
AYURVEDA'S ROLE IN BOOSTING HEALTH TOURISM IN INDIA

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ABSTRACT

Ayurveda is one of the world's oldest medical systems that originated in India. There are so many people in world who experiences Ayurveda for their wellbeing. Ayurveda in Sanskrit means "Knowledge of Life" (Ayur - lifespan, and Veda-knowledge). The basis of this medical form is solid Indian writings of old, compiled over a 2 century period between 2500 BC and 400 AD, when many experts put down their observations and experiences.

In past few years, India has originated as one of the most important hubs for Health Tourism. The country is emerging as a great destination for Health Tourism

People from across the world now come to India for Ayurveda, yoga and meditation, that is practiced since centuries. In fact India has fast emerged as a health tourism destination because of these. Since time immemorial, India has been known for its spirituality, religious and yoga tolerance and its secular character. India is internationally renowned for its ancient healing practices and alternative therapies. For more than thousands of years now, we have followed our own indigenous healing systems and medicinal practices such as Ayurveda, Naturopathy, and Pranic Healing to name just a few. It is no wonder then that people from all over the world are turning to the Indian sub continent for guidance towards a more spiritually satisfying way of life. Health/Medical tourism is a booming niche tourism market in the tourism industry. This research paper aims to profile the tourists visiting India for Ayurvedic treatment and to identify the key factors responsible for affecting the Ayurveda's role in Boosting Health tourism. In order to analyse the objectives, the Descriptive Statistics, Factor Analysis and One-way ANOVA were employed and the results revealed that Ayurveda has important role in boosting health tourism in India. The present study identifies the perceptions of residents towards the Ayurveda's role in Present Health tourism status in India.

Keywords: Ayurveda, Ayurvedic, Massage, Health Tourism, Wellness, etc.

INTRODUCTION

The growth of travel for health purposes had its beginning in the late 1990s, with an increasing number of individuals traveling, within and outside their countries of origin, pursuing specific medical treatments or any other therapies, as well as engaging in complementary and leisure activities (Connell, 2008). In fact, this type of travel can be traced back to the ancient times, namely the Roman period, due to the proliferation of thermal facilities and public baths throughout the entire empire. Nevertheless, the product known as health tourism, as well as its subcategories, is still a recent phenomenon.

India has abundant talent in this sector which can be utilized for promoting tourism and can provide medical care of international standard at a comparatively low cost. In this traditional sector India faces fewer challenges as these practices belong to its traditional form of treatments. At the landmark Alma Ata („Health for All by 2000“) Declaration of 1978, the World Health Organisation has identified the significant role of indigenous/traditional medicine. Low cost and accessibility made traditional medicine an ideal alternative for the healthcare delivery programmes. But it was left to the concerned individual government machinery to make it more viable and integrate it to the

main stream modern medicine. In the last two decades, there has been a growing demand for Ayurvedic treatment and medicines in India as well as outside India. Let us discuss the potentials of Ayurveda sector in the context of the state of Uttarakhand. Ayurveda registered 10-12 per cent growth yearly and contributed around three percent value addition annually to the manufacturing sector in Uttarakhand (Madhavan, 2009). Driven by demand both from within and outside the country for Ayurvedic products and treatments, there was modernization and innovation in this sector. At the same time, a parallel niche market for traditional Ayurvedic care depending on its legacy is also serving the public at large. (Madhavan, 2011) For a long time Ayurvedic treatments were used as an alternative medical care system. But the recent surge in this sector shows the curiosity of man searching for an answer in indigenous or traditional systems of medicine due to the disillusionment with established treatment propositions of allopathic medicine. It becomes clearer that throughout the world, indigenous medical systems are becoming part of mainstream healthcare system. Different medical traditions do exist in different parts of the world and India is one of those few countries that have a well-established traditional medical care. India occupies a unique position due to its centuries-old indigenous medical systems along with the strong presence of modern bio-medicine and has broken a new ground in such a medical revolution.

