

ASSESSMENT OF INFLUENCE OF AI IN SELF-MEDICATION PRACTICES AMONG RURAL POPULATION OF TAMILNADU**M. Ranga Priya^{*}, A. Durga, M. Jagan, P. Kalaiselvi, G. Madhan, R. Manivannan**Professor & Head, Department of Pharmacy Practice, Excel College of Pharmacy,
Komarapalayam, Tamil Nadu.Article Received on 25 February 2026,
Article Revised on 18 March 2026,
Article Published on 01 April 2026,<https://doi.org/10.5281/zenodo.19330861>***Corresponding Author****M. Ranga Priya**Professor & Head, Department of
Pharmacy Practice, Excel College of
Pharmacy, Komarapalayam,
Tamilnadu.**How to cite this Article:** M. Ranga Priya^{*}, A. Durga, M. Jagan, P. Kalaiselvi, G. Madhan, R. Manivannan. (2026). Assessment of Influence of Ai In Self-Medication Practices Among Rural Population of Tamil Nadu. World Journal of Pharmaceutical Research, 15(7), 997-1016.

This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

Self-medication is a reasonably widespread practice that involves using medications without a doctor's supervision, frequently to cure minor illnesses. Although this conduct provides quick symptom and/or clinical manifestation alleviation, it also carries various serious hazards, including misdiagnosis, antibiotic resistance, and negative side effects from improper medication administration. An Observational, Cross-sectional – Knowledge, Attitude, and Practice (KAP) study was aimed to assess the influence of Artificial Intelligence on Self-medication practices among rural population. According to the study's findings, self-medication is very common among young adults in rural Tamilnadu, mostly for minor conditions like fever, headaches, and colds. Even though most participants are aware of some risks, there are still a lot of misconceptions and knowledge gaps.

Antimicrobial resistance could be exacerbated by the widespread, unauthorized use of antibiotics. Self-medication practices are increasingly being shaped by artificial intelligence and online platforms. Although AI presents promising tools for tracking adherence and forecasting drug-related risks, relying too much on unregulated online sources can have major negative effects on one's health. In general, AI facilitates self-medication practices while also increasing their risk. To ensure the secure integration of AI in healthcare, responsible use, regulatory oversight, and public education will be needed.

KEYWORDS: Self- medication, Artificial intelligence, AI in health care, OTC, self-medication practice.

INTRODUCTION

Self-medication can be defined as the use of drugs to treat self-diagnosed disorders or symptoms, or the intermittent or continued use of a prescribed drug for chronic or recurrent disease or symptoms.^[1]

According to the World Health Organisation (WHO), self-medication is a reasonably widespread practice that involves using medications without a doctor's supervision, frequently to cure minor illnesses.^[2] Using licensed, over-the-counter medications that are safe and effective when used as prescribed is a key component of responsible self-medication. According to recent research, over 22% of medicine users self-medicate, and significant increases have been noted over time across a variety of demographic categories.

Although this conduct provides quick symptom and/or clinical manifestation alleviation, it also carries various serious hazards, including misdiagnosis, antibiotic resistance, and negative side effects from improper medication administration.^[3,4]

In particular, the ease of access to online health resources has made self-medication more common.^[5] Artificial intelligence (AI) and digital technology have made it possible for patients and physicians to fast and effectively access information about medications, illnesses, and therapies by disseminating a large amount of medical data online.^[6]

In India, self-medication has risen due to easy access to OTC drugs, contributing to antibiotic resistance, resource misuse, drug dependency, and other adverse effects.

In this situation, fostering an educational and responsible culture is crucial. Healthcare workers need to prioritise their ongoing education, be sceptical, and assess the quality of the information they take in by consulting credible sources and scientific data.^[8]

Additionally, with the growing prevalence of e-commerce, an increasing number of adolescents are turning to online platforms to purchase OTC drugs. While this method offers convenience and speed, it introduces risks, such as the absence of professional pharmaceutical guidance and exposure to misleading advertisements or exaggerated claims. As a result, adolescents may overlook the potential risks associated with medications, leading

to improper use.^[9,10] Further analysis revealed that adolescents who purchased over the-counter (OTC) medications from online platforms had relatively lower knowledge scores. This indicates a close relationship between the source of purchase and adolescents' knowledge levels as well as their rates of misuse. The lack of professional guidance associated with online purchasing channels may make adolescents more prone to medication errors.^[11,12]

Self-medication should not be considered a long-term option for treating students' anxiety and depression. It is important to recognize that self-medication does not address the underlying issues and may discourage students from seeking professional help and evidence-based treatments. To address this issue, awareness-building and promoting mental health literacy are essential. Students must be educated about the importance of seeking appropriate help for their mental health concerns. It is important to promote therapy, counselling, and other evidence-based interventions as successful treatments for anxiety and depression. Reducing mental health stigma is crucial in creating a supportive environment for students. Universities and other educational institutions can play a vital role by offering mental health resources and support services. This may entail setting up counselling facilities, holding seminars on stress management and coping mechanisms, and encouraging an environment where people can talk openly about their mental health. Students are more likely to seek appropriate help and avoid using self-medication as a coping method by encouraging mental health literacy, raising knowledge of the hazards associated with self-medication, and developing a supportive environment. Prioritizing students' well-being is crucial, as is giving them the resources and tools they require to effectively manage their mental health.^[13]

Hence the present study was aimed to assess the influence of Artificial Intelligence on Self-medication practices among rural population by analyzing the factors governing self-medication.

