

UNIVERSITY OF LJUBLJANA  
FACULTY OF ECONOMICS

MASTER'S THESIS

**A STUDY OF CONSUMER ATTITUDES AND MOTIVATION TO  
USE HERBAL PRODUCTS IN INDIA: APPLICATION TO  
AYURVEDA**

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## INTRODUCTION

Among India's best known traditional medicines, Ayurveda occupies first place. The science of Ayurveda dates back to at least two thousand years, with information on the cure of diseases with the usage of herbs, minerals, and metals. Middle-class urban Indians rely on Ayurveda as a health reserve after modern medicines fail to cure the ailments. Previous analysis depicts that the Ayurvedic industry is growing at a higher rate than that of the entire manufacturing in the allopathic medicine industry. Since the ingredients used in the manufacturing of Ayurvedic medicines include herbal and plant-based ingredients, these substances cannot be industrially produced (Harilal, 2009). As there has been a tremendous increase in the cost of health maintenance under biomedicine, the indigenous health systems have become popular and this choice has been reinforced by the global consumer preference towards plant medicine and natural products. In the Indian context of medical pluralism, Ayurveda is seen as a counterpart to biomedicine, but in the global health market, it is one of the many alternatives to orthodox medicine, namely biomedicine (Harilal, 2009).

Absence of side effects proved to be the most important factor that led to the purchasing of Ayurvedic skin care products by women (Khan & Khan, 2013). That is mainly because people use Ayurvedic products more as a lifestyle than for treatment (Arya, Thakur, Sanjeev Kumar, & Kumar, 2012). Hence, this has laid a firm and solid foundation for further research, which will be based more on the motivation of the consumers towards using these Ayurvedic products. In a study by Awad and Shye (2014), on the areas of attitudes, awareness, and pattern of use regarding the herbal products, it was also discovered that many of the respondents indicated the concern of consulting a doctor before using herbal products. This is not about the credibility of the concerned products but when it comes to herbal products, people do feel the need of consultation if the products are highly sophisticated. Thus there is an association of the products with premium quality as herbal products are highly priced in the market front and normally carry a reason as to what makes them different from rest of the product line. Later in the research it will surface if this line of thought is right or not.

Also, a very interesting research by Subramanian and Ventakasan (2011) suggested that the level of awareness about herbal products was much more in elderly men. On the other hand, a study by Huda and Sultan (2013) proposed that the physical availability of the herbal products for the younger generation (17-23 years of age) are impacted by various elements of the marketing mix that complimented with the four Ps of marketing. According to Kotler (2009), consumers rank the brands and form purchase intentions at the evaluation level. In the paper published by Ali and Yadav (2016), the results and findings showed a direct relationship between the product information and mass media, posters and banners. It also came to light that there has been absolutely no shortage of herbal products in India; in fact there is a concern from the consumers' side regarding the harmful effects and health risks associated with chemical products, and this has been one of the main

reasons for them to switch towards the use of herbal and Ayurvedic products (Sharma, Shankar, Tyagi, Singh, & Rao, 2008).

Beliefs about what constitutes the body, health and wellness are influenced by one's personal experiences as well as the culture a particular individual lives in. Likewise, different communities have different ways of understanding the body and have different approaches to health and healing, rather than just adopting the allopathic system (Flint, 2008). It forms its basis on the primitive theories, beliefs and experiences that are passed on from one generation to the next (Deshpande, 2015). What makes the practice still a very dominant aspect of people's lives is its omnipresent existence and reliability. Some of the methods of cure related to Ayurvedic massages, herbal therapy, yoga and traditional surgery are catching everyone's imagination very fast and promise to be the next big thing in the medical and wellness industry. The business prospects amount to a \$20 billion ready market, which is growing at a very fast rate and would become a \$5 trillion market worldwide by 2050 (Deshpande, 2015).

The purpose of this master thesis is to add on to the already existing knowledge of Ayurveda by the means of studying the psychological and behavioural aspects of consumers. The purpose is also to combine the inputs and theories from varied fields of Psychology and Marketing, and thus contribute to the addition in the value of subjects. Numerous studies have been done on consumer behaviour regarding the use of Ayurvedic products or herbal medicines in various areas. However, very less or no studies have been done on studying the motivation behind why consumers show an inclination towards using Ayurveda instead of other chemical medicines; what are the intrinsic or extrinsic factors which lead to people using herbal products, as it is important to gain an insight into people's beliefs and health behaviours. In addition, I would also be looking at the practical and logical considerations of people, which make them seek Ayurvedic therapies and products. By scrutinizing the individual decisions to use Ayurveda, and within a larger picture of the driving forces, we may learn about the cultural process in which such behaviour is formed or transformed.

This is where I will be filling the gaps through my thesis, as this paper will be exploring the core patterns of what exactly motivates consumers to incline towards using these herbal products. The in-depth study of their attitudes, starting right from the perception towards the products, to the final decision-making process involved in purchasing these Ayurvedic products, will enable me to bridge the gap between what has already been researched till now and what more value I could add to existing material on the subject. The goal of my master thesis is to gain an insight into the consumer attitudes and motivation patterns on the use of Ayurveda. The thesis will focus on the perception of consumers towards Ayurvedic products. Large portions of this market would be centered in India, as it is the country of its origin. Ayurveda has a brilliant future in India as a business proposition due to the ever-increasing demand for natural therapies. This return of Ayurveda and the growing popularity prompted my research. I wanted to study the need to use Ayurvedic products at the very grass-root level and subsequently, my research question asks:



What is people's motivation for the choice of Ayurvedic products in India? There are four sub-questions that guided my research, which are as follows:

- What is the consumer's understanding of Ayurveda?
- What is the consumer's motivation behind using Ayurvedic products over other alternatives?
- What are the factors influencing the consumer's decision to opt for Ayurveda?
- What is the relation between Ayurveda and Spiritual Health?

The research was Qualitative in nature, which encompassed semi-structured personal interviews, that were conducted with Ayurvedic consumers and practitioners. The findings and analysis drew mostly from the literature review and when analyzed, were developed into three rational themes, namely, Understanding Ayurveda (which explains how the consumers perceive Ayurveda in the country), Reasons for Using Ayurveda (motivation behind people using Ayurveda), and Concept of Spiritual Health and the Future of Ayurveda.

The structure of the master thesis is such that it is separated into theoretical and empirical parts. It starts with a basic introduction to Ayurveda, its origin, history, and presence worldwide. Within this chapter, relevant literature has been used in order to further lay the ground to meet the required research questions. The first chapter focuses on attitudes and motivation of consumers, and explains in detail the consumption patterns of the consumer. The first chapter also advances the three other subchapters which explain the basic factors of perception, motivation, consumer behaviour through various models. Additionally, the various topics under each subchapter are presented from the psychological and marketing field perspectives which later blends in with the overall analysis. The first chapter concludes with the explanation of consumer attitudes and how they are interconnected with the behaviour and motivational context of consumers. The empirical component follows, starting with the description of methodology, research design, and the target sample. It further focuses on an analysis of the data and limitations faced in the analysis. Later, the empirical part concludes with the findings presented in a much detailed manner. Closing remarks are captured in the last section, also highlighting the limitations to the study and scope for further research.

Talking about Ayurveda as a science of life and how it became one of the oldest and most used way of practise is what this particular section talks about. This section examines the suitable theory and research, which has further regulated my research of Ayurveda in the sphere of motivation for using Ayurvedic products. The various inter-related sections provide knowledge on how Ayurveda originated and evolved. I also look very closely at what exactly does Ayurveda talk about and how various researches conducted in India complement my own study. Subsequently, I also identify Ayurveda as an alternative medicine, and discuss people's motivation behind the use and behaviour in detail. The origin of Ayurveda and its presence in India follows next and brings up the topics of attitudes and motivation of why and how people decide to use certain Ayurvedic/ herbal

products. As the whole study is based on studying and scrutinizing the very reason behind people's decision-making behaviour, I will first study the various topics under these psychological concepts and later corroborate it with my findings and conclusion. This will help me create a better ground work by discussing the theories first, and looking if they coincide with the results attained. Together, these topics outline my research and build heavily on evaluating the data collected during the study. The first section on the origin of Ayurveda will now be discussed.

Here, we will look at how Aayurveda evolved and developed as a science. Starting right from what exactly Ayurveda means, it is a combination of two Sanskrit words *Ayu* (longevity) and *Ved* (knowledge), is the traditional medical system practiced in India. Ayurveda, which means the science of life when translated, dates back to more than 5000 years (Mishra, Singh, & Dagenais, 2001). This traditional healthcare system originated in India. Ayurveda introduced the notion that the cause of the disease was not supernatural but, rather, physical. The notion of disease management with the help of using numerous herbs, transformed into a science that established the basis of the name Ayurveda between 2500 BC to 600 BC. The premier sages got introduced to this intelligence and then inherited the knowledge of Ayurveda without any testing on the animals or randomized controlled trials (Mishra et al., 2001). However, experiments which made way to the discovery of remedies, many many ages ago, had their own boundaries. As Ayurvedic medicines are a fusion of various items, scientific relevance of these medicines are not that easy to gain (Varma, 2006).

Ayurveda is the system of medicine that evolved in India with a rationale logical foundation and it has survived as a distinct identity from remote antiquity to present day (Narayanaswamy, 1981). Thus, in order to find out the reason behind people using Ayurvedic products, it will be interesting to first study the history of Ayurveda. The essentials on which the Ayurvedic system of medicine is based are true for all times and generally do not change from age to age. The fundamentals are based on intrinsic factors and not extrinsic (Narayanaswamy, 1981). Medical concepts were concerned with the health of the soul rather than the physical body. Religion, putting it in simple terms, catered to a belief system in order to explain and justify illness and suffering (Turner, 2000). An important factor here is that the intellectuals who introduced Ayurveda to the world said that the basis of Ayurveda was based on compassion. Therefore, Ayurveda does not only teach about healthy living but various topics such as social hygiene, prevention of diseases, all of which come under the umbrella term of Ayurveda.

The focal aim of Ayurvedic medicine is to combine the balance of mind, body, and the soul, which are believed to be strongly linked to all things in the universe (Brannon & Feist, 2000). Principally, Ayurvedic procedure focuses on the point of cleansing the body and soul of all the impurities that can cause diseases. Modern western societies have constantly said that the difference in lifestyle these days causes a greater impact on the individuals, thus leading to deteriorating health (White, 2009). According to Ayurvedic philosophy, disease occurs when there is an imbalance between the harmony of mind,

body, and soul, further creating interruptions which could create turmoil in the individual's health. The old healing practices of Ayurveda suggest that people are categorized on the basis of their body types, known as *Doshas*, which literally mean 'vitiated'. The Vata Dosha (literally means "what blows") combines space and air, the Pitta Dosha (literally means "what cooks") combines water and fire, and the Kapha Dosha (literally means "what sticks") combines the elements of earth and water. Ayurvedic philosophy states that every individual is unique in their own way, depending on the combination of these doshas and hence that is how Ayurvedic practitioners treat the patients by inquiring about lifestyle and the combination of the doshas. In a study, the authors said that patients moved to Ayurveda after they faced no recovery or negative results with western medicine. Almost 90% of Ayurvedic patients claimed that they could be brought back to the same healthy living by Ayurveda (Glynn & Heymann, 1985) and that Ayurveda is steadily increasing all over the world (Raut, 2011).

Ayurveda is a holistic system that integrates the mind, body, and spirit. In fact, it is said that Ayurveda is a science that works in complete harmony with nature. The products used in Ayurvedic treatment are entirely natural, extracted from various herbs and plants (Narayanaswamy, 1981). The motto of Ayurveda is "Swasthasya Syasthya Rakshanam, Aaturashcha Vikar Prashamanam", which, translating from Sanskrit, means 'Preservation to the health of a healthy person and treating ailments with breaking causative factors of pathogenesis' (Sharma, n.d.). According to Ayurveda, the basic combination of the body is determined at the time of birth. This constitution is named as Prakriti. The term 'Prakriti' is a Sanskrit word meaning "nature", "creativity" or the "first creation". One of the main concepts in Ayurveda is that the basic constitution of an individual remains the same throughout their lifespan; there could be various combinations of different elements and doshas but the Prakriti, as stated above, remains fixed. The combination of Vata, Pitta and Kapha present in the individual at the time of conception is believed to be maintained throughout his/ her lifetime (Sharma, n.d.). Different combination of these doshas can be present differently in individuals. This is why it is stated in Ayurveda that every individual is different from another and the treatment is unique in its own way depending on the constitution of each individual. It also focuses on the fact that two individuals can react differently to the same stimuli in the environment and that is because of their unique dosha combination. It explains that your Prakriti is unique to you, just as your fingerprint.

Historically, Ayurveda has been holistic, inclusive, progressive and a continuously growing knowledge system with universal attributes (Patwardhan, 2009). Recently many experts have shown concerns that while the popularity of traditional and complementary medicine (T&CM) is growing, this sector is still hoping to discover appropriate models and demonstrate sufficient scientific evidence (Patwardhan, 2014). Ayurvedic system is based on fundamentals which are true for all times and do not change from age to age (Narayanaswamy, 1981). These fundamentals are based on human intrinsic and not extrinsic factors. It is also said that originators of the Ayurvedic system of medicine did not base their practices on experimental methods and that is why it is no surprise that there is a

certain amount of criticism on this (Narayanaswamy, 1981). It is also said that the principles of Ayurveda were envisaged through intensive meditation and divine revelation. These ethics were recorded later in a book, which included other facets of healthy lifestyle and spirituality (Vaikos & Kamble, 2011). Vaikos and Kamble (2011) say that Ayurveda has been handed down to us through verbal propagation down the ages. However, the most important lesson Ayurveda presses on us is that our health is up to us. Every day of our lives, every hour of the day, we can choose either health or illness. The theoretical side of Ayurveda brings light to how to live one's life in harmony with nature and natural laws. Practically speaking, Ayurveda strictly focuses on a specific diet and health routine and there are certain guidelines on how and what exactly should be done in order to maintain the balance between mind and the body for a radiant, healthy and disease-free body (Sharma, n.d.).

Now, looking at the presence of Ayurveda in India, I will be looking at how this science originated in India and also what is the current state and situation of not just the Ayurvedic knowledge but also the awareness that people have about this particular form of science. Along with this, the basic principles and ethics on which this science runs will also be looked at. The history and development of Ayurveda is closely inter-linked with the history and culture of India. In the view of Meulenbeld (1992), Ayurveda is a medical system that has gradually evolved on Indian soil. In India, Ayurvedic teachings have had a very deep impact on the lifestyle of the people, and this has also helped in the formation of the perception towards the concept of Ayurveda among the people. In almost every household, there is a basic knowledge about Ayurvedic treatments and remedies and this knowledge is passed from generation to generation (Jayasundar, 2010). Along with this, Ayurvedic principals of staying healthy are practiced in the day-to-day routine. What actually distinguishes Ayurveda from other systems is that it is a well-defined conceptual framework, which has been present throughout the ages (Ravishankar & Shukla, 2007) and thus, in India, Ayurveda is not just considered as an ethnomedicine but as a complete medical system that takes into consideration physical, psychological, philosophical, ethical and spiritual well-being of a man (Ravishankar & Shukla, 2007). Herbal and herbomineral products often used in Ayurveda are believed to strengthen body's defenses, and this will later be highlighted in the findings and result section, on what attracts the consumers to use the products with natural content in them (Mishra et al., 2001). The attractiveness of Ayurveda and its holistic approach to health can be aptly summed up by a quote from Deepak Chopra, world-renowned mind-body healing pioneer, "The first question an Ayurvedic physician asks is not "What disease does my patient have?" But 'Who is my patient?' By 'who', the physician does not mean your name, but how you are constituted." (Deshpande, 2015, p. 53).

The prime objective of Ayurveda is the maintenance of the metabolic balance of man and restoration of the same if it is disturbed by external factors (Sharma, 1995). Ayurveda is also deeply rooted in the Indian philosophy. The founders have an integrated view of man and the universe. This concept was in practice for about two millennium and practitioners

of modern medicine have now taken into consideration the value of it (Ravishankar & Shukla, 2007). Not surprisingly, the concept of World Health Organization with regard to health, which came up in the modern era, has its close approximations to the concept of health defined in Ayurveda (Kurup, 2004). Today's understanding of Ayurveda is due to modern civilization and external influences (Baskar, 1971). Spirituality had always been the focal point of Indian sciences; this started making an impact on the society, and people started practicing yoga, meditation, self-regulation etc. The benefits offered by Ayurveda are availed by more than 75% of the 1000 million people in the sub-continent and millions around the world more recently. Looking at the demand for Ayurvedic formulations, it is increasing, both in the domestic and international markets. Estimates have shown that domestic sales account for an annual growth rate of 20 percent, while, the international market for medicinal, plant-based products is seen to be growing at 7 percent per annum (Subrat, Iyer, & Prasad, 2002).

Initiatives by the Government of India's Central Council of Indian Medicine, Central Council for Research for Ayurveda and Siddha has proposed that the private sector take steps in order to develop and research more into Ayurveda (Raut, 2011). Serious steps towards scientific research in Ayurveda were formally adopted by establishing graduate degree centers at the Banaras Hindu University and Gujarat Ayurveda University, India (Raut, 2011). Throwing a little light on Ayurvedic education in India, Patwardhan (2009) says that it was extremely difficult to persuade the scientific community of India regarding protecting the foundational principles of Ayurveda. At the same time, there has been a rapid growth in the number of undergraduate and graduate courses in Ayurvedic colleges. In India, the department of Ayurveda, Yoga, Unani, Siddha and Homeopathy (AYUSH) in the Ministry of Health and Family Welfare has been officially given the responsibility of putting efforts in all activities related to production, development, and standardisation of these medicines and provide appropriate guidelines for the production of raw materials used in Ayurvedic, Siddha and Unani medicines (Chaudhary & Singh, 2011).

The history of medicine in India is not a history of uninterrupted development. The science and art of medicine dates back to the Vedic period. Side by side, with the systematic development of medicines in ancient India, there was also a certain measure of health propaganda (Narayanaswamy, 1981). Throwing a little light on how people in India look at and practice Ayurveda, it is said that Indians daily talk, knowingly or unknowingly, in the Ayurvedic idiom. For example, even illiterate people in most of the remote villages are aware that consuming yogurt causes phlegm to accumulate in the chest and everyone makes use of basic herbs like vetiver (cuscus), which removes fat from the body and makes life during the hot season a bit more bearable. The strange thing about Ayurveda is that the compound preparations are more powerful and potentiate the efficacy of medicinal herbs; it not only treats the disease but also takes care of the patient as a whole with its holistic approach. So, the way Ayurveda approaches an individual is very different and unique in its own way. It looks at the individual as a complete being and focuses on treating the entire body rather than just one part. Hence it is an entire health- belief system and

normally tends to have long lasting results. Later in the research, I have explored whether the positive effects of Ayurveda is a reason why consumers prefer using herbal products.

Talking about Ayurveda in India, I have to mention the connection between Yoga, Spirituality, and Ayurveda and touch a little bit upon the growing popularity and business of the Patanjali Yogpeeth. Acharya Balakrishnan (Ayurvedic scholar and one of the promoters of Patanjali Yogpeeth) has the task of restoring people's faith in the efficacy of the Ayurvedic system of medicine (Bapat & Khasgiwala (n.d.). Patanjali Yogpeeth located in Haridwar, Uttarakhand is one of the largest yoga institutes in India. This institute is responsible for bringing back the forgotten knowledge of Ayurveda and Yoga in India. Patanjali Yogpeeth has various trusts located worldwide and has been the prime reason for reviving the old traditional Indian teachings of the Vedas through the medium of Ayurveda and Yoga (Kumar, Jain, Rahman, & Jain, 2014). Mercer (2006), in his study, talked about marketing through spirituality in the USA by targeting children. The study took into consideration products based on spirituality but the focus was not on selling on the basis of spirituality. Talking about consumer behaviour it can be said that the consumers usually get attracted to spirituality and this behaviour affects the buying behaviour of the consumers (Kale, 2006).