LITERATURE REVIEW

In recent years, health and well-being have received global attention as important factors of shaping people's lifestyle and consumption patterns (Voigt & Pforr, 2014). Health consciousness and the awareness of the need to manage work stress are key drivers behind this trend. Therefore, many destinations are actively seeking to exploit these opportunities by developing strategies around the desire to improve health and well-being through travel and attract both international and local tourists. Health tourism now contributes significantly to the economies of many countries such as India, Thailand, Malaysia and Singapore which are increasing these services to foreign customers (Heung & Kucukusta, 2013). Health tourism is a broad concept that incorporates two major subgroups: medical tourism and wellness tourism (Mueller & Kaufmann, 2001; Smith & Puczko, 2009; Voigt, Brown & Howat, 2011). In India, tourism sector has gone through many developmental phases and currently tourism industry is reckoned as a major instrument for social integration and economic development. Under this sector, health tourism has a focus on good health, general wellbeing and its pursuit has a significant position (Maddox, C. B.). It may be noted that health tourism is a broader term as medical tourism can be termed as a subset of health tourism. Ayurveda is generally viewed as a treatment for relaxation of mind and body and for overall wellbeing. Even though it has the potential and treatment system for almost all diseases, lack of awareness and information prevent people from availing those benefits (Godwin, S. K.) There are a few studies which discuss the differences between health tourism and medical tourism. Carrera and Bridges (2006) and Connell (2006) have identified „health tourism“ with general health and wellbeing, while in „medical tourism“, tourism is combined with medical, surgical or dental intervention to improve or restore health in the long term. In the last two decades, there has been a growing demand for Ayurvedic treatment and medicines in India as well as outside India. Let us discuss the potentials of Ayurveda sector in the context of the state of Uttarakhand. Ayurveda registered 10-12 per cent growth yearly and contributed around three percent value addition annually to the manufacturing sector in Kerala (Madhavan, 2009). Driven by demand both from within and outside the country for Ayurvedic products and treatments, there was modernization and innovation in this sector. At the same time, a parallel niche market for traditional Ayurvedic care depending on its legacy is also serving the public at large. (Madhavan, 2011)

OBJECTIVE OF THE STUDY

There are basically two main objectives of this study:

- (1) To know the perception of residents Towards the Ayurved's Role in Boosting health tourism in India.

- (2) Explain the relationship between a Ayurveda and Health Tourism

RESEARCH METHODOLOGY

A qualitative and Quantitative approach was used in this study to determine the Factors that affects the Ayurveda 's Role in Boosting Health Tourism in India . To Know role of Ayurveda in boosting health Tourism in India the Perception of the people is need to determined. A questionnaire has been adopted as the data collection instrument and has been circulated to the residents through Email and Internet. The questionnaire has been divided into two sections the first sections is to determine the Demographic profile of the respondent and in other section the respondent were asked to evaluated the items to know the perception of tourist towards based on a five point Likert scale (1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree & 5 = Strongly Agree). To know the perception of residents the second section of questionnaire was divided into three parts describing Ayurveda: a Effective Treatment , Tourist's Interest towards Ayurveda & Socio Economic Development Through Ayurveda.

Couple of Data analysis methods were used to analyse the collected data by using SPSS Ver. 2.0. Descriptive statistics were used to describe the basic features of Data in a study. On the other hand relationship among set of interrelated variables has been examined & represented in terms of underlying Factors. A Factor analysis is an independent technique in which an entire set of interdependent relationship has been examined . To examine the correlation among a set of variable & regression analysis has been developed

DATA ANALYSIS and FINDINGS

Descriptive Statistics

Demographic profiles of respondents are depicted in Table 1. Gender of the respondents was almost equally distributed with 51% male and 49 % female. Most of the respondents' age was between 20 to 29 years (54%), followed by 30-39 years (22%), and 40-49 years (11%). Few respondents were 50 years and older (10 %). More than half of the respondents were never married (58%). Most of the respondents had college degrees, 46% had a graduate/post graduate degree and another 37% had a college/university degree. However, 46 % of the respondents reported a yearly income of under Rs.25,000. The next income group was Rs. 25,000 – 39,999 (14%). More than 30% of the respondents reported a yearly income of Rs.50,000 and above.

