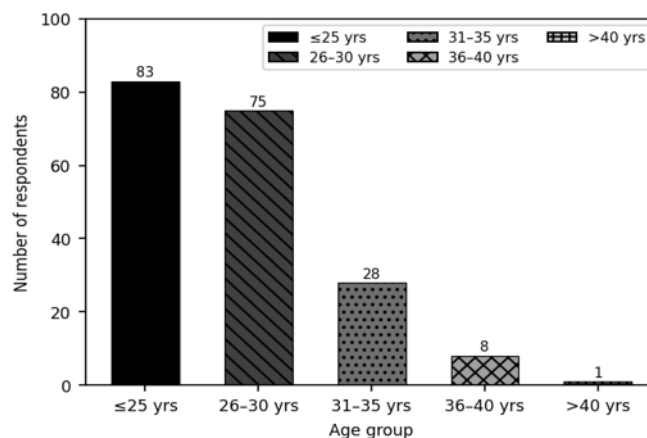


Figure 2: Age Group Distribution (N=195).

Table 3: Preference and Prior Utilisation of AYUSH Systems.

AYUSH System	Preferred (n)	Preferred (%)	Previously Treated (%)
Ayurveda	62	31.8	29.4
Siddha	45	23.1	35.3
Yoga and Naturopathy	33	16.9	5.9
Homeopathy	30	15.4	27.9
Unani	1	0.5	1.5
None	24	12.3	-

*Prior treatment percentages calculated among those who received treatment ($n=68$).

(10.8%) reported having such coverage, while 174 (89.2%) did not. This finding underscores a significant gap in corporate health policy for AYUSH. When asked whether they were aware that government hospitals have an AYUSH wing, 128 respondents (65.6%) stated they were unaware, and only 67 (34.4%) were aware. This highlights a substantial deficit in institutional awareness despite the government's efforts to establish AYUSH facilities within the public health infrastructure.

IT-AYUSH Integration and Suggestions for Popularisation

A decisive majority of respondents ($n=144$; 73.8%) believed that the integration of IT with AYUSH would be helpful in providing better healthcare services, while 51 (26.2%) disagreed. This reflects a positive and forward-looking disposition of the IT professional community towards digital health innovations within the AYUSH framework. Respondents were asked to identify measures that would help popularise AYUSH among the public and the IT sector. The most commonly cited suggestion was conducting structured awareness programmes ($n=101$; 51.8%),

followed by increasing and improving hospital facilities ($n=92$; 47.2%), government interventions ($n=77$; 39.5%), marketing and promotional activities ($n=72$; 36.9%), research and development ($n=65$; 33.3%), and those with no specific suggestion ($n=47$; 24.1%) as depicted in Table 5. All the responses are concise and tabulated in Table 6. All the results were represented graphically in Figures 1-13 section-wise.

DISCUSSION

The present study provides insight into the AYUSH awareness landscape among an underexplored professional group, IT professionals in Tamil Nadu. The finding that only approximately half of respondents (52.3%) had heard of AYUSH, despite the system's deep cultural roots in Tamil Nadu and government-led promotional activities, suggests that penetration remains suboptimal within urban professional milieus. This is consistent with previous cross-sectional studies that found differential AYUSH awareness across population segments, with formal institutional channels contributing relatively little compared to personal networks. Ayurveda emerged as the most recognised

