



A STUDY ON AYUSH MEDICINE AWARENESS AND ITS INFLUENCE ON CONSUMER PERCEPTION IN SALEM DISTRICT

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Abstract

AYUSH systems of medicine and Siddha in particular, are part of everyday health care in Tamil Nadu, yet the opinion consumers form about these medicines depends on how much they actually know about them. This study assesses the level of awareness of AYUSH medicine among consumers in Salem District and examines how that awareness shapes their perception of AYUSH medicine. Primary data were collected from 210 consumers across seven taluks of the district through a structured questionnaire on a five-point Likert scale. Descriptive statistics, one-way ANOVA, Pearson correlation and multiple regressions were applied. Awareness is highest for Siddha as the traditional medicine of Tamil Nadu (Mean 4.210) and lowest for checking the licence and label details of AYUSH medicines (Mean 2.710), while perception is most favourable for the natural and low side-effect character of the medicines (Mean 4.048) and least favourable for quick relief in acute illness (Mean 2.762). Awareness differs significantly across educational groups ($F\ 10.013, p < 0.01$) but not across age groups, whereas perception differs across age groups ($F\ 4.142, p < 0.01$) but not across educational groups. Awareness and perception are positively correlated ($r\ 0.605$), and the two awareness dimensions together explain 36.6 % of the variation in consumer perception, with awareness of AYUSH services and sources (beta 0.384) marginally ahead of awareness of AYUSH systems and uses (beta 0.359). The study concludes that consumers in Salem know the tradition well but know much less about the public AYUSH services and quality safeguards around them, and that closing this gap is the most direct route to a better-informed and more favourable perception.

Keywords: *AYUSH Medicine, Siddha, Awareness, Consumer Perception, Traditional Medicine, Salem District.*

1. Introduction

AYUSH, the collective name for Ayurveda, Yoga and Naturopathy, Unani, Siddha, Sowa-Rigpa and Homoeopathy, has moved from the margins of the Indian health system to the centre of public policy over the last decade. The first all-India survey on AYUSH found that 94.8 % of rural and 96 % of urban respondents aged 15 years and above had heard of these systems, while 46.3 % of rural and 52.9 % of urban respondents had used them in the preceding year (Jha, 2025). The Indian AYUSH market was valued at about 43.3 billion US dollars in 2024 and is projected to reach 200 billion US dollars by 2030 (IANS, 2025). Exports of AYUSH and herbal products rose by 5.86 % in 2024-25 to 689.34 million US dollars, with export volume growing by 21.46 % (India Seatrade News, 2025). The Union Budget raised the allocation of the Ministry of Ayush from Rs. 3,671.82 crore in the revised estimate for 2025-26 to Rs. 4,408.93 crore for 2026-27 (Shah, 2026). Growth has also brought concern, since the Ministry has flagged about 65,000 misleading advertisements and recorded around 3,000 adverse drug reactions since 2018 (Richhariya, 2026).



These figures show that AYUSH is widely known in name, but name recognition is not the same as informed awareness. A consumer may know that Siddha medicine exists and still be unaware of where qualified practitioners are available, which medicines are licensed or how long a course of treatment should continue. Such partial awareness can produce an uncritical perception built on tradition and word of mouth, or a sceptical one built on misleading advertisements and poor experiences. Tamil Nadu is the home of the Siddha system, and Salem District combines an urban centre with semi-urban industrial belts, agrarian taluks and the hill population of Yercaud, which makes it a suitable setting to examine how awareness of AYUSH medicine shapes the way consumers perceive it. This paper therefore studies the awareness of AYUSH medicine among consumers in Salem District and tests whether that awareness influences their perception of AYUSH medicine.

