

**TELEMEDICINE IN AYURVEDA: ETHICAL AND LEGAL CHALLENGES - A
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DOI: <https://doi.org/10.5281/zenodo.23118140>**How to cite this Article:** *¹Dr. Ishwar Balasaheb Yadav, ²Dr. Ashwini Patil (2026). Telemedicine In Ayurveda: Ethical And Legal Challenges - A Narrative Review. European Journal of Pharmaceutical and Medical Research, 13(10), 348–353.
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Article Received on 05/09/2026

Article Revised on 25/09/2026

Article Published on 01/10/2026

ABSTRACT

Telemedicine has emerged as an important component of contemporary healthcare delivery, particularly because of the rapid expansion of digital communication technologies and the need to improve access to healthcare services. Ayurveda, as a traditional system of medicine with a holistic approach to patient care, is increasingly being integrated with digital modes of consultation. Telemedicine can facilitate Ayurvedic consultation, follow-up, health education, lifestyle counselling and continuity of care, particularly for patients living in geographically remote areas. However, the practice of Ayurveda through telemedicine presents several ethical and legal challenges. Informed consent, patient identification, confidentiality, privacy, professional secrecy, maintenance of medical records, prescription practices, appropriate referral and professional accountability become particularly important when physical examination is limited or absent. The Ayurvedic physician must also recognize situations in which teleconsultation is inadequate and an in-person clinical examination is necessary. The regulatory environment for Indian System of Medicine in India has evolved under the National Commission for Indian System of Medicine (NCISM) framework. The National Commission for Indian System of Medicine (Ethics and Registration) Regulations, 2023 provide an important framework for professional ethics and registration of practitioners. General Indian telemedicine guidance also emphasizes professional judgment, patient and practitioner identification, consent, evaluation and appropriate patient management. This narrative review discusses the ethical, legal and professional challenges associated with telemedicine in Ayurveda and proposes principles for safe, responsible and patient-centred tele-Ayurveda practice.

KEYWORDS: Ayurveda, Telemedicine, Tele-Ayurveda, Medical Ethics, Professional Conduct.**1. INTRODUCTION**

Healthcare delivery has undergone substantial transformation with the development of information and communication technologies. Telemedicine enables healthcare professionals to provide consultation, counselling, follow-up and selected healthcare services without requiring the patient and physician to be physically present at the same location.

The importance of telemedicine increased substantially during and after the COVID-19 pandemic. In India,

national telemedicine guidance established principles for technology-mediated consultations, including identification of the patient and practitioner, consent, appropriate evaluation and professional judgment regarding whether telemedicine is suitable for a particular clinical situation.

Ayurveda offers considerable scope for remote healthcare services because many aspects of Ayurvedic practice involve detailed history taking, assessment of dietary and lifestyle habits, counselling, preventive

healthcare and follow-up. However, Ayurveda also places importance on clinical examination, assessment of physical signs and individualized diagnosis. Therefore, telemedicine should complement rather than indiscriminately replace face-to-face clinical assessment.

The emergence of tele-Ayurveda raises an important question: How can the traditional physician–patient relationship and ethical principles of Ayurveda be preserved within a digital healthcare environment?

This review explores the ethical, legal and professional challenges associated with telemedicine in Ayurveda.

2. Concept of Telemedicine

Telemedicine may broadly be understood as the delivery of healthcare services through information and communication technologies when the patient and healthcare professional are geographically separated.

Depending on the technology used, teleconsultation may involve.

- Video consultation
- Audio consultation
- Telephone consultation
- Text-based communication
- Digital exchange of medical reports
- Electronic prescriptions
- Remote follow-up
- Health education and counselling

The choice of technology should depend upon the patient's clinical condition and the adequacy of the available communication method.

Indian telemedicine guidance emphasizes that professional judgment should determine whether a technology-based consultation is sufficient or whether an in-person consultation is required.

3. Scope of Telemedicine in Ayurveda

Potential applications of tele-Ayurveda include:

1. Initial history taking in selected conditions
2. Follow-up consultations
3. Diet and lifestyle counselling
4. Preventive healthcare
5. Yoga and wellness counselling
6. Prakriti-related counselling where clinically appropriate
7. Review of laboratory and imaging reports
8. Monitoring of chronic diseases
9. Post-treatment follow-up
10. Patient education
11. Public health awareness
12. Referral and coordination of care

Telemedicine may be particularly useful for patients who have difficulty travelling because of geographical distance, disability, age or limited healthcare accessibility.

However, not every Ayurvedic clinical situation is suitable for remote consultation.

4. Ethical Challenges in Tele-Ayurveda

4.1 Informed Consent

Consent is a fundamental ethical principle in medical practice.