Section 2: Awareness

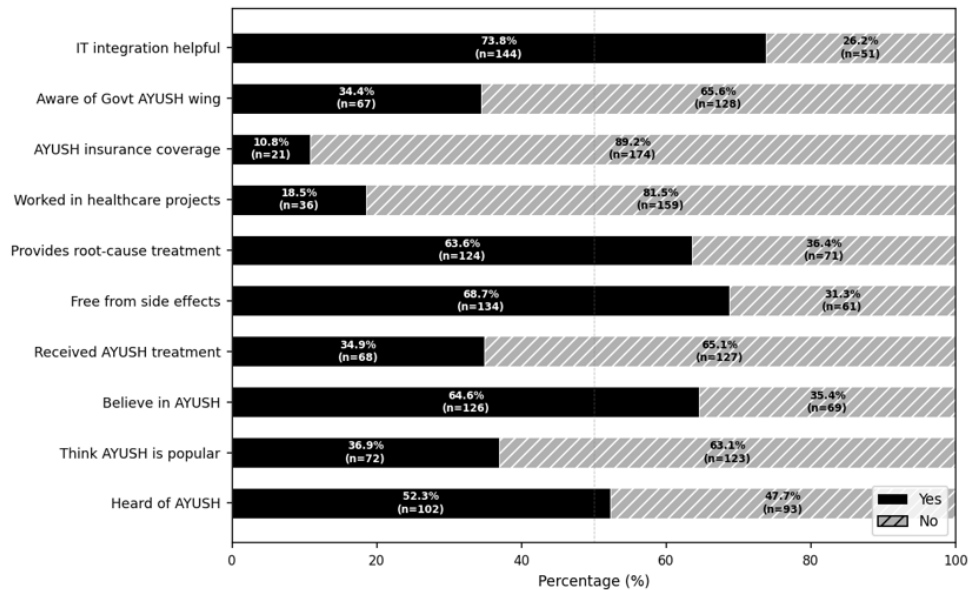


Figure 3: All Yes/No Questions - Stacked Bar Chart (N=195).

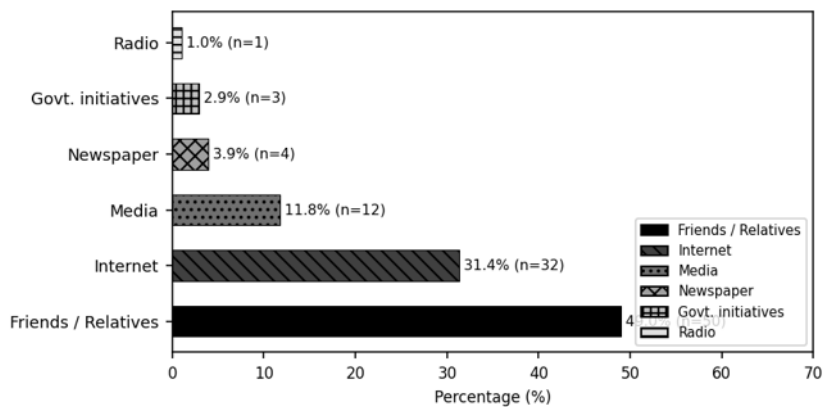
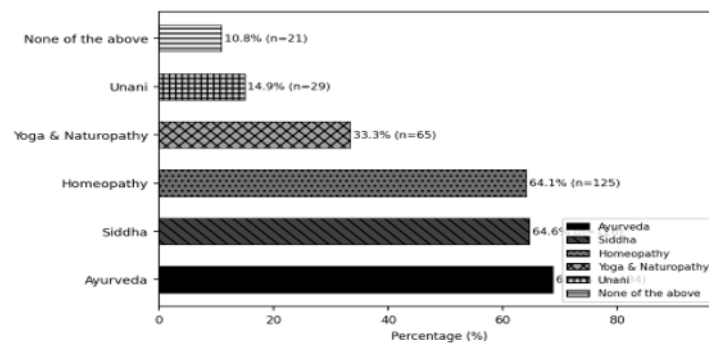


Figure 4: Source of First Awareness (n=102).



* Multiple response. Percentages are out of N=195 and do not sum to 100%.

Figure 5: AYUSH Systems Well Aware Of - Multiple Response (N=195). * Multiple response. Percentages are out of N=195 and do not sum to 100%.

Table 4: Perceived Advantages and Shortcomings of AYUSH.