1.1 Statement of the Problem

The Government of India has integrated AYUSH into primary health care through Ayushman Arogya Mandirs, AYUSH wings in primary health centres and district hospitals, and a large network of registered practitioners (Nesari et al., 2025). In Tamil Nadu, Siddha units operate in government hospitals and primary health centres, and Siddha preparations such as Nilavembukudineer are distributed during fever outbreaks. The value of this network depends on whether consumers are aware of the services and form a realistic view of what AYUSH medicine can and cannot do. Evidence suggests that awareness of the systems is high, but knowledge of organised services, safety and correct use is limited (Gnanasekaran, 2026; Gopan et al., 2025). Perception is often driven by beliefs about naturalness, safety and affordability rather than by informed judgement (Hazra et al., 2025). Most available studies measure awareness or perception in isolation, and district-level evidence from western Tamil Nadu is scarce. It is not clear whether consumers in Salem lack awareness of the systems themselves, of the services and safeguards around them, or both, and whether better awareness leads to a more favourable perception. The present study addresses this gap.

1.2 Objectives of the Study

1. To assess the level of awareness of AYUSH medicine among consumers in Salem District.
2. To evaluate the perception of consumers towards AYUSH medicine in Salem District.
3. To examine the differences in awareness and perception across educational qualification and age, and to analyse the relationship between and influence of awareness on consumer perception.

2. Review of Literature

The literature related to this study falls into three streams: awareness of AYUSH systems, consumer perception of AYUSH and herbal medicine, and the link between the two. Studies on awareness report that knowledge of AYUSH is widespread in name but uneven in depth. Analysis of the 79th round of the National Sample Survey shows marked state-wise variation in awareness, use and out-of-pocket expenditure on AYUSH medicines (Kumar et al., 2026). The same survey found that 95 % of rural and 86 % of urban households had at least one member who had heard of medicinal plants or local health practices (Shukla, 2026). A national online survey of 514 adults reported awareness of 95.5 % and identified health professionals and family networks as the main sources of information (Sheeza & Itrat, 2026). In Varanasi, more than 85 % of residents knew about Ayurveda, but their understanding rested on family routines rather than scientific knowledge (Shekhar & Singh, 2026). In the Nilgiris district of Tamil Nadu, awareness of Siddha medicine was high, yet knowledge of Siddha services at primary health centres and participation in outreach camps were low (Gnanasekaran, 2026).



The second stream concerns perception. A systematic review of studies covering 7,952 participants found that preference for Ayurveda was driven by perceived naturalness, safety, cultural familiarity and affordability rather than by scientific validation (Hazra et al., 2025). In Hyderabad, health and safety, effectiveness and reliability, and trust and brand perception significantly influenced the purchase intention of herbal medicines (Ansari et al., 2025). Buyers in Kanpur associated Ayurvedic products with their brand image and reported satisfaction after use (Trivedi et al., 2025). Among 517 herbal product users in Tiruchirappalli, social pressure and brand loyalty strengthened preference and satisfaction, and socio-economic characteristics shaped purchase behaviour (Maheswari & Devi, 2025). In urban Puducherry, only 19.2 % of residents used AYUSH, and practitioners pointed to limited scientific validation and workforce shortages as barriers to wider acceptance (Seelamantula et al., 2025). Patients in Odisha turned to alternative medicine mainly after experiencing side effects of allopathic drugs (Patnaik et al., 2026).

The third stream links awareness with perception and use. Analysis of 6,21,230 respondents from the national AYUSH survey found that awareness had the largest effect on AYUSH use, with an odds ratio of 24.17, although many users did not understand the safety of the medicines (Gopan et al., 2025). Among older adults, AYUSH was mostly used as a complement to biomedicine for chronic conditions such as hypertension and arthritis (Malik & Basu, 2025). In Nashik, awareness of Ayurvedic herbs was high (Mean 3.84) and strongly correlated with purchase intention ($r = 0.848$), and consumers saw herbal products as safe, natural and effective (Khare, 2026). In Malaysia, knowledge and attitude were both closely related to the practice of traditional herbal medicine, which led to the recommendation that information be given in simple language (Arumugam et al., 2025). Post-pandemic studies also note that digital awareness and government promotion have widened the reach of herbal products (Pushpanjali & Chandra, 2026). Taken together, these streams show that awareness and perception are recognised as central to the acceptance of AYUSH, but awareness is rarely split into knowledge of the systems and knowledge of services and safeguards, and district-level evidence from Tamil Nadu remains limited (Gnanasekaran, 2026).

