

A Descriptive Study to Assess the Knowledge Regarding Complementary and Alternative Therapies (Ayush) Among Young Adults

Prof.Rintumol P.R¹, Dr. Hardeep kaur², Dr.Amanpreet kaur³.

¹Department of Mental Health Nursing, PhD Nursing Scholar, BFUHS.

²Principal, Department of Community Health Nursing, University College of Nursing, BFUHS, Faridkot.

³Principal, Department of Mental Health Nursing, Khalsa College of Nursing, BFUHS, Punjab, India.

Abstract—Ayush, derived from complementary and alternative therapies, aims to protect health, prolong life, and eliminate diseases and bodily dysfunctions. The objectives of the present study were to assess the level of knowledge and to determine the association between knowledge and selected demographic variables regarding complementary and alternative therapies (AYUSH)

Material And Methods:

This study used a quantitative research approach with a descriptive research design. 50 Young adults were selected by using a non-random sampling technique. Data were collected using the socio-demographic Performa and self-structured questionnaire administered to 50 Young adults in Bhawanigarh, District Sangrur.

Results:

Among the 50 Young adults ,7 participants (14%) had good knowledge, 34 participants (68%) had average knowledge, and 9 participants (18%) had poor knowledge about AYUSH. The overall findings indicated that young adults possessed an average level of knowledge regarding AYUSH, highlighting the need to enhance awareness through future educational interventions and studies. Association between knowledge regarding complementary and alternative therapies (AYUSH) among young adults with their selected demographic variables showed that there is no significant association found between the demographic variables and the level of knowledge.

Conclusion:

In conclusion, the study revealed that most of the young adults had an average level of knowledge regarding AYUSH therapies. This suggests a moderate level of awareness about the role of AYUSH in promoting health and preventing disease. To improve understanding and utilization of such traditional and alternative therapies, educational programs and awareness initiatives should

be implemented among young adults. Strengthening knowledge at this stage can encourage informed health choices and foster greater acceptance of AYUSH in everyday healthcare practices

Index Terms—Assess, knowledge, Complementary and Alternative Therapies, Young adults.

I. INTRODUCTION

AYUSH represents a group of traditional and complementary systems of medicine, namely Ayurveda, Yoga, Unani, Siddha, and Homeopathy [1,2]. Each of these systems contributes uniquely to promoting health, longevity, and holistic well-being by addressing both physical and mental balance through natural and spiritual principles [3]. Ayurveda, derived from the Sanskrit words Ayur (life) and Veda (knowledge or science), means “the science of life.” Originating in India thousands of years ago, the foundations of Ayurveda are found in ancient Hindu scriptures known as the Vedas, particularly the Rig Veda [4]. Ayurveda emphasizes harmony between body, mind, and spirit by aligning human health with nature [5]. It views all living beings as composed of five elements earth, water, fire, air, and ether and seeks to maintain their equilibrium to prevent and treat diseases [6].

Yoga, another integral part of AYUSH, is both a physical and spiritual discipline that promotes health, relaxation, and self-awareness [7]. Therapeutic yoga practices help in healing by balancing the vital forces of the body and mind. Yoga therapy is increasingly recognized by modern medicine for its role in reducing stress, improving emotional well-being, and managing

conditions such as anxiety, depression, and panic disorders [8]. The Unani system of medicine traces its roots to ancient Greece. Developed by the Greek physician Hippocrates and later enriched by scholars such as Galen, Al-Razi, and Ibn Sina (Avicenna), it evolved as a comprehensive healing system that spread across the Middle East and India [9]. In India, Unani medicine flourished under Arab and Mughal influence and became a popular system for its holistic approach and reliance on natural remedies [10]

The Siddha system, one of India's oldest medical traditions, originated in the Dravidian culture during the pre-Vedic period [11]. The term "Siddha" means "achievement," and the "Siddhars" were saintly figures who gained mastery in medicine and longevity through spiritual and yogic practices [12]. This system emphasizes the belief that food itself can serve as medicine and that maintaining a balance of the five elements earth, water, fire, air, and ether is essential for health and longevity [13].

