

WELLNESS TOURISM MANAGEMENT AFFECTING ORGANIZATIONAL EFFECTIVENESS IN UTILIZING THE TRIDEVI LEADERSHIP STYLE: AN EMPIRICAL STUDY OF THAI TRADITIONAL PHARMACY PRACTICE FOR INDIAN CUSTOMERS

Received Date: 2025, November 25

Revised Date: 2026, January 12

Accepted Date: 2026, February 24

Maneekanya Nagamatsu*

Sarawoot Iamsaard*

ABSTRACT

The purpose of this study was to investigate the relationships among the Tridevi leadership styles, customer satisfaction, and organizational effectiveness of Thai traditional pharmacy practice for Indian customers, based on the Hindu Goddess characteristics and the transformational leadership conceptual context. The study was purposive sampling and mixed-methods research in order to collect quantitative data using questionnaires from Indian clients who are customers of TTM wellness clinic in Bangkok, Thailand, and complemented by qualitative in-depth interview data, which were obtained from the client managers of the respective wellness clinics. Path analysis was performed using structural equation modeling, and the qualitative interview data were analyzed using content analysis. The findings show that the Tridevi leadership represented by Hindu goddesses significantly affected organizational effectiveness through customer satisfaction. The SEM model was confirmed to be valid. The impact of the independent variable was analyzed using regression weights showing that the Hierarchical Leadership model endorsed through the result was Adaptation & Empowerment had the highest impact by Parvati, then by Saraswati, and the lowest impact was Lakshmi. High scores were noted in Personalized care and Integration with Ayurvedic adaptogenic herbs as Individualized compound of Ya-Hom nostrum and Benchakul, Cultural learning for practitioners and Telepharmacy services as customer satisfaction dimensions. The most crucial practice areas were quite impressively high that would reflect a degree of organizational effectiveness were supply chain optimization, Joint certification for standards mutual traditional medicine professional career development and cultural sensitivity enhancement.

Keywords: Wellness Tourism, Thai Pharmacy, Goddess Leadership, Organizational Effectiveness.

* Faculty of Business Administration, Southeast Asia University

Corresponding author e-Mail: maneekanyan@sau.ac.th

INTRODUCTION

There is good mutual potential for medical practices between Thai Traditional and Ayurveda through this historical connection. The basic model of Thai traditional medicine has been delineated, named as "Ayuravej," in the assimilation and situation of a classical Indian Ayurvedic. The historical journey shows that TTM has drawn from a source which is Ayurvedic, but is typical of how a distinctive tradition has evolved adapted to the local and indigenous healing and cultural settings (Joob, Wiwanitkit & Wiwanitkit, 2024, pp. 85-86). Quality Control and Standardization in Herbal Pharmacopoeia: Thai Herbal Pharmacy in Traditional Medicine standard includes the frequently used herbs in Thai and Ayurvedic systems. One such widely standardized herbal product is curcumin from turmeric (*Curcuma longa*), which is utilized in all three of these systems. Parameters of these test methods followed according to Thai pharmacopoeia for identification and quantification of precatorius leaves including microscopic identification, foreign matter, loss on drying, extractive values, and TLC profile standardizations that were stated based on Thai and Ayurvedic pharmacopoeia standards (Thai Herbal Pharmacopoeia Committee, Online, n.d.). In particular, personal medicine and constitutional evaluation from the recent metabolomic studies on personal body parts in TTM represent some progress in movement towards treating responses in each individual. In balance of element of body parts, Benjakul formular (BKF) can represent treatment in agreement with typology of the personal constitution of TTM experts. When the disease and symptoms of a patient are diagnosed, the TTM doctor will then have appropriate flavor and effects of drugs for the respective patient (Vannabhum, Mahajaroensiri, Pattanapholkornsakul, Tantiwongsekunakorn, Thippayacharoentam, Tripatara & Akarasereenont, 2023). The decoction pot was sealed with a "Chaleaw"; a star-shaped amulet made from narrow bamboo for protection of treatment power and expulsion of the evil spirit left in the decoction. Timber two-storey chaleaw today, displaying this conventional Thai pharmacy emblem (Kongveha, Online, 2025) that can be shown as Figure 1.