TABLE- 1

DEMOGRAPHIC PROFILE OF RESPONDENTS

S.No.	Demographic Characteristics	N=182	Percentage (%)
1.	Gender	Male	51
		Female	49
2.	Age Group	Less than 20	3
		20 -29	54
		30- 39	22
		40- 49	11
		50- 59	6
		60 and older	4
3.	Marital status	Married	36
		Never Married	58

	Divorced/Widowed/ Separated	6
4. Highest Education	Some high school	1
	High school graduate	16
	College/university graduate	37
	Graduate/post graduate	46
5. Income	Under 25,000	46
	25,000 - 39,999	14
	35,000 – 49,000	10
	50,000 – 74,999	11
	75,000 – 99,000	6
	100,000 or more	13

In this study, Variables affecting Ayurveda’s Role in Health Tourism were divided into three factors. These Variables were measured using a Likert scale. The mean ratings of Ayurveda’s Role in health tourism are displayed in Table 2. The mean scores range from 2.19 to 4.50, and therefore we can conclude that all of the variables were perceived positively by the respondents. There were 12 variables that were in the high end. Among the highest mean scores (<3.50) were Tourists Interested in Ayurvedic Massage(4.50) Ayurveda helps in maintain Mental Health (3.93), Ayurvedic Treatments cures various diseases from roots (3.73) Ayurveda attracts International Health tourists (3.51). In general, more than 50 % of the means scores were higher than 3.0. Attributes with the lower mean scores (< 2.50) were Peoples prefer Ayurveda treatment over allopathic (2.24) Tourists want to learn Ayurveda (2.37). The variable with the highest variation in scores was, “Tourists are aware about Aurveda’s Benefits” (1.572), The lowest standard deviation (1.307) was “Ayurveda Helps in Maintaing mental health.

TABLE 02
MEAN RATINGS OF AYURVEDA’S ROLE IN HEALTH TOURISM

S.No.	Variables	N	Mean	Standard Deviation
1	Ayurveda Helps in maintaining Mental health	182	3.93	1.307
2	Ayurveda Treats various diseases from roots	182	3.73	1.362
3	Tourists like to take Ayurvedic massage during their visit in India	181	4.50	1.319
4	Tourists want to learn Ayurveda	182	2.37	1.371
5	Peoples prefer Ayurveda treatment over allopathic	180	2.24	1.487
6	Generate employment opportunities	181	3.19	1.327
7	Tourist are aware about its benefits	182	3.06	1.572
8	Ayurvedic treatment has very less side effects	182	3.04	1.382
9	Ayurveda releases stress	181	2.95	1.428
10	Promote cultural exchange among communities	182	3.07	1.444
11	Spread harmony & peace among communities	182	2.83	1.489
12	Ayurveda attracts International health Tourists.	182	3.61	1.450

The key factors affecting the the Ayurveda’s Role in Boosting Health Tourism were extracted from the factor analysis of 15 food images variables. These three factors explained 62.73 % of the total variance. The

name or label created for each factor was depended on the common characteristics of the variables listed in the factors.

The first factor was labeled “**Ayurveda: A Effective Traetment**” comprised of five variables: Ayurveda Helps in maintaining Mental health, Ayurveda Treats various diseases from roots, Peoples prefer Ayurveda treatment over allopathic, Ayurvedic treatment has very less side effects, Ayurveda releases stress ; with Eigen value of 3.28, this factor explained 20.19% of the total variance.

The second factor was named “**Tourists are Interested towards Ayurveda**” consisted of three variables: Tourists like to take Ayurvedic massage during their visit in India, Tourists want to learn Ayurveda, Tourist are aware about its benefits, Ayurveda attracts International health Tourists. This factor had an eigenvalue of 4.27 and total variance of 30.57%.

The third factor was labelled “**Socio Economic Development Through Ayurveda** ” contained Three variables: Spread harmony & peace among communities, Promote cultural exchange among communities, Generate employment opportunities. This factor had an eigenvalue of 1.92 and total variance of 11.97%.

TABLE 03

FACTOR’S DESCRIBING AYURVEDA’S ROLE IN HEALTH TOURISM

S.No.	Factors	Loadings	Eigen value	% of Variance Explained
01	Ayurveda: A Effective Treatment. ($\alpha = 0.795$)		3.28	20.19
	• Ayurveda Helps in maintaining Mental health	.788		
	• Ayurveda Treats various diseases from roots	.767		
	• Peoples prefer Ayurveda treatment over allopathic	.758		
	• Ayurvedic treatment has very less side effects	.727		
	• Ayurveda releases stress	.660		
02	Tourist’s Interest towards Ayurveda ($\alpha = 0.821$)		4.27	30.57
	• Tourists like to take Ayurvedic massage during their visit in India	.689		
	• Tourists want to learn Ayurveda	.689		
	• Tourist are aware about its benefits	.785		
	• Ayurveda attracts International health Tourists	.818		
03	Socio Economic Development Through Ayurveda ($\alpha = 0.721$)		1.92	11.97
	• Spread harmony & peace among communities	.616		
	• Promote cultural exchange among communities			
	• Generate employment opportunities	.828		
	TOTAL VARIANCE EXPLAINED			62.73

