

# INTERNATIONAL JOURNAL OF RESEARCH IN COMPUTER APPLICATION & MANAGEMENT

I  
J  
R  
C  
M



A Monthly Double-Blind Peer Reviewed Refereed Open Access International e-Journal - Included in the International Serial Directories

Indexed & Listed at:

Ulrich's Periodicals Directory ©, ProQuest, U.S.A., EBSCO Publishing, U.S.A., Cabell's Directories of Publishing Opportunities, U.S.A.

as well as in Open J-Gate, India (link of the same is duly available at Inlibnet of University Grants Commission (U.G.C.))

Registered & Listed at: Index Copernicus Publishers Panel, Poland

Circulated all over the world & Google has verified that scholars of more than 1500 Cities in 141 countries/territories are visiting our journal on regular basis.

Ground Floor, Building No. 1041-C-1, Devi Bhawan Bazar, JAGADHRI – 135 003, Yamunanagar, Haryana, INDIA

[www.ijrcm.org.in](http://www.ijrcm.org.in)

## CONTENTS

Sr. No.	TITLE & NAME OF THE AUTHOR (S)	Page No.
1.	<b>BUDGETARY TRADE-OFFS BETWEEN MILITARY AND EDUCATION/HEALTH EXPENDITURES IN DEVELOPING COUNTRIES: A PANEL DATA ANALYSIS</b> <i>A. K. M. SAIFUR RASHID &amp; MD. ZAHIR UDDIN ARIF</i>	1
2.	<b>AN ANALYSIS ON CRITICAL SUCCESS FACTORS FOR NEW PRODUCT DEVELOPMENT IN SMEs OF IRAN'S FOOD AND BEVERAGE INDUSTRIES</b> <i>HOSSEIN SAFARZADEH, REZA TALEIFAR, DR. YASHAR SALAMZADEH &amp; FARHANG MOHAMMADI</i>	7
3.	<b>COMPARATIVE STUDY AND NUMERICAL MODELING OF A CUPOLA FURNACE WITH HOT WIND</b> <i>MICHEL LISSOUCK, FRANÇOIS NJOCK BAYOCK &amp; ARIANE KAMEWE</i>	15
4.	<b>AN ANALYSIS ON THE IMPACT OF QUALITY SERVICE PROVISION ON CUSTOMERS' SATISFACTION IN MICRO- FINANCE INSTITUTIONS IN RWANDA FROM THE CUSTOMER'S PERSPECTIVE - USING THE SERVQUAL MODEL</b> <i>MACHOGU MORONGE ABIUD, LYNET OKIKO &amp; VICTORIA KADONDI</i>	21
5.	<b>FOREIGN AID AND DEVELOPMENT IN AFRICA: IMPLICATION FOR THE MILLENNIUM DEVELOPMENT GOALS (MDG'S)</b> <i>NDUONOFIT, LARRY-LOVE EFFIONG &amp; ONWUKWE, VIVIAN CHIZOMA</i>	27
6.	<b>THE IMPACT OF HRM PRACTICES HAVING A MEDIATING EFFECT OF ORGANIZATIONAL COMMITMENT ON ORGANIZATIONAL PERFORMANCE</b> <i>IFFAT RASOOL &amp; JAMILA KHURDHID</i>	33
7.	<b>ENTREPRENEURSHIP DEVELOPMENT THROUGH HUMAN RESOURCE MANAGEMENT PRACTICES</b> <i>P.MALARVIZHI &amp; DR. P.UMA RANI</i>	37
8.	<b>SELF-MEDICATION IN YOUTH: A SURVEY IN JAIPUR</b> <i>SMRITI OJHA &amp; DR. SUNIL JAKHORIA</i>	41
9.	<b>CUSTOMERS' PERCEPTION TOWARDS SERVICE QUALITY OF INTERNET BANKING SERVICES IN COIMBATORE DISTRICT, TAMIL NADU, INDIA</b> <i>NEETA INDORKER, DR. N. AJJAN, DR. S. D. SIVAKUMAR &amp; D. MURUGANANTHI</i>	45
10.	<b>ECONOMIC PERSPECTIVE OF CHILD LABOR - IT'S IMPLICATIONS AND PREVENTIVE MEASURES: A STUDY ON UNORGANIZED SECTOR IN VISAKHAPATNAM, A.P., INDIA</b> <i>DR. M.V.K. SRINIVAS RAO &amp; B. OMNAMASIVAYYA</i>	50
11.	<b>HAZARDOUS WASTES: INDUSTRIAL CONCENTRATION AND POLLUTION INTENSITY IN ANDHRA PRADESH</b> <i>DR. PRABHA PANTH</i>	55
12.	<b>CHANGING WORK SCENARIO- A CAUSE FOR STRESS AMONGST BANK EMPLOYEES</b> <i>VISHAL SAMARTHA, DR. MUSTIARY BEGUM &amp; LOKESH</i>	62
13.	<b>A STUDY ON CONSUMER BEHAVIOUR OF MINI PUMPS IN DOMESTIC SECTOR</b> <i>G. DEVAKUMAR &amp; DR. G. BARANI</i>	67
14.	<b>SHOPPING MOTIVES OF CONSUMERS TOWARDS ORGANIZED RETAIL SECTOR IN ODISHA</b> <i>CHINMAYEE NAYAK &amp; DR.DURGA CHARAN PRADHAN</i>	74
15.	<b>CURRENT STATUS AND CHALLENGES IN IMPLEMENTING INFORMATION AND COMMUNICATION TECHNOLOGY INITIATIVES IN EDUCATION IN INDIA</b> <i>JAYASHREE SHETTY &amp; DR. FAIYAZ GADIWALLA</i>	78
16.	<b>USING WEB SERVICES IN ENTERPRISE COMPUTING AND INTERNET APPLICATION DEVELOPMENT</b> <i>DR. PANKAJ KUMAR GUPTA</i>	84
17.	<b>TEXT CATEGORIZATION USING FPI METHODOLOGY</b> <i>M. PUSHPA &amp; DR. K. NIRMALA</i>	87
18.	<b>APPLYING AND EVALUATING DATA MINING TECHNIQUES TO PREDICT CUSTOMER ATTRITION: A SURVEY</b> <i>AFAQ ALAM KHAN, NASIR HUSSAIN &amp; PARVEZ ABDULLAH KHAN</i>	90
19.	<b>IMAGE EDGE DETECTION USING MORPHOLOGICAL OPERATION</b> <i>PADMANJALI. A.HAGARGI &amp; DR. SHUBHANGI.D.C</i>	97
20.	<b>PERFORMANCE AND EVALUATION OF CONSUMER FORUMS – A CASE STUDY OF WARANGAL DISTRICT</b> <i>T. VIJAYA KUMAR &amp; M. RADHA KRISHNA</i>	102
21.	<b>PROSPECTS OF TRADITIONAL THERAPY: CONSUMER'S PERCEPTION - AN EMPIRICAL STUDY OF RURAL MARKET WITH SPECIAL REFERENCE TO INDORE DISTRICT</b> <i>SWATI KEWLANI &amp; SANDEEP SINGH</i>	108
22.	<b>STATE FINANCIAL CORPORATIONS AND INDUSTRIAL DEVELOPMENT: A STUDY WITH SPECIAL REFERENCE TO RAJASTHAN FINANCIAL CORPORATION</b> <i>SUSANTA KANRAR</i>	112
23.	<b>A STUDY OF CUSTOMER LOYALTY WITH REFERENCE TO PRIVATE AND PUBLIC SECTOR BANKS IN WESTERN MAHARASHTRA</b> <i>NITIN CHANDRAKANT MALI</i>	118
24.	<b>ANALYSIS OF EARNINGS QUALITY OF SELECTED PUBLIC, PRIVATE AND FOREIGN BANKS IN INDIA</b> <i>SAHILA CHAUDHRY</i>	126
25.	<b>SOLUTION OF MULTICOLLINEARITY BY RIDGE REGRESSION</b> <i>R. SINGH</i>	130
26.	<b>AN IMPACT OF CELEBRITY ENDORSEMENT ON THE BUYING BEHAVIOR OF YOUTH</b> <i>RAVINDRA KUMAR KUSHWAHA &amp; GARIMA</i>	136
27.	<b>A STUDY ON ANALYSIS OF SHARE PRICE MOVEMENTS OF THE SELECTED INDUSTRIES BASED ON NIFTY STOCKS</b> <i>C. SOUNDAR RAJAN &amp; DR. S. SANGEETHA</i>	142
28.	<b>INCREASING NETWORK LIFETIME WITH ANGLED-LEACH PROTOCOL IN WSNs</b> <i>DEEPTI GARG &amp; ROOPALI GARG</i>	147
29.	<b>THE IMPACT OF CONTENTS ON NATIONAL AND INTERNATIONAL UNIVERSITY WEBSITES NAVIGATION BEHAVIOUR</b> <i>SUNITA S. PADMANNAVAR &amp; DR. MILIND J. JOSHI</i>	152
30.	<b>ULTRA SOUND BREAST CANCER IMAGE ENHANCEMENT AND DENOISING USING WAVELET TRANSFORM</b> <i>K. HAKKINS RAJ.</i>	158
	<b>REQUEST FOR FEEDBACK</b>	162