Figure 1 Chaleaw star-shaped in a medicine pot (Researcher, 2024)

Even observationally, this personalized approach is synchronous with the Ayurveda principle of personalized treatment, lending evidence for probable co-adjuvant combination treatment modalities. Personalized treatment in Thai traditional medicine (TTM) has been identified for many decades whereby human body constituents have been broadly categorized into Earth (Dhat Din), Water (Dhat Nam), Wind (Dhat Lom), and Fire (Dhat Fai) and related to unique physical appearance, susceptibility to disease, and treatment efficacy, among the earliest personalized medicine concepts. The Benjakul formular (BKF), a traditional Thai herbal formula, is an illustrative example of such individualized therapy, in that it demonstrates distinct user-specific metabolic *prima facie* data based on individual constitutional types. This traditional medicine is substantiated by nutrigenomic and metabolomic studies; Benjakul offers an entry to an evidence-based personalized homely route of medicine (Kuropakornpong, Itharat, Ooraikul, Loebenberg & Davies, 2022, pp. 111-122).

LITERATURE REVIEW

Thai traditional pharmacy and Ayurvedic systems mingle like the similarities and differences of languages spoken around the world. The merger between Thai traditional herbal medicine with the Ayurvedic system has been seen with the inclusion of some registered modern Ayurveda products into the Thai national drug list. "Yaleungpidsamuttara" (a formula for the treatment of diarrhea) presents such an example of how TTM coexists with Ayurvedic knowledge but keeps its own identity and therapeutic identity (Joob, Wiwanitkit & Wiwanitkit, 2024, pp. 85-86). Then, a comparative analysis further shows how this Thai formulation has its origin from

the conceptual base of classical Indian Ayurveda; it is not based on an exact Indian Ayurvedic equivalent and demonstrates an adaptation or evolution in the system of traditional medicine (Kumar, Yadav, Garg, Halder & Mohan, 2024, pp. 1-12). The concept of Thai traditional pharmacy includes 4 categories of knowledge: knowledge of pharmaceutical materials, pharmaceutical properties, classification of drugs, and preparation (Department for Development of Thai Traditional and Alternative Medicine, Online, 2016). Research has also demonstrated that effective transformation leadership is crucial to enhancing organizational performance and employee engagement (Bass & Riggio, 2006, pp. 1-296). Based on the work of Handy (1995, pp. 1-254), who writes with a twist on Greek mythology in his 1978 “Gods of Management” has used Greek gods as a metaphor for describing what are fundamentally different types of management culture and management practices. It's worth noting that, while Handy's first formulation was based on four Greek gods (Zeus, Apollo, Athena, and Dionysus), we've found some interesting correspondences between these 'archetypes' and Hindu goddesses, suggesting that the divine symbols and managerial principles cross cultural boundaries. Comparing Athena to Saraswati is an illustration of the task culture of Handy's model, who was the goddess of wisdom. Hera to Lakshmi are the representatives of power and wealth, while Artemis to Parvati represent power in transformation, execution, and achievement, qualities consistent with those observed of the task-oriented Theories and Frameworks of Organizational Cultures (Handy, 1995, pp. 1-254). Charismatic leaders whose influence is at the level of beliefs and values, transformational leaders similar to those modeled by Tridevi, who embrace knowledge management as Saraswati, resource management as Lakshmi, adaptation and empowerment as Parvati. These traits are representative of the long-standing and varied goddess tradition in Hindu religion that features revered divinities originating from the oldest Hindu texts, the Vedic hymns (Kinsley, 1986, pp. 1-281) and are the function of improved health outcomes and patients' experiences (Northouse, 2018). The development of Thai traditional pharmacy and Indian ayurveda principles may provide mutual learning about both of a wellness tourism market, which will generate integrated forms of pharmacy aspect, when combined will exert synergistic effects to develop both traditional pharmacies. This linkage makes it possible to explore the new elements that can be added to patient care using combination pharmacy and health care transformation programs to be implemented based on the Tridevi transformation leadership model.

From the literature review, the conceptual framework can be drawn as shown in Figure 2.

