

Modelling Consumer Loyalty in Ayurvedic Medicine: A Pathway to Resilient and Sustainable Healthcare Ecosystems

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DOI: <https://doi.org/10.63001/tbs.2026.v21.i03.pp191-207>

KEYWORDS

Ayurveda, Consumer Loyalty, Consumer Trust, Word of Mouth, Affordability, Credibility, Structural Equation Modelling (SEM), Sustainable Healthcare, Healthcare Marketing, Traditional Medicine

Received on: 18/06/2026

Accepted on: 08/07/2026

Published on: 15/07/2026

Abstract

Consumer loyalty has emerged as a crucial aspect for the survival of traditional healthcare systems, particularly in the rapidly expanding market of Ayurvedic medicines. This research studies the determinants of consumer loyalty for Ayurvedic medications by studying the impact of word of mouth, price and credibility on consumer loyalty and the impact of customer trust on word of mouth, price and credibility. A structured questionnaire was given to people who had used Ayurvedic medicines in the past as part of a quantitative research design. To get a total of 326 valid responses, people in Chennai were chosen at random. Exploratory Factor Analysis (EFA), Confirmatory Factor Analysis (CFA), and Structural Equation Modelling (SEM) with AMOS 20.0 were used to confirm the suggested conceptual model. The results show that cost and word of mouth have a big effect on consumer trust. Trust also has a big effect on consumer loyalty. Referrals from other people also have a big direct effect on trust. Credibility has a big effect on trust, but it does not have a clear effect on loyalty. This means that trust is the only thing that connects the two. A mediation analysis shows that consumer trust plays a big role in the connections between affordability, credibility, word of mouth, and customer loyalty. The study contributes to the existing literature on consumer behaviour and healthcare marketing by investigating trust-based relationship models within the setting of traditional medicine. The results imply that from a business point of view, Ayurvedic enterprises should focus on techniques that generate consumer confidence through truthful communication, positive word-of-mouth, transparent quality assurance and affordable costs to retain clients. This study is helpful to develop powerful and long-lasting healthcare systems based on Ayurvedic medicine. Because it shows how to build long-lasting ties with clients.

Introduction

Ayurveda is an ancient Indian system of medicine that has been practiced for thousands of years, focusing on the balance of the mind, body and spirit. Many people trust Ayurvedic medicines because of the natural ingredients and less side effects as compared to modern drugs. This commitment is often reinforced by personal experience or anecdote passed down from generation to generation. Age-old origins and comprehensive approach to

health makes Ayurvedic medications trusted and faithful. Customer perception is a key factor in determining customer loyalty for Ayurvedic medicines (Mahale 2023). Ayurvedic medicines have gained tremendous popularity as an alternative form of medicine in the changing face of global health care (Patwardhan and Partwardhan 2005). Ayurvedic medicines are often perceived as natural, gentle and sustainable compared to mainstream

pharmaceutical products (Kapadia and Dagar 2022).

Several factors affect customers' understanding and usage of ayurvedic medicines (Mahale, 2023). Credibility, affordability and word-of-mouth emerged as strong independent variables that influence consumers' perception and ultimate loyalty (De Matos et al, 2008). Word-of-mouth (Mahale, 2023) is one of the most significant determinants in the Ayurvedic medicine market. Healthcare decisions are characterized by high levels of trust and consumer behaviours are largely driven by personal recommendations from trusted sources, such as relatives, family members or colleagues (Duhan et al., 1997). Word of mouth is organic and rooted in human experience, as opposed to established marketing methods, which can be perceived as impersonal or cynical (Caldwell, 2006). People discuss their positive results or successful health journeys through Ayurvedic medications which develops trust among possible clients (Baiju, 2024). In a field in which the success of treatment is so directly related to personal experience, these carry a great deal of authority. Word of mouth builds a network of people with common interests and wellness goals (Berger, 2014). More consumers share positive experience on how effective and safe are the Ayurvedic products, which develops a circle of confidence and trust that aids in building brand loyalty (Dissanayake, 2023).

Another key factor influencing consumer loyalty in the Ayurvedic medication market is affordability (Mahale 2023). People's buying habits are often affected by price, but a lot of people know how valuable and helpful natural medicines are (Lichtenstein et al., 1993). According to Bhattacharjee et al. (2024), ayurvedic medicines are more likely to appeal to a wide range of people if they are of high quality and do not cost much. This

balance is especially important in places where money limits affect the decisions people can make about their health care. People of all income levels should be able to buy ayurvedic medicines for them to be seen as good alternatives to traditional treatments (Patwardhan and Partwardhan 2005). Customers are encouraged to see inclusively priced products as necessary and reasonably priced healthcare solutions rather than as luxury goods (Barone, and Roy 2010). Ayurvedic companies may encourage recurring business and enduring loyalty by matching their pricing policies with consumer expectations (Dhadhal, 2011). In addition to increasing customer satisfaction, reasonable prices establish the brand as a reputable and trustworthy provider of natural healthcare products (Han, H., & Hyun 2015).