In telemedicine, the patient should understand:

- That consultation is being conducted remotely
 - Limitations of teleconsultation
 - Possible limitations in physical examination
 - Privacy-related considerations
 - Alternative option of face-to-face consultation
 - Need for referral when clinically indicated
- Consent should be appropriately documented.

4.2 Patient Identification

A teleconsultation should not be anonymous.

Appropriate patient identification helps prevent:

- Wrong-patient consultation
- Medication errors
- Identity fraud
- Misuse of prescriptions
- Documentation errors

Indian telemedicine guidance specifically emphasizes identification of both the patient and the registered medical practitioner.

4.3 Confidentiality and Professional Secrecy

Confidentiality is a central component of the doctor–patient relationship.

In telemedicine, confidentiality may be threatened by:

- Unsecured communication platforms
- Recording of consultations
- Screenshots
- Unauthorized access
- Sharing of medical documents
- Use of public or shared devices
- Third-party involvement

The Ayurvedic physician should take reasonable measures to protect patient information.

4.4 Privacy and Digital Data Protection

Digital healthcare generates sensitive information including:

- Medical history
- Diagnosis
- Prescriptions
- Laboratory reports
- Photographs
- Personal identification details
- Payment information

Therefore, appropriate data protection and secure storage are essential.

Physicians should avoid unnecessary collection and transmission of patient information.

4.5 Professional Secrecy

The traditional ethical principle of maintaining professional secrecy remains relevant in digital practice. Information obtained during teleconsultation should not be disclosed to third parties without appropriate justification or legal requirement.

5. Legal Challenges

5.1 Professional Responsibility

Telemedicine does not eliminate the professional responsibility of the physician.

The physician remains responsible for exercising appropriate professional judgment within the limits of the consultation.

NCISM's Ethics and Registration Regulations, 2023 provide the current regulatory framework concerning ethics and registration for practitioners of Indian Systems of Medicine.

5.2 Standard of Care

A major medico-legal question is

What standard of care should be expected during teleconsultation?

The physician should provide care consistent with professional standards while recognizing the inherent limitations of remote consultation. General Indian telemedicine guidance states that the practitioner should decide whether telemedicine is appropriate or whether an in-person consultation is required and should not compromise the quality of care.

5.3 Medical Negligence

Telemedicine may create new circumstances for allegations of negligence, including:

- Failure to identify the patient
- Inadequate history taking
- Failure to recognize an emergency
- Inappropriate prescription
- Failure to advise physical examination
- Failure to refer
- Poor documentation
- Breach of confidentiality

Therefore, careful documentation and appropriate clinical judgment are essential.

6. Prescription in Tele-Ayurveda

Prescription through teleconsultation requires particular caution.

The physician should consider:

- Patient identity
- Clinical history
- Previous medication
- Allergies
- Contraindications
- Age
- Pregnancy status where relevant
- Comorbidities
- Drug interactions
- Need for physical examination

Ayurvedic medicines should be prescribed rationally and according to the physician's professional competence and applicable regulatory requirements.

7. Medical Records and Documentation

Proper documentation is one of the strongest medico-legal safeguards in telemedicine.

A tele-Ayurveda record should preferably include:

1. Date and time of consultation
2. Patient identification
3. Physician identification
4. Chief complaints
5. Relevant history
6. Previous treatment
7. Available investigation reports
8. Clinical assessment
9. Provisional/final diagnosis where appropriate
10. Advice given
11. Prescription
12. Follow-up instructions
13. Referral advice, if applicable
14. Consent/documentation of teleconsultation

Good documentation facilitates continuity of care and provides an important record if a medico-legal issue arises.

8. Limitations of Telemedicine in Ayurveda

The major limitations include:

- Absence of complete physical examination
- Difficulty assessing pulse and other physical parameters remotely
- Difficulty evaluating certain Ayurvedic clinical signs
- Poor-quality photographs
- Internet/connectivity problems
- Digital literacy barriers
- Privacy concerns
- Diagnostic uncertainty
- Difficulty managing emergencies

Therefore, telemedicine should not be considered an unrestricted substitute for conventional clinical examination.

9. When Teleconsultation Should Be Avoided or Followed by Referral

Face-to-face consultation should be considered when:

- The patient appears seriously ill
 - There is a suspected emergency
 - Physical examination is essential for diagnosis
 - The diagnosis remains uncertain
 - The patient deteriorates during follow-up
 - The physician cannot obtain adequate clinical information
 - A procedure or intervention is required
 - The patient's condition requires urgent investigation
- The guiding principle should be patient safety over convenience.

10. Ayurvedic Ethical Principles Relevant to Telemedicine

Classical Ayurvedic concepts can provide an ethical foundation for digital practice.

Vaidya Sadvritta

The principles of Vaidya Sadvritta emphasize appropriate conduct of the physician, professional discipline, compassion and responsible interaction with patients.