**CHIEF PATRON**

**PROF. K. K. AGGARWAL**

Chancellor, Lingaya's University, Delhi  
Founder Vice-Chancellor, Guru Gobind Singh Indraprastha University, Delhi  
Ex. Pro Vice-Chancellor, Guru Jambheshwar University, Hisar

**PATRON**

**SH. RAM BHAJAN AGGARWAL**

Ex.State Minister for Home & Tourism, Government of Haryana  
Vice-President, Dadri Education Society, Charkhi Dadri  
President, Chinar Syntex Ltd. (Textile Mills), Bhiwani

**CO-ORDINATOR**

**MOHITA**

Faculty, Yamuna Institute of Engineering & Technology, Village Gadholi, P. O. Gadhola, Yamunanagar

**ADVISORS**

**DR. PRIYA RANJAN TRIVEDI**

Chancellor, The Global Open University, Nagaland

**PROF. M. S. SENAM RAJU**

Director A. C. D., School of Management Studies, I.G.N.O.U., New Delhi

**PROF. S. L. MAHANDRU**

Principal (Retd.), Maharaja Agrasen College, Jagadhri

**EDITOR**

**PROF. R. K. SHARMA**

Professor, Bharti Vidyapeeth University Institute of Management & Research, New Delhi

**CO-EDITOR**

**MOHITA**

Faculty, Yamuna Institute of Engineering & Technology, Village Gadholi, P. O. Gadhola, Yamunanagar

**EDITORIAL ADVISORY BOARD**

**DR. RAJESH MODI**

Faculty, Yanbu Industrial College, Kingdom of Saudi Arabia

**PROF. PARVEEN KUMAR**

Director, M.C.A., Meerut Institute of Engineering & Technology, Meerut, U. P.

**PROF. H. R. SHARMA**

Director, Chhatrapati Shivaji Institute of Technology, Durg, C.G.

**PROF. MANOHAR LAL**

Director & Chairman, School of Information & Computer Sciences, I.G.N.O.U., New Delhi

**PROF. ANIL K. SAINI**

Chairperson (CRC), Guru Gobind Singh I. P. University, Delhi

**PROF. R. K. CHOUDHARY**

Director, Asia Pacific Institute of Information Technology, Panipat

**DR. ASHWANI KUSH**

Head, Computer Science, University College, Kurukshetra University, Kurukshetra

**DR. BHARAT BHUSHAN**

Head, Department of Computer Science & Applications, Guru Nanak Khalsa College, Yamunanagar

**DR. VIJAYPAL SINGH DHAKA**

Dean (Academics), Rajasthan Institute of Engineering & Technology, Jaipur

**DR. SAMBHAVNA**

Faculty, I.I.T.M., Delhi

**DR. MOHINDER CHAND**

Associate Professor, Kurukshetra University, Kurukshetra

**DR. MOHENDER KUMAR GUPTA**

Associate Professor, P.J.L.N. Government College, Faridabad

**DR. SAMBHAV GARG**

Faculty, M. M. Institute of Management, Maharishi Markandeshwar University, Mullana

**DR. SHIVAKUMAR DEENE**

Asst. Professor, Dept. of Commerce, School of Business Studies, Central University of Karnataka, Gulbarga

**DR. BHAVET**

Faculty, M. M. Institute of Management, Maharishi Markandeshwar University, Mullana

***ASSOCIATE EDITORS***

**PROF. ABHAY BANSAL**

Head, Department of Information Technology, Amity School of Engineering & Technology, Amity University, Noida

**PROF. NAWAB ALI KHAN**

Department of Commerce, Aligarh Muslim University, Aligarh, U.P.