METHODOLOGY

An Observational, Cross-sectional – Knowledge, Attitude, and Practice (KAP) study was conducted among residents and college students of Erode, Namakkal, and Salem districts from december, 2025 to february, 2026 for a period of 3 months. The inclusion of participants was based on the criteria like the individuals aged 18 years and above, who are using AI-based health platforms and willing to provide informed consent. The exclusion criteria included healthcare professionals, individuals without internet access and people

unwilling to participate. Data were collected using a predesigned, pretested, structured, validated questionnaire developed after an extensive literature review.

RESULTS AND DISCUSSION

The study results indicated the precise and proper details regarding the self-medication practice among the rural population.

Table-1, Fig - 1 shows that there is slightly higher proportion of females (54.3%) compared to males (45.7%). This indicates relatively balanced gender participation, ensuring that the findings reflect perspectives from both groups without major gender bias. Our results are in coincidence with previous study showing 52.8% of females and 47.2% of males practicing self-medication.^[14]

Table 1: Gender wise distribution of participants.

Gender	No of Participants (n=302)	Percentage (%)
Male	138	45.7
Female	164	54.3

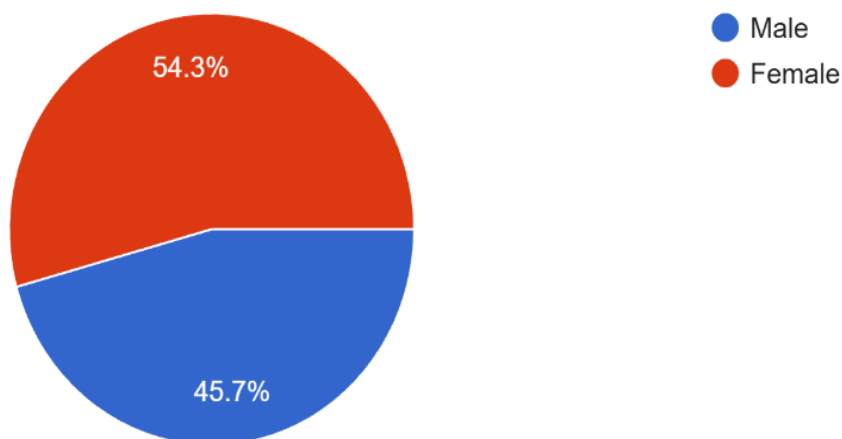


Figure 1: Gender wise distribution of participants.

Table 2: Age wise distribution of participants.

Age (Years)	No of Participants (n=302)	Percentage (%)
18-22	250	82.8
23-27	29	9.6
28-33	23	7.6

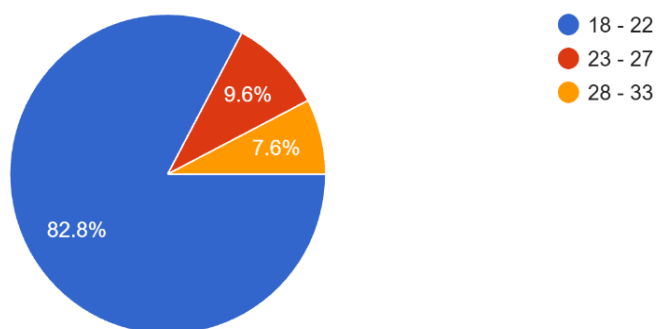


Figure 2: Age wise distribution of participants.

The above Table-2 depicts that majority of respondents (82.8%) were aged 18–22 years. Smaller proportions belonged to the 23–27 age group (9.6%) and 28–33 age group (7.6%). Our results are in controversy with the reports showing 69.4% of participants are of age 18–22, 29.8% of them are from age 23–27, and 0.8% of them are above 28–33 years.^[14]

Table 3: Residence of the participants.

Residence	No of Participants (n=302)	Percentage (%)
Rural	196	65.8
Semi-urban	52	17.4
Urban	50	16.8

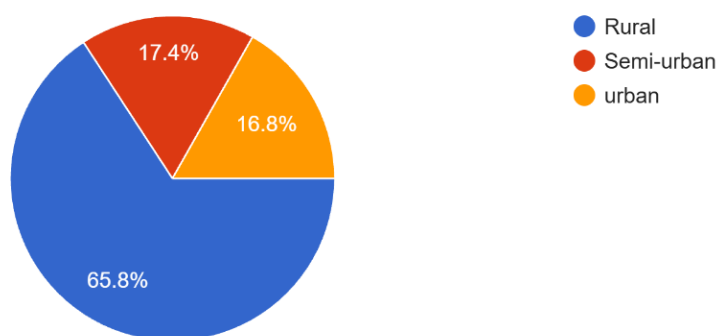
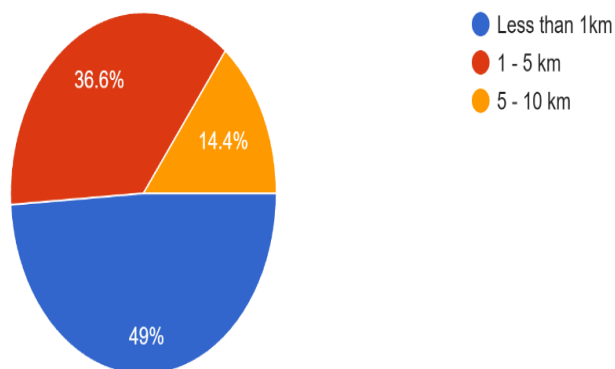


Figure 3: Residence of the participants.