Attribute	Frequency	Percentage (%)
Advantages		
Safe and effective	74	37.9
No idea	74	37.9
Preventive health care and wellness	37	19.0
External therapies	6	3.1
Holistic treatment	4	2.1
Shortcomings		
No idea	72	36.9
Slow recovery	69	35.4
Hard to follow (lifestyle modifications)	23	11.8
High cost	11	5.6
Unpleasant taste/odour/complicated intake	10	5.1
Perceived as unscientific	10	5.1

system (68.7%), followed closely by Siddha and Homeopathy. This is noteworthy given that Tamil Nadu is the home state of the Siddha system; the comparable recognition rates for both Siddha and Ayurveda suggest that national-level promotion of Ayurveda has been disproportionately more effective than regional promotion of Siddha. The relatively low awareness of Unani (14.9%) is consistent with its limited institutional presence in South India. 64.6% of respondents believed in AYUSH despite only 36.9% considered it popular indicated a distinction between personal conviction and perceived mainstream acceptability. This divergence may reflect social desirability bias, stigma around traditional medicine in professional settings, or simply lack of visible institutional infrastructure. The predominant driver of belief was anecdotal evidence from personal or vicarious treatment experience, while the majority of non-believers cited an absence of specific reasons, suggesting passive disengagement rather than active scepticism. The preference for Ayurveda (31.8%) over Siddha (23.1%) in a Tamil Nadu cohort is somewhat paradoxical, given the geographic and cultural proximity of respondents to Siddha's traditional catchment area. One plausible explanation is the broader national visibility of Ayurveda through commercial products, wellness tourism, and mainstream media, compared to the relatively regional outreach of Siddha. However, when actual treatment utilisation was examined, Siddha emerged as the most frequently used system (35.3%), possibly reflecting access to Siddha facilities at the local level. The high preference for AYUSH in conditions such as hairfall, general weakness, and anaemia (42.6%) aligns with well-established patient-driven utilisation patterns, wherein AYUSH is often sought for chronic,

Table 5: Respondents' Suggestions for Popularising AYUSH.

Suggestion	Frequency	Percentage (%)
Conduct awareness programmes	101	51.8
Increase and improve hospital facilities	92	47.2
Government interventions	77	39.5
Marketing and promotion	72	36.9
Research and Development	65	33.3
No idea	47	24.1

*Multiple responses permitted.

non-emergency, or lifestyle-related complaints rather than acute conditions. This perception may be reinforced by media advertising of commercial AYUSH products targeting these very conditions. Conversely, the preference for AYUSH in communicable illness categories such as fever, sore throat, and the common cold (37.9%) is consistent with existing literature on AYUSH use during the COVID-19 pandemic, wherein traditional remedies gained renewed attention. The finding that 68.7% believed AYUSH medicines are free from side effects and 63.6% regarded them as providing root-cause treatment reflects a broadly positive but imprecisely informed perception. While the safety profile of many AYUSH interventions is indeed favourable, uncritical assumptions of complete freedom from adverse effects may lead to unsafe self-medication practices and delayed allopathic care. Integrative medicine frameworks suggest that such perceptions should be channelled constructively through information, education, and communication rather than dismissed. The critical awareness gap surrounding AYUSH wings in government hospitals (65.6% unaware) is particularly significant. Government hospitals with AYUSH facilities constitute one of the primary policy instruments for AYUSH mainstreaming; yet, the majority of the studied workforce presumably literate, digitally engaged, and urban remains uninformed. This points to lacunae not of infrastructure, but of communication and outreach. Similarly, the negligible employer-level insurance coverage for AYUSH (10.8%) indicates that corporate health policy continues to treat AYUSH as peripheral rather than as a complementary pillar of employee wellness. The strong endorsement of IT-AYUSH integration (73.8%) among IT professionals is both intuitive and actionable. As a sector that drives digital health innovation, the IT industry's positive orientation towards this integration presents a strategic opportunity. The established conceptual basis for ICT-Ayurveda integration and the present study adds empirical evidence that the human capital of the IT sector itself is receptive to this paradigm. The articulation of awareness programmes (51.8%) and improved hospital facilities (47.2%) as the top suggestions further grounds the discourse in practicable institutional interventions.

