



**INTERNATIONAL JOURNAL OF
PHARMACEUTICAL SCIENCES**
[ISSN: 0975-4725; CODEN(USA): IJPS00]
Journal Homepage: <https://www.ijpsjournal.com>



Review Article

Artificial Intelligence in Healthcare

Gholap Yogita*, Kale Anushka, Madhe Prabhavati, Mayuri Mundhe

Matoshri Radha College of pharmacy, Virgaon

ARTICLE INFO

Published: 19 May, 2026

Keywords:

Artificial intelligence, machine learning, deep learning, healthcare, medical diagnosis, radiology, pathology, cardiology, dermatology, ophthalmology, robotic surgery.

DOI:

10.5281/zenodo.20281554

ABSTRACT

Medicine stands at a turning point, and artificial intelligence (AI) sits right in the middle of that shift. Over the last ten years or so, rapid progress in machine learning, artificial neural networks, cloud computing, and big data analytics has produced systems capable of handling cognitive tasks that used to demand years of specialized training. Whether it is reading a chest X-ray or catching an irregular heartbeat on an ECG, AI has shown it can tackle complex diagnostic problems with a speed and reliability that complements — and, in certain situations, outperforms — what the human eye can do on its own. This review looks closely at how AI is reshaping six core areas of clinical medicine: pathology, radiology, cardiology, dermatology, ophthalmology, and surgery. For each discipline, we examine what AI is actually doing, how clinicians are responding to it, and why any of this should matter to patients and practitioners. One theme runs through every section — AI is not coming for doctors' jobs. It is stepping in as a capable partner, helping clinicians arrive at faster, sharper decisions while easing the cognitive strain that comes with handling enormous amounts of medical data. The ripple effects go well beyond the clinic. With AI on track to save the U.S. healthcare system roughly \$150 billion per year by 2026, the technology holds real promise for addressing one of medicine's most stubborn problems — spiraling costs. By taking over routine tasks, improving detection of disease at earlier stages, and making better use of existing resources, AI could genuinely change the way care is delivered — to everyone's benefit. This review draws on current evidence to offer an honest, grounded picture of where things stand and where they might be headed.

INTRODUCTION

We are living through a genuinely extraordinary chapter in the story of medicine. For most of recorded history, diagnosing and treating illness

depended almost entirely on human knowledge, experience, and intuition. That is starting to change in a profound way. Artificial intelligence — which not long ago belonged mainly to science fiction — has found a real foothold in hospitals,

***Corresponding Author:** Gholap Yogita

Address: Matoshri Radha College of pharmacy, Virgaon

Email ✉: gholapyogita26@gmail.com

Relevant conflicts of interest/financial disclosures: The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.



diagnostic labs, and clinics across the globe. Driven by machine learning, artificial neural networks, cloud infrastructure, and a flood of health data, AI systems are developing the capacity to think, recognize patterns, and make decisions in ways that would have seemed far-fetched even a generation back.^[1] Medical imaging has been one of the most prominent early proving grounds. AI-driven algorithms can now sift through thousands of images and identify abnormalities — tumors fractures, neurological changes — with a speed and accuracy that commands genuine attention.^[2,3] But this is only the opening act. Across virtually every corner of clinical medicine, researchers and practitioners are exploring how AI can help cut diagnostic errors, sharpen decision-making, and tailor treatments in ways that genuinely improve what happens to patients.^[4] There is a strong financial case here too. Healthcare systems the world over are under relentless cost pressure, and AI offers one credible path toward doing more with less. From automating administrative bottlenecks and enabling earlier interventions through predictive analytics, to reducing redundant testing through smarter diagnostic tools, AI has real potential to make healthcare not just better but financially sustainable. By 2026, AI applications are expected to generate roughly \$150 billion in annual savings for the U.S. healthcare system alone.^[5] That is not a number anyone can afford to dismiss. This review maps the current state of AI in healthcare, with a close look at its diagnostic applications. We trace what AI is doing across six major clinical fields — pathology, radiology, cardiology, dermatology, ophthalmology, and surgery — and weigh what the evidence tells us about its genuine promise, the real obstacles it still faces, and the directions it seems to be heading.