Table 3 shows that most respondents lived in rural areas (65.8%), followed by semi-urban (17.4%) and urban areas (16.8%). Our results do not comply with the previous findings depicting 16.35% of participants from rural areas, 40.89% of participants from semi-urban areas and 42.76% of participants from urban areas.^[15]

Table 4: Distance to nearby Pharmacy.

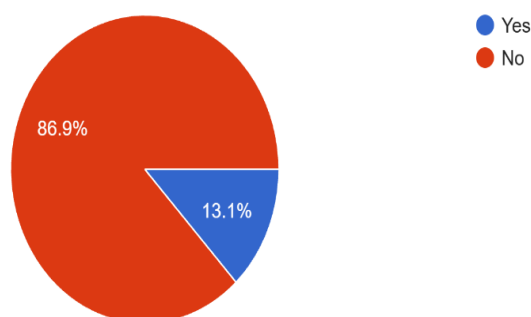
Distance to nearby pharmacy	No of Participants (n=302)	Percentage (%)
Less than 1km	146	49
1-5 km	109	36.6
5-10 km	43	14.4

**Figure 4: Distance to nearby Pharmacy.**

The data from Table-4 shows that nearly half of the respondents (49%) lived less than 1 km from a pharmacy, 36.6% lived 1–5 km away, and 14.5% lived 5–10 km away. Our results are in controversy with 70.3% of participants are nearby to pharmacy, 23.3% are 1-5 km away from pharmacy and 6.2% are 5-10 km away from pharmacy.^[14]

Table 5: Prevalence of chronic illness.

Chronic illness	No of Participants (n=302)	Percentage (%)
Yes	39	13.1
No	259	86.9

**Figure 5: Prevalence of chronic illness.**

The data from Table-5 shows that a large majority (86.9%) reported no chronic illness, while only 13.1% had chronic conditions. This indicates that most self-medication practices are likely for minor or short-term health problems rather than long-term diseases.^[14]

Table 6: Self-Medication Frequency.

Annual Self-medication (Times)	No of Participants (n=302)	Percentage (%)
0	83	28
1	75	25.3
2	59	19.9
3	29	9.8
>3	50	16.9

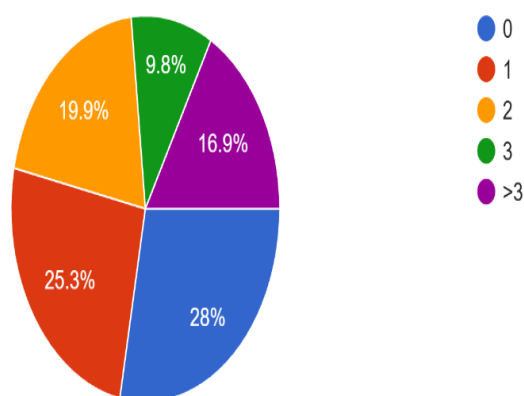


Figure 6: Self-Medication Frequency.

Figure-6 shows that 28% of the respondents were not practicing self-medication, 25.3% of respondents were practicing self-medication once a year, 19.9% were practicing self-medication twice a year, 9.8% were practicing self-medication thrice a year and remaining 16.9% were practicing self-medication more than three times in a year. This suggests that while some individuals avoid self-medication, a considerable proportion practices it occasionally.^[15]

Table 7: Topical Medicines used for self-medication.

Kind of medicine	No of Participants (n=302)	Percentage (%)
Modern medicine	181	60.3
Traditional medicine	75	25
Others	44	14.7

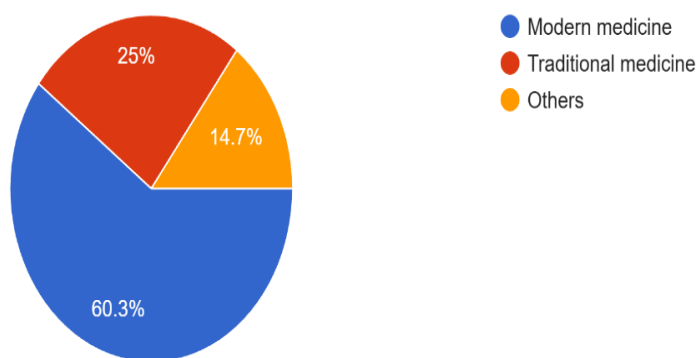


Figure 7: Topical Medicines used for self-medication.

The data from Table-7 reveals that modern medicine was preferred by 60.3% of respondents, while 25% used traditional medicine and 14.7% used other methods. This indicates a strong reliance on conventional pharmaceutical drugs.^[15]

Table 8: Common health problems to practice self-medication.