Talking a little more on the brand of Patanjali, it has emerged as a prominent face in the field of Ayurveda and natural products. The strong branding and marketing has led the products of Patanjali to be extremely popular among the Indian community (Bapat & Khasgiwala, n.d.). Patanjali incorporates the basic principles of Ayurveda and Yoga and thus it has a greater impact on the audience leading to a favourable shift in the mindset of the people towards Ayurveda. Various products right from cosmetics to food and clothing, Patanjali has entered into different ventures and is expanding to many other consumer products. The fact that it is bringing back the lost status of Ayurveda back in India is something that is captivating attention on a larger scale. Ayurveda in spite of its high and essential positive qualities, went down the lane for the past few years. So, Patanjali, in fact has opened new possibilities for this old traditional science to gain back the position among the Indian audience. They have a series of consumer products and it has been noticed that it is heavily preferred over by the northern population, also because in south India, Ayurvedic centres and therapies have never been a new thing. Though I would not want to categorize the preferences and shifting perceptions on the geographical basis, but this was worth mentioning as a particular brand is being perceived in different ways in two different regions of the country. The prime focus of this brand is to highlight the presence of Ayurveda in India and to make people aware of the potential benefits, the natural ingredients in these products come with. Also because it is closely connected with Yoga and health, Patanjali makes the point clear on three following aspects:

- Herbal and natural value
- Price value much less than other products in market
- Place of manufacturing is in India
- Tend to place the Indian Ayurvedic brand on a global platform

Patanjali brand has various distribution channels, the major one being direct selling in stores. It also focuses on the point that these products are manufactured in India (Made in Bharat) is what reads on the back of the products. So, this is an initiative to place Ayurveda on a platform where it is noticed and can be introduced in a different way among the same audience. We will later see in the results section as to what extent has Patanjali been successful in shifting this perception of the individuals.

Earlier I spoke about the presence of Ayurveda in India. Here, in this section I will be looking at how Ayurveda has been on a global platform and the growth and progress it has made from an ancient medicine to a modern one. There has been a huge spread of this science on the international level and I will later see in the other chapters as well, as to how far has Ayurveda actually come. Hence, I be talking about Globalization and how this has helped Ayurveda break barriersto become more of a universal accepted science today. The union of economies around the world, which involves the unrestricted flow of trade and finances along with a transfer of knowledge, technology, and cultures, is what we call Globalization (Goyal, 2006). Globalization in India came into being with the globalization policy of 1991 when several changes in the policies were made in order to enhance the interaction with the outside world in terms of economic and social reforms (Goyal, 2006). Traditional medicines, through the concept of Ayurveda, have been around for many many years and have developed in communities with the aim of maintaining health. The World Health Organization (WHO) says that traditional medicines are something that not only include herbal and plant-based medicines but also spiritual beliefs and knowledge which takes the form of therapies and exercise techniques. Traditional medicine can be categorized into the following, like Ayurveda, Yoga, Unani, Siddha and Homeopathy or AYUSH which is a single term under which all these forms of traditional medicines can be included. These systems of Traditional medicine are popular in large number of states of the country as follows:

- Ayurveda is prominent in states like Kerala, Gujarat, Uttar Pradesh, Rajasthan, Orissa, Himachal Pradesh, Madhya Pradesh, Andhra Pradesh, and Uttaranchal.
- Unani, too, is present in states like Uttar Pradesh, Rajasthan, Madhya Pradesh, Karnataka, Andhra Pradesh, Karnataka, with Bihar and Delhi being new additions.
- Homeopathy is present in states like Bihar, Andhra Pradesh, Kerala,Uttar Pradesh, West Bengal, Orissa, Delhi, Bihar and the North-Eastern states.

Since people prefer to use anything that is plant made or natural, the Indian system of medicine in general, and Ayurveda in particular, offers numerous opportunities for exports (Patel, Sahu, Prajapati & Dubey, 2012; Deshpande, 2015). Ayurveda originated in India and hence is native to this country when it comes to both origin and prevention of diseases. It is a vital knowledge passed from Ayurvedic scholars to their countrymen and is now slowly spreading to the entire world. Writings by the ancient Indian medical practitioners, Charak and Sushrut, are the reason for the widespread knowledge of Ayurveda. Herbal and raw plant elements were initially used in the formation of Ayurvedic products. These were

later produced jointly with animal products like honey, ghee, milk and some animal fats (Patel et al., 2012; Deshpande, 2015).

Ayurveda became extremely popular because of its unique philosophy. Ayurveda was introduced to the western world in 1960-70s. Yoga was widely accepted as it consisted certain Yogasans and Pranayam while Ayurveda consisted of certain internal medications, which was not easily accepted (Kulkarni, Joshi, & Udgave, 2016). The WHO realized at Alma Ata in the year 1978, the role of traditional, alternative and complementary systems of medicine in the healthcare sector of both developing and developed nations with the slogan of “Health for All” (Kulkarni et al., 2016). Ayurveda or the Traditional medicine of India, according to WHO, or the entire science of medicine, as practiced by Indians since centuries, is going global through its qualitative strength and essential elements of health. Ayurveda is more oriented towards the management of lifestyle through healthy living and has been getting popular on the global platform. The concept of proper lifestyle, dietary habits, daily and seasonal routines followed in Ayurveda can be adopted with suitable modification in various countries and in different parts of the globe after considering the cultural milieu existing in those countries (Ravishankar & Shukla, 2007).

Ayurveda has been recognized on a global platform and this has accelerated due to the concept of Globalization. Countries like USA, Japan, and the European Union make use of food elements which originally come from Ayurvedic products. There have been a number of Ayurvedic practitioners in countries like Italy, Greece, Israel, Nepal, Sri Lanka, Netherlands, Brazil, USA along with well-established Ayurveda related facilities which clearly shows the adoption of Ayurveda beyond the boundaries of its origin country and domestic market for imparting short and long term training in Ayurveda (Kurup, 2004). Ayurveda, which was struggling to keep pace with the growing craze of its very own people for westernization, revived in the West as a new transformation, which we call Western Ayurveda. Samojlik, Mijatović, Gavarić, Krstin, & Božin (2013) found out that in almost all the European Union (EU) member states, herbal medicines are considered to be of medicinal quality, including parts of plants' preparations.

Regarding the state of Ayurveda, special attention was paid to this ancient science only after India gained independence. The Government took vital steps to cater to the needs of the people in the country and necessary policies and regulations were officially made. One of the reasons why Ayurveda picked up such rapid pace in the countries outside India is also due to its attractive and reliable qualities. It gained a lot of popularity in countries such as Europe and America. Since Ayurveda focuses on the holistic health approach, there has been immense scope for this science to be adapted as an alternative healthy lifestyle. It is unique in a way that it not only concentrates on prevention of diseases but also treating the root cause of illness. Realizing the benefits of Ayurveda, many countries started showing interest in the Ayurvedic curriculum and research. Slowly, consumers are becoming aware of the benefits of Ayurvedic remedies. The Ayurvedic medicine/therapies have diversity, flexibility, accessibility and affordability in various parts of the world (Kumkum & Gupta, 2014). Striking a comparison between the pre and post globalization eras, one of the issues



in the pre-era came to the light regarding the adaptability of Ayurveda as a system of medicine. It suggested that Ayurveda has to adopt the features of the conventional medicine and to minimize the use of jargon but instead use simpler language for better communication.

One of the main benefits to India through this global recognition of Ayurveda is that the exports have increased considerably. India is said to be very rich in bio-diversity and possesses large varieties of herbal minerals, as more than 600 varieties of the herbal minerals are used in Ayurveda for its drug manufacture. India is known as the hub of Ayurveda and this is largely because of the availability of the natural resources which are needed to manufacture some of the Ayurvedic ingredients. This is one of the major advantages that India has and trapping on this can really work wonders to move ahead in the globalization ladder.

Also, because Ayurveda has many benefits not just to be used as a medicine but also as a health system, this has captured much attention from the west countries and the growing popularity is something that can be seen as the future of Ayurveda. The entire concept has been an attraction to the foreign crowd that Ayurveda is gaining its place in the outside world as well. It is a combination of several factors like the vision of Ayurveda as a health system and the kind of treatment it provides, this has been one of the major reasons why people are opting for this particular science. The fact that it is purely natural and herbal, is also a thing of astonishment, as to how can something very pure and unadulterated can work wonders upto a larger extend that it completely makes the problem disappear. These are some of the qualities of this particular science that has been making it a big hit, not just in the country of origin but also the population outside. Ayurveda has indeed changed a lot during the course of time since it came into being. From being an old traditional medicine, it has come a long way with the way it has approached problems. With the policy of globalization coming into place, Ayurveda got a bigger platform to go beyond the boundaries and it rather became a global science and was accepted with open arms as an alternative method of treatment.

There were certain initiatives taken by the government as well to upgrade the situation and condition of Ayurveda, so this science was a lot more dependent on the public sector. Though it did bring about some changes as to how people look at Ayurveda, it brought about a drastic change in the way Ayurveda was seen in the world outside. The acceptance was gradual since it did take time for people to understand the benefits this science could provide.

# **1 ATTITUDES AND MOTIVATION OF CONSUMERS**

This chapter explores certain basic concepts related to perception, attitudes, behaviour and motivation of consumers. I will be going from the general to the specific. To be more precise, in the next section of chapters, the various models and theories of psychological aspects will be explained and, side by side, these will be amalgamated and collaborated with how they are reflected in the behaviour of the consumers while purchasing Ayurvedic or natural products. This chapter is subdivided into three subchapters, the first covering right from what exactly is the perception and some of its processes like the perception process, the human communication process, and the theories of perception. Later in this chapter I will examine how consumers perceive the whole concept of Ayurveda and Ayurvedic products and also what are the factors which contribute towards solidifying their perspectives. The second chapter deals with another concept of psychology, that is motivation. So after looking at what and how the consumers perceive these Ayurvedic products, I will look at some of the basic concepts in motivation and also the factors contributing to the consumers purchasing or maybe being apprehensive towards the whole concept of Ayurveda. The third sub-chapter here studies about some of the factors in general, and also about consumer behaviour which leads the consumers to use Ayurvedic products. How this is different from the other two chapters is that it will consider a mix of various elements from the point of view of consumer attitudes to using these natural products.

## **1.1 Perception of Consumers About Ayurveda**

The term 'customer' is referred to someone who indulges in buying from a specific store or a company. This term largely refers to anyone performing activities of evaluating, collecting, using or disposal of goods and services. Hence a customer is defined in terms of a specific firm while a consumer is not (Khanna, 2013). The traditional viewpoint defines the customer in terms of economic goods and services. This particular view has been expanded over time and the scholars now do not consider a monetary exchange necessary for the definition of a consumer. On the other hand, organizations such as UNICEF, Foster Parent Plan and some religious and political groups can view their public as consumers. The main reason behind is that the activities people engage in when it comes to free service, ideas and philosophies are quite similar to those they engage in for commercial products and services (Loudon & Bitta, 1986).

### **1.1.1 Definition of perception**

Perception is the process of selecting, organizing and interpreting sensations into a meaningful whole. An individual's frame of reference affects the way he/ she interprets the sensation (Hanna & Wozniak, 2013). Consumer perceptions are extremely important to the marketers and often determine the success or failure of a product in the marketplace (Hanna & Wozniak, 2013). Hence, looking at the definition of perception mentioned above, I infer that perception is the way we interpret the sensations into a meaning and also

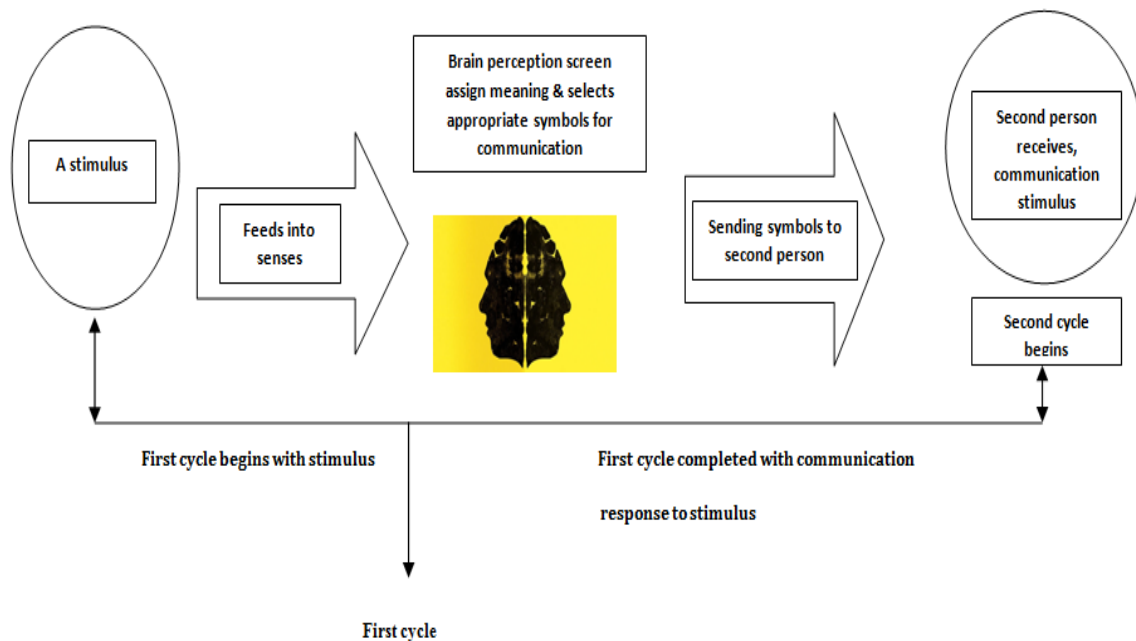
that it can be stated as a mental activity that makes us familiar with situations by giving us direct knowledge of it. Psychology says that every individual is different and that people see things differently and that, generally, there are radical differences in the way people think and react. There are a lot of factors that have an impact on the way individuals look at things, further making decisions. Perception has a lot of role to play here. The way people perceive, interpret and make decisions are affected by numerous conditions and points.

Consumer usage and buying of any product mainly depends on their perception about the product. Perceptions develop through how effectively and successfully the marketing of that particular product has been done. The topic of consumer perception basically comes from consumer behaviour. Consumer behaviour is the study of why, when and how, and thus consumer behaviour is that wise behaviour that consumers exhibit while buying products or making decisions. Consumer behaviour is the unification of psychological, social, economic and anthropological situations in the environment. A consumer's perception of quality is an important aspect of the product choice (Zenithal, 1988). Perception is, therefore, the first thing that draws upon the mind of the consumer, while he selects and interprets information on the basis of the first impression formed related to that particular product or service (Munnukka, 2008). Therefore, it is believed that consumer perception influences the buying behaviour of consumers. Consumer perception is the line of process where the decision making process of the consumer comes into consideration.

### **1.1.2 Process of perception**

There are numerous models of the perception process, but out of the many, I will look at the Human Model. The Model of Human Communication Process explains how an individual perceives a certain stimulus from the environment. This particular model (Figure 1) explains that the flow of a perceived stimulus reaches the brain in a continuous stream followed by which the stimuli passes through the perception screen and are given meaning. Each perception screen is unique in its own way because attitudes, opinions, beliefs, emotions, personality, knowledge, thoughts, experience, values etc of individuals are unique. That is exactly the reason why every individual perceives and interprets the various signals and messages in different ways. This coincides with the theory of *doshas* in Ayurveda as it mentions that every individual is different and so is treated differently based on the constitution of their respective bodies. Bolton, Keh and Alba (2010) talk about how people's perceptions of a given remedy, their perceptions of their illness and other factors influence decision-making. Traditional medical systems like Ayurveda and Unani have existed in India for more than 3000 years.

Figure 1. Model of Human Communication Process



Source: N. Kumar, *Integrated marketing Communication*, 2009, pg. 12.

According to Adler and Towne (1978), everything that has been accomplished by humans will always be achieved through proper communication. Effective communication often results in more soothing, meaningful and rewarding relationships and results as compared to an improper way of communication. Proper communication is extremely important especially when the process of perception is involved. The impact of a message or an idea can have a greater effect when it is communicated in the right way and the right tone. Below I we look at some of the factors which affect perception and thus it will be more clear as to what are some of the inside and outside factors affecting the way we perceive things.

### 1.1.3 Basic factors affecting perception

Perception and behaviour are hugely impacted by varied factors. They affect how we interpret and comprehend the numerous stimuli in the environment, which seem to bombard on our senses, and assign meanings to them. These factors are as follows (Field, Douglas, & Tarpey, 1996):

- **Our Mental Setup:** This refers to the tendency of each individual to have a conditioned pattern to react in a certain way. An individual, while trying to understand other people, has an inbuilt tendency to react either favorably or unfavorably. People's personal and unique characteristics largely influence the aspects which they are likely to see in others. They select only those characteristics which they think matches with their personality or behaviour. That is why we see people assigning various attributes to the products /services they choose to avail.

Marketers often employ an emotional connection to the brand or the product so that their target audience can relate to the specific message being delivered. The way we look at a particular brand or a service depends a lot on the kind of mental set back we have. It is often noticed that the personal traits play a major role in the making up of the mental set-up of a person. For example, if I am someone who has always been inclined towards healthy living lifestyle, then it's very obvious that I will get attracted to the herbal related products or will have a favourable shift in my preferences towards that particular product/brand. And the product can vary from lengths, from cosmetics to grocery related products.

- **First Impression:** It is human tendency to evaluate people or things around them on the basis of the first impression. Since first impression evaluation is not always based on sufficient information, it may not be a true reflection of what is being perceived. Speaking according to the marketing point of view, this is where the role of packaging and advertisements come into the picture. Because it is beyond a person's capability and interest to see everything there to see, we screen out certain stimuli. This selectivity is of much importance to the marketers who aim at communicating with their target audiences and try to surpass such blocking of information (Hanna & Wozniak, 2013). First impressions often make the biggest impact, which may or may not be true most of the times. Especially when it comes to products or brands, the consumers are very much aware of the market scenario these days and are well informed about the market situation as well, so in this case, a lot of trial and error also comes in place from the consumer's side because they always look for the products which give them the best quality in the market.
- **Past Experiences:** Our past experience and reactions influence the course of actions we take in a new situation. Psychology does matter here as the way people perceive things at present, is definitely affected by some experiences in the past or at times, people form pre-requisite perceptions about certain people, places, feelings and things which in turn can largely affect the way they would perceive things in the future. We make most of our decisions either by our own past experience or by the experience our close friends or relatives have. Let me take an example. Suppose you order a product from an online website which sells consumable products. The website commits to deliver the product in a brand new condition and within a specific time. The website fails to fulfill both the commitments. The condition seems to be very bad and the product is received after the commitment date. The consumer, who has had such a poor experience would not want to order products anymore from the same website. When the person shares the experience with his/her friends, they also create a pre requisite notion in their mind about the poor services provided by the website. In such a case, the website loses its market share because of the bad experience in the past. If the case was vice versa, where the consumer receives the product in a really good condition as committed with a really impressive packing and well before the committed time, then the consumer's good experience in the past would make him order frequently from the website improving the market share. So, past experience is a very essential and influencing factor for the success of a business.

Most of the marketing happens mouth to mouth and through reviews in blogs and pages. All the consumers share their past experience in such platforms which makes it a deciding factor for success or failure of a product or business. It stands to reason that when something positive results from a decision, people are more likely to decide in a similar way, given a similar situation. On the other hand, people tend to avoid repeating past mistakes. This is significant to the extent that future decisions made based on past experiences are not necessarily the best decisions. In financial decision making, highly successful people do not make investment decisions based on past sunk outcomes, rather by examining choices with no regard for past experiences; this approach conflicts with what one may expect

- **Social and Psychological Needs:** Our self-image and the degree to which we feel the need for recognition and acceptance in the society affects the way we perceive something and the way we react towards it. This has a lot to do with the way individuals perceive themselves first and how that impacts their behaviour towards the way they feel in the society.
- **Status and Group Factors:** These to greater extent, are related to the already mentioned factors above. An individual's social class and background causes them to see a situation differently. This is also highly influenced by the way they have been brought up in their childhood and adolescent times which later impacts the way they perceive things and look at various aspects. An individual also tends to be influenced by the shared feelings of the group to which he/ she belongs.