3. Research Methodology

3.1 Research Design and Sample: The study adopts a descriptive and analytical research design based on primary data. The population consists of consumers in Salem District who have used at least one AYUSH medicine during the previous two years. A total of 210 respondents were selected, 30 from each of seven taluks of the district, namely Salem, Attur, Mettur, Omalur, Sankari, Edappadi and Yercaud, using convenience sampling at AYUSH clinics, government Siddha units and pharmacies. Females formed 55.2 % of the sample, 27.1 % were aged 36 to 45 years, 29.5 % were graduates and 27.6 % were private sector employees. Monthly family income was between Rs. 10,001 and Rs. 20,000 for 37.1 % of respondents. Siddha was the system most often used by 44.3 % of respondents, followed by Ayurveda at 29.0 % and Homoeopathy at 15.2 %.

3.2 Measurement and Tools of Analysis

Data were collected through a structured questionnaire adapted from the thesis instrument. Awareness was measured by ten statements, five on AYUSH systems and their uses and five on AYUSH services and sources, and consumer perception by ten statements on safety, efficacy, cost, quality, availability and trust, all on a five-point Likert scale from strongly disagree to strongly agree. Cronbach's alpha was 0.812 for awareness (0.803 for awareness of systems and 0.807 for awareness of services) and 0.862 for perception, indicating good internal consistency. Descriptive statistics, one-way ANOVA, Pearson correlation and multiple regressions were applied using SPSS.



3.3 Hypotheses of the Study

H₀₁: There is no significant difference in awareness of AYUSH medicine and consumer perception across educational qualification and age.

H₀₂: There is no significant relationship between awareness of AYUSH medicine and consumer perception.

H₀₃: Awareness of AYUSH systems and awareness of AYUSH services have no significant influence on consumer perception of AYUSH medicine.

4. Analysis and Interpretation

Table 1. Awareness of AYUSH Medicine among Consumers

Statements	Mean	Std. Deviation	Rank
I am aware that AYUSH includes Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy.	3.948	0.837	3
I know that Siddha medicine is the traditional system of medicine of Tamil Nadu.	4.210	0.785	1
I am aware that AYUSH medicines are used for chronic conditions such as diabetes, arthritis and skin diseases.	3.857	0.823	4
I know that AYUSH medicines should be taken on the advice of a qualified practitioner.	3.414	0.878	7
I am aware of common preparations such as chooranam, kashayam, thailam and lehyam.	3.614	0.907	5
I know that government hospitals and primary health centres in Salem offer Siddha and AYUSH treatment.	3.543	0.892	6
I am aware that Nilavembukudineer is distributed free during fever and dengue outbreaks.	4.081	0.731	2
I am aware of the AYUSH wellness centres and Ayushman Arogya Mandirs in my area.	2.938	0.913	9
I know how to check the licence number and label details of an AYUSH medicine.	2.710	0.936	10
I receive adequate information on AYUSH through doctors, media and awareness camps.	3.181	0.956	8
Average Score	3.550	0.530	

Source: Primary data.

Table 1 shows that consumers in Salem are best informed about the cultural identity of AYUSH medicine. Knowledge that Siddha is the traditional medicine of Tamil Nadu ranks first with a mean of 4.210, followed by awareness of Nilavembukudineer distribution during fever outbreaks at 4.081 and of the different systems covered by AYUSH at 3.948. Awareness of the use of AYUSH medicines for chronic conditions stands at 3.857 and of common preparations such as chooranam and kashayam at 3.614. Awareness of Siddha and AYUSH treatment in government hospitals records 3.543 and of the need for a qualified practitioner 3.414. Awareness of information received through doctors, media and camps (3.181) and of AYUSH wellness centres and Ayushman Arogya Mandirs (2.938) is noticeably lower, and knowledge of how to check the licence and label details of a medicine ranks last at 2.710. The average awareness score of 3.550 indicates a moderate level of awareness.