Diseases	No of Participants (n=302)	Percentage (%)
Cold and cough	197	65.7
Headache	120	40
Allergy	33	11
Vomiting	35	11.7
Diarrhoea	17	5.7
Fever	103	34.3
Sleeplessness	10	3.3
Others	30	10

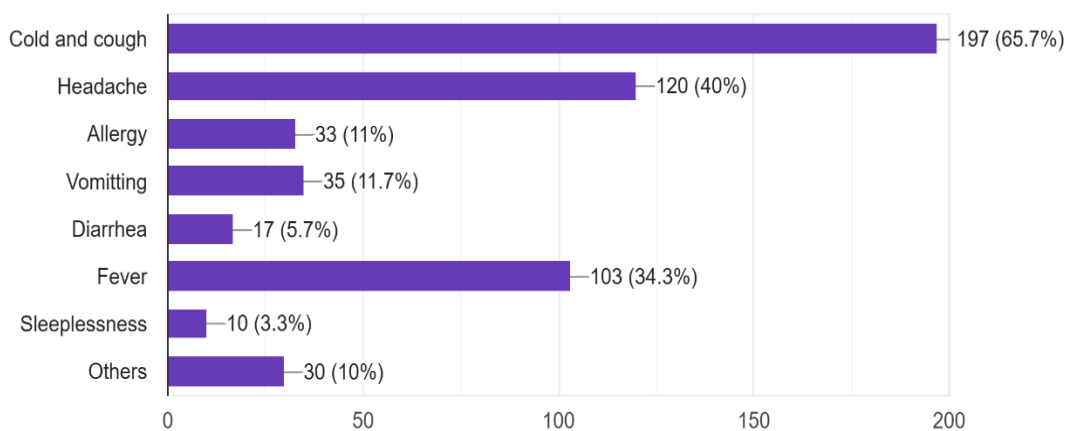


Figure 8: Common health problems to practice self-medication.

Table 8 shows that cold and cough are the most common conditions for which participants prefer self-medication, accounting for 65.7%, indicating that minor respiratory illnesses are widely managed without professional consultation. Headache (40%) and fever (34.3%) are also frequently treated through self-medication, reflecting reliance on over-the-counter remedies for common symptoms. Moderate percentages are observed for vomiting (11.7%), allergy (11%), and others (10%), while diarrhoea (5.7%) and sleeplessness (3.3%) are less commonly self-treated. These results suggest that participants mainly self-medicate for short-term, non-serious conditions. The pie chart visually supports this trend, with the largest segment representing cold and cough, followed by headache and fever.^[15]

Table 9: Frequently used drugs for Self-Medication.

Preferred Drugs	No of Participants (n=302)	Percentage (%)
Painkillers	138	46.3
Antibiotics	127	42.6
Contraceptive pills	8	2.7
Antacids	28	9.4
Sleeping pills	15	5
Antipyretics	27	9.1
Others	52	17.4

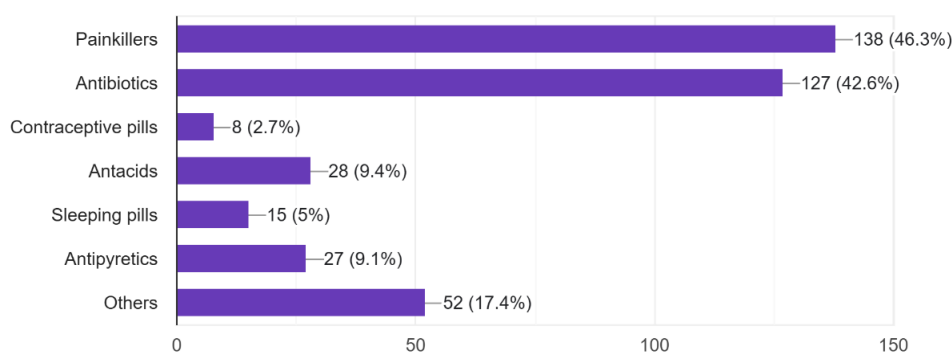


Figure 9: Frequently used drugs for Self-Medication.

The results of Table 9 indicate that painkillers are the most preferred drugs for self-medication, accounting for 46.3% of participants, followed closely by antibiotics at 42.6%, highlighting a high tendency toward using these medications without prescription. Other drugs constitute 17.4%, while antacids (9.4%) and antipyretics (9.1%) are used to a moderate extent. Sleeping pills (5%) and contraceptive pills (2.7%) are least preferred for self-medication. The high use of antibiotics is particularly concerning due to the risk of

antimicrobial resistance and improper usage. The pie chart visually confirms these findings, with the largest segments representing painkillers and antibiotics compared to smaller portions for other categories. Overall, both the questionnaire data and graphical representation consistently show that common symptomatic treatments are the primary choices for self-medication.^[15]

Table 10: Common reasons for self-medication.