In marketing terms, consumers often use cues like store and brand names, packaging, and price to help them take buying decisions. Brand acceptance depends on part, upon price perception. The question of a product's worth is closely linked to the consumer's perception of the product's value. Numerous studies have shown that product differentiation in the minds of the consumers arose because of the receptiveness to the various firms' "marketing efforts" rather than perceived physical product differences. Often in marketing, they try to captivate the attention of the consumers so as to have a larger impact on the way they look at a particular brand, thus forming a brand standard and value in the minds of the consumers. The process of perception starts really early, in fact much early before making the decision, the individual considers several options for example, say the price, brand, their need and want from the product, benefits of the product, durability etc. These options are then affected by various external and internal factors like the past experiences, recommendations from friends/family, past history with product etc, along with these many personal traits of the individuals also come into consideration like their personality, way of making and taking decisions, pattern of making decisions etc. I will later see in the analysis if our consumers agree to this concept of media influencing them into buying or changed behaviour towards a certain brand of products.

Initially, the perceived qualities of privately owned brands and products were taken as the consumer's perception about the quality of the product provided by the company (Kazmi, 2012). Scholars have noted that country of origin plays a large impact on the perception

and expectations of consumers when indulging in purchases. This also has to do with the role of marketers who emphasize on the marketing attributes. Price also plays a very important factor when it comes to deciding on a product. There is no surprise in the fact that price is one of the main factors when a consumer decides about making a purchase and hence they look at the prices very carefully. This helps them to maximize the direct utility that they gain from the purchases. However, when consumers are faced with various brands which have different prices and quality, they would have to make a decision about the preferences they make on the basis of attributes of the product (Kazmi, 2012). Regarding Ayurvedic products, they are normally perceived as a high-priced commodity because of its “all natural and herbal’ elements, but I will see in the analysis section if this statement is approved or rejected by what the consumers think about Ayurvedic and herbal products. Regarding the case of Patanjali Yogpeeth mentioned in the literature above, Baba Ramdev is being called the spiritual marketing guru as the concept of herbal products and Ayurveda has seen to be gaining momentum with the widespread marketing of these Patanjali brand products.

The Attribute Model proposed by C. F. Gwin and C.R. Gwin (2003) mentions that consumers prefer a product on the basis of magnifying the utility from the features of the product. There are various types of perception based on the attribution theory and process. This attempts to explain how individuals attribute causes to events and behaviour and there are three basic approaches to it namely- person perception, self-perception and object perception. This also tells us how consumers perceive different stimuli from the environment which later plays a major role in their decision-making process. Thus below listed are the various ways in which consumers perceive things around them.

- **Person Perception:** Fritz Heider, who put forth the attribution theory, suggested that individuals act as “naive psychologists” when interpreting the behaviour of others around them. They try to determine to what degree the personal force rather than environmental factors influence another’s action and make inferences on that basis.
- **Self-Perception:** Daryl Bern says that individuals, while trying to make sense of the market place situations, analyze their own beliefs as well as others’ to make sense of the decisions. They try to determine whether their own beliefs about a product, for instance, are true or whether they have been influenced by environmental factors.
- **Product Perception:** To test whether or not their own perceptions of a market item (for example, a brand or maybe gasoline) are based on objective reality, consumers use four criteria: (1) is the perception distinctive? (2) is it consistent over time? (3) is the reaction consistent even when the interaction with the item changes? (4) is there a consensus, that is, is the same effect perceived the same way by others also?

## 1.2 Motivation to Use Ayurvedic Products

Traditional medicine, as described by the World Health Organization refers to the sum total of knowledge, skills and practices based on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used to maintain health as well

as prevent, diagnose, improve or treat physical and mental illness (WHO, 2000). A lot of studies have gone through the reasons why people incline towards using complementary and alternative medicine (CAM). The reasons can be categorized under push factors (from conventional medicine) and pull factors to CAM. Regarding the conventional medicine, it is thought that the consumers are inclined or pushed to the methods of CAM as they face unsatisfactory results from conventional medicine; along with that, also numerous inferences have been given for this, which includes an absence of confidence in the ability of CAM to treat a range of widespread chronic conditions completely (Adams, Andrews, Barnes, Broom, & Magin, 2012).

In a study by Huda and Sultan (2013), in which they have talked about the skin care industry, a growing number of consumers are shifting their purchasing habit from conventional skin care products to herbal skin care. As a response to this, many conventional skin care manufacturers are now opening a new branch in their skin care product lines and labelling it as “Herbal” to gain the promising market. A lot of expenditure is incurred by business organizations to understand the purchase behaviour of consumers and the attitude that shapes the respective behaviour. According to Loudon and Bitta (1986), the decision process of consumers can be well explained as actions consumers take while obtaining, consuming and disposing of products and services. In a study which talks about the adoption of herbal therapies by consumer, Ritho, Klepser, and Doucette (2002) pinpointed four types of influences, which are: characteristics of consumers, social systems, communication channels, and characteristics of the herbal therapies which includes demographic aspects. The major role seems to be played by friends and relatives in shaping the opinion of consumers through the communication mode (word of mouth). In their study on women's buying behaviour of personal care products, Sundari & Murugan (2011) revealed that there are two factors which influence the purchase decisions of personal care products, namely “primary benefit” and “secondary benefit”. The former benefit includes price, quality, and quantity whereas the latter benefit comprises of ingredients of the product, the purpose of the product, innovative features, manufacturer's reputation and certification of the product. The World Health Organization estimates that at least 80% of the population in the world depends on traditional medicine to fulfill their basic health care needs (Basha, Anjaneyulul & Sudarsanam, 2013). As it is evident from Chowdhary, Ahmed & Huda (2007), that perceived quality has a major impact on the value anticipated by the customer and, needless to say, consumer perceived value acts as a pre-requisite for consumer purchases.

### **1.2.1 Consumer behaviour, motivation and the black box model**

Consumer behaviour studies the basic characteristics of the individual consumer such as demographics and behavioural variables in order to understand the needs and wants of people. It also tries to assess influences on the consumer from reference groups such as family, friends, and society in general (Yakkaldevi, 2013). Customer behaviour is a study based on consumer buying behaviour, with the customer playing three major roles, namely of the user, payer, and buyer. Arnould, Price and Zinkhan (2004) defines consumer



behaviour as the study of the activities involved when people select, purchase or dispose off products to satisfy their wants and needs. Society and culture are an integral part of an individual's environment which creates a sense of belonging to the person, thus shaping an individual's behaviour. In marketing context, culture is often viewed as the combination of different value and perceptions, wants, beliefs, norms, and manners learned by a member of society from the surroundings, people speaking the same language and living in the same specific geographic region. It is said that culture teaches about what kind of behaviour is normal and what is expected according to societal norms. Indian consumers have shown a high degree of family orientation, that's why maybe brands that support family values are popular and easily accepted.

Indian consumers are also associated with the values of nurturing, care and affection. Products which communicate tradition and emotions could strike a better impact on the Indian audience. Apart from economics and psychology, past habits and traditions are deeply rooted down and influence the Indian consumer behaviour. Only in India, one finds traditional products along with modern products as well. That's one of the reasons why hair oils and tooth powder (mainly Ayurvedic) co-exist with shampoos and toothpaste (Majumdar, 2010). Looking at some insights from the Indian market regarding consumer behaviour, Majumdar (2010) states that consumers in South India still value Ayurvedic products much more than their counterparts in North India. According to the owner of Jyoti Laboratories (maker of Ayurvedic soap called Jeeva) : "People in northern part of the country do not want to use herbal soaps for long. They use Ayurvedic-based toilet soaps only to solve particular skin problems. Once that is addressed, people there discontinue their use". Recognizing this pattern of consumer preference, Jyoti labs decided to make Kerala (a southern state in India) as its core market. This is one of the best examples on how consumer behaviour and preferences may vary based on various factors. Consumer behaviour research attempts to understand the individual and collective buyer decision-making process. It studies different characteristics of consumers such as population and behavioural variables in the pursuit to understand needs of the consumer. The consumer behaviour research allows for an enriched understanding of motives and purchasing frequency by consumers (Schiffman & Kanuk, 2004).

While I have discussed consumer behaviour, it is important that I also throw some light on the buying behaviour of consumers. This model tells exactly what happens in the mind of the consumer and the reasons why they take certain decisions. It is more of a psychological model which involves the concept of stimuli and responses. Hence, to know the psychology of the mind of the consumer, it is necessary to look at the ongoing process in consumer's mind. The Black Bmodel is a well-developed and tested model of the buyer behaviour. It shows how stimuli, consumer characteristics, decision processes and consumer responses interact with each other. The stimuli can be differentiated between interpersonal stimuli (between people) or intrapersonal stimuli (within people) (Sandhusen, 2000). This model is related to the Black Box theory of behaviourism, where the main focus is not on the process but the relation between stimuli and consumer responses.

Marketing stimuli are planned by firms, whereas the environmental stimulus is generated by social factors, based on economic, social and political factors of the society. In the model (Table 1) marketing and other stimuli enter the customer’s “black box” and produce certain responses. The main point that this model makes is to discover what exactly goes on in the mind of the consumer, called as the black box. The characteristics of the buyer influence how he/ she perceives the stimuli. Many factors influence a consumer’s purchasing decision as shown in the figure below; some of them being personal, social, physical, economic, geographic factors. These factors are identified to discover the impact they have on consumer behaviour and also how these factors are useful in segmenting the market and targeting specific consumer groups.

Table 1. The Black Box Model

EXTERNAL STIMULI	BLACK BOX (BUYER’S MIND)	RESPONSES
<p style="text-align: center;"><b>Marketing mix</b></p> <ul style="list-style-type: none"> <li>• Product</li> <li>• Price</li> <li>• Place</li> <li>• Promotion</li> </ul>	<p style="text-align: center;"><b>Internal influences</b></p> <ul style="list-style-type: none"> <li>• Beliefs/attitudes/values</li> <li>• Learning</li> <li>• Motives/Leeds</li> <li>• Perception</li> <li>• Personality</li> <li>• Lifestyle</li> </ul>	<p style="text-align: center;"><b>Purchase</b></p> <ul style="list-style-type: none"> <li>• Product</li> <li>• Brand</li> <li>• Source</li> <li>• Amount</li> <li>• Method of payment</li> </ul>
<p style="text-align: center;"><b>Other</b></p> <ul style="list-style-type: none"> <li>• Demographic</li> <li>• Economic</li> <li>• Situational</li> <li>• Social</li> <li>• Lifestyle</li> </ul>	<p style="text-align: center;"><b>Decision-making process</b></p> <ul style="list-style-type: none"> <li>• Problem solving</li> <li>• Information search</li> <li>• Alternate evaluation</li> <li>• Purchase</li> <li>• Postpurchase evaluation</li> </ul>	<p><b>No purchase</b></p>

Source: W. Keegan, S. Moriarty, & T. Duncan. *Marketing*, 1992, p. 193.

Motivation, on the other hand, refers to the driving force behind any action. It is due to internal and external factors such as psychological and environmental, respectively, which arise from the behaviour of human beings. The behaviour, on the other hand, is not random. They often involve some purpose or goal. It is often held that behaviour is related to some kind of motive, as we behave in a certain way in order to achieve a respective motive. Thus motivation can be defined as the process of activating, maintaining and directing behaviour towards a particular goal (Majumdar, 2010). Consumers have different motivations to buy a variety of products or avail certain services; for instance, motivation for consumption could be utilitarian (some function or practical benefit) or emotional or hedonic (e.g. the need for status, social recognition) (Majumdar, 2010).

The Drive theory in psychology, which was developed by Clark Hull, partly derived from the laws of learning. To explain learning, Hull (1943) accepted the Law of Effect proposed

by Thorndike (1911). The law states that when a stimulus response-bond is followed by the satisfied state of affairs, the strength of the bond is weakened; this gave rise to the Hullian Drive theory. This theory focuses on the biological needs, that the desire for a product, service or experience arises from some inner drives, and hence the consumer is keen to fulfill those needs, both physiological and psychological, which leads to the purchasing act (Majumdar, 2010). Motivation can be thought of as a force that drives behaviour. It is about the incentives which make people act. Though it is a hard concept and difficult to quantify, it asks the following questions:

- Why do people behave the way they do?
- What drives one person to achieve that kind of behaviour?

These two questions answer the concept of motivation really well, as to the reason why people behave in a particular way, what could be some of the reasons of their behaviour and the factors that lead them to behave in a specific way. Second being, the driving force which makes the individual behave in a way, that being said, there are a lot of factors which are responsible for the behavioural outcome of the individual. This is where motivation comes into the picture. There are several

These are certain questions which the theories of motivation have answered. As it is mentioned earlier in this section that the concept of motivation arises from a need and a sense of fulfillment by looking at the basic instincts and needs of an individual (Raaij & Wandwossen, 1978). Motivation provides an in-depth look of the consumer as a unique individual which is much harder to understand, thus motivation represents consumer behaviour at the micro level (Montgomery, 2008). The four types of motives, namely achievement, power, uniqueness, affiliation and self-esteem. While the consumer goes through the process of decision making, these motives mentioned above are present in some way or the other, enabling the consumer to decide in favour of a particular product/service. These kinds of motivations are defined by Arnould et al (2004) as follows:

- **Achievement motive:** The drive to experience an emotion related to good performance or result. It is often a sense of accomplishment and achieving something great. This kind of motive often leads to the sense of achieving something. It is also sometimes the driving force that makes the individual accomplish targets and goals.
- **Power motive:** This is the drive to have control or influence over a situation or a person. As the name suggests, it is often linked to a sense of power. This one is linked with the achievement motive since it instills feel of power and status in an individual, thus resulting in the individual to engage in behaviour associated directly with power.
- **Uniqueness motive:** The drive to recognize oneself as different and exclusive from others. This one involves a feeling of being very different from others where the individual identifies himself/herself distinct from others.

- **Affiliation motive:** The drive to be connected and attached to people and a strong motivation to reconnect with groups. This drive presses on the need of togetherness and forming of bonds and relationships in the long run.
- **Self-esteem motive:** Consumers perceive themselves to be superior to others. For example, credit for success, explain away failures.

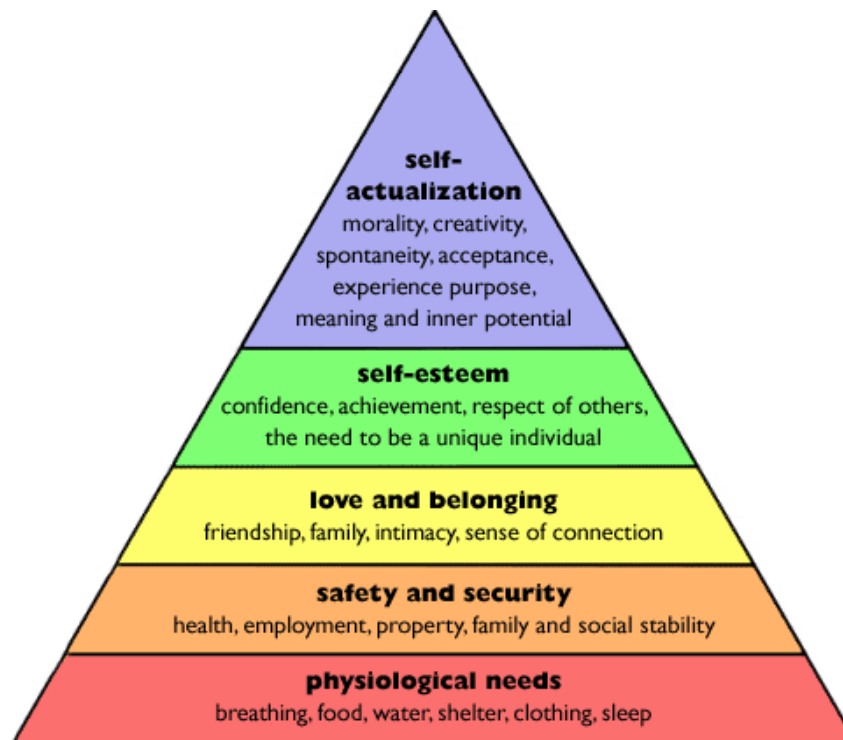
Attitudes towards a product/ service that is becoming a product or merchandise-oriented or service-oriented as a consumer is a psychographic variable that also aids him/ her to buy and consume the product/ service. Both variables work together to finally determine the consumer's choice and preference of a product or service. Motivations serve as a crucial aspect to determine the characteristics and behaviour of consumer towards buying a certain product. Sociodemographic variables such as income, age, sex and psychographic variables such as the need for achievement, affiliation, power and self-esteem are also taken into consideration (Montgomery, 2008).

### **1.2.2 Motivation theory- Maslow's hierarchy of needs**

It is often very difficult to discover what exactly is going on in the mind of consumers and what exactly drives them to make a particular buying decision. By looking at what each level of need consists of, the types of consumption associated with them and the relationship between the need and the decision process, we gain a better insight into why we make certain choices as we do. Maslow's Hierarchy of Needs could be adapted successfully to the market segmentation and preparation of advertising statements as there are goods intended for satisfaction on each level. Solomon, Marshal, & Staurt (2006) applied Maslow's pyramid of needs for an understanding of motives of buyer behaviour.

Maslow's Hierarchy of Needs (Figure 2) explains about the needs of an individual through the perspective of Abraham Maslow. The basic needs are placed at the bottom of the pyramid and the highest are on the top. The reason why the needs are placed in the form of a pyramid is because, according to the theory, only when one need is satisfied completely, the individual moves towards the other needs. Also, the needs as mentioned by Maslow are in such an order that the most basic and important ones are on the top and cannot be ignored by the individual, whereas, as he starts to move up the pyramid, the needs slowly become more of a luxury than a necessity. Below, the various needs are explained more elaborately about what all a particular need includes and how an individual moves from one need to another. So, to explain briefly, the higher we go, the lower the percentage of satisfaction is what is necessary for a higher need to emerge (Solomon et al., 2006).

Figure 2. Maslow's Hierarchy of Needs



Source: A. H. Maslow, *Motivation and Personality*, 1954.

Maslow incorporated the works of the famous psychologist Sigmund Freud and added the concept of the “Freudian pessimism” and “neo-behaviourist relativism” with positive grounded theories of human behaviour, motivation, and development (Hoffman, 1988). Maslow developed the theory of motivation in the 1940s and this has become one of the most used and cited theories, not only in organizational behaviour restricted to the field of psychology, but also in management (Wahba & Bridwell, 1987). The needs were explained as following:

- **Physiological needs-** Basic needs (their satisfaction is necessary for survival). Two recent lines of research make it important to revise our customary notions about these needs. One, the development of the concept of homeostasis (referring to the body’s automatic efforts to maintain a constant, normal state of the blood stream) and, the second being finding the appetites (preferential choice among food). These psychological drives are to be considered unusual rather than typical because they are relatively independent of each other, and of other motivations (Maslow, 1943). Physiological survival is considered to be the basic motivator of human behaviour.
- **Safety needs-** After the physiological needs are met, a new set of needs arises. Safety needs involve the individual for a predictable and an orderly world. Human beings tend to look out for consistency and familiarity as there is a common preference for the known and a fear of the unknown. When one is engaged in a safety-motivated behaviour, the safety needs are placed second in the order because if the individual does not feel comfortable and safe physically and physiologically,

the other needs that follow are of no priority and thus safety needs are a central motivator of behaviour when the needs are there (Reid, 2008).