Table 6: Awareness and Popularity of AYUSH among IT Professionals.

Awareness and Popularity of AYUSH among IT Professionals - Frequency Table (N = 195)		
Variable / Response	n (N=195)	%
Gender		
Male	106	54.4
Female	89	45.6
Age Group		
≤25 years	83	42.6
26-30 years	75	38.5
31-35 years	28	14.4
36-40 years	8	4.1
>40 years	1	0.5
Have you heard of AYUSH system of medicine?		
Yes	102	52.3
No	93	47.7
If yes, where did you first hear about it? (n=102)		
Friends / Relatives	50	49
Internet	32	31.4
Media	12	11.8
Newspaper	4	3.9
Proactive steps taken by Government	3	2.9
Radio	1	1
AYUSH systems well aware of (multiple response, n=195)		
Ayurveda	134	68.7
Yoga and Naturopathy	65	33.3
Unani	29	14.9
Siddha	126	64.6
Homeopathy	125	64.1
None of the above	21	10.8
Do you think AYUSH system of medicine is popular?		
Yes	72	36.9
No	123	63.1
Do you believe in AYUSH system of medicine?		
Yes	126	64.6
No	69	35.4
If yes, why? (n=126)		
No reason in particular	40	31.7
Because I have seen or heard of patients cured by AYUSH treatment	37	29.4
Because of an understanding of basic principles/mechanism of AYUSH system	27	21.4
Because of belief in AYUSH medicine	22	17.5
If no, why? (n=69)		

Awareness and Popularity of AYUSH among IT Professionals - Frequency Table (N = 195)

Variable / Response	n (N=195)	%
No reason in particular	56	81.2
Because it is not reliable	8	11.6
Because it is unscientific	5	7.2
Which AYUSH system would you prefer/suggest?		
Ayurveda	62	31.8
Siddha	45	23.1
Yoga and Naturopathy	33	16.9
Homeopathy	30	15.4
None of the above	24	12.3
Unani	1	0.5
Have you/family members ever received AYUSH treatment?		
Yes	68	34.9
No	127	65.1
If yes, which system? (n=68)		
Siddha	24	35.3
Ayurveda	20	29.4
Homeopathy	19	27.9
Yoga and Naturopathy	4	5.9
Unani	1	1.5
Disease conditions preferred for AYUSH (multiple response, n=195)		
Fever, Sore throat, common cold	74	37.9
Hair fall, General weakness, Anaemia	83	42.6
Life style disorders (Diabetes, Hypertension, Obesity)	60	30.8
Joint pain, Muscular pain, Back pain, Fracture	67	34.4
Skin disease, Allergy	58	29.7
Infertility, Sexual problems, Anorectal, Menstrual diseases	38	19.5
I do not prefer	49	25.1
Do you believe AYUSH medicines are free from side effects?		
Yes	134	68.7
No	61	31.3
Do you believe AYUSH provides root-cause/permanent relief?		
Yes	124	63.6
No	71	36.4
Perceived advantages of AYUSH		
Safe and effective	74	37.9

Awareness and Popularity of AYUSH among IT Professionals - Frequency Table (N = 195)		
Variable / Response	n (N=195)	%
No idea	74	37.9
Preventive health care and wellness	37	19
External therapies	6	3.1
Holistic treatment	4	2.1
Perceived shortcomings of AYUSH		
No idea	72	36.9
Slow recovery	69	35.4
Hard to follow (Life style modifications)	23	11.8
High cost	11	5.6
Unpleasant taste/odour and complicated mode of intake	10	5.1
Unscientific	10	5.1
Have you ever worked in healthcare projects?		
Yes	36	18.5
No	159	81.5
Health insurance coverage for AYUSH in company?		
Yes	21	10.8
No	174	89.2
Aware that government hospitals have AYUSH wing?		
Yes	67	34.4
No	128	65.6
Integration of IT with AYUSH will be helpful?		
Yes	144	73.8
No	51	26.2
Measures to popularize AYUSH (multiple response, n=195)		
Marketing	72	36.9
Increased and improvised hospital facilities	92	47.2
Government interventions	77	39.5
Research and Development	65	33.3
Conduct awareness programme	101	51.8
No idea	47	24.1