**ASHISH CHOPRA**

Sr. Lecturer, Doon Valley Institute of Engineering & Technology, Karnal

**SAKET BHARDWAJ**

Lecturer, Haryana Engineering College, Jagadhri

***TECHNICAL ADVISORS***

**AMITA**

Faculty, Government M. S., Mohali

**MOHITA**

Faculty, Yamuna Institute of Engineering & Technology, Village Gadholi, P. O. Gadholi, Yamunanagar

***FINANCIAL ADVISORS***

**DICKIN GOYAL**

Advocate & Tax Adviser, Panchkula

**NEENA**

Investment Consultant, Chambaghat, Solan, Himachal Pradesh

***LEGAL ADVISORS***

**JITENDER S. CHAHAL**

Advocate, Punjab & Haryana High Court, Chandigarh U.T.

**CHANDER BHUSHAN SHARMA**

Advocate & Consultant, District Courts, Yamunanagar at Jagadhri

***SUPERINTENDENT***

**SURENDER KUMAR POONIA**

## CALL FOR MANUSCRIPTS

We invite unpublished novel, original, empirical and high quality research work pertaining to recent developments & practices in the area of Computer, Business, Finance, Marketing, Human Resource Management, General Management, Banking, Insurance, Corporate Governance and emerging paradigms in allied subjects like Accounting Education; Accounting Information Systems; Accounting Theory & Practice; Auditing; Behavioral Accounting; Behavioral Economics; Corporate Finance; Cost Accounting; Econometrics; Economic Development; Economic History; Financial Institutions & Markets; Financial Services; Fiscal Policy; Government & Non Profit Accounting; Industrial Organization; International Economics & Trade; International Finance; Macro Economics; Micro Economics; Monetary Policy; Portfolio & Security Analysis; Public Policy Economics; Real Estate; Regional Economics; Tax Accounting; Advertising & Promotion Management; Business Education; Management Information Systems (MIS); Business Law, Public Responsibility & Ethics; Communication; Direct Marketing; E-Commerce; Global Business; Health Care Administration; Labor Relations & Human Resource Management; Marketing Research; Marketing Theory & Applications; Non-Profit Organizations; Office Administration/Management; Operations Research/Statistics; Organizational Behavior & Theory; Organizational Development; Production/Operations; Public Administration; Purchasing/Materials Management; Retailing; Sales/Selling; Services; Small Business Entrepreneurship; Strategic Management Policy; Technology/Innovation; Tourism, Hospitality & Leisure; Transportation/Physical Distribution; Algorithms; Artificial Intelligence; Compilers & Translation; Computer Aided Design (CAD); Computer Aided Manufacturing; Computer Graphics; Computer Organization & Architecture; Database Structures & Systems; Digital Logic; Discrete Structures; Internet; Management Information Systems; Modeling & Simulation; Multimedia; Neural Systems/Neural Networks; Numerical Analysis/Scientific Computing; Object Oriented Programming; Operating Systems; Programming Languages; Robotics; Symbolic & Formal Logic and Web Design. The above mentioned tracks are only indicative, and not exhaustive.

Anybody can submit the soft copy of his/her manuscript **anytime** in M.S. Word format after preparing the same as per our submission guidelines duly available on our website under the heading guidelines for submission, at the email address: [infoijrcm@gmail.com](mailto:infoijrcm@gmail.com).

## GUIDELINES FOR SUBMISSION OF MANUSCRIPT

1. **COVERING LETTER FOR SUBMISSION:**

DATED: \_\_\_\_\_

**THE EDITOR**  
IJRCM

**Subject: SUBMISSION OF MANUSCRIPT IN THE AREA OF**

(e.g. Finance/Marketing/HRM/General Management/Economics/Psychology/Law/Computer/IT/Engineering/Mathematics/other, please specify)

**DEAR SIR/MADAM**

Please find my submission of manuscript entitled ' \_\_\_\_\_ ' for possible publication in your journals.

I hereby affirm that the contents of this manuscript are original. Furthermore, it has neither been published elsewhere in any language fully or partly, nor is it under review for publication elsewhere.

I affirm that all the author (s) have seen and agreed to the submitted version of the manuscript and their inclusion of name (s) as co-author (s).

Also, if my/our manuscript is accepted, I/We agree to comply with the formalities as given on the website of the journal & you are free to publish our contribution in any of your journals.

**NAME OF CORRESPONDING AUTHOR:**

Designation:

Affiliation with full address, contact numbers & Pin Code:

Residential address with Pin Code:

Mobile Number (s):

Landline Number (s):

E-mail Address:

Alternate E-mail Address:

**NOTES:**

- a) The whole manuscript is required to be in **ONE MS WORD FILE** only (pdf. version is liable to be rejected without any consideration), which will start from the covering letter, inside the manuscript.
- b) The sender is required to mention the following in the **SUBJECT COLUMN** of the mail:  
**New Manuscript for Review in the area of (Finance/Marketing/HRM/General Management/Economics/Psychology/Law/Computer/IT/Engineering/Mathematics/other, please specify)**
- c) There is no need to give any text in the body of mail, except the cases where the author wishes to give any specific message w.r.t. to the manuscript.
- d) The total size of the file containing the manuscript is required to be below **500 KB**.
- e) Abstract alone will not be considered for review, and the author is required to submit the complete manuscript in the first instance.
- f) The journal gives acknowledgement w.r.t. the receipt of every email and in case of non-receipt of acknowledgment from the journal, w.r.t. the submission of manuscript, within two days of submission, the corresponding author is required to demand for the same by sending separate mail to the journal.

2. **MANUSCRIPT TITLE:** The title of the paper should be in a 12 point Calibri Font. It should be bold typed, centered and fully capitalised.

3. **AUTHOR NAME (S) & AFFILIATIONS:** The author (s) **full name, designation, affiliation (s), address, mobile/landline numbers**, and **email/alternate email address** should be in italic & 11-point Calibri Font. It must be centered underneath the title.