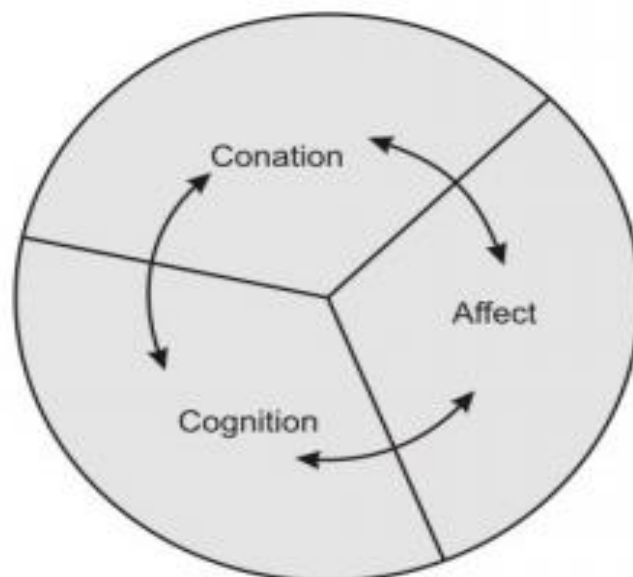
- **Love needs-** After the physiological and safety needs are well met; needs concerning love and belonging originate to motivate behaviour (Maslow, 1943). Social bonding, including the development of friendships, social groups, and affiliations, are important factors which lead to the satisfaction of social needs. The sense of belonging is important for human beings. Modern day people, in a way, belong to something much larger than themselves like membership in a marriage, a country, society or other groups which provide a sense of belonging. There can be an important damage to an individual's psychological functioning when needs like love and belongingness are threatened (Reid, 2008).
- **Esteem needs-** After the physiological, safety and love needs are partially or somewhat satisfied, another set of needs emerge which are the main motivations of human behaviour. Broadly talking, people in our society tend to think highly of themselves and perceive themselves as superior to others; they also want others to think highly of them and want this opinion to reflect their accurate value (Maslow, 1943). On the other hand, non-fulfillment of this need can lead to producing psychopathy, especially insecurity, helplessness, and an inferiority complex.
- **Self-Actualization-** When physiological, safety, love, and esteem needs are met, the need for self-actualization emerges as the leading motivator of behaviour. In 1950, Maslow published "Self-Actualizing People: A Study of Psychological Health" in Personality Symposia (Hoffman, 1988). In this article, Maslow articulated an interpretation on the positive view of human development, motivation, and personality. The term "self-actualization" was originally coined by Kurt Goldstein & Maslow further solidified it (Maslow, 1954). Unlike physiological, safety, love and esteem needs which seem to be the prime motivators of behaviour after these needs are met, self-actualization becomes more prominent as they are satisfied (Reid, 2008).

### 1.3 Consumer Attitudes

In terms of consumer behaviour, consumer attitude may be defined as an inner feeling of favourableness or unfavourableness towards a product or a service offering and the 4Ps. Attitudes are composed of three components, namely knowledge, feeling and affect component and a behavioural and conative component. The knowledge component is reflected in the learned knowledge of the consumer which he obtains from his interaction with other individuals and this, in return, results in feelings of favourability or unfavourability. In a study by Suleiman (2014), it was discussed in the result section that the word "natural" is mainly associated with purity and safety and the absence of chemicals/ preservatives is also in sync with the study by Kennedy (2005), which found that consumers frequently incorporated herbs with regular drugs for usage. The findings in the result by Suleiman (2014) also stated that the demand for herbal products is growing and that herbal medicine should be included in the education of pharmacy.

As I already mentioned in the above paragraph, that attitudes are composed of components like knowledge (cognitive), feeling and emotional (affect) and action (conative) component. This is exactly how we explain the Tricomponent attitude model (Figure 4) where cognitive component signifies what individuals know and think about an object. As the knowledge people form becomes a belief and the knowledge and perceptions that are acquired by a combination of direct experience with the attitude object and related information from various sources (Schiffman et al., 2004). The attitude of consumers is developed on the grounds of experiences as well as what they hear from people in person (family, friends, peers etc.) as well as impersonal (marketer's sources) of information that further stay in one's memory. Also, how consumers feel about a brand, the emotions they have towards it, good or bad. It also refers to a consumer's feelings about a product/service offering and the marketing mix. These emotions could also relate to an attribute or the overall object. The behavioural component of attitudes depicts the outcome of an attitude. The likelihood that an individual will undertake a specific action or behave in a specific way with regard to the attitude (Schiffman et al., 2004). The behavioural component of attitudes depicts the outcome of an attitude. Attitudes are formed out of psychographic elements; they are hypothetical. The conative component tells about the tendency of an individual to behave (to buy or not to buy) in a particular way with respect to the attitude object (product/service offering, brand etc).

Figure 3. Tricomponent Attitude Model



Source: L. G. Schiffman, L. L. Kanuk, & J. Wisenblit, *Consumer Attitude Formation and Change*, 2010.

## **2 METHODOLOGY OF STUDYING THE CONSUMER ATTITUDES AND MOTIVATION TO USE AYURVEDA**

### **2.1 Argumentation of Methodological Approach**

As my research required the analysis of personal experiences and stories related to the use of Ayurveda, it took on a qualitative research as well (Strauss & Cobin, 1990). This type of research enabled me to understand and get a detailed knowledge on what people think about Ayurveda and why do they use it. Qualitative research also involves observation, interpretation and relevant interaction skills (Strauss & Corbin, 1990). The research conducted definitely has incorporated the above-mentioned factors. This type of qualitative approach helped in figuring out the reasons for the focal motive of people behind using Ayurveda.

My research was based on the Qualitative Descriptive Research. V. A. Lambert and C. E. Lambert (2012) conveys that the main focus of this type of study is a thorough depiction, in daily conditions, of certain precise events experienced by individuals or group of individuals. Also because my research depends on the raw and direct opinion and thoughts of what consumers think of Ayurveda, it becomes a qualitative descriptive research, as this type of research draws from naturalistic inquiry pressing on the commitment of studying in its natural state, to the extent that is possible within the framework of the research area.

### **2.2 Research Design**

The primary means of collecting data for my research were interviews. Semi-structured interview guide was used as the research instrument to make sure that the flow of the conversation is natural and at ease. Secondary data was also used from sources like books, journals and local newspaper advertisements (refer to appendix A). As the research problems ask:

- What is the consumer's understanding of Ayurveda?
- What is the consumer's motivation to choose Ayurveda among other alternatives?
- What are the factors behind the motivation to choose Ayurveda over other alternatives? and, is there a relation between Ayurveda and Yoga?

I decided to approach this research problem by conducting face-to-face in-depth interviews, and not focus groups interviews since this is an intimate topic regarding their experiences and opinions and many participants might not feel comfortable speaking about their personal opinions and experiences in the presence of others. In addition to this, one of the reasons to disregard focus group interviews was also that in focus groups, participants might get influenced by the opinion of others, hence resulting in a biased group opinion which creates ambiguity and the results are not very rich and honest. Some Skype interviews were also conducted with the participants from India as some inputs from



Indians residing in India currently, were also required, and so this method was also adopted.

Four pilot interviews were conducted in total in Ljubljana before starting the research, to see and evaluate the effectiveness and validity of the interview schedule. Two pilot interviews with Ayurvedic doctors and two interviews with consumers were conducted. The interviewees for these pilot interviews were aged between 24 and 35 years, two of them were female and two male. An asset of conducting pre-tests of the interviews is that it enables the researcher to understand if there are any flaws in the interview guide and it also allows the respondents to clear the terms and questions that they did not understand, thus making it easier for the interviewer to rectify and further start the interviewing process. Since the personal interviews are the best way to dig out stories and enrich the storytelling and personal experiences of the interviewees, there was not any time limitation for the interviews but the rough estimate was about 2.5 hours per interview. When asked about their personal details and how long they have been in Slovenia, the interviewees were enthusiastic and this helped as an ice-breaking exercise before proceeding ahead with the interview. The first pilot interview I conducted was with an Ayurvedic doctor at her home, which I thought would be the best place to conduct an interview and it did help me in building rapport with her but there were people around and hence it made me aware of the limitations of carrying out an interview in a busy place. The interview got a little tough to transcribe due to other sounds captured on the voice recorder. The other two interviews conducted at the faculty premises and home of another interviewer proved to be quite successful, as it was more peaceful and quiet and also gave them more space to open up on their views. The last interview I did with another Ayurvedic doctor, in his office was successful as far as the location was concerned and it also allowed me to enhance and modify my questions, in a manner that will extract more views and stories from the interviewees.

The pilot interviews enabled me to make changes in the interview guide as some of them were not elaborate enough and I had to change my tactics of asking questions to the interviewees. I stuck to the semi-structured interview guide which involved specific questions, some in a sequenced manner and the rest were left flexible, allowing the interviewees to talk more in depth about the topic being discussed. The responses were normally open-ended (Weiss, 1994), which allowed interviewees to provide more information. Two interview guides were prepared (appendix B & C), one for the consumers and the other for Ayurvedic doctors. My interview schedule for the consumers consisted of topics like their educational background, place of residence, profession, thoughts about Ayurveda, awareness about Ayurvedic products, treatment of common diseases by Ayurveda, etc. The one for Ayurvedic doctor consisted of questions like their educational background, years of practice, experience in the field of Ayurveda, nature of treatment etc. Some ethnographic observation, too, was done from my side, as observing the set up of the room and the offices of respective Ayurvedic practitioners was also a relevant indication towards the cultural connotation (related to Ayurvedic products etc).

Voice recorder was used in the entire process while interviewing the participants to accurately seize the information given by the participants as it is often extremely difficult to transcript the data by hand. Of course, difficulties arose while trying to write and observe at the same time for each of the participants. Recording gave me an opportunity to give undivided attention while interviewing them. While recording, I could pay more attention to the interviewee's body language and facial expressions (Weiss, 1994). The Skype interviews were recorded too, and most of them were taken from my home while the participants were interviewed from their respective homes. It is suggested by Mills (1959) that one must be self-reflective about one's own society to witness it in its contextual surroundings. My research was conducted mostly on Indians residing in Ljubljana, Slovenia although some of the interviews were taken over Skype with interviewees located in India. The interviews were mainly carried out in the interviewee's home or the places convenient to them.

### **2.3 Target Population and Sample**

Upon doing a little research on the Indians staying in Ljubljana, I started contacting people in my own social network, first through WhatsApp, email and messages, after which a few of them replied and those were taken as the pilot study to test the research first. I also later took help from the Indian Embassy in Ljubljana, for some contact numbers of Ayurvedic practitioners and started sending them emails regarding the purpose of my study and if we could set up appointments for the interview. Since there are a few students studying at various faculties spread across Ljubljana, I started contacting them, too, as they fit perfectly into the category of Ayurveda consumers. I made sure that I went to the interviews with the participant information sheets (appendix D); this was just to ensure that the data and the information are being collected for research purpose only and it also enabled me to put forward the motive of my study in clear words and what the participants could expect.

The interviewees were obtained through my personal contacts (friends, colleagues) and the Ayurvedic practitioners/doctors, too, were contacted through the reference of some fellow Indians. Twenty-six interviews were conducted in total, out of which 5 were conducted over Skype and the rest were face-to-face interviews. The interviews were conducted between the period from 15<sup>th</sup> April to 25<sup>th</sup> June 2016. The interviews were conducted in the English language as everybody mostly spoke English and as such translation in the local national language was not needed. The average duration of an interview was 22 minutes or sometimes more in the case of Ayurvedic practitioners.

Interviewees/ participants were selected based on the purposeful sampling where they were selected accordingly, based on some criteria such as whether they were Ayurveda users and had basic knowledge about it. Also, the snowballing sampling techniques were used wherein people who are suitable for the study, were further suggested by people who knew them (Punch, 2000), and this helped a lot in much more information gathering. But it had its drawbacks too, like it consumed a lot of time, and sometimes people just referred to

someone who did not know about Ayurveda; so that is one of the limitations of my study and indeed took up a lot of my time, though it will be discussed more in detail in the limitations section below. With the topic of Ayurveda being so diverse, I not only interviewed Ayurveda users but also people who incorporated Ayurvedic ways of life in their daily routines, that gave me finer results and this was embedded in the research while I was interviewing the participants. I realized that Ayurveda is not just the typical Ayurvedic products but also herbal and homemade things, so this was another addition to the interview questions in the interview guide and I tried to dig in more regarding this topic with the interviewees. Some other Ayurvedic doctors were searched on the internet and then some were recommended by the interviewed Ayurvedic practitioners. Although I could gather some really relevant viewpoints, I was unable to complete my target sum due to continuous rescheduling and canceling of the interview appointments. I could do 26 (out of the 30 scheduled) interviews (Table 2) with consumers and 4 interviews with Ayurvedic doctors (6 in total scheduled) (Table 3). I do realize that my research heavily emphasized on the context and thus I am not able to generalize the findings to a greater context; however, some elements which were found during the interviews could be generalized and will later be discussed in the results section.

Table 2. Tabular Presentation of the Interviewed Ayurveda Users (n= 26)

<b>Name</b>	<b>Age</b>	<b>Gender</b>
Rohan	24	Male
Ajay	32	Male
Minakshee	26	Female
Harinarayan	33	Male
Mrinalni	27	Female
Ashok	29	Male
Sudhir	36	Male
Gauri	25	Female
Saurav	23	Male
Aman	35	Male
Ayush	41	Male
Gaurav	30	Male
Michael	45	Male
Prerna	28	Female
Sonali	55	Female
Shivangi	34	Female
Uma	28	Female
Aradhna	26	Female
Suma	40	Female
Bimal	50	Female
Poojitha	47	Female
Aishwarya	37	Female
Pranav	30	Male
Aakriti	22	Female
Athrava	37	Male
Meera	44	Female

Table 3. Tabular Presentation of Interviewee Profiles of Ayurvedic Doctors (n= 4)

<b>Name</b>	<b>Age</b>	<b>Location of Practice</b>
Dr Manivanan	36	Ljubljana, Slovenia
Dr Ajith	38	Lasko, Slovenia
Dr Parul	43	Bangalore, India
Dr Snehalata	57	Kerala, India

## 2.4 Data Analysis

After getting done with the primary data, I moved ahead with data analysis. One of the important questions was how the data was to be analyzed (Punch, 2000). The primary focus was to transform the raw data into a coded one. The qualitative data collected from the participants was converted into interview transcripts by listening to the voice recordings. Thematic content analysis was used in order to analyse the data. After sorting out and categorizing the interview transcripts of consumers and Ayurvedic practitioners, I listened to each of the recordings and transcribed them individually, later on appointing codes appealing to various specific characteristics. Specific colours were also used to highlight certain similar characteristics of different codes. Similar topics that were coded (highlighted in colours) in interview transcripts included identifying the various factors such as: demographic information of the consumers; their motivation for using Ayurveda; inclination towards using Ayurvedic products; what does concept of health mean to the consumers and how aware are they about various Ayurvedic products in the market.

Some of the topics that were coded in the Ayurvedic practitioner's transcript included the following: years of practice (how long they have been practising Ayurveda); what are their perceptions about the current situation of Ayurveda in India; experiences with western medicine; what kind of Ayurvedic methods are prescribed and how far is it successful; problems and challenges faced by them in this profession and whether Ayurveda and western medicine can be incorporated. My own thoughts and ideas on Ayurveda about the subject matters while interpreting the data was irrelevant to thematic content analysis as the data would have biased the coding. By comparing the factors of analysis, I searched for commonalities, patterns which made me come to conclusions. Like Berg (2001) warns that qualitative data can be handled neither quickly nor easily. After completing the coding of transcripts, I had analyzed the raw data and bunched the findings under three broad themes: Perception towards Ayurveda, Motives for using Ayurvedic products and, Ayurveda and Health.

## 2.5 Methods' Limitations

A qualitative way of research does provide an enriched and empirical data; on the other hand, it does also have limitations (Neuman, 1997). As my research was highly based on

qualitative data, I had to be very careful in selecting the participants as the data collected could be biased and incorrect. Initially, I struggled with participants who were willing to get interviewed; people were either shy or simply did not want to take time out as soon as I told them about taking an interview. So this way I had to strike out a lot of participants, as I wanted them to be open and ready to communicate in order to interview them. The method of snowballing helped me to a larger extent as one participant linked me to the other. It was a little difficult conducting interviews with two Ayurvedic practitioners as I had to travel to Lasko for an interview, which was canceled twice and moving between Ljubljana and Lasko thrice with rescheduled dates proved a bit more time-consuming. The snowballing and sampling technique proved to be quite useful and brought into the question the degree of representativeness of my participants (Black, 1999). The way the snowballing technique helped me is that I got a referral from an Ayurvedic doctor I had interviewed and got in touch with another doctor who further referred me to an Ayurvedic consumer, but since she was elderly, she could not recall a lot of her experiences with Ayurveda.

Also one of the interviewees who was referred by some consumers, became more specific that she already had a bias against Ayurveda and as the interview proceeded it was very clear that she had decided already not to respond positively to anything related to Ayurveda. Such confrontations were time-consuming and later had to be disregarded, which led me to interview more people who remembered things and did not have a pre-conditioned notion in their mind regarding Ayurveda in order to make up for the loss. Although I am aware that taking personal interviews is time-consuming as a relationship has to be built in order to dig in deeper for the stories and experiences of the consumers; thus establishing a rapport was important as also the trust factor plays a very vital role while interviewing participants about their own views on a particular topic or their daily habits (Weiss, 1994). Also difficulties arose while searching for Ayurvedic practitioners as some of them were either not in the country or some of them were busy in their practice, as there are also limited number of Indian Ayurvedic practitioners in and around Ljubljana, much waiting had to be done in order to wait for a positive response for the ones contacted. One of the major setbacks of a qualitative study is that the information is sometimes only specific to some degree and cannot be generalized to an entire context (Neuman, 1997).

### **3 FINDINGS AND ANALYSIS**

#### **3.1 Overview of Topics**

In this chapter, we will discuss findings and analysis from my qualitative research. In this section, mostly all the research questions will be unfolded and the main reason why people use Ayurveda and under what circumstances will be discovered. As already discussed, under the section of Methodology chapter, semi-structured interviews were the main means of obtaining the primary data and thus that will be analyzed here. The interrelated themes thus will provide a better understanding of the entire research.

The first theme, Ayurveda in India, reveals the way Indians think of Ayurveda. This theme explores certain characteristics of the consumers and also pinpoints what exactly does Ayurveda mean to them. The knowledge and awareness of the participants come out in this particular section, as it discloses how well-versed are the consumers with one of the most ancient science of India. It also explores how Ayurveda is gaining popularity in India once again, aided by types of advertisements lately and also the rising need of “India-based” products or Ayurvedic products in India. This section discusses Ayurveda, its consumers, and practitioners. This section will also look at what are some of the uses consumers make of Ayurvedic products and what do they think about Ayurveda being better than other options.

While looking at the background and awareness consumers have about Ayurveda, it is also extremely crucial to look at how people got into using Ayurveda in the first place. This thus links to the second theme of this chapter which is - reasons for using Ayurveda. Within this section, I will explore aspects such as how much the consumers learned about Ayurveda in their childhood, to what extent did they make use of Ayurvedic products and also the basic awareness and knowledge that were passed on from previous generations. I would also look at certain factors like when exactly are the times people strive to use Ayurveda and is it just a means of treatment or a way of life for them. In addition to this, I will also look at factors that drive people to use these products, maybe social, spiritual guidance, or the exposure to the media in the form of advertisements and print ads etc. The topics of Patanjali and how effective Ayurveda has been in the cosmetics industry will be discussed as well. The main reason why Ayurveda is used in greater depth is because of its old practices and methods which were supposed to be natural and self-healing as compared to the alternative medicines. Thus, within this section, I explore the reasons why Ayurveda, in spite of being all natural and healthy, is preferred to be used for temporary ailments. Also, the topic of integration between Ayurveda and allopathy will be discussed here in this section.

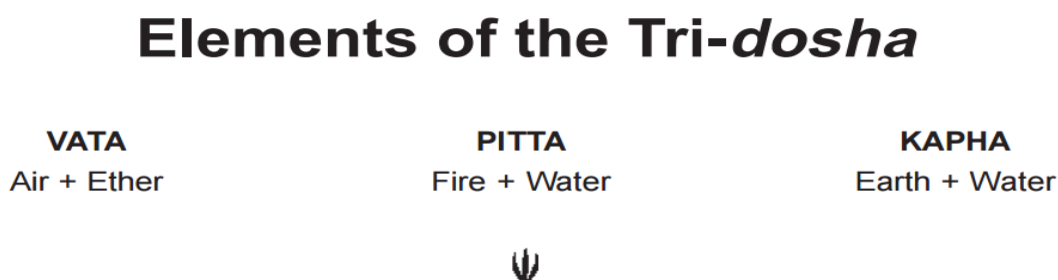
The third theme, Ayurveda and health will throw light on some of the factors such as how Ayurveda and health are intertwined together. The topic of yoga, too, will be discussed further in detail and what effect it has on the entire concept of Ayurveda. These will be in consideration with what the consumers think and understand of Ayurveda. A little mention

about religion recommending healing will also be discussed, but not in much depth. Later on, one of the topics, on challenges Ayurvedic practitioners face in their profession and also the current state of Ayurveda will be discussed. The presence of Ayurveda in the global world will be reflected upon too, as well as a little research on what consumers think about Ayurveda in Slovenia is done; this is just to get a hands-on idea about what does the other section of the society, apart from India, think about Ayurveda. It will be concluded with some relevant suggestions about how to bring about more awareness on Ayurveda. After every theme, I present a description and interpretation of my data and the study, respectively. Also respecting the privacy of the interviewees, pseudonyms will be used.