To influence consumer perception and devotion toward Ayurvedic medications, credibility is equally important (Mahale, 2024). In the field of medicine, a brand's or product's reputation depends on the genuineness of the components, adherence to conventional formulae, regulatory compliance, and production process transparency (Veselinova and Samonikov 2017). Customers are more inclined to believe in companies that value moral behaviour and exhibit a dedication to excellence. A brand's reputation is further increased by certifications and endorsements from respectable organizations, which provide consumers peace of mind regarding the effectiveness and safety of its goods (Nilsson et al., 2004). In a sector where lack of uniformity or misleading information are often the reasons for mistrust, credibility is an important element in obtaining the trust of customers (Moorman et al., 1993). A trustworthy brand gets new customers and keeps the ones it already has by always keeping its promises. Customers feel strongly connected to a brand when it is consistent, which leads to brand advocacy and loyalty (Yim et al.,

2008). A good way to understand customer loyalty in the Ayurvedic medicine market is to look at how word-of-mouth, price, and trustworthiness all work together (Mayya, 2022). Credibility makes sure that customers are sure of the quality and safety of the products they choose, Affordability makes sure that those products are available and affordable, and Word-of-mouth builds trust through personal relationships and shared experiences (Connolly, 2020). All of these things affect how people feel about Ayurvedic drugs and how likely they are to stick with a brand. The objective of this study is to analyse these independent variables in detail, separately as well as together, on consumer loyalty. To provide practical insights to Ayurvedic brands for improving their customer-centric strategies by examining the nuances of consumer perceptions and behaviours. Grasping and utilising these characteristics is vital for nurturing lasting loyalty and achieving continued success in a competitive and fast-paced industry.

2. Review Of Literature

2.1 Word of Mouth (WOM)

Word-of-mouth (WOM) has always been a powerful and trustworthy communication channel and has a prominent role in shaping consumer behaviour, particularly in industries such as healthcare where trust is paramount. Arndt (1967) defines WOM as non-commercial, person-to-person communication that is credible because it is authentic and intimate. Studies have shown that it can increase trust and lower the feeling of risk, especially when making very hard decisions (Godes & Mayzlin, 2004). Word of mouth (WOM) is a key part of building customer loyalty because happy customers who tell others about their good experiences spread company support (Reichheld, 2003). Electronic word-of-mouth (e-WOM) has grown as digital platforms have become more

popular. It reaches more people through peer recommendations, social media, and online reviews. Chu and Kim (2011) found the effect of e-WOM was the strongest in younger customers. WOM connects people with similar health goals and boosts confidence in the effectiveness of Ayurvedic drugs (Hussain et al., 2019). Negative WOM, however, can pose major dangers and if not effectively managed it may damage a brand's reputation (Richins, 1983). Therefore, WOM continues to be an important tool in shaping attitudes and loyalty, particularly in domains where trust is of utmost importance, such as Ayurvedic medicine. Following is a hypothesis that is proposed on the basis of the findings of the study:

H1: Word of Mouth is positively associated with Trust of the consumers.

H2: Word of Mouth is positively associated with Loyalty of the consumers

2.1 Affordability (AFF)

Affordability is a very important factor in how people decide what to buy, especially in markets where price awareness affects how people access and buy things. Affordability is an indicator of the perceived value of the product and is based on consumers' assessment of the trade-off between cost and quality (Zeithaml, 1988). Kotler and Keller (2016) state that goods priced within the financial range recognised by the target market are more likely to be popular and help in keeping customers. The issue of affordability is especially critical in the healthcare industry, because financial constraints often limit access to treatments and drugs (Ettner, 1997). Affordability ensures inclusion in emerging economies when financial constraints are more acute and items are offered as necessities, not luxury goods (Prahalad, 2004). Ayurvedic medicines should be available to all classes

of people at affordable rates and should be priced so that there is a balance between the price and quality. The Ayurvedic medicines should be affordable to attract a broad spectrum of socio-economic groups and should maintain a balance between price and quality to attract a loyal customer base. Pricing can also increase perceived fairness and trust in the company, which can lead to repeat business (Monroe, 1990). Price choices that are easy on the wallet are important for accessibility, variety, and keeping customers for a long time. The following hypothesis is offered on the basis of the results from the study:

H3: Affordability is positively associated with Trust of the consumers.