4. **ABSTRACT:** Abstract should be in fully italicized text, not exceeding 250 words. The abstract must be informative and explain the background, aims, methods, results & conclusion in a single para. Abbreviations must be mentioned in full.

5. **KEYWORDS:** Abstract must be followed by a list of keywords, subject to the maximum of five. These should be arranged in alphabetic order separated by commas and full stops at the end.
6. **MANUSCRIPT:** Manuscript must be in **BRITISH ENGLISH** prepared on a standard A4 size **PORTRAIT SETTING PAPER**. It must be prepared on a single space and single column with 1" margin set for top, bottom, left and right. It should be typed in 8 point Calibri Font with page numbers at the bottom and centre of every page. It should be free from grammatical, spelling and punctuation errors and must be thoroughly edited.
7. **HEADINGS:** All the headings should be in a 10 point Calibri Font. These must be bold-faced, aligned left and fully capitalised. Leave a blank line before each heading.
8. **SUB-HEADINGS:** All the sub-headings should be in a 8 point Calibri Font. These must be bold-faced, aligned left and fully capitalised.
9. **MAIN TEXT:** The main text should follow the following sequence:

**INTRODUCTION****REVIEW OF LITERATURE****NEED/IMPORTANCE OF THE STUDY****STATEMENT OF THE PROBLEM****OBJECTIVES****HYPOTHESES****RESEARCH METHODOLOGY****RESULTS & DISCUSSION****FINDINGS****RECOMMENDATIONS/SUGGESTIONS****CONCLUSIONS****SCOPE FOR FURTHER RESEARCH****ACKNOWLEDGMENTS****REFERENCES****APPENDIX/ANNEXURE**

It should be in a 8 point Calibri Font, single spaced and justified. The manuscript should preferably not exceed **5000 WORDS**.

10. **FIGURES & TABLES:** These should be simple, crystal clear, centered, separately numbered & self explained, and **titles must be above the table/figure. Sources of data should be mentioned below the table/figure.** It should be ensured that the tables/figures are referred to from the main text.
11. **EQUATIONS:** These should be consecutively numbered in parentheses, horizontally centered with equation number placed at the right.
12. **REFERENCES:** The list of all references should be alphabetically arranged. The author (s) should mention only the actually utilised references in the preparation of manuscript and they are supposed to follow **Harvard Style of Referencing**. The author (s) are supposed to follow the references as per the following:
  - All works cited in the text (including sources for tables and figures) should be listed alphabetically.
  - Use **(ed.)** for one editor, and **(ed.s)** for multiple editors.
  - When listing two or more works by one author, use --- (20xx), such as after Kohl (1997), use --- (2001), etc, in chronologically ascending order.
  - Indicate (opening and closing) page numbers for articles in journals and for chapters in books.
  - The title of books and journals should be in italics. Double quotation marks are used for titles of journal articles, book chapters, dissertations, reports, working papers, unpublished material, etc.
  - For titles in a language other than English, provide an English translation in parentheses.
  - The location of endnotes within the text should be indicated by superscript numbers.

**PLEASE USE THE FOLLOWING FOR STYLE AND PUNCTUATION IN REFERENCES:****BOOKS**

- Bowersox, Donald J., Closs, David J., (1996), "Logistical Management." Tata McGraw, Hill, New Delhi.
- Hunker, H.L. and A.J. Wright (1963), "Factors of Industrial Location in Ohio" Ohio State University, Nigeria.

**CONTRIBUTIONS TO BOOKS**

- Sharma T., Kwatra, G. (2008) Effectiveness of Social Advertising: A Study of Selected Campaigns, Corporate Social Responsibility, Edited by David Crowther & Nicholas Capaldi, Ashgate Research Companion to Corporate Social Responsibility, Chapter 15, pp 287-303.

**JOURNAL AND OTHER ARTICLES**

- Schemenner, R.W., Huber, J.C. and Cook, R.L. (1987), "Geographic Differences and the Location of New Manufacturing Facilities," Journal of Urban Economics, Vol. 21, No. 1, pp. 83-104.

**CONFERENCE PAPERS**

- Garg, Sambhav (2011): "Business Ethics" Paper presented at the Annual International Conference for the All India Management Association, New Delhi, India, 19–22 June.

**UNPUBLISHED DISSERTATIONS AND THESES**

- Kumar S. (2011): "Customer Value: A Comparative Study of Rural and Urban Customers," Thesis, Kurukshetra University, Kurukshetra.

**ONLINE RESOURCES**

- Always indicate the date that the source was accessed, as online resources are frequently updated or removed.

**WEBSITES**

- Garg, Bhavet (2011): Towards a New Natural Gas Policy, Political Weekly, Viewed on January 01, 2012 <http://epw.in/user/viewabstract.jsp>



## PROSPECTS OF TRADITIONAL THERAPY: CONSUMER'S PERCEPTION - AN EMPIRICAL STUDY OF RURAL MARKET WITH SPECIAL REFERENCE TO INDORE DISTRICT

**SWATI KEWLANI**  
**ASST. PROFESSOR**  
**CHAMELI DEVI SCHOOL OF MANAGEMENT**  
**INDORE**

**SANDEEP SINGH**  
**ASST. PROFESSOR**  
**ACROPOLIS INSTITUTE OF TECHNOLOGY & RESEARCH**  
**INDORE**

### ABSTRACT

*Ayurveda is maintenance and promotion of positive health and cure of diseases through medicine, dietary restrictions and regulated life style. Ayurveda is the name for a comprehensive health care system that began in ancient India. Ayurveda proposes for an omnipresence of basic building blocks of life in the universe suggesting that beginning of synthesis is subject to the availability of optimal conditions. The study was undertaken in the rural market in and around Indore. Questionnaire was administered on 200 adult respondents (119 Males and 81 females), of which 193 valid responses were obtained (107 Males and 86 Females). Research finding about the consumers' perception regarding the ayurvedic products in rural areas in and around Indore indicated that 68% people use Ayurvedic products and 32% of the people use Homoeopathic and Allopathic products. Findings further showed that the percentage of people using ayurvedic medicine is very less and restricted to only 25% of the whole population. Analysis revealed that there is no significant difference between Male and Female consumers on their experience in using Ayurvedic product. The same data when analyzed with respect to the income showed that the experience in the use of ayurvedic product is independent of income effect. Preference for type of therapy showed no effect of Gender or Incomes.*

### KEYWORDS

Ayurveda, Rural Market, Preference, Perception, Awareness.