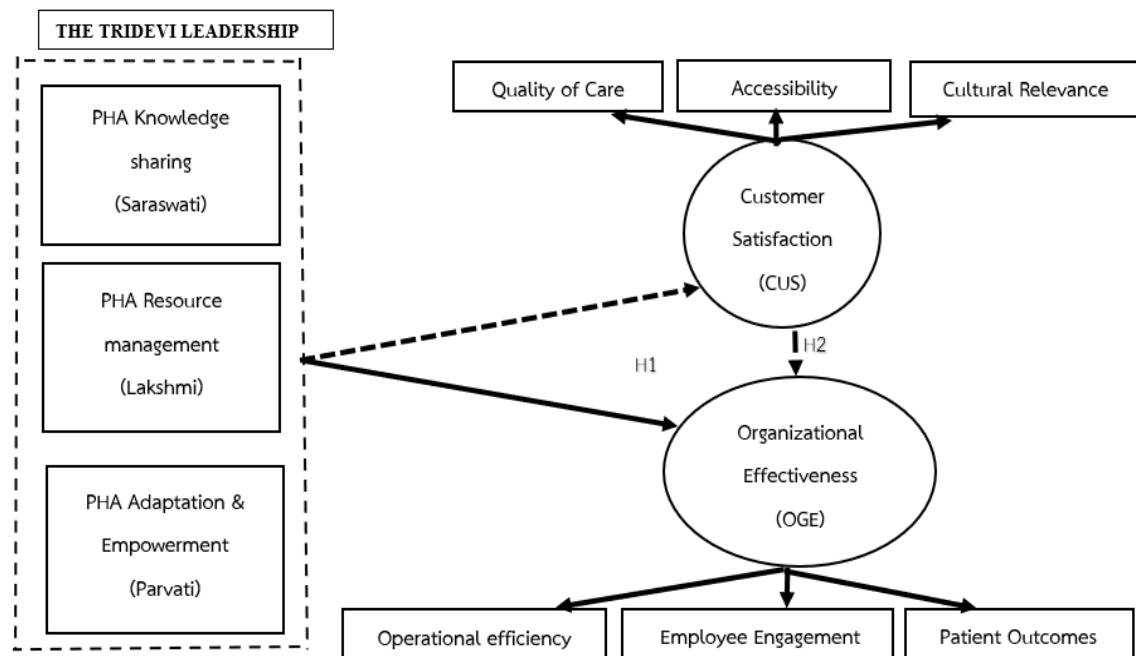


Figure 2 Conceptual framework

RESEARCH OBJECTIVES

1. To study the general environment context of Thai traditional pharmacy practice on Tridevi leadership style, customer satisfaction and organizational effectiveness.
2. To analyze the causal factors of Thai traditional pharmacy practice on Tridevi leadership style through customer satisfaction influence organizational effectiveness.
3. To suggest the management of Thai traditional pharmacy practice utilizing Tridevi leadership style affecting organizational effectiveness.

RESEARCH HYPOTHESIS

This paper proposes the following hypotheses:

H1: Thai traditional pharmacy of Tridevi leadership style has a significant direct effect on organizational effectiveness.

H2: Thai traditional pharmacy of Tridevi leadership style has a significant indirect effect on organizational effectiveness through customer satisfaction.

RESEARCH METHODOLOGY

This study employs a mixed-methods research approach that integrates both qualitative and quantitative data collection techniques to ensure comprehensive analysis. The research combines qualitative and quantitative methodologies to obtain thorough and multifaceted data insights.

1. Quantitative methodology: Research instrument by questionnaire will be administered to Indian tourists who are members of wellness facilities in Bangkok to assess their service experiences and satisfaction ratings.

2. Qualitative methodology: Semi-Structured interviews will be conducted with nine clinic client managers as the key-informants to explore leadership methodologies and operational integrative difficulties.

Population and Samples

The research employs purposive sampling, selecting on Indian customers who are using of wellness clinics located near Little India in the Pranakorn District of Bangkok. This study encompasses nine facilities, along with client managers from these selected wellness clinics. The quantitative sample size was recommended that the sample size should be more than 250 samples. (Hair, Black, Babin & Anderson, Online, 2010) then researcher determined using the sample size determination method. In this research, the researcher determined the appropriate and sufficient sample group for data analysis 400 samples, which is sufficient and more than the minimum sample size that can be used for the model analysis technique., the calculated sample size consists of 400 Indian respondents who hold memberships at the nine chosen wellness clinics in the Pranakorn District of Bangkok. The qualitative sample size of key informants were 9 client managers from these nine wellness clinics, all of whom possess extensive experience in serving Thai and Indian clients.