H4: Affordability is positively associated with Loyalty of the consumers

2.3 Credibility (CRE)

Credibility is an essential component of client loyalty, trust, and decision making, especially in industries where product safety and quality are paramount. The credibility of a communicator or source, as Hovland, Janis, and Kelley (1953) note, is based on perceived skill and dependability. Brand credibility consists of honesty, dependability and consistency, which Keller and Aaker (1992) suggest has a major influence on consumer perception and brand equity. In healthcare and wellness industries, especially for Ayurvedic pharmaceuticals, credibility plays a key role as consumers give considerable importance to the transparency of the authenticity of ingredients, quality control, and production processes (Erdem & Swait, 2004). In the long run, customers are more inclined to be loyal to respectable businesses since they trust the efficacy and safety of the services. certificates and endorsements from reputable organisations are also known to boost the reputation of a brand (Goldsmith, Lafferty, & Newell,

2000). These certificates and endorsements serve as a representation of reliability. According to studies (Lutz, 1985), credibility helps to lessen the perceived dangers and uncertainties that customers face, which in turn strengthens customer connections and advocacy. Because of this, credibility is absolutely necessary for developing and sustaining loyalty in markets where decisions are made on the basis of trust. Based on the above study results, the following hypothesis is put forward:

H5: Credibility is positively associated with Trust of the consumers.

H6: Credibility is positively associated with Loyalty of the consumers

2.4 Consumer Trust (TR)

Trust of customers in Ayurvedic medicine is a major factor in adoption, satisfaction and loyalty of customers because these products are tied to health. In this regard, trust, as emphasised in Erdem and Swait (2004), is influenced by several factors such as the reputation of the brand, compliance with regulations, traditional formulae, and the perceived authenticity of the ingredients. clients trust Ayurvedic pharmaceuticals due to its natural origin and compatibility with holistic wellness practices and they are seen to be safer than synthetic treatments (Shankar and Jebarajakirthy, 2019). Furthermore, companies that offer certifications from credible regulatory organisations and are transparent in their production methods will boost the confidence of consumers (Kotler & Keller, 2016). Positive word-of-mouth and recommendations by medical professionals (Hussain et al., 2019) also enhance consumers' trust in Ayurvedic medicines. However, the suspicion that the quality may be variable or incorrect information may work against trust, and so, organisations need to demonstrate their commitment to efficacy and quality (Prahallad, 2004). So, trust is important for

customer confidence and spurs the constant growth of the Ayurvedic medicine industry. Following is a hypothesis that is proposed on the basis of the findings of the study that were stated earlier.

H7: Trust mediates the relationship between word of mouth and loyalty

H8: Trust mediates the relationship between affordability and loyalty

H9: Trust mediates the relationship between credibility and loyalty

H10: Trust is positively associated with Loyalty of the consumers

2.5 Consumer Loyalty (LOY)

Trust, perceived effectiveness, cultural fit and reliable quality are among the variables that affect loyalty towards Ayurvedic treatment. Oliver (1999) describes loyalty as the strong resolve to continue using a preferred product or service regardless of outside influences or competing marketing strategies. In Ayurvedic medicine, loyalty is often motivated by trust in the authenticity of natural products and the ancient knowledge base behind such items (Shankar & Jebarajakirthy, 2019). In addition, positive experiences and perceived benefits of Ayurvedic medicines increase customer satisfaction which is a prerequisite for loyalty (Zeithaml, Berry, & Parasuraman, 1996). Trust, perceived effectiveness, cultural fit and reliable quality are some of the factors influencing devotion to Ayurvedic treatment. Oliver (1999) describes loyalty as the strong

resolve to continue using a preferred product or service regardless of outside influences or competing marketing strategies. Loyalty in Ayurvedic medicine is typically based on the belief in the authenticity of natural substances and the ancient wisdom that underlies such goods (Shankar & Jebarajakirthy, 2019). Positive experiences and perceived benefits of Ayurvedic medicines further enhance customer satisfaction, which is an important antecedent of loyalty (Zeithaml, Berry & Parasuraman, 1996).