### INTRODUCTION

The health of a nation is a reflection of the health of the people. The health of a nation is a composite variety of health indicators, of which the chief are infant mortality rate, maternal mortality rate, and life expectancy. The Health of India lags behind that of many nations both developed and developing, something which the Government has been trying to improve for the last 64 years. In recent past, an upsurge has been observed in India towards healthy and stress-free life. Obviously our country needs to divert more resources to health than the amount countries ahead of us do. Yet, there is the problem that resources are limited and many other developmental works are all vying for them. The country is caught in a bind: The poor health of the people demands more resources, yet shortage of resources means that no more can be allocated to health. In this situation, the Ayurveda which is maintenance and promotion of positive health and cures the diseases through medicine, dietary restrictions, yoga and regulated life style certainly play an important role in providing inclusive, affordable, and accessible healthcare services to millions of people.

Ayurveda is the name for a comprehensive health care system that began in ancient India. Ayurveda proposes for an omnipresence of basic building blocks of life in the universe suggesting that beginning of synthesis is subject to the availability of optimal conditions. This justifies the life process to begin only a few billion years ago despite availability of the basic materials since eternity. Primitive earth was proposed to be characterized by Sattva, Rajas and Tamas (Triguna) symbolizing the physical properties prevalent to the primitive earth. Sattva, the foremost of Triguna, symbolizes the energy required for creation, Rajas, the second of Triguna symbolizes the particle movements and Tamas finally symbolizes inert material having a capacity to convert into new forms under the constant influence of Sattva and Rajas. (Rastogi 2010).

Ayurveda has been recognized by the World Health Organization (WHO) as a complete system of natural medicine. Medicinal herbs as potential source of therapeutics aids has attained a significant role in health system all over the world for both humans and animals not only in the diseased condition but also as potential material for maintaining proper health. Rural markets in India constitute a wide and untapped market for many products and services which are being marketed for the urban masses. India is one of the largest economies in the world in terms of purchasing power and has a strong middle class base of more than 300 million. The Indian rural market with its vast size and demand base offers a huge opportunity for investment. Rural India has a large consuming class with 41 per cent of India's middle-class and 58 per cent of the total disposable income. With population in the rural areas set to rise to 153 million households by 2009-10 and with higher saturation in the urban markets, future growth in the FMCG sector will come from increased rural and small town penetration. Technological advances such as the internet and e-commerce will aid in better logistics and distribution in these areas.

During last two decades, use of Ayurveda and other Traditional Medicines has expanded globally and gained popularity. It has not only continued to be used for primary health care of the poor people in developing countries, but has also been used in countries where conventional medicine is predominant in the national health care system. With the tremendous expansion in the use of Traditional medicines worldwide especially in developed countries, safety and efficacy as well as quality control of herbal medicines and Traditional procedure – based therapies have become important concerns for both health authorities and practitioners.

The 21st century began with a few landmark observations that helped decisively to rediscover the lost links between modern Science and Ayurveda. This period has also proposed certain new models to comprehend Ayurvedic fundamental tenets on grounds acceptable to the Western world. The evolved and explicit human physiology and behavioural science have been described to have their seeds in the philosophy of Ayurveda. The identification of a genomic link to the theory of Prakriti led to a search for possible classification of people on their Prakriti based on their genetic makeup. These studies could eventually lead to a personalization of medical practice on the basis of prakriti as is conceived in Ayurveda.

**Consumer Satisfaction:** Consumer satisfaction and acceptance are often considered in the literature to be closely linked yet these are distinct concepts. Satisfaction is the fulfillment and gratification of the need for a stated good or service, here, Traditional Therapy.

**Consumer Preferences:** This is used primarily to mean an option that has the greatest anticipated value among a number of options. Preference and acceptance can in certain circumstances mean the same thing but it is useful to keep the distinction in mind with preference tending to indicate choices among neutral or more valued options with acceptance indicating a willingness to tolerate the status quo or some less desirable option.

**Consumer Awareness:** Consumer awareness is the level of knowledge about, in this case, the traditional therapy and the various effects and outcomes of ayurvedic products. In most research the adequacy or otherwise of this awareness is anchored against the service provider or regulator's perspective on the supply. Where consumer awareness does not equate with this industry perspective this is often termed a consumer (mis)perception. (TECHNEAU CONSUMER PREFERENCES an Overview (2006); an Integrated Project Funded by the European Commission under the Sixth Framework Programme, Sustainable Development, Global Change and Ecosystems Thematic Priority Area).

**LITERATURE REVIEW**

Over the past several decades, support for traditional medicine has dramatically increased worldwide. In the Alma Ata Primary Health Care Delivery Declaration of 1978, which called for "health for all by the year 2000," the World Health Organisation (WHO) acknowledged the importance of traditional medicine in providing primary health care and encouraged countries to develop official policies on traditional medicine (Saleh 1993: 21–22). The WHO General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine (2000) provide a strategy for assessing the safety and the efficacy of traditional medicine.

Wharton marketing professor Lisa Bolton (2007), New York University doctoral student Wenbo Wang and Peking University marketing professor Hean Tat Keh (2007) looked at how people's perceptions of a given remedy, their perceptions of their illness and other factors influence medical decision making. The researchers also examined how the choice of remedy, be it Western medicine (WM) or traditional Chinese medicine (TCM), impacts the decision to follow a healthy lifestyle. They found that on the whole, Chinese consumers tend to prefer TCM but will opt for Western medicine in particular situations, such as when they are hoping to quickly alleviate their symptoms or when they are certain about what is making them sick.

Their study has implications beyond the Chinese market, Bolton and her co-authors note. "Consumers today face a wide array of choice options. Proliferation in choice extends to remedies for illness or disease -- including drugs, supplements, radiation, surgery, chiropractics, acupuncture, massage therapy, homeopathy, Ayurveda and traditional Chinese medicine, to name a few. In many countries of the world, medical pluralism is the norm, with Western and traditional medicine existing side-by-side in the marketplace. Even in countries with a dominant medical tradition, complementary and alternative medicines are increasingly available. Treatment goals and patients' time frames influenced their preferences. "Consumers perceive TCM (versus WM) to have slower action and milder side effects and a greater focus on treating the underlying illness versus alleviating the symptoms," the authors note. Likewise, when consumers were uncertain about their condition and not in any particular hurry for a resolution, they preferred traditional remedies. Bolton and her colleagues also discovered that the decision to select Western medicine over traditional remedies has broader implications for health.