Table 2. Consumer Perception towards AYUSH Medicine

Statements	Mean	Std. Deviation	Rank
AYUSH medicines are natural and have fewer side effects.	4.048	0.775	1
AYUSH medicines treat the root cause of a disease rather than only the symptoms.	3.729	0.967	4
AYUSH medicines and consultation are affordable.	3.900	0.779	2
AYUSH medicines are effective for chronic ailments.	3.662	0.990	5
AYUSH medicines give quick relief in acute illness.	2.762	0.969	10
AYUSH medicines available in the market are of reliable quality and standard.	3.114	0.952	8
AYUSH practitioners give adequate time and personal attention to patients.	3.843	0.835	3
AYUSH medicines are easily available in my locality.	3.371	0.905	7
Advertisements and claims made for AYUSH products are trustworthy.	2.895	0.922	9
I would recommend AYUSH medicines to my family and friends.	3.581	0.905	6
Average Score	3.490	0.604	

Source: Primary data.

Table 2 indicates that consumers perceive AYUSH medicine favourably on safety, cost and care. The belief that AYUSH medicines are natural and have fewer side effects ranks first with a mean of 4.048, followed by affordability at 3.900 and the personal attention given by practitioners at 3.843. The view that AYUSH medicines treat the root cause of disease scores 3.729 and their effectiveness for chronic ailments 3.662, while willingness to recommend them to family and friends stands at 3.581. Availability in the locality (3.371) and reliable quality and standard (3.114) fall in the lower middle. Trust in advertisements and product claims (2.895) and quick relief in acute illness (2.762) rank lowest. The average score of 3.490 shows a moderately favourable perception, with doubts centred on speed of relief, product quality and promotional claims.

Hypothesis H₀₁: There is no significant difference in awareness of AYUSH medicine and consumer perception across educational qualification and age.

Table 3. One-way ANOVA of Awareness and Consumer Perception across Educational Qualification and Age

Group	N	Awareness (Mean)	Perception (Mean)
Educational Qualification			
No Formal Education	14	3.171	3.357
Up to SSLC	46	3.359	3.348
HSC / Diploma	52	3.462	3.488
Under Graduation	62	3.632	3.577
Post Graduation and Above	36	3.925	3.578
F value (Sig.)		10.013 (0.000)	1.332 (0.259)
Age			
Below 25 Years	34	3.476	3.282



Group	N	Awareness (Mean)	Perception (Mean)
26 - 35 Years	52	3.535	3.304
36 - 45 Years	57	3.623	3.602
46 - 55 Years	41	3.566	3.620
Above 55 Years	26	3.488	3.688
F value (Sig.)		0.536 (0.709)	4.142 (0.003)

Note: Mean scores are item averages on a five-point scale.

Source: Primary data.

Table 3 shows that awareness rises steadily with education, from 3.171 among respondents with no formal education to 3.925 among postgraduates, and the difference is significant ($F = 10.013$, $p < 0.01$). Perception also rises slightly with education, from 3.357 to 3.578, but the difference is not significant ($F = 1.332$, $p = 0.259$). Age presents the opposite pattern. Awareness does not differ significantly across age groups ($F = 0.536$, $p = 0.709$), but perception rises from 3.282 among respondents below 25 years to 3.688 among those above 55 years ($F = 4.142$, $p < 0.01$). The null hypothesis is therefore rejected for awareness across education and for perception across age, and accepted for perception across education and for awareness across age.

Hypothesis H₀₂: There is no significant relationship between awareness of AYUSH medicine and consumer perception.