3. Conceptual Model

The conceptual model of customer loyalty towards Ayurvedic medications emphasises the impact of three independent variables such as word of mouth, affordability and credibility. Word-of-mouth builds trust through personalised, trustworthy recommendations, and pricing makes things available by balancing cost and quality. Yes, this is credible. It is about being real, trustworthy, and dedicated to quality. Trust is a mediating variable that links these qualities to consumer loyalty by reducing perceived risks and increasing satisfaction. The dependent variable is customer loyalty i.e. readiness to refer or buy Ayurvedic drugs. The model highlights that in the competitive market of Ayurvedic therapy, loyalty is largely built up by trust that is reinforced by these independent elements.

Figure 1 Research objectives' model.

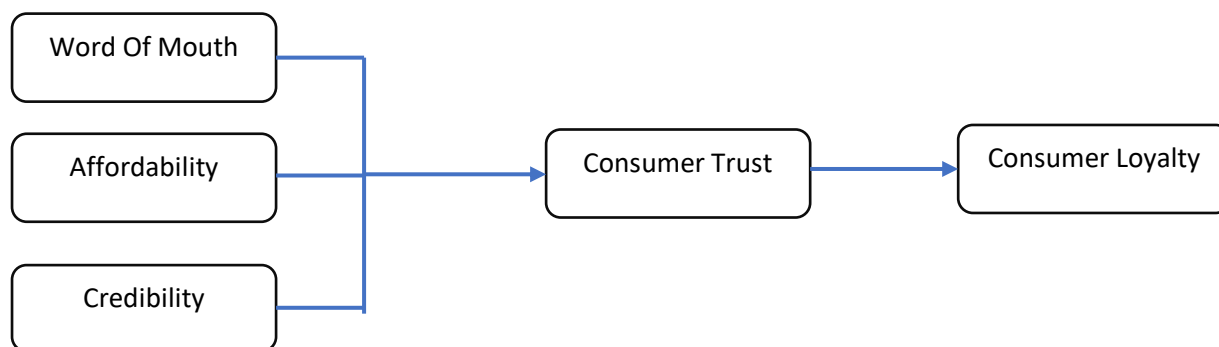


Figure 1 Research Model

4. Methodology

People from Chennai, Tamil Nadu, India who might use Ayurvedic medicine made up the main group of people in the study. A method called "convenience sampling" was used because the size of the population that was planned for was not known. To gather information, The usage of a standardised questionnaire that was based on earlier research studies was employed., and it was sent to people who might be interested through Google Forms (Spaeth & Black, 2012). According to Deutschens et al. (2006), online tools for collecting data, such as Google Forms, get more replies and give the same results for all of them. A simple screening question was, "Have you ever used Ayurvedic medicine?" Those who said "Yes" to this question were the only ones who could still take the survey. There were 326 valid answers that were sent through Google Forms. These will be looked at further. It was carefully split into four parts so that the full picture of how people feel about Ayurvedic treatment could be seen. The first part talked about the groups of people who answered. The second part looked at factors that were not connected to each other, such as trustworthiness, price, and word of mouth. The third part looked at how much people trust Ayurvedic

medicine, and the fourth part looked at how loyal people are to it.

There were five points on the Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree), and these points were used to score the research variables. In order to ensure that the variables and items were accurately portrayed, the poll tool was initially reviewed by educational professionals, specifically academics. This was done in order to establish the content validity of the poll. The questionnaire was reviewed by highly qualified individuals, specifically academics who teach management courses in the fields of business and healthcare. A preliminary study was conducted with fifty individuals in order to enhance and perfect the survey instrument by using the information that was obtained prior to the distribution of the final questionnaire. Participants in the pilot study were selected among the members of the researchers' own educational institutions to take part in the investigation. An first examination of the data, which included investigation of the sample demographics and exploratory factor analysis, revealed that there were no significant issues and indicated that the data were accurate. The sample

demographic data was examined to determine whether or not it was normal, and the results indicated that the participants were distributed in a manner that was also normal.

It was necessary to do exploratory factor analysis (EFA) in order to identify the significant dimensions of the scales that were utilised in the research project before moving on to confirmatory factor analysis (CFA). The variables that had loadings of 0.50 or above were retained in the analysis. The results of the Kaiser-Meyer-Olkin (KMO) test of sample adequacy demonstrated that the factors that were retained accounted for 82.2% of the variation (Bartlett's Sphericity Test: $\chi^2 = 10231.621$; $df = 190$). When the

reliability of the scale was evaluated with Cronbach's alpha, it was discovered that the results were higher above the threshold of 0.7 that is considered acceptable (Nunnally & Bernstein, 1994). Both AMOS and SPSS 20.0 were utilised in order to carry out the statistical analysis. The data was summarised using descriptive statistics, the underlying components were identified through the use of exploratory factor analysis (EFA), the suggested measurement model was validated via the use of comparative factor analysis (CFA), and structural equation modelling (SEM) was utilised to investigate the interactions between variables.