Most common reasons	No of Participants (n=302)	Percentage (%)
Disease is not serious	128	43
Save time	47	15.8
Save money	59	19.8
Maintain confidential	26	8.7
Urgent need to use medicine	66	22.1
Confident upon my knowledge	30	10.1
Not believing in Physician advice	6	2
Others	45	15.1

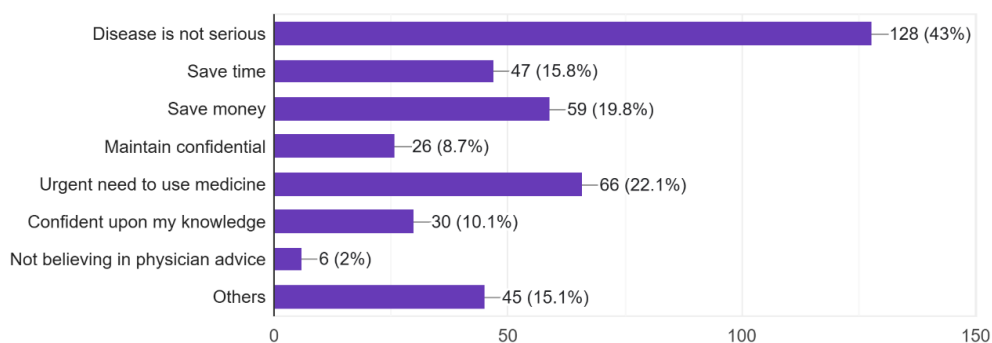


Figure 10: Common reasons for self-medication.

The findings from Table 10 & fig - 10 indicate that the most common reason for preferring self-medication is the belief that the disease is not serious, reported by 43% of participants, showing a perception of minor illness as the primary driver. Urgent need to use medicine (22.1%) and saving money (19.8%) are also significant factors influencing this practice. Saving time (15.8%) and other reasons (15.1%) contribute moderately to self-medication behaviour. A smaller proportion preferred self-medication to maintain confidentiality (8.7%) or due to confidence in their own knowledge (10.1%). Only 2% reported not believing in physician advice, indicating minimal distrust toward doctors. The pie chart visually supports

these results, with the largest segment representing “disease is not serious,” followed by urgent need and financial reasons, clearly reflecting the dominance of perceived mild illness as the main motivating factor.^[15]

Table 11: Sources of Information for self-medication.

Information source	No of Participants (n=302)	Percentage (%)
Academic knowledge	108	36
Advertisements	32	10.7
Friends and relatives	70	23.3
Information from pharmacists	59	19.7
Internet	55	18.3
Other medical and pharmacy students	31	10.3
Previous Prescriptions of others having similar illness	27	9
Others	44	14.7

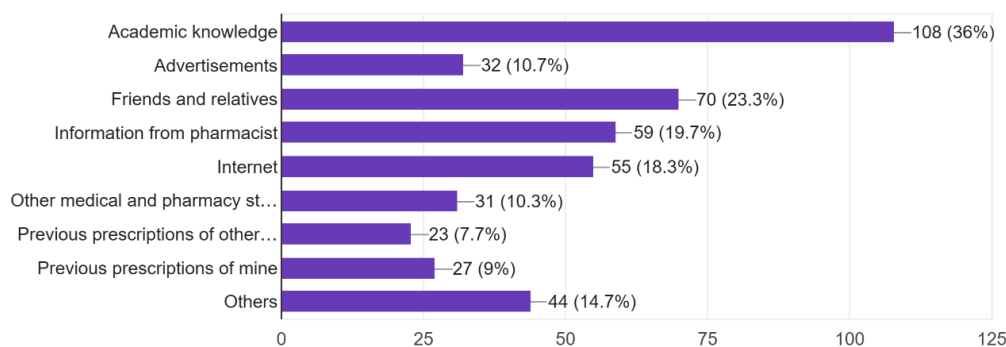


Figure 11: Sources of Information for self-medication.

Fig – 11 & Table 11 indicate that academic knowledge is the most commonly used source for self-medication, accounting for 36% of participants, showing strong reliance on educational background. Friends and relatives (23.3%) and pharmacists (19.7%) are also important sources, reflecting the influence of personal and professional guidance. The Internet is used by 18.3% of respondents, indicating moderate dependence on online information. Advertisements (10.7%) and other medical and pharmacy students (10.3%) contribute to a lesser extent, while only 9% rely on previous prescriptions of others. The pie chart visually confirms these results, with the largest segment representing academic knowledge and smaller segments for the remaining sources. Overall, both the questionnaire data and the

graphical representation consistently highlight that formal knowledge and close social contacts are the main sources for self-medication decisions.^[15]

Table 12: Side – Effects of self-medication.

Side effects after self-medication	No of Participants (n=302)	Percentage (%)
Yes	67	22.7
No	228	77.3

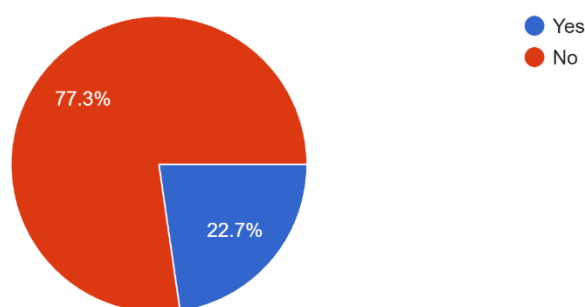


Figure 12: Side – Effects of self-medication.

The above table reveals that about 22.7% of respondents reported experiencing side effects, while the other 77.3% of respondents had not. Although the majority did not report harm, nearly one-fourth experiencing side effects is significant.^[15]

Table 13: Self-medication without Physician advice.