AI for Medical Diagnosis

At its heart, medicine is fundamentally about making sense of information. Clinicians pull together data from symptoms, test results, imaging, and patient histories and translate all of it into decisions that can alter people's lives. The cognitive load that comes with that is immense — and even highly skilled, experienced physicians can miss subtle signals or find themselves overwhelmed by sheer data volume. That is exactly the gap AI is well-positioned to fill. By rapidly processing large, complex datasets and surfacing patterns the human eye might miss, AI is pushing diagnostic accuracy higher across a wide range of specialties.^[6]

1. AI in Pathology

Pathology is where diagnosis often begins. When a tissue sample is collected, it falls to the pathologist — examining it under a microscope — to decide whether the cells look normal, suspicious, or frankly malignant. It is meticulous, high-stakes work, and it is an area where AI is beginning to demonstrate real utility. AI-driven analysis of histopathological images is helping pathologists spot malignant and pre-cancerous changes more quickly and consistently than ever before. Deep learning models trained on thousands of annotated slides can flag early-stage abnormalities, quantify biomarkers, and highlight areas of concern — all while reducing some of the manual burden on laboratory teams that are already stretched thin.^[7] The framing that matters here is not replacement — it is collaboration. AI contributes consistency and the ability to scale; the pathologist brings experience, clinical intuition, and contextual judgment. Working together, they form a stronger diagnostic unit than either could be working independently.^{[8][9]} The stakes are highest in cancer diagnostics, and that is where this collaboration shows its most tangible value. Catching cancer early and accurately can be the



difference between a condition that is curable and one that is not — and AI is helping make that early detection both faster and more dependable.^{[10][11]}

2. AI in Radiology

Radiology has probably been the most visible early adopter of AI, and the reasons are not hard to understand. Interpreting an X-ray, CT scan, MRI, or ultrasound demands far more than medical knowledge — it requires a finely trained eye capable of detecting subtle variations in shade, shape, and density that might signal disease. AI imaging tools have developed to the point where they can do exactly that, reliably helping radiologists catch findings that might otherwise slip past unnoticed.^[12] Pediatric radiology is one area where this support matters especially. Growing children have bones that are still developing, which means fractures can be surprisingly easy to miss — hairline breaks, stress injuries, or disruptions at growth plates that look subtle even to trained eyes. AI systems built on large pediatric imaging datasets can scan X-rays with fine-grained precision and flag these findings for radiologist review. In busy emergency departments where decisions need to be made fast and the consequences of error are real, that kind of consistent backup is genuinely valuable. And none of this sidelines the radiologist — AI sharpens the clinician's judgment rather than substituting for it.^{[13][14]}

3. AI in Cardiology

Heart disease is still the world's leading killer, and catching it early remains one of the most powerful tools we have for changing that reality. AI is carving out a growing role in exactly this space. Across cardiology, it is improving diagnostic accuracy, strengthening predictive models, and enabling more individualized approaches to managing patient care.^[15] Consider what a

cardiologist routinely works with — ECG tracings, echocardiograms, stress test data, sometimes decades of patient history. Each source is rich and complex; the relationships between them can be subtle and non-obvious. AI can hold all of that simultaneously, detecting patterns that might not be apparent even to a seasoned clinician. Conditions like atrial fibrillation, heart failure, and coronary artery disease tend to be identified earlier and more reliably when AI is woven into the diagnostic process — which translates directly into better odds for patients of getting the right treatment at the right time.^[16]

4. AI in Dermatology

Skin cancer ranks among the most common malignancies worldwide, and outcomes depend heavily on how early it gets caught. Dermatology has emerged as one of the most energetic areas of AI development in medicine, and the reason comes down to the fundamentally visual nature of skin disease — a characteristic that maps naturally onto image-based machine learning. AI systems can now analyze photographs of skin lesions and accurately identify a broad spectrum of conditions, from melanoma and other skin cancers to psoriasis, inflammatory rashes, and nail infections — achieving accuracy that holds up against experienced dermatologists.^[17-22] What makes this especially compelling is what it means for access. Smartphone apps that apply AI to skin images are putting a basic but meaningful screening capability directly in patients' hands. For someone in a rural area with no nearby specialist, or anyone who cannot get an appointment in a reasonable time frame, these tools offer something valuable — an early signal that something might be worth investigating, and a prompt to seek care while there is still the best chance of a good outcome.^[23]

5. AI in Ophthalmology



The old saying that the eye is a window to the soul turns out to be medically apt in ways its originators probably did not intend. Diabetes, hypertension, and various neurological conditions all leave characteristic traces in the retina, making the eye a surprisingly rich source of systemic health information. Ophthalmology has become another natural home for AI, particularly for detecting conditions like diabetic retinopathy, glaucoma, and age-related macular degeneration. Trained to analyze retinal images with high precision, AI tools can pick up early-stage changes that might not produce any symptoms for years — giving clinicians and patients the head start that often determines outcomes.^[24] There is another dimension that matters just as much: closing gaps in access to care. In many regions of the world, specialist ophthalmology services are simply not available. Rural communities, low-income populations, and patients in developing countries often go without the specialist evaluation that could catch a serious eye condition before it causes permanent damage. AI-powered screening programs can operate at scale in settings where no ophthalmologist will ever practice, making early detection a practical reality for populations that were effectively out of reach before.^[25-26]