LIMITATIONS

This study has several limitations that needs to be acknowledged. The e-survey methodology, while suitable for the digital IT professional cohort, inherently excludes non-digitally accessible populations, limiting generalisability beyond the target group. Secondly, the sampling approach was voluntary rather than random, introducing possible self-selection bias. Moreover, the questionnaire relied on self-reported data, which may be subject

to recall and social desirability bias. Finally, causal inferences cannot be drawn from this cross-sectional design. Future studies employing probability sampling, longitudinal designs, and qualitative triangulation are recommended.

CONCLUSION

This cross-sectional study demonstrates that awareness of AYUSH among IT professionals in Tamil Nadu is moderate but not deep, with significant gaps in knowledge regarding institutional facilities such as AYUSH wings in government hospitals and employer health insurance coverage. Despite limited institutional exposure, a positive belief in AYUSH and a readiness to integrate it with IT systems are evident. Structured awareness campaigns tailored to the digital preferences of IT professionals, improved AYUSH hospital infrastructure, and reform of corporate health insurance policies to include AYUSH coverage are the most urgently recommended interventions. Additionally, the IT sectors own expertise and enthusiasm for digital healthcare solutions make it a natural ally in advancing the AYUSH GRID initiative.

ABBREVIATIONS

AI: Artificial Intelligence; **AYUSH:** Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy; **C-DAC:** Centre for Development of Advanced Computing; **COVID-19:** Coronavirus Disease 2019; **GDP:** Gross Domestic Product; **ICT:** Information and Communication Technology; **IT-BPM:** Information Technology-Business Process Management; **NASSCOM:** National Association of Software and Service Companies.

CONFLICT OF INTEREST

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

ETHICAL STATEMENT

The study was conducted in accordance with the principles of the Declaration of Helsinki. As the study involved an anonymous voluntary e-survey with no clinical intervention, formal ethics committee approval was not required; however, participant confidentiality was maintained throughout, and informed consent was implied through voluntary participation.

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE MANUSCRIPT PREPARATION PROCESS

During the preparation of this work, the authors used Claude (Anthropic) in order to assist with structuring of manuscript and linguistic refinement. After using this tool/service, the

Section 3: Attitudes and Beliefs

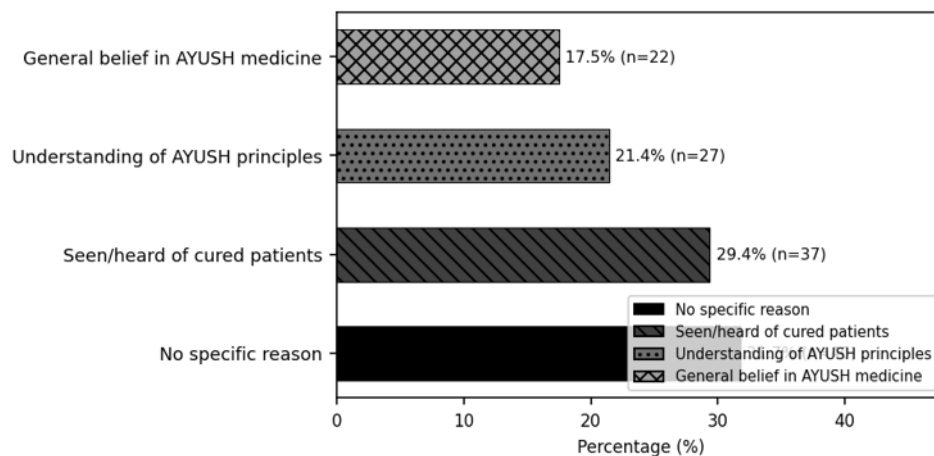


Figure 6: Reason for Believing in AYUSH (n=126).