The researchers found that, in general, Western medicine (versus TCM) "reduces the perceived importance of, and motivation to engage in, complementary health-protective behaviour, thereby undermining a healthy lifestyle." In other words, patients taking pills for their high blood pressure may be less apt to see the need to exercise, watch their diet or lose weight.

"We know what remedies are supposed to do. They are supposed to improve your health, but Western drugs can actually backfire and boomerang healthy lifestyle intentions," Bolton says. For example, people taking cholesterol drugs may figure they don't need to cut fat from their diet because the pills are protecting them from heart disease.

Emily Hillenbrand (2006): A 2002 report from the Ministry of Public Health confirms that the economic crisis and the failure of the social security system have created an intensive return to traditional health services. Today, 7% of the average household health budget goes to traditional medicines. Nearly twice as many people from poor households rely on traditional medicine as do people from rich households (Strategie Sectorielle de Sante, 2002: 32–49).

Herbal medicinal products have become popular because of perceived safety and economy and inability of allopathy to cure everything. However, recent reports of contamination and potential for adverse reactions, have tempered the enthusiasm of consumers for these "natural" cures, resulting in decline of sales of herbal products in the United States. The consumers now want more authentic information on quality, safety and efficacy of HMPs. Arun Bhatt MD (Med) FICP (Ind) MFPM (UK), President, Clininvent Research Pvt Ltd, Mumbai. (2008):

The medical perceptions about complementary medicine (including HMPs) are diverse. Surveys show that, overall, physicians believe it is moderately effective, while many doctors regard complementary therapies as scientifically unproved. The doctors' are concerned about 1) use of such therapies as an adjunct or an alternative to conventional care, 2) comparative efficacy of complimentary and allopathic therapies and 3) the possibility of adverse effects. In general, globally, the trend amongst doctors is to support the patients' preferences for complementary therapies. However, they want published information from reliable sources on quality, safety and efficacy of HMPs.

The use of herbal supplements is prevalent among patients who are taking prescription medications, particularly senior citizens. (J Altern Complement Med 2001). Yet few clinical studies have systematically assessed potential interactions between herbs and medications Most patients do not readily disclose their use of complementary ayurvedic medicine to their health care providers (Eisenberg DM, Davis RB, Ettner SL, 1998) and physicians may not routinely ask about such use. As a result, dangerous herb–drug interactions may be missed. However, potentially serious consequences might be avoided by obtaining a more careful history about complementary ayurvedic medicinal use. In this review, we highlight some common herbal remedies used, their adverse cardiovascular effects, and their potential interactions with cardiovascular drugs. We also discuss issues about the use of herbal products and suggest ways to improve their safety. J Am Coll Cardiol (2005)

Pareek (1999), the finding of their research showed that the Indian rural market has immense untapped potential. The rural market's importance arises out of the fact that India lives in the villages, both literally and metaphorically. According to National Council for Applied Economic Research (NCAER) surveys, the income of the average villager is rising. Recession is hardly possible in rural India.

Raj and Selvaraj (2007), the finding of their research coins that there is an opportunity for makers of branded products, who can convert consumers to buy branded products. Many companies including MNCs and regional players started developing marketing strategies to lure the untapped market. Their study also covers the marketing strategies adopted by many companies in rural areas.

Hundal and Anand (2008), the finding of their research conducted a study to gain insight into perception of rural and urban consumers about various promotional measures adopted by durable goods manufacturing companies. Their results indicate that though both the groups seem to have considered all the factors as important in sales promotion, a minute observation states that urban respondents have assigned high priority for these schemes, installment purchase, off-season discount, zero interest system.

Pirakathesswari P. (2010), the finding of their research emphasized that success of a brand in the India rural market is as unpredictable as rain. It has always been difficult to gauge the rural market. Many brands, which should have been successful, have failed miserably. More often than not, people attribute rural market success to luck. Therefore, marketers need to understand the social dynamics and attitude variations within each village, though nationally, it follows a consistent pattern.

The Economic Times (2003), "The rural market likes it strong" the strength of rural markets for Indian companies. Financial express, June 19, 2000 has published the strategy about FMCG majors, HLL, Marico Industries, Colgate Palmolive have formula had for rural markets.

Nature has been a source of medicinal agents for thousands of years and an impressive number of modern drugs have been isolated from natural sources. Many of these isolations were based on the uses of the agents in traditional medicine. The plant-based, traditional medicine systems continue to play an essential role in health care, with about 80% of the world's inhabitants relying mainly on traditional medicines for their primary health care. India has several traditional medical systems, such as Ayurveda and Unani, which has survived through more than 3000 years, mainly using plant-based drugs. The material medical of these systems contains a rich heritage of indigenous herbal practices that have helped to sustain the health of most rural people of India Owolabi et al (2007).

Determining quality of public health care services in rural India: The survey instrument had an overall Cronbach's alpha value of 0.96 and was able to discern differences across various socio-demographic characteristics of the respondents. The opinions of the respondents towards health care quality were not very favourable. Negative scores were obtained on items, "availability of adequate medical equipments" and "availability of doctors for women". Education, gender and income were found to be significantly associated with user perception. Clinical Governance An International Journal (2003).

**METHOD & DATA ANALYSIS**

The study was undertaken in the rural market in and around Indore. Questionnaire was administered on 200 adult respondents (119 Males and 81 females), of which 193 valid responses were obtained (107 Males and 86 Females). Thus the data analysis was considered on these limited set of responses. Some of the responses had missing values and on analysis it was found that these were Missing at Random (MAR) and thus the response sheets were eliminated from further analysis. The final data has 61% male respondents and 59% female respondents.



Also the respondents were categorized on the basis of Income. Out of the total 193 valid responses 43% were having the income below Rs 5000, 28% were having the income between 5-10 thousand and the remaining 29% had income above Rs10, 000.

Normal Probability Plot showed that the data is normally distributed and requires no transformation. The Box Whisker Plot demonstrated the presence of 2 Outliers which were not significant enough to affect result and thus there was no point in eliminating them for data analysis.