### **3.2 Understanding Ayurveda**

Speaking to some of the Ayurvedic practitioners made the entire concept of Ayurveda a lot clearer and also cemented and solidified the points made in the Literature review. One of the doctors located in Ljubljana, who runs an Ayurvedic center here, explained what exactly comprises Ayurveda. Upon asking him what Ayurveda is, according to his understanding, he responded that "it is the amalgamation of our environment, body, mind, and spirit". On asking how Ayurveda describes the human body, he had the following explanation, "Ayurveda recognizes each and every individual distinct from one another and that our body is made up of three components as described by the Vedas (Figure 4). Those components being Vata (Wind), Pita (Fire), Kapha (Earth)". He further added that these Tridosha (literal translation, three doshas) help maintain balance in the human body and any disturbance in the balance of these doshas leads to the individual having some health problems or diseases. On asking whether it is scientific or not, or just a matter of faith which has been passed on from one organization to another, Doctor Rishinath replied that Ayurveda is nothing but the science of biology, and when it is believed to have some positive effects it becomes faith. He also recalls reading some years ago that the study of Ayurveda has been given a name which is the Ayugenomics (Hankey, 2010), which has studied and proved that Tridosha refers to fundamental functions of any organism; it applies to every living cell and every organism on the planet (Hankey, 2010). An interesting note here is that the doctor mentioned these doshas or the composition is developed right at the time of conception (Lad, 1984). Although these components remain constant throughout a person's lifetime, the continuous physiopathological changes in the body changes in response to the changes in the environment (Lad, 1984). As mentioned by the practitioner interviewed, these three components, or doshas as we call it in Sanskrit, in a way rule all the biological, psychological, physiological functions of the body, mind, and soul (Lad, 1984).

Figure 4. Graphical Representation of the Elements of Tri-dosha



Source: Graphical representation created by the researcher.

### 3.2.1 Perception of Ayurveda among Indians

This theme contextualizes the perception of Ayurveda within the Indian community. As Ayurveda begins to grow, through numerous channels of advertising, Ayurvedic clinics, awareness programs, the impact on individuals differs in the long run. For instance, on being asked what is the first thing that comes to mind on saying the term Ayurveda, there were varied responses from participants. While some of them mentioned in the typical Ayurvedic terminology that Ayurveda means “science of soul”, some had responses like "zero percent side effect" is what comes to their mind when they first hear the term Ayurveda. It was revealed that the consumers associate Ayurveda with something that is green and herbal; it was also mentioned that Ayurveda is a synonym for “natural way of good health”. Here, the very psyche of the consumer is understood and it does indicate the fact that the consumer perception about Ayurveda is also related to how consumers attach the entire concept with the way it looks and appeals to the consumers. That being said, one of the participants interviewed, in contrast, said that "Ayurveda may also be associated with something that is bitter but healthy", so it is seen that this is not just the mental perception of the concept but also the association with visual and olfactory components which further explains how something like the concept of Ayurveda can be associated with such factors.

One of the interesting things mentioned by an interviewee on asking what Ayurveda exactly means to them is quoted below:

“...India. I think Ayurveda is all about India. The World comes from nature and it has the ability to create, disrupt and heal. Ayurveda is a cure which was available well before science was ever found. It is always said that allopathy can cure, but not permanently. Ayurvedic treatment gives late results, but the results stay until you die. So Ayurveda for me is India and its old traditions” (Vijay, 24). In addition to associating Ayurveda with just the appearance and some olfactory factors, it was also revealed that consumers do realize and are aware that Ayurveda is deeply rooted in Indian traditional values, and I will further



solidify this fact later in the second theme as to how and in what way does Ayurveda get passed on from generation to generation in Indian families. The use of terms by consumers like Vedic, treatment through herbs, an ancient form of treatment, are all the indications which prove how Ayurveda is related to India and that people still recognize this fact.

### **3.2.2 Ayurvedic products and its uses among consumers**

About 90 percent of the respondents agreed to use Ayurvedic products while the remaining admitted that they are thoroughly aware of the products although they do not use any of them in the day to day life. There were a variety of Ayurvedic products and line of brands that the consumers identified upon asking if they could name some of the Ayurvedic brands. There were mixed responses from being truly Ayurvedic to the OTC cosmetics drugs to the commercial Ayurvedic products in the market. There was no specific line of products that the respondents pressed upon; their responses varied to all the products. Some of the Ayurvedic brands recognized were Pankajakasturi, Kotakkal Arya Vaidya Sala, Arya Vaidya Pharmacy, Isha Patanjali; in the line of herbal/Ayurvedic oils Parachute oil, Ayur, Keo Karpin were mentioned and Dabur, Baidyanath, Medimix, Zandu, Vicco were some of the brands used in the daily life. The category of Ayurvedic products identified by the participants can, therefore, be classified under the uses for food, medicine, body care, cooking, and pain relief oils. An interesting and a distinctive reply by one of the participants was that:

... “I mostly use food and body care products but personally, being a housewife, I do use these products in almost all the fields including cooking, using the natural/herbal products. I also give my kids Dabur Chayawanprash (nutritive jam) every day in the morning before they leave for school, as it is believed to have the right mixture of Ayurvedic properties like natural herbs including ghee, sesame seeds, honey and Amalaki (amla). It has its origin from Ayurveda as Chayawan in Sanskrit means restoring from youth to elderly age and Prash means food; thus I am content about the fact that good and healthy supplements are going inside the body which helps improve the immune system without any side effects.” (Rekha, age 32)

Another respondent commented that:

... “I use more of medicine and body care Ayurvedic products. I think more than Crocin (alternative drug), my body responds well to Ayurvedic Kashayam. Makes me feel better and when it comes to body care products, the Ayurvedic oils makes skin softer and smoother than any other cosmetics available in the stores. Because I am a keen football player and have played up to national levels for the country, I have in these years observed that the healing Ayurvedic oils do to you back and any kind of joint pain, no other medicine has been able to provide that kind of a solution, at least to what I have seen and experienced till now.” (Atharva, age 26)

What I could infer from the responses is that consumers prefer Ayurvedic products for the reason that they are healthy and provide certain nutritional values, may it be food, skin products or certain oils, and the fact that it is unadulterated and right from the nature's palm is what makes the consumers come back to Ayurveda and adopt it in their daily regime. An interesting point made by an Ayurvedic doctor was that consumers normally come to them for certain therapies like stress relief therapy and weight loss regime, and the reason they seek the help of Ayurveda is when they do not find any results with the diet and intake of certain supplements and tablets. They then realize that the influx of alternate medicines regularly does not show greater results, and even if it does, it does not remain the same for a long period of time and the tendency to gain more weight have higher possibilities (according to the observations in consumers made by Ayurvedic doctor). After failing in all the options, they seek Ayurveda as it shows quick results (in the case of body weight) if the right amount of food and exercise is incorporated into daily life. The doctor also mentions that there have been patients who have had a long history of depression and insomnia, and they have been treated successfully with the help of Ayurveda, in which along with mental health, physical therapies are also included. From meditation sessions to balanced diets, but only restricted to natural herbs and a strict diet, all have led some of the patients towards the path of cure. So, here it gets more clear that the consumers use Ayurveda when they are failed by the allopathic medicines, although it is preferred as a cosmetic and beauty product since it is less complicated and easy to use.

### **3.2.3 Consumers' perspective about ayurvedic products**

About 80 percent of the consumers responded on a positive note about what they feel about Ayurvedic products being better than the commercial ones, and same was also in the case of medicines, as a majority of them agreed that Ayurvedic medicines are way more effective and give lasting results. Some of the reasons why consumers opted for Ayurvedic products than the alternative methods are that Ayurvedic medicines/ products have absolutely zero side effects. Some of them differed in opinion, saying that Ayurvedic products are effective only when they are used throughout, and the moment one stops using them, it is not effective enough. An interviewee said that Ayurvedic products are cheaper in comparison to the other products in the market and the same goes for medicines as well, whereas on the other hand, another consumer responded in total contrast to the same question saying that Ayurvedic products are a lot more expensive and that is because they are herbal, green and bio-products. Another respondent commented that she would be better off with alternative medicines/products as she often feels that true characteristics are not revealed about the products and that a lot of false advertising is used in the name of Ayurveda. This is an important point and will be carried forward under the topic of advertising. Some quotes and important remarks made by the consumers are:

... "Yes, I do feel that, in the long run, Ayurvedic products are better because they provide a permanent solution to the problem and treat the cause rather than kill the pain and let the cause sustain. But why I cannot totally depend on it is because it takes a very long time for

the treatment to take effect. For common problems today in our daily life we look out for faster and immediate cures.” (Aaditya, age 28)

The factor of health also comes into consideration here, as most of the participants spoke in favour of Ayurvedic being a better option than other alternatives, but as it is a very slow and gradual process, many people give up on using this in common treatments like the common cold, fever, allergies although there have been some responses from the consumers who have spoken against this and stressed that if you take the right amount of effort and have a little patience while maintaining a disciplined and healthy diet, every aspect of disease is curable from simple allergies to even cancer. Another participant who went on to explain said that:

... “Ayurvedic products are better and I can explain with the help of an example, like a medical green peel treatment which removes pimples and tanning from the skin. Now for this to be really effective, you need at least 3-4 sittings. It’s costly and, moreover, the skin becomes more prone to tanning and pigmentation. On the other hand, using Aloe Vera gives long lasting results with zero side effects and minimal cost. The same applies when it comes to pharmaceutical medicines, as they not only may have side effects but also come with a cost of spoiling your health and skin. Likewise, eating painkillers spoils the liver; the same is not in the case of Ayurveda.” (Rohan, age 23)

A respondent also said that "Ayurvedic products are better as they are closer to nature, and anything that is closer to the environment we live in, will mostly be pure and safe". She thinks it is much better than synthetic/ processed items. She also stressed on the point that Ayurvedic products have a much natural element to them. Closer to the nature and directly from the natural ingredients is what makes Ayurvedic products more reliable and safe. She also mentioned that something that comes from the nature can never be adulterated and harmful, thus the more it comes from the nature, the better and pure it is.

### **3.2.4 Section conclusion**

To conclude, Ayurveda is an ancient system of science and beliefs which have been prevalent down the centuries. It is also evident that Ayurveda does have a scientific and biological basis behind all the practices based on *Vedas* and *Tridoshas*. Now, it has been clearly understood that the typical consumer thinks of Ayurveda as something which is natural and a slow process with zero side effects and which is closely related to India. The way consumers perceive Ayurveda is that it is slow and needs commitment in order to see the results. There have been a variety of brands, both Ayurvedic and herbal, which the consumers are aware of and use it in their daily life, ranging from body care to medicinal products. I see that consumers have positive reviews when it comes to using Ayurvedic products but they have also mentioned why it is not used when there are cases of urgency or immediate need. Since Ayurveda takes time and it a slow process, this forms one of the strongest limitations of Ayurveda when it comes to consumer use. Ayurvedic products, in spite of their natural and pure quality, are resisted as the treatment needs strict regulations

and a specific conduct to see the results. Ayurveda serves as a dual purpose of healing the individual both from inside and outside, since it has come out in the study that most of the individuals see Ayurveda as a boon, but with a limitation of time and patience. Since Ayurveda is a long and a gradual process, it trims down the patience of people when immediate medication is required. Thus Ayurveda is mostly used for cosmetics related products and not really at the time of urgency. Though the majority seems to be using Ayurveda or products related to skin and body acne, this leads to another question whether Ayurvedic products are becoming more popular with the beauty industry. This then leads us to the next section which explores people's reasons behind using Ayurveda.

### **3.3 Reasons for Using Ayurveda**

This particular section looks and answers one of the important research motives of why exactly people are drawn towards using Ayurveda. There are numerous reasons as to why people are attracted to Ayurveda, which covers word of mouth and testimonies from others; the family environment and upbringing; advertising and awareness about the rising need for concepts like “go green and herbal”; to spiritual faith and indulgence. When it is said that people are inclined towards using Ayurveda it is also necessary to provide a backdrop of the circumstances in which they decide to use Ayurveda or how often do they inculcate Ayurvedic habits in their routine. This section will look at the very reason of people to use Ayurveda. It also looks at some of the decision making factors individuals take into consideration while opting for Ayurveda so in the following section, we explore what influences Indians to use Ayurveda and under what circumstances.

#### **3.3.1 Driving factors behind the use of ayurveda: Psychology of the consumer**

As the heading suggests, in this subchapter I look at various influences on the consumer which, in return, has an impact on them or persuades them to use Ayurvedic products. There isn't just one factor but a combination of an interplay of factors which results in the shift of consumers mind to use Ayurveda. Here, the entire concept of needs and motivation comes into play which has been mentioned above in the literature. The process of perception regarding Ayurvedic use seemed to be a fusion of all the theories mentioned earlier in the chapters above. As it is already voiced in the first section of findings and analysis, about the perception of a consumer on Ayurveda, now the question is why do they have this perception and what shapes these attitudes in them?

##### **3.3.1.1 Family lineage and recommendation from others**

One of the strong reasons that came to light was the environment at one's household. It is found out that there are about 80 percent chances of the consumers using Ayurveda if they have seen it being used and practiced in their family. Social upbringing brings about the teachings and learning of certain behaviour, norms, and values of a particular culture or community (Giddens, 2001). This can also be related to the process of perception that we mentioned in chapters before, which included first impressions, past experiences, social

and psychological needs. These factors making consumers incline towards Ayurveda will be discussed in detail below. One of the participants who had a history of diabetes in the family said that:

... “I remember my grandfather was a strong user of Ayurveda; he made sure that while we were still young, most ingredients at our house were herbal, some were homemade by my grandfather himself and for other general problems like fever, cold, gastric problems, and blood pressure, Ayurveda was used. He insisted that though it takes time, it cures you from within. I saw the same thing being practiced in my home even when we came to the city and stayed in a nuclear family. Now, since I have a family and children, I have carried these principles I learnt as a kid and it is more of a tradition than faith now.” (Piyush, age 45)

A lot of participants claim to use home-made or rather natural remedies. Though it materialized in the research that because some of the remedies and ingredients are common in homemade and Ayurvedic procedures, consumers often think that their homemade remedies are, in fact, Ayurvedic. This kind of mindset of the consumers traces its roots to the Indian culture and tradition which is passed down through generations. So Ayurveda is something that runs in the family and is carried on forward from there. It becomes more of a tradition afterwards. It has also been noticed that many younger participants prefer to visit a doctor or just buy OTC drugs for common ailments whereas the older generation is still reluctant to immediately jump into pharmaceutical medicine and prefers to cure through Ayurvedic remedies first. But as awareness has been on a rise and many people can relate to the growing results of Ayurveda, a lot of them are shifting their mindset from commercial cures to Ayurvedic. A young mother shared some valuable experiences how Ayurveda has been a part of her life and why it makes sense:

“My baby was about 8 months old and it is very normal that babies are prone to getting viral infections at this tender age. He had developed chest congestion which further developed into high temperature and when we took him to an Ayurvedic doctor (Ayurvedic practitioner in the family), she just recommended some food supplements like honey and ghee (with a pinch of rock salt & *Tulsi*) and we were very surprised that no medicines or tonics were prescribed. We kept asking the doctor if she was sure about not giving anything (injections, tablets or powder) to bring the temperature down, but she refused both times and the baby was fine after an intake of two diets of the prescribed herbs. The herb *Tulsi* helps in decongesting the lungs and sinuses and lowers the fever by speeding up sweating and hence the body temperature comes down. We were then explained that the body has its temperature and that it takes its own time to come back to normal and when babies are this young, it is advised that no artificial supplements are given to them as it affects the body parts.” (Ramya, age 26)

There is also the first impression consumers form about a particular product; an interviewee responded that a big turn off while buying Ayurvedic products is that the packaging is not so appealing and is boring in a way. She said that "the packaging is really

drab and does not connect with the younger audience" (Akshita, age 25). On the other hand, another interviewee, aged about the same as his female counterpart, said that if the quality was par excellence and that it was beneficial and healthy, then it is just a matter of good advertising and awareness about the product. He said that "a product with greater benefits does not need fancy packaging and that people will buy it anyways, irrespective of the looks and packaging" (Ikshit, age 25). In the below subchapters, we will find out more about the impact advertising has on consumers and whether it does apply in the case of Ayurvedic products too. This corresponds to the studies we saw in earlier chapters where Subramanian and Ventaksan (2011) concluded that awareness of herbal products is more in elderly people and this surely matches with the results.

According to a male Ayurvedic practitioner, the perception in consumers about Ayurveda, according to his experience with patients, has been that they think "Ayurveda is devoid of complications, both before and after treatment" (Rudra, age 35). This could be one of the factors why they prefer to come to Ayurveda first or sometimes it also happens that they try everything else and Ayurveda becomes the last resort. Of late, the awareness about going herbal and pure also has its impact on the shift of perception from branded commercial products to more Ayurvedic ones. A young interviewee revealed some interesting experiences of how she went towards using Ayurvedic products.

"I only used Ponds cream/ lotion and Lakme for cosmetics, because to me these brands had a higher position and I had been an old committed user. But once I had some problems with my skin and developed rashes, I tried everything from commercial to allopathic creams but nothing helped. It was then that a friend recommended an Ayurvedic Banyan Botanical Skin Balm, which after a month of an application made my skin problems disappear. I was surprised as to how I, who never trusted these kinds of products, became such a dedicated user of Ayurveda now. I read more about Ayurvedic products on the internet and newspapers, and the way I looked at Ayurveda is completely different from what I perceived it was." (Raga, age 35).

It is also seen how often the information flows from word of mouth and recommendations from acquaintances, and this, too, is an important factor resulting in breaking or making some of the perceptions regarding Ayurvedic products. It also in a way shapes the buying decision process of a consumer and these are some of the factors, which play an important role in deciding a particular product.

### **3.3.1.2 Advertising**

Earlier in the chapters it was mentioned that media and advertising play a role in a favourable shift in the perception of consumers and this seems to support the study as one of the consumers shared her experience about how advertisements through media and awareness made her gain more knowledge about Ayurvedic products, thus compelling her to give it a try, which further led to more usage, not only by her but also other family members. Advertisements do help in changing the ways consumers look at Ayurveda, but

the majority of them complained not enough or very few products were being advertised when it comes to Ayurveda.

... “In India, there has been a welcome change in the advertisement pattern of Ayurvedic medicines/products in the last few years, otherwise despite being a pioneer in this science, lack of advertisements had in fact degraded this popular science. Thanks to awareness now, there are enough ads covering these products, but mainly beauty related items. I do get influenced by these ads and they are now roping big names (celebrities) to promote items”. (Tara. Age 55)

Many consumers pinpointed that there used to be a lot of advertisements related to Ayurvedic treatment in the print media but since there is a global shift in the media industry too, which is now largely becoming paperless and more internet-based, they suggested that an effort should be made to increase the number of ads related to Ayurveda on televisions and internet platforms. A young consumer of Ayurveda opined that the print media is actually declining and the younger generation mostly reads on the internet; so in order to attract a wider audience and to create more awareness on the benefits of Ayurveda, and not just relying on the information travelling from word of mouth, they should take initiatives for creating applications and news feeds about Ayurvedic products and brands at least among this generation. There was another consumer who solidified the fact that Ayurveda is taking its time to commercialize or reach people because of lack of strong marketing campaigns.

... “Advertisements play a strong role in product selection but then Ayurvedic ads are for limited products I feel, like for toothpaste or face washes and creams. Personally, I do not think Vedic medicines really need advertisements; but what it really needs is consumer education and enlightening people about why Ayurveda is a better option and persuade them in a better light than simply trying to advertise false benefits”. (Naveen, age 34)

Another consumer provided a slightly contrasting view which concluded on a positive note of advertisements being on the rise as far as Ayurveda is concerned.