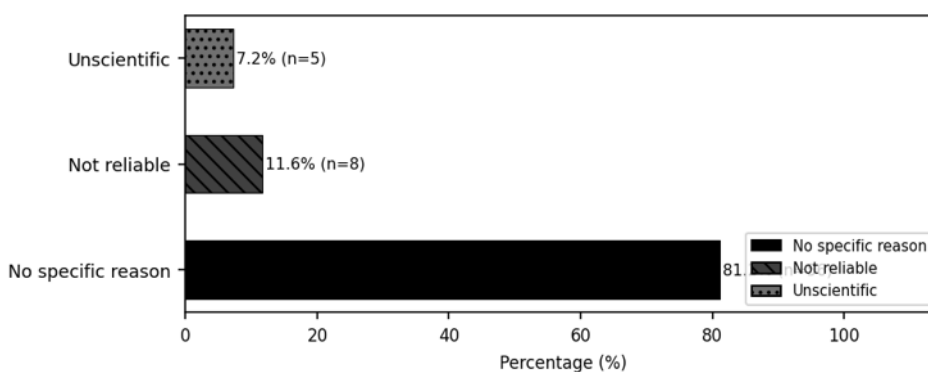


Figure 7: Reason for Not Believing in AYUSH (n=69).

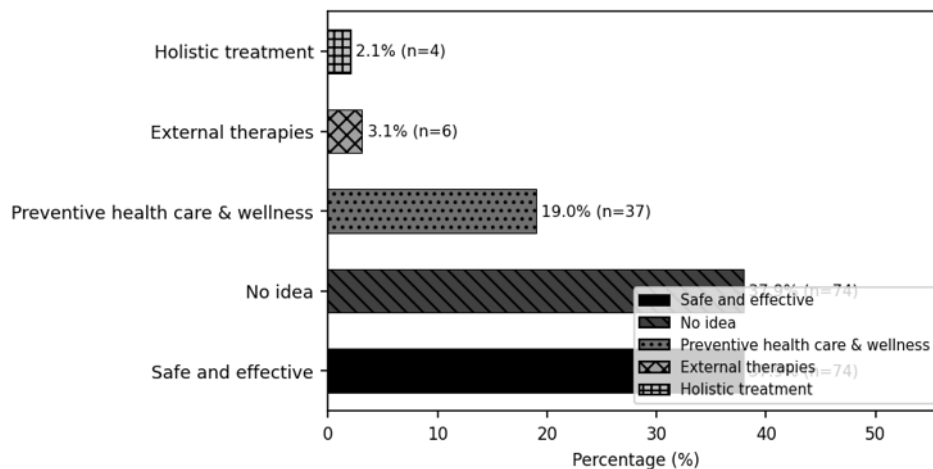


Figure 8: Perceived Advantages of AYUSH (N=195)