4.1 Scales Used in Study

The scales that were utilised in this research to identify the variables are listed below.

Table 1 Scale Construction

Construct	Measurement Item	Author
Word of Mouth	Positive word of mouth makes me more likely to try Ayurvedic medicine	
	I feel more confident in using Ayurvedic medicine when I hear positive reviews from others	
	Expert opinions about the efficacy of Ayurvedic medicine significantly impact my willingness to try it.	
Affordability	I feel that Ayurvedic medicine provides good value for the money spent	
	The price of Ayurvedic medicines are affordable in general.	
	I find Ayurvedic remedies to be affordable for my budget	
Credibility	I believe that Ayurvedic medicine is credible because it has been used for centuries.	
	I have confidence in Ayurvedic medicine because it is recommended by trusted healthcare professionals.	
	The positive reception of ayurvedic medicine in my community contributes to its credibility as a viable healthcare option.	
	Ayurvedic remedies have shown positive results	

	in addressing my health concerns
Consumer Trust	Ayurvedic remedies have shown positive results in addressing my health concerns. I feel confident in Ayurvedic medicine's ability to address my health concerns. I trust that ayurvedic medicine is gentle and safe, suitable for individuals of all ages and sensitivities.
Consumer Loyalty	I always prefer using Ayurvedic medicine for any health issues that occur. I prefer Ayurvedic medicine over other forms of medicine I am committed to using Ayurvedic medicine regularly

5. Results & Discussion

5.1 Demographics

Table 2 gives an in-depth look at the demographic information of the respondents. The data show that 68.4% of participants said they were female and 31.6% said they were male. People who answered were of different ages: 28.5% were younger than 20, 32.5% were between the ages of 21 and 30, 16.9% were between the ages of 31 and 40, 10.7% were between the ages of 41 and 50, and 11.3% were older than 51. Regarding marital status, 76.3% of respondents were married, and 26.4% were single. Educational attainment varied, with 17.5% having completed school education,

while 51.8 having higher education, 18.1% having undergraduate while 12.6% held postgraduate or higher qualifications. Occupationally, 32.2% of respondents were housewife, 35.6% of respondents were salaried employees, 9.8% were students, and 22.4% identified as business personnel while 9.8% were students. In terms of monthly family income, 89.6% reported earnings less than ₹20,000, 10.4% earned between ₹21,000 and ₹40,000. 74.2% were residing in urban area whereas, 25.8% were residing in rural area.

Table 2 Demographic profile of the respondents

Demographic Profile		Frequency	Per cent
Marital Status	Married	240	73.6
	Unmarried	86	26.4
Gender	Male	103	31.6
	Female	223	68.4
Age	Less than 20 Years	93	28.5
	20 - 30 Years	106	32.5
	31 - 40 Years	55	16.9
	41 - 50 Years	35	10.7
	Above 51 Years	37	11.3
Educational Qualification	School Level Education	57	17.5
	Higher Secondary/Diploma/ITI	169	51.8
	Undergraduate	59	18.1
	Post Graduate	41	12.6
Occupation	Housewife	105	32.2

	Salaried	116	35.6
	Business Personnel	73	22.4
	Student	32	9.8
Total Monthly Household Income	Less than ₹20000	292	89.6
	₹21000-₹40000	34	10.4
Region	Urban	242	74.2
	Rural	84	25.8
	Total	326	100.0

5.2 Confirmatory Factor Analysis (CFA)

Confirmatory factor analysis (CFA) was conducted using AMOS version 20.0 to assess the adequacy of sampling for WOM, AFF, CRE, TR and LOY metrics. CFA verifies whether observed variables correspond to the underlying factors (Hair et al., 2010), helping to confirm the relationships between observed and latent variables and determine the number of

items per construct. Figure 2 illustrates these variables along with the number of items and error terms. The results of the CFA are detailed in Table 2. Composite Reliability (CR) values consistently exceeded 0.70 (Fornell and Larcker, 1981), suggesting that the measuring scales have a high degree of internal consistency and reliability (Table 3).