Research finding about the consumers' perception regarding the ayurvedic products in rural areas in and around Indore indicated that 68% people use Ayurvedic products and 32% of the people use Homoeopathic and Allopathic products. Findings further showed that the percentage of people using ayurvedic medicine is very less and restricted to only 25% of the whole population (Population which is considered for research study).

Analysis revealed that there is no significant difference between Male and Female consumers on their experience in using Ayurvedic product ( $p>.05$ ). The same data when analysed with respect to the income showed that the experience in the use of ayurvedic product is independent of income effect ( $p=.073$ ). Preference for type of therapy showed no effect of Gender or Income (all  $p>.05$ ). Yates correction had to be taken while carrying out the Income effect as some of the cell had values less than 5.

The research study shows that 52% of people see the most popular brand advertisement like Dabur, Navratna and Borolin and all these advertisements were rated with almost same points. Himani ayurvedic product advertisements were ranked second after the above mentioned products. Maximum people were in favour of Ayurvedic products as according to them they are aware that Ayurvedic products do not have any side effects.

Research finding regarding the impact of advertisements on consumer's mind, that is, do they buy the Ayurvedic products after seeing the advertisements, identified that 64% people purchase and are immediately influenced by the advertisements which shows them quality and various features of the product, whereas 36% people denied with the immediate effect or influence of ads on them.

On the availability of ayurvedic products on the shops in villages, research identified that 91% of the village shops keep the ayurvedic products and 9% do not keep. The availability factor widely depends on the content of ayurvedic medicines like they are made with tree leaves, flowers, jadi-butees etc which are basically found in the forest areas and as many big industries are set nearby villages and therefore it's convenient for the companies to approach villages and make the product available on all the shops.

Branding is about getting your prospects to see you as the only one that provides a solution to their problem. Brand play a vital role in sell of product the research finding on the percentage of people who prefer branded ayurvedic products and the percentage that do not go for brand suggested that 64% people preferred to buy branded ayurvedic product and remaining do not go for purchase of branded product.

Availability of ayurvedic medicine is a major concern and in the research 82% people agreed that the ayurvedic products are very much available in their nearby areas and at the same time remaining 18% people denied the availability of products in nearby areas and they have to purchase the product from far areas.

There are so many determinants which affect the selection of a product, but when we tried to identify the selection of product on the basis of different determinants like Price, Quality, Effectiveness, Availability, we found that 48% people select the ayurvedic product on the basis of product Quality, 42% people select the product on the basis of Effectiveness and the remaining percentage select on the basis of price and availability.

On the basis of research, Dabur, Navratna & Borolin, some of the very common brands which were easily available in or nearby area of village and the percentage of brand available are in ration of, Borolin: 26%, Navratna: 18%, Dabur: 56%.

The consumers' perception regarding the impact of ayurvedic products including medicines, is comparatively less then the Other Alopethic or English medicines. 49% people agreed that ayurvedic products helps in curing diseases much more faster than the other alopethic or such medicines. Whereas according to 51% people the case is just opposite, they believe that alopethic, homopethic etc medicine are faster in curing the diseases. When asked whether the ayurvedic products help in curing the diseases faster than the common western medicine, there was no significant difference between the male and females response ( $p=.064$ ). The common diseases, for which people purchase the ayurvedic products were namely, cough and throat infection, etc.

The research identifies that people are not consuming ayurvedic products just because of non availability of ayurvedic products in their town, village or the nearby areas. 75% people were found to agree that if the ayurvedic products are in vicinity they will definitely prefer for those products and at the same time they said, they also know that ayurvedic products are available at cheap prices compared to urban areas. Whereas at the other hand there are 25% people who deny that even after the vicinity of products they won't prefer buying those products, may be just because they feel other products better than ayurvedic products.

Packaging is a very important marketing strategy to glamorize the product in order to attract the consumer's attention. As most consumers judge a product by its packaging before buying, therefore it is logical to say attractive packaging is crucial in order to get the first time buyers to buy the products and at the same time it is very necessary that product is available in different sizes. The current trend of market is that, people prefer small sachets, use and throw packaging. The demand of handy products is increasing therefore in this research we tried to find out the link between sell of ayurvedic products with the size of package. As per the research 80% people were in favour that sale increases when product comes in small packets and 20% people were against this statement. When asked if the small packing of ayurvedic product will help in increasing the sale of the medicine the gender effect showed significant difference ( $p=.042$ ) implying that males and females think differently. But the question had no income effect thus implying that rural mass think (irrespective of their income) that sale of ayurvedic medicine will increase if the products come in small packing ( $p=.057$ ).

## CONCLUSION

Rural markets are for marketers with perseverance and creativity. The market is extremely attractive with its vast potential but also provides challenges. It is a classic case of risk return situation. It is a high risk area but with the promise of a large customer following as the prize for those who succeed. The key to reducing the risk is to understand the market, the consumer need and behaviours. A marketer needs to understand that rural consumers are not a homogeneous lot. The rural market is not synonymous with the farmer. The consumer groups here differs by occupation, income, social and cultural grouping. The rural marketer will find it useful to identify consumer groups who require products purchased in the urban market. "Therefore the time for preparing tomorrow is today".

The present study contributes to both theory and practice. At the conceptual level, our findings provide support for the increasing utility of Traditional Therapy. Empirical studies on people of rural India are relatively dimensional. Our study found that consumer's perception towards traditional therapy is very positive. Whereas at the same time the consumer's perception towards Ayurvedic Medicine is negative, no doubt with modernisation people are inclining towards ayurvedic products, but still the confidence and trust viz-a-viz ayurvedic medicine found is very less. The study found a inverse relationship between the people and ayurvedic medicine. There is a positive impact of advertisements on consumers' mind and apart from this, availability of ayurvedic products; the size of packaging and awareness also plays a very important role in changing the consumer's perception towards traditional therapy. Study found that consumers are satisfied with the results of the traditional therapy.

In the present context of cut throat competition, tapping rural market is a critical challenge for marketers. Marketers need to critically evaluate the need and wants and together with this the perception of consumers and would work accordingly. By highlighting the important aspects of traditional therapy, this study focuses the consumer perception on the most important aspect of health and safety, namely, AYURVEDA (The Traditional Therapy).