Research Instrument

An online structured questionnaire was directly distributed to 400 Indian respondents, members of destination wellness clinics in Bangkok, to inquire about their experiences and satisfaction related to their experience. In-depth interviews were conducted with 9 clinic client managers from these nine wellness clinics who offer perspectives on leadership and operational challenges. Congruent validation was made to Thai traditional pharmacist and Ayurveda specialist, ensuring reliability of the research instrument.

Collection of Data

Quantitative online data collection processed using statistical software to conduct path analysis through Structural Equation Modeling (SEM) in order to examine the relationship between PHA Tridevi leadership styles, customer satisfaction, and organizational effectiveness. Qualitative interview data were undergoing systematic coding and content analysis providing support the significant data related to PHA Tridevi leadership styles, customer satisfaction, and organizational effectiveness of quantitative findings.

Ethical Approval

This research article (Pharmacy profession) coverage by the main project proposal of research approval, IRB protocol code No. 013/2568 from Ethics Committee for Human Research, Southeast Asia University. The researcher distributed formal consent to participants, ensuring they were fully informed about the purpose, procedures, risks, and benefits of the study. Participants voluntarily agreed to take part without coercion or undue influence, and their autonomy and rights were respected throughout the research process.

RESULTS

The research findings presented in three parts, corresponding to each objective as following.

This study used legalized SPSS 28.0 and AMOS 29.0 to conduct reliability testing, validity testing, and confirmatory factor analysis on valid questionnaires. The first step is to test the reliability and validity of the questionnaire data. Cronbach's alpha reliability coefficient of 45 items was 0.85, indicating that the data in this study had good reliability overall. This means that the data of the present study have acceptable reliability overall.

Part 1: Results from the first objective: To study the general environment context of Thai traditional pharmacy practice on Tridevi leadership style, customer satisfaction and organizational effectiveness.

The data results which give us an interesting figure of health care utilization by Indian consumers health which is which needs attention of Pharmacotherapy. Disease examination and diagnosis, Thai traditional medicine treatment which provides this service 44% of the service captures Thai massage 34%. The service of Thai pharmacy which is so indispensable with 14%. This sector is very important part of the health care system because pharmacy diagnosis and medication are part of the service provision which is part of the integral system of overall health

care. The large proportion of Thai pharmacy services compared with other competing forms of health care is an indication that it is not playing a supplementary or secondary role but an indispensable function in providing convenient and quality medication and pharmaceutical care to the Indian customers. This is supplemented by Thai midwifery services which are at 8% of the customers. Thai traditional Pharmacy still remains at 14%. Thai traditional pharmacy knowledge is provided with medications which patients not only receive diagnosis and treatments but also receive their medications from which helps to translate our medical consultations to the customers.

The data collected from the questionnaire regarding the practice of Thai traditional pharmacy in relation to the Tridevi leadership style, customer satisfaction, and organizational effectiveness. Participants evaluated various aspects using a Likert scale ranging from 1 (least agree) to 5 (strongly agree). The findings, which encompass average scores, percentage distributions, standard deviations, and interpretations, are displayed in Table 1.

Table 1 Questionnaire Descriptive analysis from Indian customers

Variables	$\bar{x}$	SD	Interpretation
PHA Knowledge sharing (PHKS) Thai Pharmacy practitioners are trained in cultural competence to better serve Indian customers.	2.97	.367	Moderate
PHA Resource management (PHRM) Thai Pharmacy Cost-effective methods are implemented without compromising service quality.	3.24	.534	Moderate
PHA Adaptation & Empowerment (PHEP) Culture of continuous improvement is fostered within the organization to ensure herbal adaptability per Indian customer's demands.	3.54	.475	High

Table 1 (Continue)