6. AI in Surgery

Surgery is among the most demanding environments in all of medicine. It calls for technical mastery, rapid decision-making under serious pressure, and very little room for error. AI is beginning to find a place in this world too — not as a surgeon, but as something that helps surgeons do their jobs better.^[27] Inside the operating room, AI functions as a kind of tireless second observer. Real-time image analysis gives surgeons a sharper picture of the anatomy they are navigating, helps them identify structures that need protecting, and supports the fine, controlled movements that

minimally invasive and robotic-assisted procedures demand. The payoff shows up in better precision, fewer complications, and shorter recovery times for patients. AI is not performing the surgery — it is making it possible for the skilled human beings who are performing it to do so at their very best.^[28-30]

CONCLUSIONS

Looking at the full body of evidence surveyed in this review, one conclusion stands out: AI in healthcare is no longer a future prospect. It is already operational, already delivering results, and already changing how disease is detected and how patients receive care. From the pathology lab to the operating room, AI has demonstrated the capacity to take on some of medicine's most demanding and high-stakes tasks — doing so with the kind of speed and reliability that adds genuine value to clinical workflows.^[1-12] Yet the more compelling insight may not be what AI can do working alone — it is what becomes possible when AI and skilled clinicians work together. The best outcomes do not come from AI displacing human judgment; they come from AI amplifying it. A radiologist working with AI can move through more scans with greater assurance. A pathologist backed by deep learning can catch subtle cellular changes that might otherwise be missed. A cardiologist with AI-driven analytics can develop a more complete and accurate picture of a patient's cardiac health. That partnership — human expertise reinforced by machine intelligence — is where the deepest potential of this technology in medicine actually lives.^[7,8,9,13,14,15,16] The financial argument for this technology is equally hard to ignore. Healthcare systems everywhere are wrestling with rising costs and tightening resources, and AI offers a credible pathway toward greater sustainability. By absorbing routine tasks, enabling earlier diagnoses, and trimming unnecessary



interventions, AI can help healthcare systems extend limited budgets without compromising the quality of care. The projected \$150 billion in annual U.S. savings by 2026 is not just an impressive-sounding figure — it points to a real structural opportunity to extract more value from what we already have.^[4,5] That said, a candid accounting of where things stand has to acknowledge the obstacles that have not yet been resolved. AI systems are only as reliable as the data they learn from, and biased training sets produce biased outputs — with consequences that reach real patients. Data privacy, clinical validation, regulatory clarity, and equitable access are not secondary concerns to be sorted out later; they are core challenges that need deliberate, sustained attention. Making sure that AI benefits reach patients in under-resourced settings — not just those at well-funded medical centers — will take purposeful effort from everyone involved: developers, clinicians, policymakers, and institutions.^[1,2,3,6] The story of AI in medicine is still very much in progress. The evidence reviewed here represents an early and genuinely encouraging set of chapters, not the conclusion. As algorithms grow more sophisticated, training datasets expand, and clinical experience accumulates, the scope of what is possible will keep widening. What this review ultimately suggests is that neither blanket skepticism nor uncritical excitement serves the field well. The right posture is thoughtful, evidence-grounded integration — developing and deploying AI responsibly, with patients at the center and clinicians securely in the loop. Done that way, AI has a real chance at becoming one of the most consequential tools medicine has ever put to use.^[17,18,19,20,21,22,28,29,30]

REFERENCES

1. Al Kuwaiti A, Nazer K, Al-Reedy A, et al. A review of the role of artificial intelligence in healthcare. *J Pers Med*. Jun 5,2023;13(6):951. [doi: 10.3390/jpm13060951] [Medline: 37373940]
2. Van Leeuwen KG, de Rooij M, Schalekamp S, van Ginneken B, Rutten MJ. How does artificial intelligence in radiology improve efficiency and health outcomes?. *Pediatric radiology*. 2022 Oct 12:1-7.
3. Rasool S, Ali M, Shahroz HM, Hussain HK, Gill AY. Innovations in AI-powered healthcare: Transforming cancer treatment with innovative methods. *BULLET: Jurnal Multidisiplin Ilmu*. 2024;3(1):118-28.
4. Ghafur S, van Dael J, Leis M, Darzi A, Sheikh A. Public perceptions on data sharing: key insights from the UK and the USA. *Lancet Digit Health*. 2020;2(9):e444-e446. [FREE Full text] [doi: 10.1016/S2589-7500(20)30161-8] [Medline:32838250]
5. Rajpurkar P, Chen E, Banerjee O and Topol EJ: AI in health and medicine. *Nat Med* 28: 31-38, 2022.
6. Oyeniyi J, Oluwaseyi P. Emerging trends in AI-powered medical imaging: enhancing diagnostic accuracy and treatment decisions. *International Journal of Enhanced Research In Science Technology & Engineering*. 2024;13:2319-7463.
7. Broggi G, Maniaci A, Lentini M, Palicelli A, Zanelli M, Zizzo M, Koufopoulos N, Salzano S, Mazzucchelli M, Caltabiano R. Artificial Intelligence in Head and Neck Cancer Diagnosis: A Comprehensive Review with Emphasis on Radiomics, Histopathological, and Molecular Applications. *Cancers*. 2024 Oct 27;16(21):3623.
8. V. Baxi, R. Edwards, M. Montalto, S. Saha. Digital pathology and artificial intelligence in translational medicine and clinical practice. *Mod Pathol*, 35 (1) (2022), pp. 23-32, 10.1038/s41379-021-00919-2