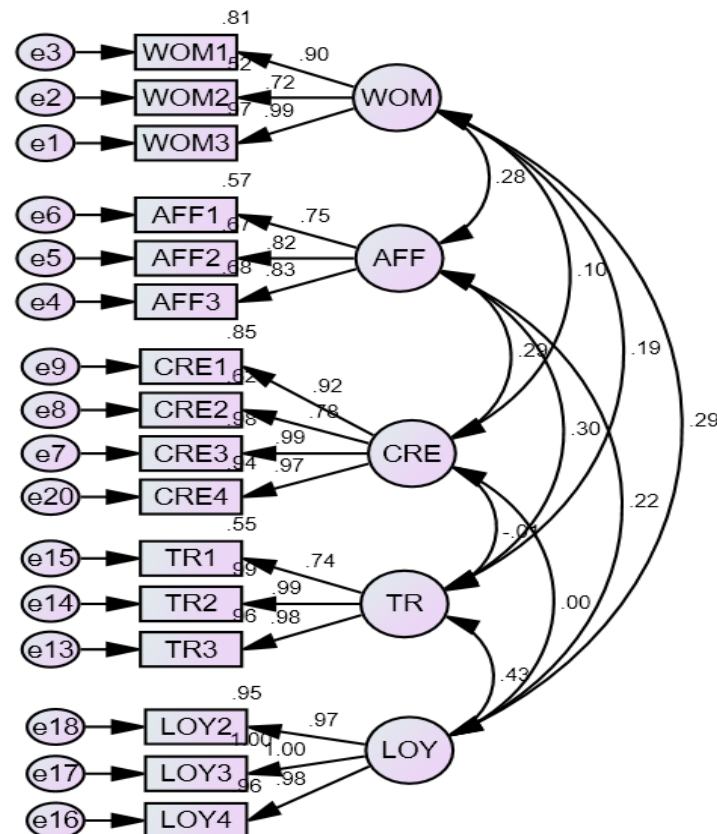


Figure 2 Confirmatory Factor Analysis

In the course of the CFA process, it is absolutely necessary to establish both

convergent and discriminant validity. In the context of a latent factor, the term

"convergent validity" refers to the degree to which items are associated with one another. It is evaluated by looking at the cross-loadings and the magnitudes of those cross-loadings. Within the variables that were investigated in this study, neither low loadings nor cross-loadings were found to exist. Moreover, CFA (Hair et al., 2014) was performed and all the Average Variance Extracted (AVE) for each variable was more than 0.50, which indicated the excellent convergent validity of the variables. The discriminant validity was assessed by comparing the square roots of the AVE values with the

correlations between the latent variables. The square roots of the AVE were always greater than the correlations between variables, thereby confirming the discriminant validity and uniqueness of each conceptual domain. According to these findings, the methodology of measurement that was utilised in the research project is consistent and reliable, since it satisfies the standards that have been established. A presentation of the correlation matrix that was utilised to validate the discriminant validity can be seen in Table 4.

Table 3 Values of Cronbach's Alpha, CR, and AVE

Factors	Items	Estimates	AVE	CR
WOM	WOM1	0.898	0.767	0.907
	WOM2	0.722		
	WOM3	0.986		
AFF	AFF1	0.755	0.642	0.843
	AFF2	0.820		
	AFF3	0.826		
CRE	CRE1	0.922	0.846	0.956
	CRE2	0.785		
	CRE3	0.991		
	CRE4	0.968		
TR	TR1	0.742	0.834	0.937
	TR2	0.994		
	TR3	0.982		
LOY	LOY2	0.975	0.969	0.989
	LOY3	0.99		
	LOY4	0.980		

Table 4 Discriminant Validity

	TR	WOM	AFF	CRE	LOY
TR	0.913				
WOM	0.188	0.876			
AFF	0.296	0.279	0.801		
CRE	-0.006	0.096	0.292	0.920	
LOY	0.430	0.286	0.217	-0.001	0.984

5.3 Structural Equation Model (SEM)

The study applied AMOS 20.0 and Structural Equation Modelling (SEM) to

analyse customer loyalty towards Ayurvedic medicines. Education was

included as a control variable in this research. Possible confounding effects are taken into account by utilising a control variable that is unrelated to the main issue of the investigation. Demographic variables such as gender, age and other characteristics have often been used as control variables in prior studies to reduce the effect of confounding variables (Bernerth & Aguinis, 2016). Education was included in this study in order to control its effect in the assessment of the relations among the primary variables of interest. The model fit statistics of the research model are given in Table 4 below. The chi-square value ($\chi^2/df = 1.140$) was significant ($p < 0.01$). The Goodness of Fit

Index (GFI) and Comparative Fit Index (CFI) should be > 0.9 for valid and reliable model in the analysis of association of variables. On the other hand, the Root Mean Square Error of Approximation (RMSEA) and Root Mean Square Residual (RMR) should be lower than 0.8 (Hu & Bentler, 1998). The CFA results of this study indicated that the theoretical model fits the data rather well: CFI = 0.998, GFI = 0.997, RMR = 0.012, and RMSEA = 0.021. Moreover, modification indices did not suggest the need for additional modifications, which indicates that the model's trajectory was clear-cut and did not require the addition of other variables. The next section discusses the findings.