Table 4. Correlation between Awareness of AYUSH Systems, Awareness of AYUSH Services and Consumer Perception

Variables	Awareness of Systems	Awareness of Services	Consumer Perception
Awareness of Systems	1	0.324**	0.484**
Awareness of Services	0.324**	1	0.501**
Consumer Perception	0.484**	0.501**	1

Note: ** Correlation is significant at the 0.01 level (2-tailed); N = 210.

Source: Primary data.

Table 4 shows that awareness of AYUSH systems and awareness of AYUSH services are both positively correlated with consumer perception ($r = 0.484$ and $r = 0.501$, $p < 0.01$), and moderately correlated with each other ($r = 0.324$). The overall awareness score is correlated with perception at $r = 0.605$ ($p < 0.01$). Hence, the null hypothesis is rejected, confirming a significant positive relationship between awareness of AYUSH medicine and consumer perception.

Hypothesis H₀₃: Awareness of AYUSH systems and awareness of AYUSH services have no significant influence on consumer perception of AYUSH medicine.

Table 5. Model Summary and ANOVA of Awareness of AYUSH Systems and Services on Consumer Perception

R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
0.605	0.366	0.360	4.827	1.915
ANOVA				
Source	Sum of Squares	df	Mean Square	F (Sig.)



R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
Regression	2789.108	2	1394.554	59.853 (0.000)
Residual	4822.987	207	23.299	
Total	7612.095	209		

Note: Predictors: (Constant), Awareness of AYUSH Systems, Awareness of AYUSH Services.
Dependent Variable: Consumer Perception.

Source: Primary data.

Table 5 reveals that the two awareness dimensions together significantly predict consumer perception. The model records an R value of 0.605 and an R square of 0.366, so 36.6 % of the variation in perception is explained by awareness of AYUSH systems and services. The adjusted R square of 0.360 confirms stable explanatory power. The ANOVA result is significant ($F = 59.853$, $p < 0.01$), and the Durbin-Watson value of 1.915 indicates that the residuals are independent. Therefore, the null hypothesis is rejected.

Table 6. Regression Coefficients of Awareness of AYUSH Systems and Services on Consumer Perception

Model	B	Std. Error	Beta	t	Sig.	VIF
(Constant)	10.439	2.290		4.558	0.000	
Awareness of AYUSH Systems	0.684	0.111	0.359	6.146	0.000	1.117
Awareness of AYUSH Services	0.695	0.106	0.384	6.574	0.000	1.117

Note: Dependent Variable: Consumer Perception.

Source: Primary data.

Table 6 shows that both predictors are significant. Awareness of AYUSH services and sources has the slightly stronger influence ($\beta = 0.384$; $B = 0.695$; $t = 6.574$; $p < 0.01$), while awareness of AYUSH systems and their uses also contributes positively ($\beta = 0.359$; $B = 0.684$; $t = 6.146$; $p < 0.01$). A VIF of 1.117 rules out multicollinearity. Knowing where AYUSH care is available and how to judge a medicine therefore matters at least as much for a favourable perception as knowing what the systems are.

5. Findings and Discussion

Consumers in Salem have a moderate level of awareness of AYUSH medicine (Mean 3.550). Awareness is strongest for Siddha as the traditional medicine of Tamil Nadu (4.210), for Nilavembukudineer distribution (4.081) and for the systems covered by AYUSH (3.948), and weakest for AYUSH wellness centres (2.938) and for checking the licence and label details of medicines (2.710). This pattern of high familiarity with the tradition and low familiarity with organised services agrees with the evidence from the Nilgiris, where awareness of Siddha was high but knowledge of primary health centre services was low (Gnanasekaran, 2026). It also mirrors national evidence that awareness is nearly universal in name but uneven across states and services (Jha, 2025; Kumar et al., 2026). The low score for checking licence and label details is a concern in view of the large number of misleading advertisements flagged by the Ministry (Richhariya, 2026).