These principles can be applied to telemedicine through:

- Respectful communication
- Confidentiality
- Truthfulness
- Avoidance of exploitation
- Appropriate professional boundaries
- Patient welfare
- Responsible prescribing

Thus, technological modernization does not require abandonment of classical professional ethics.

11. Telemedicine and Doctor–Patient Relationship

The doctor–patient relationship is traditionally based upon:

Trust + Confidentiality + Competence + Communication + Beneficence

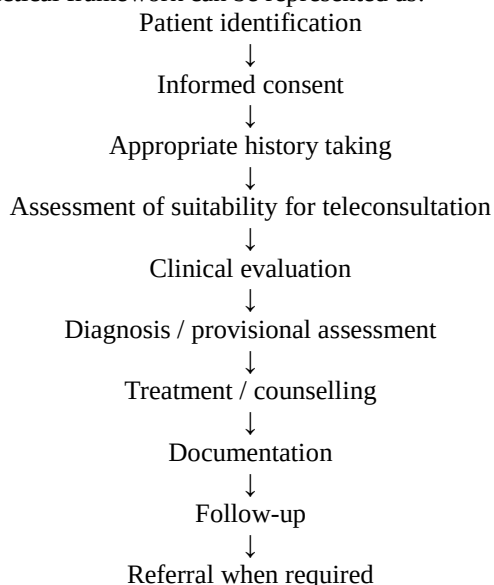
Digital consultation can weaken interpersonal communication because of:

- Absence of direct physical presence
- Poor audiovisual quality
- Language barriers
- Distractions
- Limited non-verbal communication

Therefore, Ayurvedic physicians should communicate clearly and verify the patient's understanding of the advice provided.

12. Proposed Ethical Framework for Tele-Ayurveda

A practical framework can be represented as:



This framework emphasizes that telemedicine is a clinical process rather than merely a digital communication service.

13. Future Perspectives

The future of tele-Ayurveda may include.

- Integrated electronic health records
- Standardized tele-Ayurveda protocols
- Secure digital platforms
- Remote monitoring
- AI-assisted clinical decision support
- Digital patient education
- Integration with public health systems
- Teleconsultation training in Ayurveda education

However, technological development should always remain subordinate to patient safety, professional ethics and evidence-informed clinical judgment.

MATERIALS AND METHODOLOGY

A narrative literature review was conducted to examine the ethical, legal, clinical and professional challenges associated with telemedicine in Ayurveda. Relevant literature was searched through PubMed/MEDLINE, Google Scholar and official websites of the Ministry of AYUSH, National Commission for Indian System of Medicine (NCISM) and World Health Organization (WHO). The search included terms such as telemedicine, tele-Ayurveda, Ayurveda, medical ethics, informed consent, confidentiality, privacy, medical records, medico-legal issues, and NCISM. Peer-reviewed research articles, review articles, guidelines, government publications and relevant regulatory documents published up to 2026 were considered. The retrieved literature was critically reviewed and thematically synthesized under the major domains of clinical practice, informed consent, confidentiality, data privacy, prescription, documentation, professional responsibility, referral and medico-legal concerns. Regulatory documents were reviewed separately to identify the applicable ethical and legal framework for tele-Ayurveda in India.

14. DISCUSSION

Telemedicine has the potential to expand the reach of Ayurveda while improving continuity of care. It can be particularly valuable for follow-up consultations, counselling, preventive healthcare and selected chronic conditions.

Nevertheless, remote healthcare changes the context in which professional responsibilities are exercised. The absence of physical examination may increase diagnostic uncertainty, while digital transmission creates additional risks related to privacy and confidentiality.

The ethical principles applicable to conventional Ayurvedic practice remain relevant in telemedicine. In addition, physicians must develop competence in digital communication, documentation, privacy protection and appropriate referral.

The regulatory environment in India has also evolved. NCISM's current framework includes the National Commission for Indian System of Medicine (Ethics and

Registration) Regulations, 2023, which should be considered when discussing professional ethics and registration of Ayurvedic practitioners.

Indian telemedicine guidance also establishes important principles concerning professional judgment, patient identification, consent, evaluation and management.

Therefore, the appropriate model for tele-Ayurveda is not simply “online consultation”, but responsible digital clinical practice within an ethical and medico-legal framework.

15. CONCLUSION

Telemedicine provides an important opportunity for extending the reach of Ayurveda and improving accessibility and continuity of healthcare. However, its implementation raises significant ethical, legal and professional challenges.

Informed consent, patient identification, confidentiality, professional secrecy, proper documentation, rational prescribing, appropriate referral and maintenance of professional standards are essential components of safe tele-Ayurveda practice.

The fundamental principle should be that technology must facilitate healthcare without compromising patient safety, professional ethics or the physician's legal responsibilities.

The future development of tele-Ayurveda should therefore focus on standardized protocols, professional training, secure digital infrastructure and a clear ethical and regulatory framework.

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