TABLE 4**KMO AND BARTLETT'S TEST**

Kaiser-Meyer-Olkin Measure of Sampling Adequacy		0.847
Bartlett's Test of Sphericity	Approx. Chi-Square	3305.325
df	136	
Sig.	.000	

Table 4 clarifies the appropriateness of the factor analysis of the current study. According to the table 3, The approximate chi-square statistics is 3305.325 with 136 degrees of freedom, which is significant at the 0.05 level. Moreover, the value of the KMO statistic (0.847) is also large (>0.5). Therefore, factor analysis can be considered as an appropriate technique for analysing the collected data further. To analyse the variables ranging from 1 to 12, factor analysis has been used for data reduction. This analysis helped to reveal the most important factors that determined the Ayurveda's role in Boosting Health tourism.

TABLE 05**SUMMARY FOR AYURVEDA'S ROLE IN HEALTH TOURISM**

Regression Statistics	
Multiple R	0.351
R Square	0.123
Adjusted R Square	0.114
Std. Error of The Estimate	1.199

The results of the multiple-regression analysis are shown in Table 5. The regression model depicted that an adjusted R^2 of .12, which means that 12% of the total variance in the dependent variable can be explained by the independent variables. The F-ratio of 13.016 was significant ($p < 0.001$) and indicated that the result of the equation model was reliable. This shows that all the factors Describe the Role of Ayurveda in Boosting Health Tourism in India.

CONCLUSION:

The results of factor analysis showed that the respondents in this study perceived that Ayurved's has major role in Bossting Health Tourism in India. On the other hand, for those destinations inspired to expand their Health tourism, might want to start developing their products based on the findings of this study.

Since this investigation was exploratory in nature, future research should focus on how to refine the methods employed in their study. Nevertheless, the results of the study somehow confirmed that there was a significant correlation between Ayurveda and Health Tourism in India. Also, it was proven from this paper that India Ayurveda plays important role in Boosting Health Tourism as well as maintaining Peoples Health.. Understanding the influence of a Ayurveda further enhance the Health Sector overall image. Not only the "general" image of a destination is known, but a specific Ayurveda's Traetment can be developed that would contribute and create the destination's

potential niche market. Obviously, potential destinations might use some of the factors in this study in order to improve their Health Tourism.

REFERENCES:

- Aggarwal, A.K., Guglani, M. and Goel, R.K. (2008) Spiritual & yoga tourism: A case study on experience of foreign tourists visiting Rishikesh, India. In: *Tourism in India- Challenges Ahead*. Kerala, India. Indian Institute of Management Kozhikode, 457- 464.
- Alter, J. S. (2004). "Yoga in modern India: The body between science and philosophy". Princeton, NJ: Princeton University Press.
- Askegaard, S. and Eckhardt, G.M. (2012). Glocal yoga: Re-appropriation in the Indian consumptionscape. *Marketing Theory*, 12 (1), 45-60
- Balakrishnan, M.S. (2009). Strategic branding of destinations: A framework. *European Journal of Marketing* ,43 (5/6), 611-629
- Bandyopadhyay, R. and Morais, D. (2005). Representative dissonance: India's self and western image. *Annals of Tourism Research*, 32 (4), 1006-1021.
- Bandyopadhyay, R. (2009). The perennial western tourism representations of India that refuse to die. *Turizam: Znanstveno-stručni Casopis*, 57 (1),23-35.
- Beverland, M.B., Farrelly, F. and Quester, P.G. (2010). Authentic subcultural membership: Antecedents and consequences of authenticating acts and authoritative performances. *Psychology & Marketing* 27 (7) pp 698-716
- Bindu VT, Chitramani P & Babu PG (2009). "Perception of Tourists towards Kerala as a Preferred Alternate Health Tourism Destination: A Study". *South Asian Journal of Tourism and Heritage* 2(1): 68 – 76.
- Bookman, M. Z. & Bookman, K. R. (2007). *Medical tourism in developing countries*, New York: Palgrave MacMillan. Retrieved from <http://utmj.org/archive/86-2/BR.pdf>
- Bradley, G.L., Sparks, B.A. and Weber, K. (2015). The stress of online reviews: A conceptual model and research agenda. *International Journal of Contemporary Hospitality Management* ,27 (5),739-755.
- Brown, T.C., Miller, B.M. and Adams, B.M. (2017). What's in a name? Group fitness class names and women's reasons for exercising. *Health Marketing Quarterly*, 34 (2),142-155.
- Carrera, P. M. & Bridges, J. F. P. (2006). "Globalization and Healthcare: understanding health and medical tourism". *Expert Review Pharmacoeconomics Outcomes Research*, 6 (4): 447-54. Retrieved from <http://www.expertreviews.com/doi/abs/10.1586/14737167.6.4.447>
- Center for the Promotion of Imports (2016). *Inner Wellness Tourism from the EU to Asia*. [online]. <https://www.cbi.eu/market-information/tourism/wellness-tourism/europe-asia.html>
- Chen, K., Liu, H. and Chang, F. (2013). Essential customer service factors and the segmentation of older visitors within wellness tourism based on Hot Springs Hotels. *International Journal of Hospitality Management*, 35,122-132.
- Choudhury, R., Joy, & Dutta, R. (2004). "NASSCOM-like Body to be formed for Healthcare". *Express Healthcare Management*.
- Connell, J. (2006). "Medical tourism: sea, sun, sand and surgery". *Tourism Management*, 27(6), 1093-1100.
- De Michelis, E. (2007). A preliminary survey of modern yoga studies. *Asian Medicine*, 3 (1), 1-19.
- Douglas, S.P., Craig, C.S. and Nijssen, E.J. (2001). Integrating branding strategy across markets: Building international brand architecture. *Journal of International Marketing*, 9 (2), 97-114.
- Ertimur, B. and Coskuner-Balli, G. (2015). Navigating the institutional logics of markets: Implications for strategic brand management. *Journal of Marketing*, 79 (2), 40-61.
- Fish, A. (2006). The commodification and exchange of knowledge in the case of transnational commercial yoga. *International Journal of Cultural Property*, 13 (2), 189-206.
- Gan, L.L. and Frederick, J.R. (2018). The choice of facilitators in medical tourism. *Health Marketing Quarterly*, 35 (1), 65-83.

- George, E. W. (2010). “Intangible cultural heritage, ownership, copyrights, and tourism”. *International Journal of Culture, Tourism and Hospitality Research*, 4(4), 376–388. <https://doi.org/10.1108/17506181011081541>
- Godrej, F. (2016). The Neoliberal Yogi and the Politics of Yoga What Exactly Is Yoga? *Political Theory*, 1, 1–29. <https://doi.org/10.1177/0090591716643604>
- Godwin, S. K. (2004). Medical tourism: Subsidizing the rich. *Economic and Political Weekly*, 39 (36), 3981-3983.
- Goodrich JN and Goodrich GE (1987) Health-care-tourism-an exploratory study. *Tourism Management*, 8(3), 217-222.
- Government of India.(2002). National health policy. Ministry of Health and Family Welfare.
- Hair Jr., J. F. et al. (1998). *Multivariate Data Analysis with Readings*. Englewood Cliffs, NJ: Prentice-Hall.
- Heo, C.Y. and Hyun, S.S. (2015). Do luxury room amenities affect guests’ willingness to pay? *International Journal of Hospitality Management*, 46, 161-168.
- Heung, V.C., Kucukusta, D. and Song, H. (2011) Medical tourism development in Hong Kong: An assessment of the barriers. *Tourism Management*, 32 (5), 995-1005.
- John, J. (2012). A study on effectiveness of Panchayati Raj institutions in health care system in the state of Kerala. Planning Commission, Government of India. Retrieved from https://planningcommission.nic.in/reports/sereport/ser/ser_kds1803.pdf 31.
- Lam, T., & Zhang, H. Q. (1999). Service quality of travel agents: the case of travel agents in Hong Kong. *Tourism management*, 20(3), 341-349.
- Larson, G.J. (2008). Introduction to the Philosophy of Yoga. In: Larson, G.J. and Potter, K.H. (eds). *Yoga: India's Philosophy of Meditation*. New Delhi: Motilal Banarsidass Publishers, 21-159.
- Lehto, X.Y., Brown, S., Chen, Y. and Morrison, A.M. (2006). Yoga tourism as a niche within the wellness tourism market. *Tourism Recreation Research* 31 (1), 25-35.
- Liberman, K. (2008). 5 The Reflexivity of the Authenticity of Haṭha Yoga. In M. Singleton & J. Byrne (Ed.), *Yoga in the modern world: Contemporary perspectives*, 100–116.
- Lozanski, K. (2007). Violence in independent travel to India: Unpacking patriarchy and neo-colonialism. *Tourist Studies*, 7 (3), 295-315.
- Madden, R. (2010). *Being ethnographic: A guide to the theory and practice of ethnography*. Sage Publications.
- Maddox, C. B. (2014). Studying at the source: Ashtanga yoga tourism and the search for authenticity in Mysore, India. *Journal of Tourism and Cultural Change*, 13(4), 330-343. <https://doi.org/10.1080/14766825.2014.972410>
- Madhavan, H. (2009). Commercializing traditional medicine: Ayurvedic manufacturing in Kerala. *Economic and Political Weekly*, 44(16), 44-51. Retrieved from <https://www.epw.in/authors/m-r-madhavan.html>
- Madhavan, H. (2011). Growth, transition and globalization of traditional medicine: Case of Ayurvedic pharmaceuticals in Kerala
- Manaktola, K. and Jauhari, V. (2007). Exploring consumer attitude and behaviour towards green practices in the lodging industry in India. *International Journal of Contemporary Hospitality Management*, 19 (5), 364-377.
- Memorable India Tour Operator. (n.d.). Yoga & Ayurveda Tour in Rishikesh. Retrieved March 11, 2020, from <https://memorableindia.com/yoga-ayurveda-tour-in-rishikesh-31#!prettyPhoto.html>
- Mohsin, A. and Lockyer, T. (2010). Customer perceptions of service quality in luxury hotels in New Delhi, India: An exploratory study. *International Journal of Contemporary Hospitality Management*, 22 (2), 160-173.
- Philp, J. (2009). *Yoga, Inc.: A journey through the big business of yoga*. Toronto: Viking Canada.
- Prabakaran, N. and Panchanatham, N. (2013). Niche tourism products of India. *Abasyn University, Journal of Social Sciences*, 6 (1), 53-64