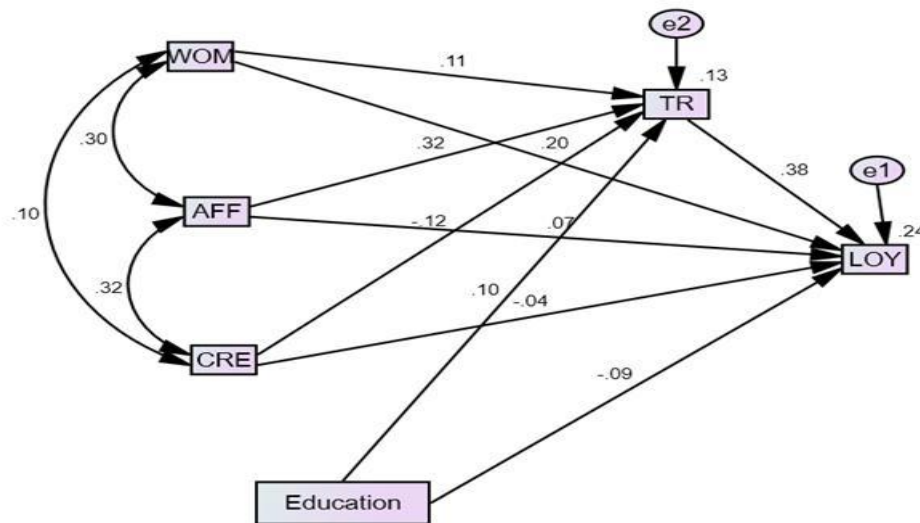


Figure 3 Structural Equation Model (SEM)

Table 5 Model Fitness for SEM

Model	χ^2/df	GFI	RMSEA	RMR	CFI	NFI	SRMR
Criteria	$1 < \chi^2/df < 3$	≥ 0.90	$\leq 0.08 < .1$	$\leq 0.08 < .1$	≥ 0.90	≥ 0.90	$\leq 0.08 < .1$
Obtained	1.140	0.997	0.021	0.012	0.998	0.984	0.0211

Table 6 SEM Results

* significant at 1% level

Table 7 Mediation Analysis

Hypothesis	Mediation Model	Indirect Effect	95% BootCI		P Value	Results
			Lower Bound	Upper Bound		
H8	WOM→TR→LOY	0.038	0.000	0.079	0.048	Accepted
H9	AFF→TR→LOY	0.142	0.084	0.212	0.001	Accepted
H10	CRE→TR→LOY	-0.061	-0.125	-0.001	0.043	Accepted

* significant at 1% level

With its focus on individualized care and natural therapies, Ayurvedic medicine, which has its roots in holistic wellness, has been shown to increase customer loyalty. This is in line with consumers' rising preferences for traditional and sustainable health solutions (Mayya, 2022). Positive experiences with herbal formulations frequently result in repeat purchases and word-of-mouth referrals, demonstrating how loyalty is greatly influenced by trust in the safety and effectiveness of Ayurvedic goods (Chandran et al., 2020).

The main hypothesis (H1) investigates the connection between customers Word of mouth towards Ayurvedic medicine (WOM) and trust of customers (TR). A t-value of 1.976 (Table 6) supports the findings, which show a significant relationship between these factors and the impact of WOM on TR. As a result, the hypothesis that WOM and TR are positively correlated is confirmed, meaning that more positive word of mouth is correlated with a greater trust of customers.