... “Advertisements of Ayurvedic products had not been much till the past, but of late, as the awareness about these products and utility has paved the way, the volume of advertisements has increased a lot. It does have an impact as I am a regular user and when some new products are launched in the market, one tends to try it out at least once”. (Dheeraj age 45)

Presentation in this era is extremely important, and though consumers are much aware of the quality of the products, it is also seen that looks play a major role when the consumers are making their purchases and this is where Ayurveda lacks. Thus we see the Tri-component model, which we used earlier, come into play as it suggests that consumer attitudes are formed on experience/information from peers, and impersonal channels like advertising and TV, media which are retained in the memory and thus help in shaping

certain opinions and beliefs. We can see this study being complimented by the statements made in the literature or the supporting chapters, but a few suggestions from the consumers itself on how exactly they can be influenced through media were not in line with our expectations and acted like a little surprise package in this section.

### **3.3.2 Go green concept: Beautification**

As is seen, Ayurveda is not restricted to medicines and some therapeutic oils only, it does go beyond the concept of treating poor health. The range of products is wide and spread across beauty products also. It has been revealed by the participants that the moment a product says herbal, it automatically goes to the mind that this particular product is free of chemicals and has herbal ingredients. Products like masks, shampoo, creams have been mentioned by the interviewees. An interviewee said that:

...“I am a regular user of herbal body oil and face cream. I use Keokarpin Body oil as it gives me a smooth and relaxing feeling after its use. It also keeps my skin moist in the dry season. As regards Himalaya face cream, it is a good moisturizer with anti-wrinkle effects with no sticky feel”. (Lata, age 32).

Some participants also said that there are homemade masks for the skin and often these herbal products have the same ingredients and are also readily available at the nearby pharmacies or shops. Patanjali, as we have mentioned earlier, is a sprouting name when it comes to Herbal products and as discussed in the earlier sections of the chapters, this brand initiated by Baba Ramdev, has a rather strong marketing campaign which have led to rising awareness among the consumers. It is closely related to Yoga as well and preaches about maintaining good health. A regular user of Patanjali shared the following experience:

... “Yes, as I have told you earlier I am into good use of Ayurvedic products, mainly beauty products. To list a few, Kesh Kanti hair shampoo and conditioner for hair, Saundarya face wash, Patanjali soap, Neem face pack, Patanjali kajal, sindoor. In eatables, I use a variety of Patanjali fruit juices, biscuits, turmeric powder, coriander powder, ghee, Aata etc. They not only have beauty products but also a variety of food products as well”. (Rogan, age 32)

Another participant who has a strong attachment towards herbal products says that, “I always treat my skin problems with herbal remedies first and only then if it is too worse or incurable, I seek the doctor, but that has rarely happened. According to me, all herbal ingredients are in your kitchen, rather I would put it like “Ayurveda is in your kitchen” since all supplements I use to treat my skin problems like ginger, turmeric, curd, Aloe Vera” work wonders on the skin. I, in fact, have grown an Aloe Vera plant and use the raw extract for application on skin and masks”. (Pragati, age 30)

According to Sharma et al. (2008), “Return to Nature” is the universal trend that has impacted the favorable shift towards herbal products. Also, because as Sharma et al., (2008) mentions, India is sitting on a well-recorded and well-practiced knowledge of traditional herbal medicine, and this does prove the statement, as we saw in the previous



section, on how the knowledge is passed on from family to family and recommendations from peers/ friends. Islam (2010) mentions that there has been an increase in female-oriented Ayurvedic natural products in modern societies that exemplify beauty concerns. It was also found out in the research that participants found these herbal and Ayurvedic products much cheaper in comparison to the commercial brands like L'Oreal and Lakme. One of the biggest reasons as to why people prefer herbal over anything else comes to where I actually started from while discussing the findings, that it does not have any side effects. These days, with the growing side effects of medicines and pills, herbal and Ayurveda, irrespective of less publicity and few advertisements, have been preferred by the consumers.

### **3.3.3 Possibility of integration between Ayurveda and Allopathy**

The term allopathy was coined by German physician Samuel Hahnemann; 'allos' opposite and 'pathos' suffering (Kumar & Rai, 2011). Allopathy is a system of medical practice which relies on treatment of diseases by medicines or performance of surgery whereas Ayurveda is a sum of or holistic natural healthcare system that originated many ages ago. It still is widely used as a system of primarily health care, and interest in it is growing worldwide. An Indian Ayurvedic practitioner, based in Slovenia, had a positive response to this one, as he said:

... "So much has been said about whether Ayurveda is better or Allopathic treatment; there have been numerous studies about the similarities and differences. Both sciences have their own set of principles and way of looking at the patient. I would suggest that it is much better to combine both the sciences in order to benefit the patient. Ultimately, our end result should be beneficiary and positive to the person going through certain illness or health problems". (Maniratnam, age 41).

Another Ayurvedic practitioner said that "Most people come for chronic problems, for example arthritis, skin diseases, anorectic problems, pediatric problems, infertility etc. These problems are treated by allopathic ways as well, so it really depends on the patient as to which way they want to get treated. Faith has a little role to play here, but I would say not completely. If the condition is too worse then probably it is better to turn towards allopathy as Ayurveda takes time to get to the cause of the problem" (Vasundhara, age 37). So, according to the practitioners, there is nothing like a competition between the two sections of science, it depends on the customer, their need, and belief. One of the responses from another practitioner was that:

... "Yes, it can work wonders if such a thing happens rather than showcasing which system is progressive and vice versa. Every medicine has got its own importance when it comes to the psychology of the patients; they need the best possible treatment, so it could be either modern medicine or an alternative one. Even Ayurveda is considered as alternative medicine, but if you ask me why consumers opt for allopath instead, probably the belief system and maybe the awareness about Ayurveda is not much and the fact that it takes a

while to show results, maybe that is why consumers don't prefer, according to my perspective". (Meera, age 40)

On the other hand, the factors that influence consumers to get inclined towards Ayurveda is that it is herbal with absolutely no side effects, and Ayurveda not only treats simple problems like cold, allergies etc, but there have been 100% success stories with diabetes, arthritis, kidney problems and even migraines, said another practitioner.

The concept of Allopathy is to follow offensive rather than a defensive strategy to create a health- oriented community (Garodia, Ichikawa, Malani, Sethi & Aggrawal, 2007). Ayurveda, on the other hand, works on the concept of doshas, as mentioned in previous chapters. Here, the decision making is based on the imbalance of three doshas. Therefore curbing and reversing the disease, balance in tri dosha has been seen as a basic intention for practitioners/ therapeutics in Ayurveda. Despite using harsh chemicals substances as far as allopathy is concerned, Ayurveda makes use of herbal and natural ingredients that are safer for the human body (Rastogi, 2010). Unlike allopathy, Ayurveda works on defense strategy rather than offense strategy by making the host body strong to deal with various physical and mental stresses to the human body. An interesting experience was shared by an interviewee:

... "I was grief-stricken when I learned about my mother's kidney failure problem. Initially, we ignored the swelling, which was one of the main symptoms. We thought it is just due to a fever that my mother had developed for about a week. When her condition got worse we rushed from hospital to hospital, but the renal kidney failure was still not detected. Since we had relatives down in South India, we decided to opt for Ayurvedic treatment; that didn't help as well as the Ayurvedic practitioner said that it was probably the last stage and dialysis will be required. We then got back to the choice of hospital in the same city and, finally, my mother had a transplant after going through several stages of kidney treatment. So, by this I mean to say that Ayurveda could have saved the treatment from going under the knife but since we were already late and came at the end stage, it was not possible". (Ram, age 50)

A quote from an Ayurvedic practitioner who said (male, age 26) "Prescription is always individualistic as it varies from patient to patient as this medicine is based on many different factors and not simply a problem to the solution. Ayurveda does not work by the principle of "One size fits all"; it depends on the body type, the various combination of Doshas in the person, their routine, and lifestyle". Another practitioner's response was that:

... "Ayurveda tries to treat and heal right from the grass root level; it not only does remove the symptoms of the condition, but also destroys the factors behind the disease. This is how different Ayurveda is from allopathy. Both are branches of medicine but the target of treatment is entirely different. Though there is no right or wrong here and this is where the concept of faith comes into play". (Vinay, age 25)

There are still studies of the integration of these two sciences as Nandha & Singh (2013) suggests that prioritizing allopathy over Ayurveda is similar to a warrior carrying only the sword, but not the shield. This shield in the healthcare system is provided by Ayurveda, which has its main focus on eradication of disease before it even occurs. Ayurveda focuses on treatment of disease in a highly individualized manner as it believes that every individual is unique in having a different constitution (Chatterjee & Pancholi, 2011), and this does coincide with the responses from interviewees mentioned above. "Prakriti" (phenotype), the concept mentioned in earlier chapters, is a concept of Ayurveda that has given a vision to the scientists to study the genetic backdrop and makeup of a person in much detail to mark an individual susceptible for predisposition to any disease, prediction of a disease and govern the choice of therapy (Patwardhan, 2014).

As suggested by Nandha and Singh (2013), there is a serious requirement for both the allopathic and Ayurvedic doctors to work as a team and collaborate to further enhance and renew a perspective of the vast Ayurvedic traditions and elevating the communication skills to make proper use and to minimize the risk related to both the sciences (Gogtay, Bhatt, Dalvi & Kshirsagar, 2002; Maizes, Rakel & Niemiec, 2009). Thus, if we collectively look at the future of medicine, then the collaboration of these two sciences makes a valid point for further betterment.

### **3.3.4 Section conclusion**

In this entire section, I studied about factors which motivate the consumers to use Ayurvedic products and the findings have been relevant to previous studies. It is evident that family history plays an important role in the shaping of attitudes and perception towards Ayurveda. I saw that most of the consumers drew references from their childhood days and the usage of Ayurveda in the family. It is a tradition that is practiced from generation to generation. Thus Ayurveda seems to originate and flow through family, recommendations from peers etc. Along with this, the consumers' perception about Ayurvedic products being herbal and lacks side effects also plays a major role and contributes towards the element which encourages and creates an opinion in the minds of consumers. The findings above can be easily concluded in a single sentence that "Herbs are Healthy" according to the Indian consumer. An interesting conclusion also indicated the use of herbal and homemade products being prevalent, parallel to the use of Ayurveda. Consumers do use homemade products and add elements of herbal and natural ingredients to give it an Ayurvedic touch. Also, it can be said that consumers do prefer Ayurveda first in case of common ailments like common cold, cough and fever, and if it goes beyond home cure and cannot be treated further, only then is allopathy considered. Ayurveda is also supposed to be less complicated as said by the consumers and particular attitude formation starts somewhere from the home or neighbourhood as we can conclude that most of the Ayurveda users have grown up seeing it being practiced in their homes. Advertisements seem to have a larger impact on the audience and they have, in fact, suggested that efforts should be made to increase the volume of Ayurveda advertisements, especially on the internet to target the younger audience.

Packaging affects too, but not many consumers think that the packaging should be too flashy, as they believe advertisements and awareness will do the trick to entice people to buy the products and if the quality and after effects are good, not much attention needs to be paid to the packaging part. Additionally, because Ayurveda is all herbal and natural, the more tidy and sorted out the packaging is kept, the better it is; it doesn't have to be too colourful or messy or else it would look way too complicated and will bring down the authenticity of the product. Patanjali emerged to be a rising name in herbal products, especially in the area of cosmetics, and more and more consumers are getting attracted to it. The marketing strategy of this particular brand has been highlighted and it is supposed to be bringing back the Indian culture, deeply rooted in family and traditional values.

The integration of Ayurveda and allopathy will work wonders, seems to be the inputs from various studies and responses given by the experts in the field of Ayurveda. It is not about which system is superior and better but how both sciences can be beneficial to the end consumer. Integration is possible and some of the respondents do consider it as the future of Ayurveda as well. Though principles of both forms of treatments are different and rely on differentiated ways but they can be combined where it is possible to further enhance the results. One suggestion can be to take the positives from both the sides and make a much bigger and better positive impact, which is good for the treatment of the consumer.

### **3.4 The Concept of Spiritual Health and the Future of Ayurveda**

This section looks at how Yoga and Ayurveda are related. It also discovers connections between consumers using Ayurveda and Yoga in their routine and trying to make inferences as to how it affects the consumer. In this particular section, I will also look at the thoughts of Ayurvedic practitioners and consumers on the current situation of Ayurveda in India, along with some challenges and difficulties Ayurvedic practitioners face in this profession and what, according to them, could be the factors attracting consumers to use Ayurveda. This section will also look at the presence of Ayurveda globally and also touch upon very briefly about its presence in Slovenia too.

#### **3.4.1 Yoga and Ayurveda**

Ayurveda, as repeatedly mentioned, is one of the oldest holistic medical systems in the world. It covers all aspects of health and well-being - physical, emotional, mental and spiritual. It also inculcates practices of healing from the diet, herbs, and exercise, aromatherapy and lifestyle regimes as well as yoga practices and meditation (Frawley & Lad, 2008). Yoga is a term that comes from Sanskrit word "Yuga". It is one of the few spiritual traditions that have maintained an unbroken and continuous development. Ancient Yogis had a belief that in order for man to be in harmony with himself and his environment, the body, mind, and soul have to be integrated. For these three to be in sync, emotion, action and intelligence must be in balance. Yoga shares the common factors with Ayurveda as yoga, too, preaches about the importance of physical, emotional, sensory, mental and spiritual balance. Yoga includes methods of high evolution in humanity-

physical postures, ethical disciplines, breath control, sensory methods, prayer and mantra, meditative disciplines. Yoga understands the nature and relationship of the physical, subtle and formless (Frawley & Lad, 2008).

Finally, the conclusions of the study add that Ayurvedic knowledge has been transferred down the generations in the family and that it is deeply influenced by the history. The research also considers that more herbal products are on the rise, especially among the younger generation, as the beauty industry is booming and more and more consumers are resolute about using herbal or Ayurvedic products which are not harmful to the body. In addition, Ayurveda was not found to be a better option when quick recovery was preferred or when the medical condition was at the last stage; instead, allopathy is preferred in this case. The research also explores that, although Ayurveda seems to be growing popular with its unique elements and most importantly safe products, it has been found that necessary steps need to be taken in order to make it more familiar and create awareness about Ayurveda's methods and treatment among the consumers.

Yoga and Ayurveda are sister sciences that evolved together and frequently influenced each other throughout history. Yoga is the first science of self-realization through meditation, that aims to take us beyond the sorrow and ignorance of the world, while on the other hand, Ayurveda is the science of healing, as mentioned previously, and aims at relieving the diseases of body and promoting physical and psychological well-being (Frawley & Lad, 2008). The link between Yoga and Ayurveda is prana (life-force). Yoga is the intelligence of prana seeking while Ayurveda is its healing power, seeking to develop and centralize the life systems it has already developed (Frawley & Lad, 2008). Ayurveda also says that different people require different Yoga practices. Like Hatha Yoga, Ayurveda teaches how to keep the physical body healthy and how this relates to our spiritual journey. Both Yoga and Ayurveda originate from the ancient Sanskrit texts called the Vedas.

In order to further fragment the previous studies, I decided to include the testimonies made by Ayurvedic interviewees and some practitioners. This will enable us to have a look at the relation between Ayurveda and Yoga from a different perspective, and will also help to solidify as to what makes the consumers turn to Yoga as a part of their regime. An interviewee said that "I cured my thyroid through Yoga, particularly by Pranayam exercises. It takes a lot of dedication and a fixed lifestyle as they say you must do it early in the morning and there are certain restrictions on the food habits as well, but if you are determined enough it comes with great results and then slowly it becomes a part of your lifestyle" (Shruti, age 30). The concept of health also comes in play as both Ayurveda and Yoga press on the significance of ultimately maintaining a sound health system. Upon asking what does good health mean to the consumers, they had different things to say like:

... "Getting up every morning without wanting to go back to bed for rest of the day;, I mean no feeling of sickness. Good health should be one in which I am able to perform my daily

rituals and duties without any pain and in a happy mood. There should be a good mix of mind and body components.” (Aishwarya, age 25)

... “Good health to me is that my body parts and organs perform to their optimum efficiency as per the age and requirement. It does not mean a muscular and hardened body but a combination of happy and healthy body and soul.” (Arjun, age 45)

Though consumers have a different way of describing health, all of it indicates the same direction of being able to function properly without any hindrance and this is exactly where the combination of Ayurveda and Yoga comes into practice. An Ayurvedic practitioner, upon asking how he found Yoga, had the following response:

... “We always recommend exercise on a regular basis for good health and long life. You see, Ayurveda not only takes into consideration the physical benefits but also influences the heart, mind, senses and spirit; thus I would say that Ayurveda + Yoga together. For example, while doing Yoga, you take in some strict amount of diet according to Ayurvedic standards, then for sure positive results are seen. It not only tones up the muscles and body but also enables an individual to develop a good posture, enhanced circulation; toxins from the body are eliminated.” (Neeru, age 50)

The responses from interviewees do correlate with the studies presented above and hence it shows that Ayurveda and Yoga are not only related since ancient times but are also practiced together. Both complement each other in a way that one includes the practices of another. Another interesting response from an Ayurvedic user, who later started incorporating Yoga in his daily regime said that:

... “I am a keen Ayurveda user and have been using it since years now. I use it especially for my respiratory system as I had asthma problems and Ayurveda helped me a lot in curing the problem entirely from its roots. As I used to read about Ayurveda and also with consultation with my practitioner, I started doing Yoga early in the morning, Kapalabhati to be precise. It is a breathing technique which is supposed to cleanse the body and strengthens the nervous system, thus having a greater effect on the blood vessels and other organs. It is supposed to be even good for lungs and also makes them very resistant to respiratory diseases. Later, I also incorporated several Ayurvedic food items and habits in my diet and since then I have been successfully striking a balance between these two.” (Rahul, age 36). In the same context, an Ayurvedic consumer mentioned in the interview “I am aware of my diet and exercise accordingly. I exactly know which body parts to tone and where all the fat can be churned out. This is possible only through the knowledge of Ayurveda and yoga”. (Vikrant, age 27)

There was another user who explained that Ayurveda in a way preaches about Yoga. She said "My day starts with a glass of warm water with Cinnamon, which is supposed to have properties like insulin. Cinnamon decreases the blood glucose levels and cholesterol, which are crucial if you are a diabetic. I don't have diabetes but have a family history of

diabetic patients, and this is how I try to curb my sugar naturally and to make it work even more I then do Asanas (exercises for the belly), so that in a way makes me cut down my sugar intake naturally. For me, Ayurveda and Yoga are two sides of the same coin." (Tanya, age 33)

Ayurveda teaches that each individual has the power to heal himself. Thus, this science offers everyone the liberty of comprehending what are the needs of the body and how health can be restored through it (Lad, 1984). The perception of both Yoga and Ayurveda which is pure exercise or a system of healing the body.

### **3.4.2 Current situation of Ayurveda: The practitioner's view and challenges they face**

Ayurveda has many benefits as we already saw being mentioned and discussed above, and like any other discipline, this, too, has some challenges. Here we will talk about the perspective of Ayurvedic practitioners, on what they think is the actual state of Ayurveda in India and what are some of the challenges they face in their profession. Ayurveda has been present since many centuries but in spite of that, the improvement as a full-fledged industry has accelerated only in a short span of time. The reason behind this was some shortcoming regarding understanding and initiative taken by its practitioners, the Ayurveda industry and also the government. The main hurdle seems to be the wider acceptance and standardization of Ayurveda. One of the respondents said the following regarding current situation of Ayurveda in India:

...“See, in Ayurveda, treatment is classified in many types, but to simplify, it has two major categories: Samana and Sodhana; the former is done through Ayurvedic medicines and the latter through detoxification. The majority of the public are still unaware of the benefits from Ayurveda and its relevance in healthcare.” (Roma, age 47)

One of the interviewees also said that the situation of Ayurveda in India has been on a stagnant note since many years now; there has been enough of blame game and I think we should start taking initiatives towards the advancement and rejuvenation of this sector among the youth of our nation. On the other hand, an Ayurvedic practitioner had to say quite a lot of positive things on what lies ahead for Ayurveda; he said that:

... “The situation now is much better than many years ago; Ayurveda was basically used in olden days by the elderly in our families but I have seen this trend coming back again. With the Make in India campaign, and Patanjali launching all variety of products (though it is not truly Ayurvedic but herbal), at least something is being done. Also, the initiative by the government of implementing Yoga in schools is definitely a mark of positive light.” (Madhavan, age 29)

Another practitioner from Hyderabad, India who is a young post-graduate from the National Institute of Ayurveda (NIA) said that “Current situation of Ayurveda is not very good but I would say, with some help and initiatives from the government, certain changes

can be made. I see the future of Ayurveda in a very good light but the younger generation has to be made more aware and knowledgeable about it. As of now, given the current the situation of Ayurveda, I would rate it, say<sup>3</sup>, on a scale from 1-10.” (Shanti, age 27). Another practitioner explained the entire process of treating a patient and how it is sometimes difficult when the patient withdraws in between and how it serves as a hindrance to the entire treatment.