Consumer perception is moderately favourable (Mean 3.490), but its structure is revealing. The natural and low side-effect character of AYUSH medicines (4.048), affordability (3.900) and personal attention from practitioners (3.843) rank highest, which confirms that preference rests on naturalness, safety, familiarity and cost (Hazra et al., 2025). The weakest items are trust in advertisements (2.895) and quick relief in acute illness (2.762). This agrees with the finding that trust and perceived effectiveness decide purchase intention for herbal medicines (Ansari et al., 2025). It also reflects the barrier of limited scientific validation reported by AYUSH practitioners in Puducherry (Seelamantula et al., 2025). Consumers in Salem thus see AYUSH as a safe and affordable option for chronic care rather than as a first choice for acute illness.

Awareness differs significantly by education ($F = 10.013$) and rises from 3.171 to 3.925 across educational levels, in line with the role of education reported in national data (Gopan et al., 2025; Sheeza & Itrat, 2026). Perception, however, does not vary with education but rises with age, from 3.282 to 3.688 ($F = 4.142$). Younger consumers know as much as older ones but are more sceptical, while older consumers draw on longer personal and family experience of AYUSH, especially for chronic conditions (Malik & Basu, 2025). The finding that family routines rather than scientific knowledge shape the understanding of Ayurveda supports this interpretation (Shekhar & Singh, 2026). Awareness and perception are positively correlated ($r = 0.605$), and the two awareness dimensions explain 36.6 % of the variation in perception. Awareness of services and sources ($\beta = 0.384$) is marginally stronger than awareness of systems and uses ($\beta = 0.359$). This extends the national finding that awareness is the strongest correlate of AYUSH use (Gopan et al., 2025). It also agrees with the strong awareness-intention link observed for herbal products in Nashik (Khare, 2026). It also supports the view that simple, practical information builds trust in traditional medicine (Arumugam et al., 2025). A consumer who knows where a qualified Siddha practitioner can be consulted and how to identify a licensed product judges AYUSH medicine more favourably and on firmer ground.

5.1 Suggestions

The Department of Indian Medicine and the District Siddha Medical Office should shift their communication in Salem from promoting the tradition to informing consumers about services, since knowledge of AYUSH wellness centres, practitioners and quality safeguards is the weakest and most consequential part of awareness. The expanding network of Ayushman Arogya Mandirs and AYUSH wings in primary health centres can be publicised through panchayat meetings, self-help groups and hospital notice boards in Tamil (Nesari et al., 2025). Consumers should be shown how to read the licence number, batch details and expiry date on AYUSH medicine labels, and pharmacies can display a simple guide at the counter. Because awareness rises sharply with education, consumers with little or no formal education need face-to-face explanation at Siddha units and outreach camps rather than printed material. Younger consumers are aware but sceptical, so evidence on the effectiveness and safety of commonly used Siddha and Ayurvedic preparations should be shared through social media and college health programmes. The rising budget of the Ministry of Ayush can support such district-level campaigns (Shah, 2026). Manufacturers and retailers should avoid exaggerated claims, since weak trust in advertisements pulls down the overall perception.

5.2 Conclusion

The study examined the awareness of AYUSH medicine and its influence on consumer perception in Salem District. Both are at a moderate level. Consumers know the Siddha tradition, the systems covered by AYUSH and public measures such as Nilavembukudineer distribution well, but are less informed about AYUSH wellness centres, practitioners and the checks that distinguish a licensed product. They perceive AYUSH medicine as natural, safe, affordable and caring, but doubt its speed of



relief, the quality of market products and the claims made in advertisements. Education shapes awareness, age shapes perception, and awareness, particularly of services and sources, significantly improves perception. These results meet the objectives of the study by showing that in Salem the tradition is well known and the remaining gaps concern services, quality and trust.

For consumers, closing these gaps would mean safer self-care, better use of free public AYUSH services and less exposure to misleading products. For the AYUSH sector, it would mean converting cultural familiarity into informed confidence. Future research can extend the analysis to actual usage and treatment outcomes compare Salem with other districts of Tamil Nadu and follow the effect of targeted awareness programmes over time.

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