9. N. Kiran, F. Sapna, F. Kiran, et al. Digital pathology: transforming diagnosis in the digital age. *Cureus*, 15 (9) (Sep 2023), Article e44620, 10.7759/cureus.44620
10. Shafi S, Parwani AV. Artificial intelligence in diagnostic pathology. *Diagn Pathol.* (2023) 18:109. doi: 10.1186/s13000-023-01375-z
11. Lu MY, Chen B, Williamson DFK, Chen RJ, Zhao M, Chow AK, et al. A multimodal generative AI copilot for human pathology. *Nature.* (2024) 634(8033):466-73. doi:10.1038/s41586-024-07618-3.
12. Oladele OK. AI-Powered Medical Imaging: A Comprehensive Review of Applications, Benefits, and Challenges.
13. K. Hung, C. Montalvao, R. Tanaka, T. Kawai, and M. M. Bornstein, "The use and performance of artificial intelligence applications in dental and maxillofacial radiology: A systematic review," *Dentomaxillofacial Radiology*, vol. 49, no. 1, 2019. <https://doi.org/10.1259/dmfr.20190107>
14. C. Pauling, B. Kanber, O. J. Arthurs, and S. C. Shelmerdine, "Commercially available artificial intelligence tools for fracture detection: the evidence," *BJR|Open*, vol. 6, no. 1, 2023. <https://doi.org/10.1093/bjro/tzad005>
15. Stamate E, Piraianu AI, Ciobotaru OR. Revolutionizing cardiology through artificial intelligence-big data from proactive prevention to precise diagnostics and cutting-edge Treatment-A comprehensive review of the past 5 years. *Diagnostics (Basel)*. 2024;14(11):1103.
16. Yasmin F, Shah SM, Naeem A, Shujaiddin SM, Jabeen A, Kazmi S, Siddiqui SA, Kumar P, Salman S, Hassan SA, Dasari C. Artificial intelligence in the diagnosis and detection of heart failure: the past, present, and future. *Reviews in cardiovascular medicine*. 2021 Dec 22;22(4):1095-113.
17. Esteva A, Kuprel B, Novoa RA, Ko J, Swetter SM, Blau HM, et al. Dermatologist-level classification of skin Cancer with deep neural networks. *Nature*. 2017;542:115-8.
18. Shrivastava VK, Londhe ND, Sonawane RS, Suri JS. Computer-aided diagnosis of psoriasis skin images with HOS, texture and color features: A first comparative study of its kind. *Comput Methods Programs Biomed.* 2016;126:98-109. [CrossRef] [PubMed] [Google Scholar]
19. Prado G, Kovarik C. Cutting edge technology in dermatology: Virtual reality and artificial intelligence. *Cutis.* 2018;101:236-237. [Google Scholar]
20. George Y, Aldeen M, Garnavi R. Automatic psoriasis lesion segmentation in two-dimensional skin images using multiscale superpixel clustering. *J Med Imaging (Bellingham)*. 2017;4:44004. [CrossRef] [PubMed] [Google Scholar]
21. Monisha M, Suresh A, Rashmi MR. Artificial intelligence based skin classification using GMM. *J Med Syst*. 2018;43:3. [CrossRef] [PubMed] [Google Scholar]
22. Han SS, Park GH, Lim W, Kim MS, Na JI, Park I, et al. Deep neural networks. 2020.
23. Bellos T, Manolitsis I, Katsimperis S, et al. Artificial intelligence in urologic robotic oncologic surgery: a narrative review. *Cancers (Basel)* 2024;16:1775.
24. Bellos T, Manolitsis I, Katsimperis S, et al. Artificial intelligence in urologic robotic oncologic surgery: a narrative review. *Cancers (Basel)* 2024;16:1775.
25. Barone M, De Bernardis R, Persichetti P. Artificial intelligence in plastic surgery: analysis of applications, perspectives, and psychological impact. *Aesthet Surg J* 2024;1-3. doi:10.1007/s00266-024-03988-1.

HOW TO CITE: Gholap Yogita*, Kale Anushka, Madhe Prabhavati, Mayuri Mundhe, Artificial Intelligence in Healthcare, Int. J. of Pharm. Sci., 2026, Vol 4, Issue 5, 4720-4726. <https://doi.org/10.5281/zenodo.20281554>