... “See, first, we make a detailed note of the history of patient with making observations and determining the *Prakriti* (constitution of that individual). Then, using Ayurvedic diagnosis (often called as *Nidana*), nature, degree and extent of imbalanced *Doshas* (three attributes: Vata, Pitta, and Kapha) are determined. Thirdly, looking at the season, environment and time conditions, possible impacts on Doshas are studied. This is followed by giving advice on the lifestyle modifications according to principals of *Swasthavruta* followed by some dietary advice. If needed, we do the five purification process (often called as Panchkarma) to facilitate the nature process of healing. The therapy of *panchakarma* has an effect on the Doshas and is used to create equilibrium. This is the way Ayurveda works, and at times patients do not have the patience to envision the entire process and land up leaving in between, which is a major setback in our practice and a lot of time is lost that way.” (Neha, age 43)

So it can be stated that Ayurveda has been growing at a gradual pace and some advances are expected in order to strengthen its presence in contemporary times. With the problems faced by Ayurveda as a discipline, I wanted to further know if there is a link between the challenges faced by Ayurvedic practitioners while dealing with the customers and the current situation of Ayurveda. Personal interviewees are the best way to extract stories and past experiences. Some of the Ayurvedic practitioners had the following responses to the question: What kind of challenges do they face in their practice on a daily basis?

... “Till now what I have experienced is that people look for faster results and expect the treatment to be super quick and without any hurdles. This mindset has to change regarding Ayurveda. What we have to understand is that Ayurveda aims at demolishing the problem right from the roots, so it does not aim at providing a temporary solution, but a permanent solution to a problem.” (Saraswathi, age 36)

... “Ayurveda can treat all the problems, right from a common cold to cancer. I think because of lack of awareness among people, they have a perception that Ayurveda is something that can only be used for household purposes and for common ailments. We see this in our profession day in and day out and it is quite surprising how unaware people are about treatments of Ayurveda and the power it possesses.” (Rana, age 38)

Many of them recommended various methods through which the current issues faced by Ayurveda can be resolved and create more awareness among people. Some said that “Re-establishing the teachings in schools like Yoga Day has been initiated by the government



itself; maybe rope in role models to set an example for the youth.” Another practitioner advised the following changes:

- Validate and provide a structured approach in Ayurveda, Yoga, Unani, Siddha & Homeopathy systems.
- Motivate the young graduates and PGs (Post-graduates) to reinvent and reorient Ayurvedic practices
- Create awareness and demonstration of various treatments done under Ayurveda

And a very experienced practitioner had the following suggestion:

... “I would also say, rather than advertisements, a demonstration can be done for different procedures and therapies; by showing their effects before and after treatment would have a better impact on the audience. This can be implemented in schools, colleges, and universities. A small department of Ayurvedic awareness can also be created.” (Rajalaxmi, age 57)

Another engaging participation by an Ayurvedic practitioner gives a little different perspective about why consumers find it difficult to opt for Ayurveda.

...“I had a patient who was suffering from depression and insomnia. After several meetings with him, he was not sure if Ayurveda was the right treatment for him as he insisted that taking pills in the night made him feel he is at least doing something about his situation. I could sense hesitation in him in seeking Ayurveda as he was not sure if it would be of help in this fast, changing world. He even said that Ayurveda is old fashioned and is no more used. Later, his perception changed of course, but this highlights the mentality of the people about Ayurveda. I think this has to be changed.” (Arjun, age 36)

Thus, a need for amendment is seen regarding the view of the consumer and efforts from the side of not only the government but also at all levels - the academics, private practitioners, governing bodies, pharmaceutical industries etc.- are called for.

### **3.4.3 Ayurveda in the global arena and its presence in Slovenia**

Ayurveda is very prominent in the global world now, but specifically talking about the scenario in Slovenia, I think Ayurveda is slowly grabbing pace here. Though it is not very popular as far as other European countries are concerned. But there have been quite a considerable number of Ayurvedic practitioners who have been here in the country for about a decade or less now. The main reason is also the connection between Ayurveda and Yoga, which has surfaced in Slovenia. So, it came to light that Ayurveda is mostly sought as a therapeutic way of healing which combine the methods of Yoga and medicine. Thus, it is more of a therapy related preference here in Slovenia.

One of the interviewees simply wrapped the presence of Ayurveda globally in a single self-explanatory sentence:

...“There is a greater demand for therapy across the globe.” (Aadya, age 26). This response does correlate with the previous statements made in the earlier chapter of Globalization of Ayurveda. On one side, we see that Ayurveda, as a science, needs to be uplifted and given more limelight, whereas we also see that its presence in the global arena has been on a rise, especially when it comes to aromatic therapies and yoga. I had interviewed an Indian Ayurvedic practitioner based in Slovenia who had the following response to the state of Ayurveda in Slovenia:

... “People in Slovenia come mostly for therapies, which involve problems like depression, obesity, stress, skin problems. Though, because people eat comparatively healthy food here, as they have their own farms and gardens, they are aware of benefits of Ayurveda and it is known in the middle and elderly aged population here.” (Mathew, age 38)

A current practitioner, established in Slovenia, added that “I remember in the year 2009, there was an International Scientific Conference on Ayurveda organized in Portoroz. It was in collaboration with the Indian Embassy in Ljubljana and department of AYUSH in India, which centered on the theme of Ayurveda: as a new healthy way of life in Europe. We also have two established Ayurvedic centers in Slovenia, one is in Ljubljana and the other I am aware of is located in Lasko.” (Raghavan, age 30). Some practitioners have also shared their experiences with patients they dealt with and said that patients often came to them for therapies and relaxation techniques, mainly for the treatment of stress and depression. Another doctor shared:

...“We are a team of 3 and have been here in Ljubljana for about six years now. I graduated from an Ayurvedic college in India and practiced in China for some years before coming to Slovenia. I have often been asked this question that how do Ayurvedic doctors know which type of treatment is best for them. So, I would like to tell you about the pulse diagnosis that we have in Ayurveda. It is nothing but a simple way of checking the pulse like any normal doctor would. Through three different points on the wrist, the functioning of all internal organs and not just the heart can be read. Pulse diagnosis does not take a lot of time and also tells about the current state of body, mind and body type. So, this is how we first check the patient.”(Aaryaman, age 43). Upon asking the practitioners about what consumers think of Ayurveda in Slovenia and what kind of medications they prescribe, one of them mentioned that:

...“We get the medicines made back home in Kerala, which is also known as the hub of Ayurveda since ingredients needed for various therapies are easily accessible in India. So we make our own combination of drugs (of course, which are registered) and along with them we also use various therapeutic oils for massages and therapies which are home made. Regarding what people think about Ayurveda here, I would say that not many are aware of this science, but gradually we have seen an incline towards various therapies people seek for and come to us. It is less of homemade treatments and remedies like we have in India, and more of relaxation techniques which are used here.” ( Shristi, age 33)

The escalation of information and attention towards the negative effects of modern medicine has led to some kind of attentiveness towards Ayurveda at the international levels and also in India (Subrat et al. 2002). There is an increasing adoption of traditional medicines in India and this has been foreseen to be on a rise. Internationally, Western Europe, USA, Japan and South East Asia are the major markets and the size is growing at a higher rate (Subrat et al., 2002). The pressure of the people from various countries to accept and adopt Ayurvedic products has led to many countries allowing and regularizing sale of Ayurvedic products in their countries. This heavily boosted the globalization process. It is believed that general knowledge of Ayurveda was formed through generations of observations, evaluations, and experience. Because of the uniqueness of Ayurvedic products as an alternative system of medicine, the share in the world market has considerably grown. Since some countries in Europe have recognized Ayurveda as a healthcare system as already mentioned above, I think maybe the presence will grow if the right kind of efforts are taken in the right direction. Ultimately, because it is not about what is best or worse, but what is better for the individuals in the long run. With technology and globalization on a constant rise, I would like to add that, as previous studies have shown, Ayurveda will become a more renowned global brand even outside India. Talking specifically about Slovenia, I think Ayurveda as a complete science will take a while to surface completely.

#### **3.4.4 Section conclusion**

It is seen how Yoga and Ayurveda are related; in fact in a way it is advised that if both these are combined together, greater results are observed. I viewed this from the perspective of both consumers and practitioners. Here it can also be seen how the communication process comes into action, and how consumers related healthy living to Yoga and Ayurveda. It has already been proven that consumers draw inferences from either family or friends while performing these acts of combined treatment through exercises or *Vyayam* and that home remedies and sometimes home ingredients are used in order to maintain a healthy living. But since everything comes with limitations, we saw how Ayurvedic practitioners face problems in this particular profession, regarding the lack of patience in patients. While Ayurveda is supposed to heal from within, it falls short at places where quick results are needed and this has been one of the prime reasons why people are hesitant about opting for Ayurveda. There have also been problems with standardization of the Ayurvedic practices and institutions. The current situation is not very great and a need to focus on the regeneration and renewal of the entire system has been recommended. Public awareness and the establishment of educational camps have been advised by many practitioners and consumers in the results section. Ayurveda is known and people do prefer to include it in their lives, but the only thing that came out in the results is that there is a strong need for this science to be renewed so as to get people's focus and attention towards this dying science. Lack of treatment at times of urgency is the main hindrance that keeps most of the people away from this method of healing. Hence,

the combined efforts by joining both Ayurveda and Yoga can infact bring greater results not just in terms of health but also the combined impact of both of these sciences.

Different methods, too, have been proposed to make the people more aware of the plus points of Ayurveda and how it can help people in times of distress. Of course, this comes with a warning that false claims and accreditations shouldn't be made in advertisements and while creating awareness, but the aim should be awareness and not attraction of the general public because that might lead to negative perceptions by the general public. In the last section, I also tried to link globalization in the earlier chapters and stories from my current interviewed practitioners about the presence of Ayurveda in Slovenia as well. I have seen that people are aware of this particular science and also seek therapies and treatments through Ayurveda. Though I cannot state that a larger section of the population is aware of Ayurveda, it seems to be favoured largely by the middle and elderly aged lot of society.

## CONCLUSION

While introspecting upon the attitudes and experiences of Indian Ayurveda users, this thesis explored a number of aspects which had an impact on the perception and desire of people to use Ayurveda as a part of treatment in their life. By studying and considering the people and their experiences about using Ayurveda or herbal products, especially the reason behind their motives to do so, I became more familiar with the ways and decision making process that people go through in order to choose a particular form of treatment and, particularly, why they choose to opt for certain products or therapies. Drawing references from the literature and the past research and studies, along with semi-structured interviews done on Ayurveda users and practitioners, I was in a better state to describe the Ayurvedic scene in India currently and also could give some indications and suggestions on what could be done in the future. Through interviewing people and talking to them more closely about their experiences, I was able to come to a fine closure as to why and what exactly motivated them to use Ayurveda and incorporate its ways in their daily life, and side by side, also come to a conclusion about how beneficial it has been to them after they used these methods and practices. Qualitative interviews helped a lot in understanding the psyche of the consumers. I strongly feel that a direct interaction with the audience made the results more rich and meaningful, since raw information and interaction with the interviewed people were put up in the results.

Family culture and recommendations from relatives and friends still seem to be one of the main reasons why people have been practicing Ayurveda since years. It is more of a tradition than habit which is practiced on a regular basis. Despite the fall of Ayurveda and lack of awareness in people who are not aware much of this science, it is seen that Ayurveda flows more like a ritual. The Indian culture and traditional values seem to play a major role in influencing people to lean towards this old healing practice. With regard to Ayurveda within Indian context at present, it is evident that the practice has a link with Yoga and both have been practiced together in order to achieve greater results. As such, it was primarily the elder generation that uses Ayurveda but the younger generation seems to be quite aware and also beauty conscious which has led them to consider herbal and Ayurvedic products as an option. To conclude, the consumers' understanding of Ayurveda is that it is 100% natural and does not have any kind of side effects. Since everything has a positive and negative side to it, the positive attributes, according to the consumers about Ayurveda, is that it has all herbal and naturalistic value whereas the negative part is that it takes a lot of time to treat the disease or a medical condition and results in delayed cure. There also has been a counter statement for that, which is that Ayurveda treats the disease, or any condition for that matter, right from the root; it does not provide a temporary solution but a permanent one. Though people have been apprehensive about using Ayurveda for a long term disease, it has come to light that an interplay of factors actually make them decide on their particular decision of using Ayurvedic products.

While I see a large section of the population being aware of this ancient practice, it also is obvious that there are many hindrances regarding the awareness and proper knowledge among people as to what all Ayurveda is capable of. Ayurveda is considered as an alternate medicine and it shows in the results that those who are hesitant about opting for Ayurveda consider a number of factors, time being one of the major fallouts when it comes to treatment through Ayurveda. Thus, suggestions have been made for making the public aware about when to consult Ayurvedic healing and detecting the disease at an early stage. However, in some instances in the results, it also came to light that Ayurveda and allopathy are used together, and there have been positive responses from both the consumers and practitioners regarding this. However, it has to be pointed out that it is not a very common practice for the consumers to combine both the sciences together to see which one suits the treatment best. The coming together of Ayurveda and western medicine is both, an advantage and a disadvantage, as it might serve as a confusing and conflicting treatment method. The way both medicines namely Ayurveda and Allopathy look at a particular problem is very different from each other but they can be used as per the requirement, either combined or separately. The popularity of herbal products within India can be seen by the way they advertise themselves. But there is still a need of more advertisements when it comes herbal products. There is not a need of awareness but to educate the audience on the potential benefits of herbal products and the kind of value they bring to not just the lives of people but also their health.

While analyzing why people choose Ayurveda, I concluded that there are numerous constitutional factors that influence their decision to use traditional medicine. The decisions of the consumers were the outcome of multiple interacting factors rather than just a single reason. Participants interviewed used Ayurveda based on an interplay of systems like the family environment, social upbringing, Ayurveda being all natural and herbal, perceiving western medicine to have side effects, and some sense of Indian pride because Ayurveda is deeply rooted in Indian rituals and customs. The various reasons which made people chose Ayurveda is not one but related to a number of events. It was revealed that participants would use Ayurveda at home once, and upon seeing satisfactory results, would use it again for different purposes like for the purpose of skin maintenance or as a beauty aid, or for health-related benefits. It is more clear that people are inclined towards using Ayurvedic herbal products much more than adapting some Ayurvedic procedure in treating the common or major diseases. This has largely to do with the complicated procedure that Ayurveda follows and the kind of dedication and discipline which is required to follow the Ayurvedic way of life.

Finally, I inspected the relationship between Ayurveda and Yoga and I can conclude that there are various ways in which it is proved that consumers do combine both Ayurveda and Yoga, often called as sister sciences. It is seen and observed that a lot of Ayurvedic treatments and medications incorporate elements from Yoga or meditation. Also, because a strict diet and lifestyle is a great factor in Ayurveda, it is the same for Yoga, too, wherein the right food, at the right time, and in the right quantity is important. Thus, it can be said

that there is a positive correlation between these two, and does not have a love-hate relationship, unlike Ayurveda and allopathy. The benefits are longer and long-lasting when these two are combined together. Since Yoga supports the physical and mental well being, it compliments the ethics and ways on which Ayurveda works. The right kind of Yoga element with the right kind of Ayurvedic methods will definitely be beneficial in the long run.

The purpose of the research was accomplished by adding on to the already existing knowledge and exploring new avenues regarding the behaviour and psychology of consumers about how they perceive Ayurveda. The thesis was defined in a way in which the results were related to the literature and some pre-existing theories, and the research questions were well met through the exploratory and comprehensive presentation of experiences and anecdotes from the consumer's point of view. The purpose of the thesis was not only to add additional knowledge but also to explore the unexplored areas and widen the scope for further opportunities in future research. One of the main limitations was that it was time-consuming as personal interviews take time to schedule and to conduct them personally with each individual was tedious, too, as a lot of factors had to be considered while deciding upon the location where the interview was to be conducted. An additional limitation was the use of a qualitative study where the information is sometimes only specific to some parameters and cannot be generalized to an entire context (Neuman, 1997). Nevertheless, more research could be done to study the decision making and consumption patterns of consumers regarding Ayurveda, as this thesis also provides an extension for greater quest and exploration.

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## **APPENDIXES**





**TABLE OF APPENDIXES**

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## **Appendix A: Interview Guide for Ayurvedic Consumers**

Name:

Age:

Place of Residence:

1. Tell me a little about yourself like the background (educational); also where in India do you hail from?
2. What comes first in your mind when you think of the term Ayurvedic?
3. Do you use any type of herbal/Ayurvedic products?
4. What are some of the brands you identify as herbal/Ayurvedic?
5. Could you tell me from whom did you hear about these products?
6. Which category of Ayurvedic products do you use? Food, medicine, body care?
7. Do you think Ayurvedic products are better than other products? Why/Why not?
8. Do you often buy medicines without consulting the doctor?
9. Are you aware about Ayurvedic medicine or some kind of/Ayurvedic treatment?
10. Do you prefer Ayurvedic medicine? Why/Why not?
11. Do you use Ayurvedic medicines for treatment of common diseases like common cold, cough, allergy etc?
12. Do you also use Ayurvedic medicine or know someone who uses it for treatment of major diseases like diabetes, migraine, depression, asthma etc?
13. What do you feel about advertisements of Ayurvedic products/medicines? Have you seen enough of them? What kind of impact do they have on you?
14. Have you experienced or known any kind of side effect related to the use of Ayurvedic medicine?
15. Have you or do you use some herbal cosmetic products? If yes, tell me a bit more about it.
16. What does good health mean to you?
17. Do you practice Yoga?
18. Do you think Ayurved and Yoga can be practiced together?
19. What role do you think Ayurveda plays in maintaining and promoting health?
20. How far do you think the packaging affects your buying behaviour?
21. What kind of a buyer are you? Do you often plan your buy or just buy in general? Is it the same with cosmetic and day care products?
22. Could you list some benefits and limitations of going to an Ayurvedic doctor?
23. Is religion important to you? What do you think religion recommends for healing?
24. What do you think about western medicine (which is not ayurvedic and herbal)?
25. Have you heard about Patanjali? Could you please elaborate on what do you think about the brand and their products overall?
26. Do you want to share anything more about your experience with Ayurveda?