Taking medicine without Physician's advice	No of Participants (n=302)	Percentage (%)
Yes	141	47.6
No	155	52.4

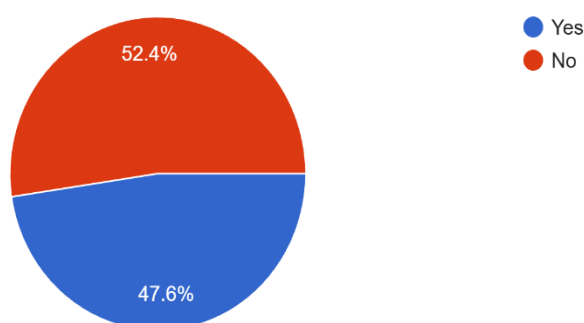


Figure 13: Self-medication without Physician advice.

When asked whether self-medication is taking medicine without physician advice 47.6% respondents agreed and 52.4% respondents disagreed. This indicates that there is some confusion or misunderstanding regarding the proper definition of self-medication.^[15]

Table 14: Self-medication safety.

Self-medication safe	No of Participants (n=302)	Percentage (%)
Yes	123	41.7
No	172	58.3

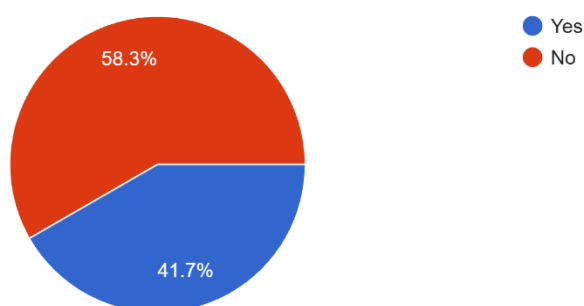


Figure 14: Self-medication safety.

The above Table-14 shows the practice of self-medication is whether safe or not, 58.7% of respondents believed it is not safe, while 41.3% of respondents believed it is safe. Although many practice self-medication, more than half recognize its risks.^[15]

Table 15: Side effects of Self Medication.

Medicines have side effects	No of Participants (n=302)	Percentage (%)
Yes	140	47.6
No	154	52.4

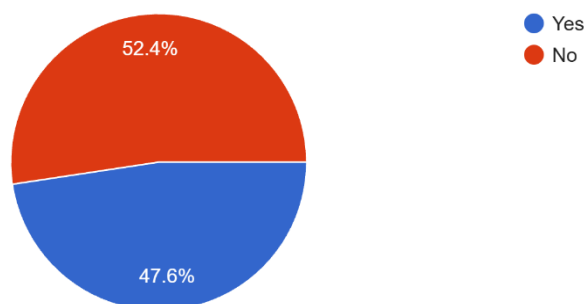


Figure 15: Side effects of Self Medication.

47.6% of participants responded that all types of medicines (Prescription, OTC, Herbal) have side effects, while 52.4% of participants responded that all types of medicines do not have any side effects as shown in Table-15. This reflects moderate awareness but also need a better education on potential adverse effects.^[15]

Table 16: Hazards of dose variations.

Changing drug dose	No of Participants (n=302)	Percentage (%)
Yes	222	75.3
No	73	24.7

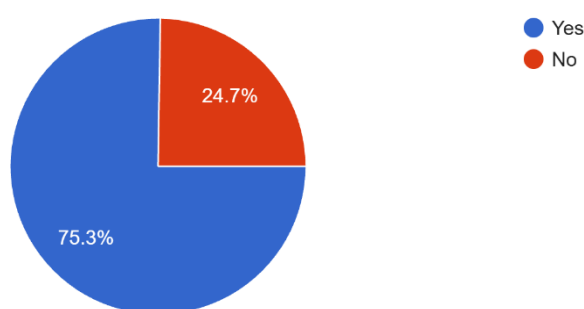


Figure 16: Hazards of dose variations.

Table-16 shows that a strong majority (75.3%) agreed that changing dosage without medical advice is dangerous. This demonstrates awareness of risks associated with improper dosing.^[15]

Table 17: ADRs requiring medical attention.

Medical attention required	No of Participants (n=302)	Percentage (%)
Yes	202	68.7
No	92	31.3

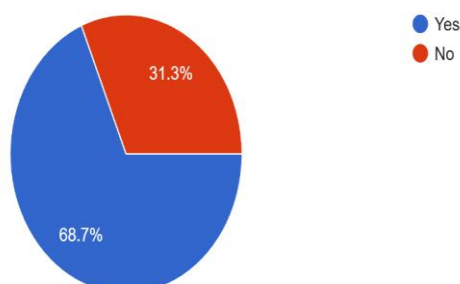


Figure 17: ADRs requiring medical attention.

The above table shows that 68.7% of respondents reported that adverse effects required medical attention, while 31.3% of respondents disagreed with the statement highlighting that complications can arise from self-medication.^[15]

Table 18: Presence of Drug Interactions.

Interfere with prescribed medications	No of Participants (n=302)	Percentage (%)
Yes	176	59.1
No	122	40.9

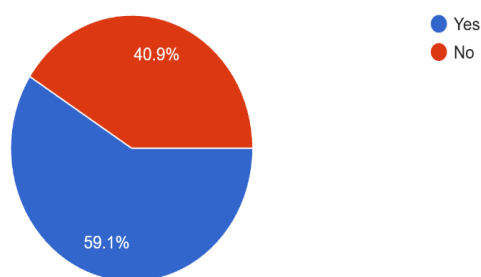


Figure 18: Presence of Drug Interactions.