Homeopathy, developed in Germany over 200 years ago by Samuel Hahnemann, is based on two fundamental principles: "like cures like" and "the law of minimum dose" [14]. Homeopathic remedies are prepared from natural substances derived from plants, minerals, and animals. Despite being an alternative form of medicine, homeopathy has gained global acceptance due to its gentle, individualized, and holistic approach to treating various ailments [15].

In India, conventional medicine often dominates healthcare, yet increasing numbers of people are turning toward AYUSH therapies [1,3]. The shift is attributed to the side effects and high costs of modern medicines and a growing preference for natural and preventive healthcare methods [2,7]. AYUSH therapies not only address physical ailments but also emphasize harmony of body, mind, and spirit, promoting overall well-being [16]. Therefore, studying AYUSH and understanding its principles, benefits, and therapeutic potential is essential to enhance awareness, encourage self-care practices, and promote a healthier lifestyle grounded in traditional wisdom [3,10].

Objectives

1. To assess the knowledge of young adults regarding complementary and alternative therapies (AYUSH).
2. To find out the association between knowledge and selected demographic variable (i.e. Age, Gender,

Religion, Education, Occupation, Income, and Family Size) of young adults regarding complementary and alternative therapies (AYUSH).

II. MATERIALS AND METHODS

Study Design and Setting

The present study was cross-sectional in nature and was conducted in Bhawanigarh, Sangrur, Punjab, India. The study was undertaken in the month of July 2025 among Young adults. Study participants After getting clearance from the Institutional Ethical Committee, the study population of young adults aged 20-40 years and residing in Bhawanigarh area for at least 1 year was included in this study. The exclusion criterion was those who are not willing and not consenting to participate in the study for their own reasons.

Sampling Method Sample Size

Convenient sampling method was used for the study. Sample size was 50 Young adults who met the inclusion criteria.

Development And Description Of Tool

The following steps were used for preparation of the tool: -

- By extensive review of literature from books, journals, manuals, reports and published researches, newspapers and internet.
- Consultation with experts.

Part I Age, gender, religion, Education, Occupation, Income, and Family Size are all demographic characteristics. Experts in the fields of Medical surgical nursing, psychiatric nursing, and community health nursing assessed the tool's content validity. The language expert determined the appropriateness, clarity, and relevancy of the content.

Part-II - Questionnaire regarding knowledge of complementary and alternative therapies (AYUSH). It comprised of 50 questions. Each correct answer was given a score of 1 and each wrong answer given a score 0. The possible score was 50. The level of knowledge was categorized as follow: -

Good Knowledge 37-50

Average Knowledge 18-36

Poor Knowledge 0-17

Reliability

Reliability of the tool was established by using inter rater (inter observer) method. Reliability of the tool was tested by administering the tool to 5 Young adult's

population at village Kaloudi, who were not belonging to the main study. Reliability was founded to be significant($r=0.88$). The tool was found to be reliable and feasible.

Pilot Study

A pilot study was conducted on 17-20 June 2025 to test the feasibility of the study. The study was conducted in Village Kaloudi, District Sangrur. After obtained formal written permission from the authorities (Village Sarpanch) 5 Samples were selected to conduct the study. The participants were made comfortable and purpose of the study was explained to them confidentiality was assured and informed written consent was taken from the participants. Interview was conducted to assess the sample characteristics, all the participants completed tool. The study was found feasible and no further changes were made after pilot study.

Ethical Considerations

Formal ethical approval was obtained from the Institutional Ethical Review Committee (ERC) (Letter No.LGIN /2025/132, May 2025) and adhered to the principles of the Declaration of Helsinki. Permission was also secured from the relevant authorities (Sarpanch) of the selected area. Prior to participation, written informed consent was obtained from all respondents after explaining the purpose and voluntary nature of the study. Confidentiality and anonymity of responses were strictly maintained throughout the research process.

Data Collection Procedure

Data were collected from July 11-24, 2025, Questionnaires were distributed and collected personally by the researcher.

Data Analysis

Raw data were coded, entered, and analyzed using the Statistical Package for the Social Sciences (SPSS, version 2.0; SPSS Inc., Chicago, IL, USA) [17] Descriptive statistics, including means, frequencies, and percentages, were used to summarize socio-demographic characteristics as well as knowledge scores. Participants' responses to individual questions were also expressed in terms of frequencies and percentages.