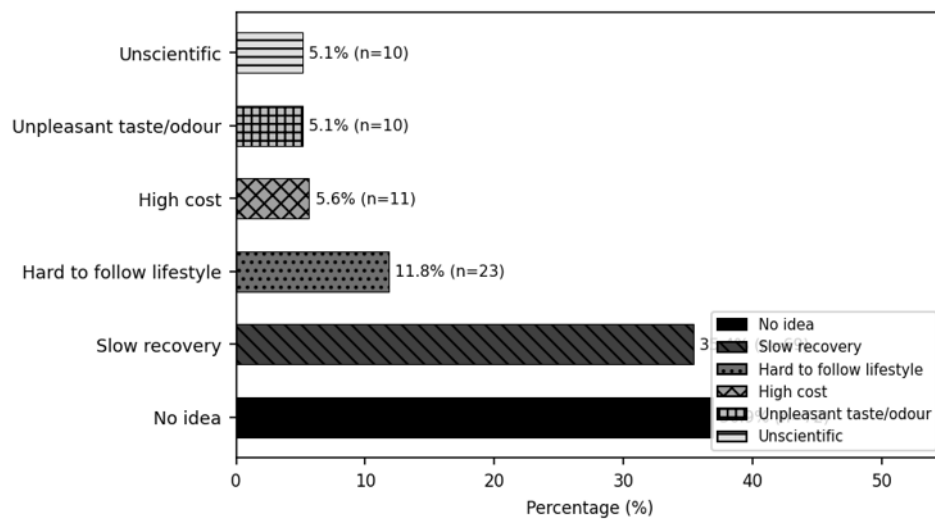


Figure 9: Perceived Shortcomings of AYUSH (N=195).

Section 4: Preference and Usage

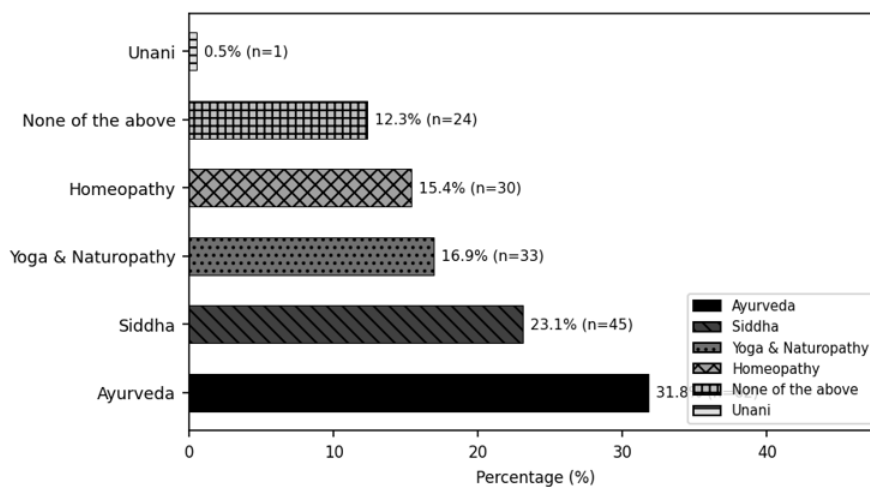


Figure 10: Preferred AYUSH System (N=195).