Hypothesis	Path	Unstandardized Estimate	Standardized Estimate	t value	P value	Results
H1	WOM→TR	0.116	0.059	1.976	0.048	Accepted
H2	AFF→TR	0.435	0.078	5.573	0.000*	Accepted
H3	CRE→TR	-0.187	0.087	-2.157	0.031	Accepted
H4	CRE→LOY	-0.055	-0.069	-0.000	0.424	Rejected
H5	AFF→LOY	0.085	0.065	1.301	0.193	Rejected
H6	WOM→LOY	0.182	0.047	3.886	0.000*	Accepted
H7	TR→LOY	0.325	0.044	7.384	0.000*	Accepted

The association between Affordability (AFF) and Trust of customers towards Ayurvedic Medicine (TR) is examined in Hypothesis (H2). The findings, however, indicate that AFF has a discernible effect on TR ($t = 05.573$; $p = 0.000$). The influence of the intervening variable on affordability is therefore statistically significant, as evidenced by the acceptance of H2. The association between credibility (CRE) and customers'

trust towards Ayurvedic Medicine is investigated in Hypothesis 3 (H3). With a t-value of -2.157, the study demonstrates a statistically significant positive association between CRE and TR, confirming the validity of H3. This suggests that more positive customer credibility is linked to a higher degree of customer trust. Hypothesis 4 (H4) tests the relationship between credibility (CRE) and loyalty (LOY). The results indicate that CRE does

not significantly affect LOY ($t = -0.000$; $p = 0.424$). Thus H4 is rejected, showing that there is no substantial relationship between the intervening variable and customer loyalty.

Hypothesis 5 (H5) explores the relationship between affordability (AFF) and loyalty (LOY). The data indicate that AFF did not have a significant effect on LOY ($t = 1.301$; $p = 0.193$). Thus, H5 is rejected. This implies that there is no statistically significant relationship between the intervening variable and customer loyalty. Hypothesis 6 (H6) explores the association between customers' word of mouth (WOM) of Ayurvedic medication and their loyalty (LOY). The results reveal a positive and statistically significant correlation between WOM and LOY with a t -value of 3.886. These findings are consistent with the research conducted by Pandey et al. (2023) and Agarwal et al. (2022) and confirm H6. This means that a higher word of mouth advantages lead to a higher customer loyalty. Hypothesis 7 (H7) examines the relationship between customers' confidence in Ayurvedic Medicine (TR) and their loyalty (LOY). The results indicated that there is a positive association between TR and LOY which is significant with a t -value of 7.384. This is in line with Wu (2011) who found that trust is positively related to consumer loyalty. H7: Higher the trust, more positive the customer loyalty. The mediation study has been conducted to examine the mediating influence of customers trust towards Ayurvedic Medicine (TR) in the relation between dependent variable, customers loyalty (LOY) ($p < 0.05$) and independent variables, WOM, AFF and CRE as depicted in Table 7. The results reveal that TR has a significant mediating effect on the relationships of WOM, AFF and CRE with LOY.

6. Practical Implications

The practical implications of this study indicate the substantial importance of word of mouth, affordability and legitimacy in influencing customer loyalty towards Ayurvedic medicine with trust being a vital mediator. Satisfied customers are the source of positive word-of-mouth, which increases brand impression and is a potent weapon for attracting and retaining consumers by generating trust in the product's performance. Cost effectiveness is very important for accessibility and this is the reason why Ayurvedic medicine is quite popular amongst a larger consumer base especially in price sensitive regions. Customers will trust a brand and keep buying it if the quality of the product is good and the price is not too high. Buyers know that the items perform, have been certified by regulators and backed by medical specialists, which provides them peace of mind that Ayurvedic medicines are authentic and safe. This makes people feel better about themselves and stay with the organization over time. This means that companies should focus on developing trust first and foremost. They can achieve this by ensuring that things are easy to comprehend, leveraging feedback from customers and prominent individuals as word-of-mouth promotion, setting competitive prices and backing up claims with research and compliance with the law. Putting these items together strategically, ayurvedic enterprises can get more client trust. People will stick around and the market will increase over time.

7. Conclusion

Theoretically, the study contributes to the existing knowledge of consumer behaviour by concentrating on the function of trust in the relationship between word of mouth, affordability, credibility and customer loyalty towards Ayurvedic medicine. These results are consistent with theories of trust-dependent decision making. It emphasises the importance of trust as a psychological factor that amplifies the

effect of external factors on brand loyalty. The cheap price minimises the perceived financial risk, making the product easier to access and building a stronger connection between the buyer and brand. Or, favourable word-of-mouth increases perceived reliability and social proof, building trust. The product's legitimacy is based on its usefulness, government approval and expert endorsement. Being trustworthy will cause people to want to do business with you again and again. The current study contributes to the understanding of confidence in Ayurvedic treatment. It offers an insight into how trust and long-term customer loyalty is affected by affordability and legitimacy, two aspects that are not typically taken into account in standard brand loyalty models. The findings may be used as a basis for future studies on the trust-based brand interactions in the marketplaces for both conventional and alternative medicine.

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