The above data reveals that, 59.1% believed self-medication could interfere with doctor-prescribed treatment, indicating awareness of potential drug interactions. But 40.9% of respondents disagreed with the statement.^[15]

Table 19: Believing internet for self-medication.

Self-medication dependable and secure	No of Participants (n=302)	Percentage (%)
Yes	93	31.4
No	203	68.6

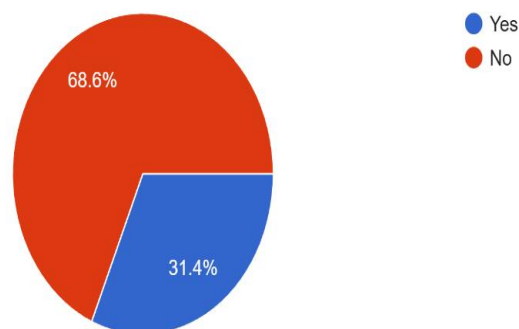


Figure 19: Believing internet for self-medication.

68.6% did not believe the internet is always dependable source for self-medication, while 31.4% believed it is as evident from the above figure. This shows cautious attitudes toward online medical information.^[14]

Table 20: Risk of side effects.

Increased risk	No of Participants (n=302)	Percentage (%)
Strongly agree	66	22.3
Agree	128	43.2
Neutral	74	25
Disagree	19	6.4
Strongly disagree	9	3

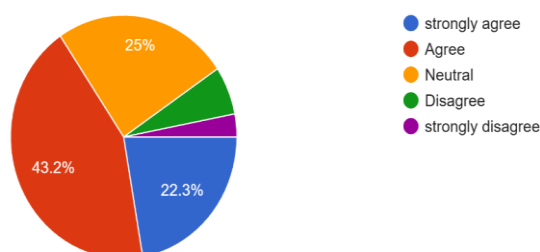


Figure 20: Risk of side effects.

Out of 302 respondents, 43.2% agreed and 22.3% strongly agreed, totally 65.5% who expressed concern about the potential risks, demonstrating a generally cautious attitude toward online health information. In contrast, only 6.4% disagreed and 3% strongly disagreed (9.4% combined), suggesting that very few participants perceive online self-medication information as safe or risk-free. Additionally, 25% of respondents remained neutral, which may reflect uncertainty or limited knowledge regarding the reliability of online sources. The pie chart visually supports these findings by clearly showing the largest segment representing agreement (43.2%), followed by neutral (25%) and strongly agree (22.3%), while disagreement categories occupy comparatively smaller portions.^[14]

Table 21: Safe use of Internet to self-medicate.

Safer to self-medicate from internet	No of Participants (n=302)	Percentage (%)
Strongly agree	43	14.5
Agree	92	31
Neutral	82	27.6
Disagree	55	18.5
Strongly disagree	25	8.4

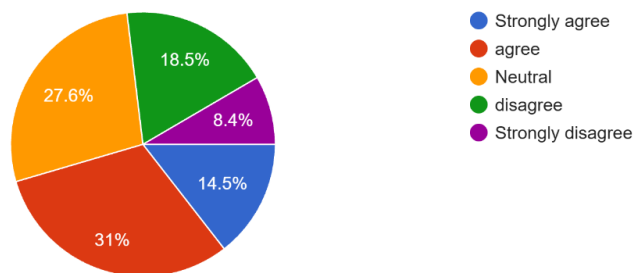


Figure 21: Safe use of Internet to self-medicate.

The findings indicate mixed opinions regarding whether it is safer to self-medicate using information from the internet than consulting a medical professional. About 31% agreed and 14.5% strongly agreed (total 45.5%) that it is safer, showing that nearly half of the participants have confidence in online sources. However, 18.5% disagreed and 8.4% strongly disagreed (26.9%), reflecting significant concern about the safety of internet-based self-medication. A considerable proportion (27.6%) remained neutral, suggesting uncertainty or lack of clear judgment on this issue. The pie chart visually reflects this distribution, with agreement forming the largest segment but closely followed by neutral and disagreement portions.^[14]

Table 22: AI Sources used for self-medication.

Site/Apps used	No of Participants (n=302)	Percentage (%)
Google	176	60.1
Micromedex	9	3.1
Chat GPT	52	17.7
Medscape	10	3.4
Medplus	36	12.3
Lexi drug	5	1.7
Lexicomp	5	1.7

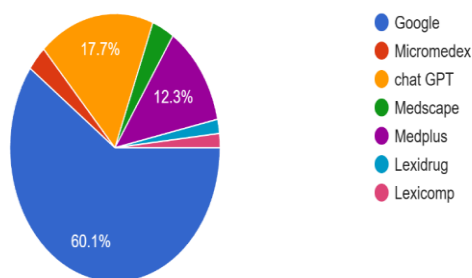


Figure 22: AI Sources used for self-medication.