Inferential statistics were applied to examine associations between demographic variables and Knowledge scores using the chi-square test for categorical variables. Statistical significance was set at $p < 0.05$.

III. RESULTS

Table 1: Baseline Characteristics of The Total Study Population (N=50)

Demographic variables	Category	Frequency	Percentage
AGE	20-25 Years	19	38%
	26-30 Years	13	26%
	31-35 Years	9	18%
	36-40 Years	9	18%
Gender	Male	25	50%
	Female	25	50%
Religion	Hindu	17	34%
	Sikh	33	66%
Education	Matric	23	46%
	10+2	17	34%
	Graduate or above	10	20%
Occupation	Housewife	16	36%
	Business	3	6%
	Labour	14	28%
	Others	17	34%
Income	3000-5000	9	18%
	5001-7000	19	38%
	7001-9000	9	18%
	9001 or above	13	26%
Marital status	Married	28	56%
	Unmarried	20	40%
	widow	2	4%
Family size	Nuclear	29	58%
	Joint	18	36%
	Extended	3	6%

The study included 50 participants, most of whom were aged 20–25 years (38%), followed by 26–30 years (26%), while 31–35 years and 36–40 years each constituted 18% of the sample. An equal proportion of males and females participated (50% each), and the majority were Sikh (66%), with the remainder Hindu (34%). Regarding education, nearly half of the respondents were educated up to matric level (46%), about one-third up to 10+2 (34%), and one-fifth were graduates or above (20%). Most participants were housewives (36%) or classified as others (34%), with smaller proportions working as labourers (28%) or in business (6%). In terms of monthly family income, the

largest group fell in the ₹5001–7000 range (38%), followed by those earning ₹9001 or above (26%), while 18% each were in the ₹3000–5000 and ₹7001–9000 brackets. More than half of the respondents were married (56%), 40% were unmarried, and 4% were widowed, and the predominant family type was nuclear (58%), with 36% living in joint and 6% in extended families.

Table 2: Knowledge About Ayush Among Young Adults (N=50)

Level of knowledge	Frequency	percentage
Inadequate knowledge	9	18%
Adequate knowledge	34	68%
Good knowledge	7	14%

Table 3: Mean And Standard Deviation of Level of Knowledge Among Young Adults (N=50)

Level of knowledge	Mean	Standard deviation
Ayurveda	6.78	47.66
Yoga	4.84	33.88
Unani	4.10	28.70
Siddha	4.14	28.98
Homeopathy	6.16	43.12

Most respondents had an adequate level of knowledge regarding AYUSH systems, with 68% classified as having adequate knowledge, 14% as having good knowledge, and 18% as having inadequate knowledge. The mean knowledge scores were highest for Ayurveda (mean = 6.78, SD = 47.66) and Homeopathy (mean = 6.16, SD = 43.12), while lower mean scores were observed for Yoga (mean = 4.84, SD = 33.88), Unani (mean = 4.10, SD = 28.70), and Siddha (mean = 4.14, SD = 28.98), indicating comparatively better awareness of Ayurveda and Homeopathy than the other AYUSH modalities.

IV. ASSOCIATION BETWEEN KNOWLEDGE REGARDING AYUSH AND DEMOGRAPHIC VARIABLES.

The study found” no significant association between knowledge levels regarding the various AYUSH systems namely Ayurveda, Yoga, Unani, Siddha, and Homeopathy and key demographic variables including

age, gender, religion, education, occupation, income, and family size (all $p > 0.05$).". This suggests that awareness and understanding of these traditional systems were uniformly distributed across the different demographic groups in the sample. Such results indicate that demographic factors did not influence knowledge variation about AYUSH modalities in this population, highlighting the possible widespread acceptance or general familiarity with these systems irrespective of social or economic differences.

V. DISCUSSION

The present study assessed the knowledge of young adults regarding complementary and alternative therapies (AYUSH) and examined the association between their knowledge and selected demographic variables. The findings revealed that most participants possessed an adequate level of knowledge (68%), while 14% exhibited good knowledge and 18% demonstrated inadequate knowledge. These results indicate that although AYUSH is familiar to many young adults, comprehensive understanding remains limited. Similar conclusions were reported in the First All-India AYUSH Survey (Ministry of AYUSH, 2022–23) [18], which found that overall awareness of AYUSH is high across the Indian population, but detailed knowledge and utilisation vary widely. The survey also highlighted that awareness is often general rather than in-depth, aligning closely with the findings of the present study.