## LIMITATIONS

- The Effect size of the data was relatively low (.023). Considering such low effect size the sample should be relatively larger to make the power of test ( $\beta$ ) at least .08.
- The current study was limited to measuring the perceived quality of health care services. Moreover, as the study was confined to rural areas of and nearby Indore city, so caution has to be exercised in making generalisations for the entire nation.
- Respondents' lack of understanding of language stood in the way of providing correct response.
- Lack of awareness in people of rural areas about ayurvedic products.

➤ Sample size is restricted to 200 people which will not provide results that can be generalized.

## REFERENCES

1. Bailey DG, Kreeft JH, Munoz C, Freeman DJ, Bend JR. (1998). Grapefruit juice felodipine interaction: effect of naringin and 6', 7'-dihydroxybergamottin in humans *Clin Pharmacol Ther*, 64:248-256.
2. Bhatt, Dr Arun. MD (Med) FICP (Ind) MFPM (UK), President, ClinInvent Research Pvt Ltd, Mumbai. (2008). *Ayurvedic Herbal Industry: QUEST for Global Acceptance*.
3. Bolton Lisa, Keh Hean Tat, (2007), Traditional Vs Western Medicine: Which one is earlier for Chinese consumers to swallow? *Knowledge@ Wharton marketing research Article* Published: October 17, 2007 in Knowledge@Wharton.
4. Cherniack EP, Senzel RS, Pan CX. (2001). Correlates of use of alternative medicine by the elderly in an urban population. *J Altern Complement Med*, 7, 277-280.
5. Cohen RJ, Ek K, Pan CX. (2002). Complementary and alternative medicine (CAM) use by older adults: a comparison of self-report and physician chart documentation *J Gerontol A Biol Sci Med Sci*, 57:M223-M227.
6. Eisenberg DM, Davis RB, Ettner SL, et al. (1998). Trends in alternative medicine use in the United States, 1990–1997: *results of a follow-up national survey JAMA*, 280, 1569-1575.
7. Hankey A. (2005). CAM modalities can stimulate advances in theoretical biology. *Evid Based Complement Alternat Med*; 2:5-12.
8. Hillerbrand, E. (2006). Improving Traditional-Conventional Medicine Collaboration: Perspectives from Cameroonian Traditional Practitioners. *Nordic Journal of African Studies*, 15(1), 1-15.
9. Joshi RR. (2004). A biostatistical approach to Ayurveda: *Quantifying the Tridosha. J Altern Complement Med*; 10: 879-89.
10. Kuo GM, Hawley ST, Weiss LT, Balkrishnan R, Volk RJ. (2004). Factors associated with herbal use among urban multiethnic primary care patients: *a cross-sectional survey BMC Complement Altern Med*; 4:18.
11. Ministere de la Sante Publique. (2002). Stratégie Sectorielle de Santé: Analyse Situationnelle du Secteur Sante au Cameroun, *paper prepared by Ministry of Public Health*, Yaounde.
12. Owolabi et al (2007). Indian medicinal plants as a source of antimycobacterial agents. *J Ethnopharmacol*, 110(2), 200-234.
13. Pareek (1999), *Creative Marketing for Rural & Urban India*, *A Research Paper for Manifestations, VISTA 2003, IIM Indore*.
14. Patwardhan B, Joshi K, Chopra A. (2005). Classification of Human Population based on HLA gene polymorphism and the concept of Prakriti in Ayurveda. *J Altern Complement Med*; 11:349-53.
15. Pirakathesswari P. (2010): introduction to Ayurvedic herbalism. *J Herb Pharmacotherapy*, 7(3-4), 129-42.
16. Raj and Selvaraj (2007), "Perceptions of Consumer towards Promotional Schemes from Durables: A Study in Punjab", *Journal of Consumer Behavior*, Vol III No.2 pp. 17-31.
17. Rastogi, S. (2010). Building bridges between Ayurveda and Modern Science. *International journal of ayurveda research*, 41-46.
18. Saleh, A.A. (1993). WHO/EMRO: Politique Sur la Medicine Traditionelle. In: Grancher, Michel (ed.), *La Plante Medicinale: de la Tradition a la Science*, Paris: Jacques Grancher.
19. Techneau Consumer Preferences an Overview (2006); an Integrated Project Funded by the European Commission under the Sixth Framework Programme, Sustainable Development, Global Change and Ecosystems Thematic Priority Area.
20. Vogel JH, Bolling SF, Costello RB, et al. (2005). Integrating complementary medicine into cardiovascular medicine: *a report of the American College of Cardiology Foundation Task Force on Clinical Expert Consensus Documents*, 46, 184-221.
21. World Health Organization. (1990). Report of the Consultation on AIDS and Traditional Medicine: Prospects for Involving Traditional Health Practitioners, *paper presented at 1990 Traditional Medicine Programme and Global Programme on AIDS, Francistown, Botswana*, 23–27 July.

## **REQUEST FOR FEEDBACK**

**Dear Readers**

At the very outset, International Journal of Research in Computer Application and Management (IJRCM) acknowledges & appreciates your efforts in showing interest in our present issue under your kind perusal.

I would like to request you to supply your critical comments and suggestions about the material published in this issue as well as on the journal as a whole, on our E-mail [infoijrcm@gmail.com](mailto:infoijrcm@gmail.com) for further improvements in the interest of research.

If you have any queries please feel free to contact us on our E-mail [infoijrcm@gmail.com](mailto:infoijrcm@gmail.com).

I am sure that your feedback and deliberations would make future issues better – a result of our joint effort.

Looking forward an appropriate consideration.

With sincere regards

Thanking you profoundly

**Academically yours**

Sd/-

**Co-ordinator**

## ABOUT THE JOURNAL

In this age of Commerce, Economics, Computer, I.T. & Management and cut throat competition, a group of intellectuals felt the need to have some platform, where young and budding managers and academicians could express their views and discuss the problems among their peers. This journal was conceived with this noble intention in view. This journal has been introduced to give an opportunity for expressing refined and innovative ideas in this field. It is our humble endeavour to provide a springboard to the upcoming specialists and give a chance to know about the latest in the sphere of research and knowledge. We have taken a small step and we hope that with the active co-operation of like-minded scholars, we shall be able to serve the society with our humble efforts.

### *Our Other Journals*