The results show that the majority of participants (60.1%) usually use Google for treatment-related information, making it the most preferred platform by a wide margin. Chat GPT is the second most commonly used source at 17.7%, indicating a growing reliance on AI-based tools compared to traditional medical apps. Medplus accounts for 12.3% of users, while professional databases such as Medscape (3.4%) and Micromedex (3.1%) are used by only a small proportion of respondents. Lexi drug and Lexicomp are the least utilized sources, each representing just 1.7% of participants. The pie chart clearly highlights Google as the dominant segment, followed by Chat GPT and Medplus, with the remaining platforms occupying minimal portions. Overall, the data suggest a stronger preference for easily accessible general search engines and AI tools over specialized professional medical applications.^[14]

CONCLUSION

According to the study's findings, self-medication is very common among young adults in rural Tamilnadu, mostly for minor conditions like fever, headaches, and colds. Even though most participants are aware of some risks, there are still a lot of misconceptions and knowledge gaps. Antimicrobial resistance could be exacerbated by the widespread, unauthorized use of antibiotics. Self-medication practices are increasingly being shaped by artificial intelligence and online platforms. Although AI presents promising tools for tracking adherence and forecasting drug-related risks, relying too much on unregulated online sources can have major negative effects on one's health. In general, AI facilitates self-medication practices while also increasing their risk. To ensure the secure integration of AI in healthcare, responsible use, regulatory oversight, and public education will be needed.

REFERENCE

1. Alhomoud F, Aljamea Z, Almahasnah R, Alkhalifah K, Basalelah L, Alhomoud FK. Self-medication and self-prescription with antibiotics in the Middle East—do they really happen? A systematic review of the prevalence, possible reasons, and outcomes. *Int J Infect Dis.*, 2017; 57: 3-12. doi:10.1016/j.ijid.2017.01.014
2. Organización Mundial de la Salud. Promoción del uso Racional de Medicamentos: Componentes Centrales—Perspectivas Políticas de la OMS Sobre Medicamentos. Ginebra. OMS. 2002. Available online: <http://apps.who.int/medcinedocs/es/d/Js4874s/1.html> (accessed on 9 November 2024).

3. Dahir, C.; Hernandorena, C.; Chagas, L.; Mackern, K.; Varela, V.; Alonso, I. La automedicación: Un determinante en el uso racional de medicamentos. *Evid. Act. Pract. Amb.*, 2015; 18: 46–49.
4. Niclós, G.; Olivar, T.; Rodilla, V. Factors associated with self-medication in Spain: A cross-sectional study in different age groups. *Int. J. Pharm. Pract.*, 2018; 26: 258–266.
5. Pacha Jara, A.G.; De la Torre Fiallos, A.V.; Guangasig Toapanta, V.H. Automedicación: Un enfoque de revisión sobre sus riesgos, consecuencias y una práctica responsable. *Latam Rev. Cienc. Soc. Humanid.* 2023; 4: 34.
6. Lanzagorta-Ortega, D.; Carrillo-Pérez, D.L.; Carrillo-Esper, R. Inteligencia artificial en medicina: Presente y futuro. *Gac. Med. Mex.*, 2022; 158: 17–21.
7. Jamshed SQ, Wong PS, Yi HC, Yun GS, Khan MU, Ahmad A. Self medication practices among female students of higher educational institutions in Selangor, Malaysia: a quantitative insight. *J Pharm Bioall Sci.*, 2016; 8(3): 217–22. doi: https://doi.org/10.4103/0975_7406.172662
8. Cotobal-Calvo EM, Mata-Pérez C, Bocchino A, Gilart E, Gutiérrez-Baena B, Palazón-Fernández JL. Self-medication practice and associated factors among health professionals in Spain. *Nurs Rep.*, 2025; 15(2): 53. doi:10.3390/nursrep15020053.
9. Bond C, Hannaford P. Issues related to monitoring the safety of over-the-counter (OTC) medicines. *Drug Saf.*, 2003; 26: 1065–74. doi: 10.2165/00002018-200326150-00001
10. Du Y, Knopf H. Self-medication among children and adolescents in Germany: results of the National Health Survey for children and adolescents (KiGGS). *Br J Clin Pharmacol*, 2009; 68: 599–608. doi: 10.1111/j.1365-2125.2009.03477.x
11. Stoelben S, Krappweis J, Kirch W. Adolescents' drug use and drug knowledge. *Eur J Pediatr*, 2000; 159: 608–14.
12. Hughes CM, McElnay JC, Fleming GF. Benefits and risks of self-medication. *Drug Saf.* 2001; 24: 1027–37. doi: 10.2165/00002018-200124140-00002
13. Bustanji Y, Taneera J, Bargooth A, Abuhelwa A, Issa A, El-Huneidi W, Abu-Gharbieh E, Alzoubi KH, Alqudah MAY, Alhusban A, Hamad I, Faris ME, Semreen MH. Exploring the global landscape of self-medication among students: Trends, risks, and recommendations for safe and responsible practices. *Pharm Pract (Granada)*, 2024; 22(1): 2928. doi:10.18549/PharmPract.2024.1.2928.
14. Nikitha, B. S., Roopa, K., Kynshi, S. L., Chauhan, R. S., Girish, B. S., & Srinivasan, R. 2024; Artificial intelligence and internet influence on drug utilization: Exploring self-medication trends in South Indian pharmacy students. *Intelligent Pharmacy*, 2: 814–820.

15. Brian B, Goruntla N, Bommireddy BR, Mopuri BM, Easwaran V, Mantargi MJS, Thammisetty DP, Bukke SPN, Yadesa TM, Ayogu EE. Knowledge, attitude, and practice towards responsible self-medication among pharmacy students: a web-based cross-sectional survey in Uganda. *Drug Healthc Patient Saf.* 2025; 17: 7–23. doi:10.2147/DHPS.S496924.