- Remya, V. (2015). Kerala: Health tourism hub for Ayurveda. *International Journal of Social Sciences and Management*, 2 (3), 222-227
- Riege, A.M. and Perry, C. (2000). National marketing strategies in international travel and tourism. *European Journal of Marketing*, 34 (11/12), 1290-1305.
- Saltzman, P. (2000). *The Beatles in Rishikesh*. London: Penguin
- Scott, D., Peeters, P. and Gössling, S. (2010). Can tourism deliver its “aspirational” greenhouse gas emission reduction targets? *Journal of Sustainable Tourism*, 18 (3) pp 393-408
- Sharpley, R. and Sundaram, P. (2005). Tourism: A sacred journey? The case of Ashram tourism, India. *International Journal of Tourism Research*, 7 (3), 161-171.
- Singh, S. V., & Ranjan, R. (2019). Online travel portal and their effect on travel agency: A study on outbound visitors of Varanasi. *International Journal of Research and Analytical Reviews (IJRAR)*, 6(2), 387-393.
- Singleton, M. (2010). *Yoga body: The Origins of Modern Posture Practice*. New York: Oxford University Press.
- Smith, M. and Puczkó, L. (2009). *Health and Wellness Tourism*. Burlington, MA: Routledge
- Stanford Research Institute report (2016). *Wellness Tourism is a Growth Opportunity Worldwide*. [online]. <https://www.sri.com/blog/wellness-tourism-growth-opportunity-worldwide.html>
- Suchman, M.C.(1995).Managing Legitimacy: Strategic and Institutional Approaches. *The Academy of Management Review* , 20(3), 571-610.
- Suresh, S. and Ravichandran, S. (2010). Using lifestyle analysis to develop wellness marketing strategies for IT professionals in India. *Health Marketing Quarterly*, 27 (1), 1-20.
- Suresh, S. and Ravichandran, S. (2011). Understanding wellness center loyalty through lifestyle analysis. *Health Marketing Quarterly*, 28 (1), 16-37.
- Toyne, B. and Walters, P.G.P. (1989). *Global Marketing Management: A Strategic Perspective*. Boston, MA: Allyn & Bacon.
- Yeoman, I., Brass, D. and McMahon-Beattie, U. (2007). Current issue in tourism: The authentic tourist. *Tourism Management*, 28 (4), 1128-1138.