## Appendix B: Interview Guide for Ayurvedic Doctors

Name:

Age

Place of practice:

1. Could you just tell me about yourself? Where are you from? Your educational background?
2. Could you also tell me in detail about your profession? What exactly is it and how long have you been into this field?
3. How long have you been practising Ayurveda?
4. How do you understand Ayurveda? What does it mean to you?
5. What do you think are the key components of Ayurveda? How does it help people in general?
6. Could you summarize Ayurvedic medicine for me?
7. How often people do come to you and what do they come for? (maybe list 5 reasons)
8. What kinds of remedies are often prescribed?
9. What types of remedies are often prescribed for common ailments like cold or some allergies?
10. What do you think of western medicine/commercial medicine?
11. What are the problems and challenges you face in your practice?
12. Why do you think people use Ayurveda, why do you think some of them don't?
13. What do you think is the consumer's understanding of Ayurveda?
14. What do you think motivates the consumers to buy Ayurvedic products? The loyal and the non-loyal ones?
15. Ayurveda and modern medicine should be integrated. What is your take on that?
16. What suggestions would you make to improve public awareness on Ayurveda?
17. What do you think is the current situation of Ayurveda in India?
18. What according to you could be the reasons behind consumers opting for alternative medicine rather than Ayurvedic ones?
19. What do you think influences the consumers to use Ayurvedic products?
20. What suggestions can be made to improve the public awareness about products in an ethical manner which maintains the confidence (advertisements on television etc), what can be said which builds confidence and avoid wrong advertisement claims?
21. Do you think religion has any part to play anywhere in this field? Do you think people get influenced by this?
22. What part does Yoga play in the field of Ayurveda?
23. Have you/do you advise patients/consumers to practice Yoga regularly? Why/ Why not?
24. Could you explain about your presence in Slovenia?
25. What kind of patients do you get? What do they come for?
26. Could you explain in detail what types of remedies are prescribed?
27. What would you say about awareness of Ayurveda in Slovenia?

## **Appendix C: Interview Consent Form**

Thesis Title: What influences people to use Ayurveda in India

Please sign the consent form below if you are ready to participate in the study and hence have noted and accepted the requirements mentioned below:

I \_\_\_\_\_ confirm that:

I have been told about the research that Prakriti Gaur is conducting a study on the factors influencing people to use Ayurveda.

- I understand what kind of participation this research holds
- I accept that my participation is voluntary and will remain anonymous
- I understand that I do not have to answer any questions which I feel uncomfortable with;
- I understand that any kind of information I share will be used for research purpose only and will be held in the strictest confidence by the researcher.

Signed \_\_\_\_\_ on \_\_\_\_\_

## **Appendix D: Voice Recording Consent Form**

I AGREE to allow my participation in the interview and be recorded for research purpose.

I understand that a phone is being used as an audio recording device and is being used to correctly record what I say during my participation in this study and will be transcribed later for the research report.

I understand all the information recorded will be treated as confidential.

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**Date**

**Participant's Name**

## POVZETEK

Znanje ajurvedske medicine sega vsaj dva tisoč let v zgodovino in temelji na posredovanju informacij za zdravljenje bolezni z uporabo zelišč, mineralov in kovin. Zdravje je pri ajurvedi najpomembnejši dejavnik, ki se ga vidi kot funkcijo somatskega, psihološkega, socialnega in ekološkega ravnovesja (Bode, 2012). Srednji razred prebivalcev urbane Indije se zanaša na ajurvedo kot na zdravstveno rezervopo ugotovitvi, da moderna medicina ni zmožna ozdraviti tegobe. Dosedanje analize kažejo na to, da proizvodnja ajurvedskih izdelkov raste po višji stopnji kot celotna proizvodnja v farmacevtski panogi. Ker sestavine, ki so uporabljene pri izdelavi ajurvedskih zdravil, vključujejo zelišča in druge rastlinske osnove, te substance ne morejo biti industrijsko proizvedene (Harilal, 2009). Omembe vredno je, da v Indiji ne trpijo nikakršnega pomankanja zeliščnih izdelkov, nasprotno, prisotna je celo skrb s strani porabnika glede škodljivih učinkov in zdravstveno tveganje povezano z uporabo kemičnih sredstev. To je bil eden glavnih razlogov za prehod k uporabi zeliščnih in ajurvedskih izdelkov (Sharma, Shankar, Tyagi, Singh, & Rao, 2008).

Zgodovina in razvoj ajurvede sta tesno povezana z zgodovino in kulturo Indije. Ajurveda je medicinski sistem, ki se je postopoma razvil na indijski zemlji (Meulenbeld, 1992). V Indiji je ajurvedski nauk imel zelo močan vpliv na način življenja ljudi in to je pomagalo tudi pri oblikovanju zaznave koncepta ajurvede med ljudmi. V skoraj vsakem gospodinjstvu imajo osnovno znanje o ajurvedskih tretmajih in to znanje prenašajo iz roda v rod (Jayasundar, 2010). Poleg tega so ajurvedska načela za zdravo bivanje pogojena z izvajanjem le-te v vsakodnevni rutini. Razlika med ajurvedo in drugimi sistemi je, da je konceptualni okvir dobro definiran in v družbi prisoten že dolgo (Ravishankar & Shukla, 2007). Zato v Indiji ajurveda ne velja samo kot ljudsko zdravilo, ampak kot popoln medicinski sistem, ki upošteva tako fizično, psihološko, filozofsko, etično in duhovno dobro počutje človeka (Ravishankar & Shukla, 2007).

Ajurveda je kombinacija dveh besed iz sanskrta – Ayu (longevity) in Ved (znanja) in je tradicionalni medicinski sistem, ki se izvaja v Indiji, kjer je tudi nastal. Ajurveda predstavlja idejo, da vzrok bolezni ni nadnaraven, temveč fizičen. Pojem postopanja pri bolezni s pomočjo uporabe številnih zelišč, preoblikovan v znanost, je vzpostavil podlago za ime ajurvede okoli 2500 do 600 let pred našim štetjem. Inteligenca je bila predstavljena vodilnim modrecem, ki so nato prevzeli znanje ajurvede brez testiranja na živalih ali drugih načinov preizkušanja (Mishra et al., 2001). Kljub temu pa so poskusi, ki so osnovali pot do odkritja ustreznih sredstev v zgodovini, imeli svoje pomanjkljivosti. Ker so ajurvedska zdravila zlitje različnih predmetov in znanstvene ustreznosti teh zdravil ni tako enostavno pridobiti (Varma, 2006). Osrednji cilj ajurvedske medicine je prepletenost ravnovesja uma, telesa in duše, za katere se verjame, da so močno povezani z vsemi stvarmi v vesolju (Brannon & Feist, 2000, str. 192).

Glede na ajurvedo, naj bi bila osnovna kombinacija telesa določena ob samem času spočetja/rojstva. To sestavo imenujemo *Prakriti*. Izraz *Prakriti* v Sanskritu pomeni naravo,

stvarjenje, prvo stvaritev. Eden glavnih konceptov ajurvede je, da je temeljni sestav individuma konstanten skozi življenje; lahko je več kombinacij različnih elementov in *dosh*, vendar *Prakriti*, kot je že omenjeno, ostaja konstanten. Kombinacija *vate*, *pite* in *kaphev* času spočetja ostaja skozi celotno življenje (Sharma, n.d.).

Na verovanja, kaj sestavlja telo, zdravje in dobro počutje, vplivajo osebne izkušnje kot tudi kultura, v kateri je določen individum. Prav tako pa imajo družbe različne načine razumevanja telesa in različno pristopajo k zdravljenju za razliko od alopatične medicine (Flint, 2008, str.19). Tradicionalna medicina je poznana kot skupek znanj, veščin in praks zdravstvene oskrbe ter igra pomembno vlogo pri zdravljenju bolezni. Svojo bazo gradi na primitivnih teorijah, verovanjih in izkušnjah, ki so posredovane iz generacije v generacijo (Deshpande, 2015). Razlog, zakaj tovrstna medicina še vedno prevladuje, je njena splošna navzočnost in zanesljivost. Nekatero metode zdravljenja povezane z ajurvedskimi masažami, zeliščnimi terapijami, jogo in tradicionalno operacijo, pritegnejo veliko pozornosti in zdi se, da bodo naslednja velika senzacija v medicinski in *wellness* industriji.

Namen te magistrske naloge je dodati spoznanja k že obstoječemu znanju o ajurvedi s preučevanjem psihološkega vidika vedenja porabnikov, obenem pa združiti znanja s področij psihologije in trženja ter tako prispevati k znanju na obeh področjih. Izvedenih je bilo že veliko raziskav o vedenju porabnikov pri uporabi ajurvedskih izdelkov ali zeliščne medicine in to na številnih lokacijah. Veliko manj pa je raziskav, ki bi preučevale, zakaj porabniki raje izberejo ajurvedsko medicino (v nasprotju s klasičnimi zdravili), kaj so notranji in zunanji dejavniki, ki vodijo ljudi k uporabi zeliščnih izdelkov. Pomembno je namreč pridobiti vpogled v človekova verovanja in vzorce vedenja. S preučevanjem osebnih odločitev uporabe ajurvede in s širšo sliko le-teh, se lahko učimo o kulturnih procesih, kjer se tvorijo ali prenašajo takšna vedenja. Podrobna analiza odnosov od samega dojemanja izdelkov pa do končnega procesa odločanja o nakupu teh ajurvedskih izdelkov, mi bo omogočila zapolniti vrzel med že raziskanimi in novimi spoznanji na področju vedenja porabnikov ter spoznati motivacijske vzorce pri uporabi ajurvede. Osredotočila se bom na dojemanje ajurvedskih izdelkov s strani strank.

Glavni raziskovalni problem je ugotoviti, kaj motivira ljudi pri izbiri ajurvedskih izdelkov v Indiji. Navajam štiri podvprašanja, ki so me vodila pri raziskavi:

- Kakšno razumevanje ima uporabnik o ajurvedi?
- Kaj motivira uporabnika, da izbere ajurvedske izdelke namesto drugih alternativ?
- Kateri so dejavniki v ozadju motivacije, ki vplivajo na uporabnikain njegovo izbiro?
- Kakšna je povezava med ajurvedo in duhovnim zdravjem?

Raziskava je kvalitativne narave in vključuje delno strukturirane poglobljene intervjuje, ki so bili izvedeni z uporabniki in izvajalci ajurvede.

Ugotovitve in analiza sledijo pregledu literature in so oblikovana v tri teme:

- razumevanje ajurvede (razlaga, kako kupci v državi dojemajo ajurvedo)



- vzroki za uporabo ajurvede (motivacija ljudi pri uporabi ajurvede)
- koncept duhovnega zdravja ter prihodnosti ajurvede.

Kvalitativna raziskava zahteva, da raziskovalec združi teoretična in praktična znanja, kar nadalje omogoča raziskovalcu refleksijo o spoznanjih s strani udeležencev (Lalbahadur, 2013). Kvalitativna raziskava vključuje tudi opazovanje, interpretacijo in relevantne veščine interakcije (Strauss & Corbin, 1990). Izvedena raziskava vsekakor vključuje zgoraj naštetе dejavnike. Takšen pristop je pomagal pri odkrivanju temeljnih motivov ljudi za uporabo ajurvede. Temeljni način pridobivanja informacij za raziskavo so bili intervjuji, opomnik za delno strukturiran intervju pa je bil uporabljen kot instrument, ki je omogočal, da so pogovori potekali naravno in tekoče.

Odločila sem se, da pristopim k problemu te raziskave z izvajanjem poglobljenih pogovorov na štiri oči in ne skupinskih pogovorov, saj se mi zdi, da je to zelo intimna tema. Tiče se njihovih mnenj in izkušenj, zato morda udeležencem ne bi bilo prijetno govoriti o svojih izkušnjah in mnenjih vpričo drugih. Poleg tega je eden od razlogov, da sem opustila izpraševanje skupin ta, da lahko mnenje nekaterih v skupini vpliva na mnenje drugih, kar naredi končen rezultat skupinepristranski, ustvari nejasnosti in rezultate, ki niso odkriti ter podrobni. Sodelujoči so bili izbrani na podlagi namenskega vzorčenja, pri čemer so bili uporabljeni naslednji kriteriji. Sodelujoči so morali biti uporabniki ajurvede in so morali imeti splošno znanje o njej. Uporabljena je bila tudi tehnika vzorčenja na podlagi snežne kepe, pri kateri so bili ustrezni ljudje, primerni za to raziskavo, predlagani s strani ljudi, ki jih poznajo (Punch, 2000), kar je zelo pomagalo pri zbiranju informacij. Uporabljena tehnika pa je imela tudi svoje pomanjkljivosti, saj je zahtevala veliko časa. Predvsem to, da so nekateri ljudje priporočali ljudi, ki sploh niso vedeli kaj je ajurveda, kar pa je bil eden mojih glavnih kriterijev te raziskave. Glede na to, da je tema o ajurvedi tako raznolika, nisem izprašala le uporabnikov ajurvede, temveč tudi ljudi ki vključujejo ajurvedski način življenja v njihovo vsakdanjo rutino. S tem sem dobila vpogled v bolj podrobne rezultate in jih upoštevala v raziskavi, med tem ko sem izpraševala sodelujoče uporabnike.

Kvalitativne informacije zbrane od sodelujočih so bile na podlagi zvočnih posnetkov pisno zabeležene. Za analizo podatkov je bila uporabljena tematska analiza vsebine (Anderson, 2007). Po razvrščanju in kategorizaciji zapisov sem poslušala vsak zvočni posnetek in jih zapisala individualno, kasneje pa sem jim določila kode za različne značilnosti (Anderson, 2007). Določene barve so bile uporabljene, da poudarijo določene podobne značilnosti različnih kod. Podobne teme, ki so bile kodirane (poudarjene z barvami) v zapisih, so vsebovale prepoznavo različnih dejavnikov, kot so: demografski podatki uporabnikov; njihova motivacija za uporabo ajurvede; nagnjenje k uporabi ajurvedskih izdelkov; kaj pomeni koncept zdravja uporabnikom in kako ozaveščeni so o različnih ajurvedskih izdelkih na trgu.

Pri raziskovanju stališč in izkušenj indijskih uporabnikov ajurvede sem v tem magistrskem delu raziskala mnogo vidikov, ki so imeli vpliv na zaznavanje in željo za uporabo ajurvede kot del zdravljenja v življenju. S proučevanjem izkušenj uporabnikovglede

uporabe ajurvede ali zeliščnih izdelkov in razlogov, ki tičijo za njihovimi motivi za to, smo postali bolj seznanjeni z načini in procesom odločanja, skozi katerega gredo ljudje, da se odločijo za določeno obliko zdravljenja, predvsem zakaj so se odločili za določene izdelke ali terapije. Z združevanjem ugotovitev iz literature, preteklih raziskav in študij, z ugotovitvami delno strukturiranih intervjujev med uporabniki in izvajalci ajurvede, sem dobila boljši vpogled, da sem lahko opisala trenutno stanje ajurvede v Indiji in nekaj predlogov ter namigov, ki bi jih lahko predlagala za izboljšavo v prihodnosti. Izpraševanje ljudi in pogovori z njimi o njihovih izkušnjah so mi omogočili, da sem prišla do natančnega zaključka, kaj natanko jih je motiviralo za uporabo ajurvede in vključitev njenih načinov v vsakdanje življenje ter ob tem priti do zaključka, kako koristna jim je bila uporaba metod in vaj le-te.

Družinska kultura in priporočila sorodnikov ter prijateljev so še vedno eden glavnih razlogov zakaj ljudje izvajajo ajuverdo že vrsto let. Gre bolj za tradicijo kot navado, ki se redno izvaja. Kljub zatonu ajurvede in pomanjkanju zavesti pri ljudeh, ki niso dobro seznanjeni s to znanostjo je razvidno, da se ajuverda izvaja bolj kot ritual. Indijska kultura in tradicionalne vrednote igrajo pomembno vlogo za ljudi, ki so naklonjeni izvajanju te stare zdravilne prakse. V indijskem kontekstu je v sedanosti razvidno, da se uporablja ajuverda v povezavi z jogo ter da sta se izvajali skupaj za doseganje boljših rezultatov. Primarno je bila predvsem starejša generacija, ki je uporabljala ajuverdo, vendar se zdi, da so tudi mlade generacije zavedajo pomena lepote, kar jih pripelje do uporabe zeliščnih in ajuverdskih izdelkov kot dodatna opcija. Porabniki razumejo ajurvedo kot 100 % naravno in brez stranskih učinkov. Toda vse ima svojo pozitivno in negativno plat. Pozitivna lastnost za uporabnika je, da je vse zeliščno in ima naturalistično vrednost. Negativna lastnost je, da je potrebno veliko časa za zdravljenje bolezni ali zdravstvenega stanja, tako so rezultati opazni z zakasnitvijo. Obstaja izjava, da ajurveda obravnava bolezni od vzroka oziroma korenine, s tem pa ne ponuja začasne, ampak stalno rešitev.

Ko pogledamo večji del prebivalstva, ki je seznanjen s to starodavno prakso, vidimo tudi, da obstajajo številne težave z zavedanjem in ustreznim znanjem med ljudmi o tem, česa je ajuverda zmožna. Ajuverda je cenjena kot alternativna medicina in rezultati kažejo, da tisti, ki so neodločni, upoštevajo številne dejavnike in čas je eden glavnih razlogov za odklon zdravljenja z ajuverdo. Podani so bili predlogi za ozaveščanje javnosti o tem, da se naj posvetujejo pri zdravilcu ajuverde za odkrivanje in zdravljenje bolezni v zgodnji fazi. V nekaterih primerih so rezultati pokazali, da se skupaj uporabljata ajuverda in alopacija in da so bili pozitivni odzivi tako s strani porabnikov kot tudi zdravilcev. Poudariti je treba, da ni pogosto, da se združita obe znanosti skupaj oziroma da se ugotovi kateri način zdravljenja je bolj ustrezen. Skupna uporaba ajuverde in zahodne medicine ima prednosti in slabosti, saj lahko povzroča zmedo in konflikte pri uporabi metod zdravljenja. Priljubljenost zeliščnih izdelkov, ki izvirajo iz Indije, lahko vidimo po tem, kako se jih oglašuje.

Glede na analize o tem, zakaj se ljudje odločajo za ajuverdo, je mogoče sklepati, da obstajajo številni dejavniki, ki vplivajo na njihovo odločitev uporabe tradicionalne medicine. Odločitev uporabnikov je bila rezultat več prepletenih dejavnikov in ni bila

sprejeta s samo enim razlogom. Udeleženci intervjujev uporabljajo ajuverdo na osnovi sistemov, ki se prepletajo. To so na primer družinsko okolje, vzgoja, mnenje, da je ajuverda naravna in želiščna, dojemanje zahodne medicine, da ima stranske učinke, način izražanja občutka indijskega ponosa, ki je globoko zakoreninjen v določenih obredih in običajih. Različni razlogi, na podlagi katerih so ljudje izbrali ajurvedo, so povezani s številnimi dogodki. Dogaja se, da sodelujoči uporabijo ajuverdo doma samo enkrat in ko vidijo zadovoljive rezultate, bi jo ponovno uporabili tudi za druge namene in ne le za namene nege kože, ohranjanja lepote ali povezave z zdravjem. Preverili smo tudi odnos med ajuverdo in jogo in lahko sklepamo, da obstajajo različni načini, v katerih se je pokazalo, da porabniki združujejo ajuverdo in jogo, ki sta pogosto imenovani kot sorodni znanosti. Možno je opaziti, da ajuverdsko zdravljenje in zdravila vključujejo mnogo elementov joge in meditacije.

Stroga dieta in življenjski stil sta pomembna dejavnika v ajuverdi, kar pa velja tudi za jogo, pri čemer je pomembna prava hrana ob pravem času. Lahko bi rekli, da obstaja pozitivna korelacija oziroma odnos med njima in ne ljubezensko-sovražni odnos kot med ajuverdo in alopatico.

Namen raziskave je bil dosežen z uporabo obstoječega znanja in raziskovanjem novih poti glede vedenja in psihologije porabnikov o tem, kako oni zaznavajo ajuverdo. Magistrsko delo je bilo opredeljeno na način, v katerem so bili rezultati povezani z literaturo in z nekaterimi že prej obstoječimi teorijami, tako da so bila raziskovalna vprašanja dobro oblikovana z raziskovanjem in celovito predstavitvijo izkušenj s porabniškega vidika. Namen magistrskega dela ni bil samo prispevati k bazi znanja, ampak tudi prikazati neraziskana področja in razširiti možnosti za nadaljnje priložnosti v prihodnjih raziskavah. Ena glavnih omejitev je bila, da so bili osebni intervjuji časovno zamudni in da se njihovih ugotovitev ne da posploševati na populacijo. Upoštevati je bilo treba tudi mnogo dejavnikov, medtem ko smo se odločali za lokacijo, kjer bodo potekali intervjuji. Kot nadgradnjo bi lahko naredili več raziskav za preučevanje odločevalskih in porabniških navad uporabnikov ajuverde, saj to delo podaja tudi možnosti za uporabo v širših raziskavah.