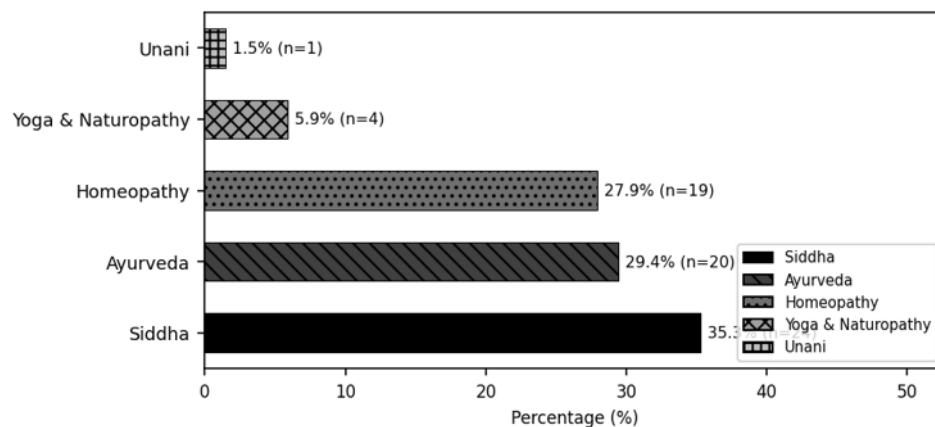
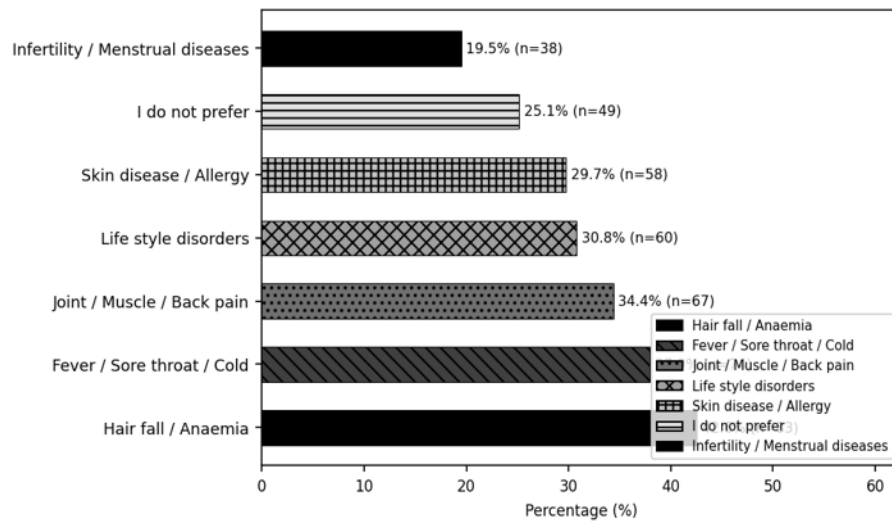


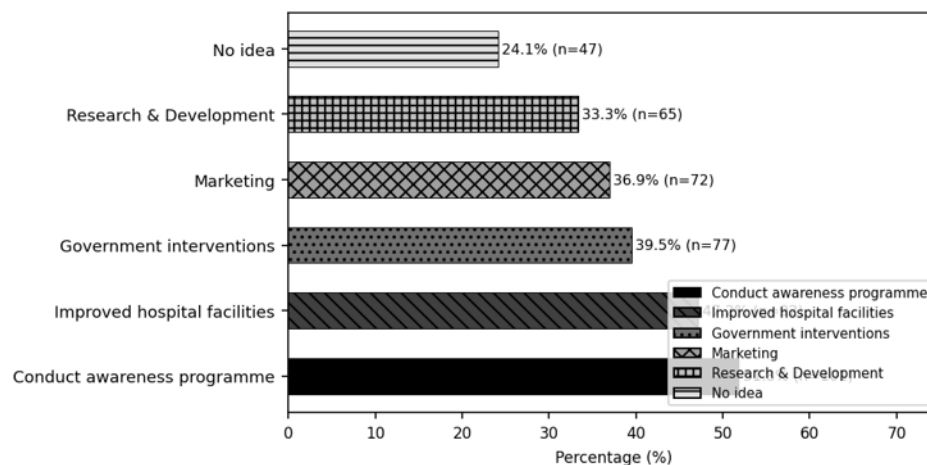
Figure 11: System in Which Treatment Received (n=68)



* Multiple response. Percentages are out of N=195 and do not sum to 100%.

Figure 12: Disease Conditions Preferred for AYUSH - Multiple Response (N=195). * Multiple response. Percentages are out of N=195 and do not sum to 100%.

Section 5: Healthcare and IT Integration



* Multiple response. Percentages are out of N=195 and do not sum to 100%.

Figure 13: Measures to Popularize AYUSH - Multiple Response (N=195). * Multiple response. Percentages are out of N=195 and do not sum to 100%.

authors reviewed and edited the content as needed and take full responsibility for the content of the published article.

AUTHOR CONTRIBUTIONS

Preyadarsheni K: Conceptualisation, data collection, questionnaire development, original draft preparation, Statistical analysis, data validation.

Manoharan A: Supervision, critical review, methodology oversight.

Rajarajeswari A: Review and editing.

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