In the current study, participants exhibited higher awareness of Ayurveda and Homeopathy compared with Yoga, Unani, and Siddha. This trend is consistent with earlier literature. A study conducted among AYUSH-aspiring students in Telangana (2023) [19] reported that Homeopathy and Ayurveda were the most familiar systems, while knowledge of Unani, Siddha, and other modalities was comparatively lower. Similarly, the NSSO Perception Survey on AYUSH (National Sample Survey Office) reported [20] that although a large proportion of households were aware of AYUSH, only a smaller fraction actively used these systems often due to inadequate knowledge or limited exposure. These findings reinforce the pattern observed in the present study, where familiarity was

unevenly distributed across the different AYUSH modalities.

The absence of a significant association between demographic variables and knowledge levels ($p > 0.05$) suggests that awareness of AYUSH is relatively uniform among young adults regardless of age, gender, religion, education, occupation, income, or family size. This observation is supported by the All-India AYUSH Survey [21], which demonstrated that awareness was widespread across rural–urban areas, socioeconomic groups, and educational backgrounds. Furthermore, a systematic review by Reddy et al. (2018) [22,23,24] examining the utilisation and perceptions of AYUSH across India indicated that demographic factors often have limited influence on AYUSH knowledge. Instead, exposure, cultural familiarity, and accessibility tend to shape attitudes and understanding factors that are not strictly demographic, which may explain the findings in the present study.

Additionally, studies conducted among healthcare students such as the research on pharmacy students by Kumar et al. (2014) [25] found variability in AYUSH familiarity even within educated groups, with many students demonstrating favourable attitudes but average knowledge. This further supports the conclusion that AYUSH awareness often stems from cultural and societal exposure rather than formal education or socioeconomic status.

Overall, the findings of the present study align well with national surveys and prior empirical research. Although AYUSH is widely recognised, knowledge remains moderate and varies across systems, with Ayurveda and Homeopathy receiving greater public attention [26,27]. The lack of demographic influence on knowledge suggests that AYUSH information is generally diffused throughout the community rather than concentrated in specific segments. These results underscore the need for targeted educational initiatives, community health programmes, and awareness campaigns especially regarding lesser-known systems such as Siddha and Unani to enhance informed understanding among young adults. Strengthening AYUSH-related health education may help improve holistic healthcare literacy and promote more informed utilisation of traditional medical systems.

VI. CONCLUSION

The present study concluded that young adults possessed an overall adequate level of knowledge regarding complementary and alternative therapies (AYUSH), with higher awareness of Ayurveda and Homeopathy compared to Yoga, Unani, and Siddha. Despite the diverse demographic profile of participants, no significant association was found between demographic variables and knowledge levels, indicating that AYUSH awareness is relatively uniform across age groups, gender, education levels, occupations, income categories, and family structures. These findings highlight an existing foundation of general awareness but also reveal substantial gaps in comprehensive understanding of all AYUSH modalities. Strengthening educational and community-based initiatives is therefore essential to promote informed decision-making and enhance the utilization of AYUSH systems among young adults.

VII. RECOMMENDATIONS

1. Awareness Programs: Develop targeted community health education sessions, workshops, and seminars to improve understanding of all AYUSH modalities, especially lesser-known systems like Siddha and Unani.
2. Integration in Educational Curricula: Include basic concepts of AYUSH in school, college, and nursing curricula to enhance early knowledge and promote an informed attitude toward holistic health systems.
3. Use of Digital Platforms: Utilize social media, mobile health applications, and digital campaigns to disseminate authentic and accessible information about AYUSH among young adults.
4. Collaboration with AYUSH Practitioners: Conduct interactive sessions involving qualified AYUSH experts to promote accurate knowledge and to address misconceptions.
5. Further Research: Encourage more studies with larger sample sizes and diverse settings to generate stronger evidence on knowledge, utilization, and perceptions of AYUSH.
6. Healthcare Promotion: Government and local health authorities should collaborate to strengthen public health communication related to AYUSH, ensuring credibility and cultural sensitivity.

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