Variables	$\bar{x}$	SD	Interpretation
Quality of care (CSQ) Thai pharmacy services received were personalized and tailored to Indian individual health needs.	4.04	.528	High
Accessibility (CSA) The operating hours of Thai pharmacy service were suitable for Indian customers' behavior.	3.76	.258	High
Cultural Relevance (CSC) The wellness services offered included practices that resonated with Indian customers and understanding of traditional healing (Basic herbal of Ayurveda).	3.67	.491	High
Operational efficiency (OPE) The integration of Thai pharmacy into mainstream healthcare enhances the overall efficiency of service delivery.	3.40	.427	Moderate
Employee Engagement (EPG) The organization invests continuous Thai Pharmacy training programs to improve employee skills in TTM practices.	2.87	.460	Moderate
Patient Outcomes (PAO) The holistic approach of Thai Pharmacy contributed positively to overall wellness experience.	4.16	.317	High

The relationships among the Tridevi leadership styles, customer satisfaction, and organizational effectiveness of Thai traditional pharmacy practice per follows,

The Tridevi leadership variable: PHA Knowledge Sharing (PHKS); Mean score of 2.97 ($SD=0.367$) interpreted as moderate. Thai pharmacy practitioners receive training in cultural competence to serve Indian customers effectively. PHA Resource Management (PHRM); Mean score of 3.24 ($SD=0.534$) interpreted as moderate. Cost-effective methods are used without reducing service quality. PHA Adaptation Empowerment (PHEP); Mean score of 3.54 ($SD=0.475$), interpreted as high.

Customer satisfaction variable: A culture of continuous improvement supports herbal adaptability to Indian customer demands. Quality of Care (CSQ); Mean score of 4.04 ($SD=0.528$) interpreted as high performance. Services are personalized to individual Indian health needs. Accessibility (CSA) Mean score of 3.76 ($SD=0.258$) interpreted as high level. Operating hours suit Indian customer behaviors. Cultural Relevance (CSC); Mean score of 3.67 ($SD=0.491$) interpreted as high. Wellness services align with Indian traditional healing, including basic Ayurveda herbs.

Organizational Effectiveness variable: Operational Efficiency (OPE) Mean score of 3.40 ($SD=0.427$) interpreted as moderate. Thai pharmacy integration boosts mainstream healthcare efficiency. Employee Engagement (EPG); Mean score of 2.87 ($SD=0.460$) interpreted as moderate. Continuous training programs enhance employee skills in Thai Traditional Pharmacy. Patient Outcomes (PAO) at the Highest mean score of 4.16 ($SD=0.317$) interpreted as high. The holistic Thai pharmacy approach improves overall wellness.

Part 2: Results from the second objective: To analyze the causal factors of Thai traditional pharmacy practice on Tridevi leadership style through customer satisfaction influence organizational effectiveness.

Hypothesis Testing

The result shows the role of customer satisfaction as a mediating variable. The analysis results show that PHA Tridevi leadership style significantly positively affects Organizational effectiveness (the estimated value is 0.51, $p=0.001$). At the same time, PHA Tridevi leadership style can also indirectly promote Organizational effectiveness by increasing cultural relevance (the estimated value of the indirect effect is 0.31, $p=0.006$). The total effect (direct + indirect) is also significant (estimate of 0.82, $p=0.001$) are shown in Table 2.

Table 2 Result of Mediation Analysis

Path	Estimate	P
Direct	0.51	***
Indirect	0.31	0.006
Total Effect	0.82	***

*** p<0.001

From Table 3 summarizes the results of the best-fit model and explains the relationship between independent, mediating, and dependent variables. Therefore, this study's H1, H2 are accepted.

Table 3 The Path Coefficient Analysis of Variable

Path	Std. Estimate	S.E.	C.R.	P
Tridevi leadership style	0.80	0.08	10.57	***
Knowledge Sharing -> Customer Satisfaction				
Resource Management -> Customer Satisfaction				
Adaptation & Empowerment -> Customer Satisfaction				
Customer Satisfaction	0.02	0.19	2.73	0.007
Customer Satisfaction -> Organizational Effectiveness				
Organizational Effectiveness	0.51	0.05	7.56	***
Knowledge Sharing -> Organizational Effectiveness				
Resource Management -> Organizational Effectiveness				
Adaptation & Empowerment -> Organizational Effectiveness				

*** p<0.001

H1: Thai Traditional Pharmacy Practices under Tridevi Leadership has a significant direct effect on Organizational Effectiveness (Accepted)

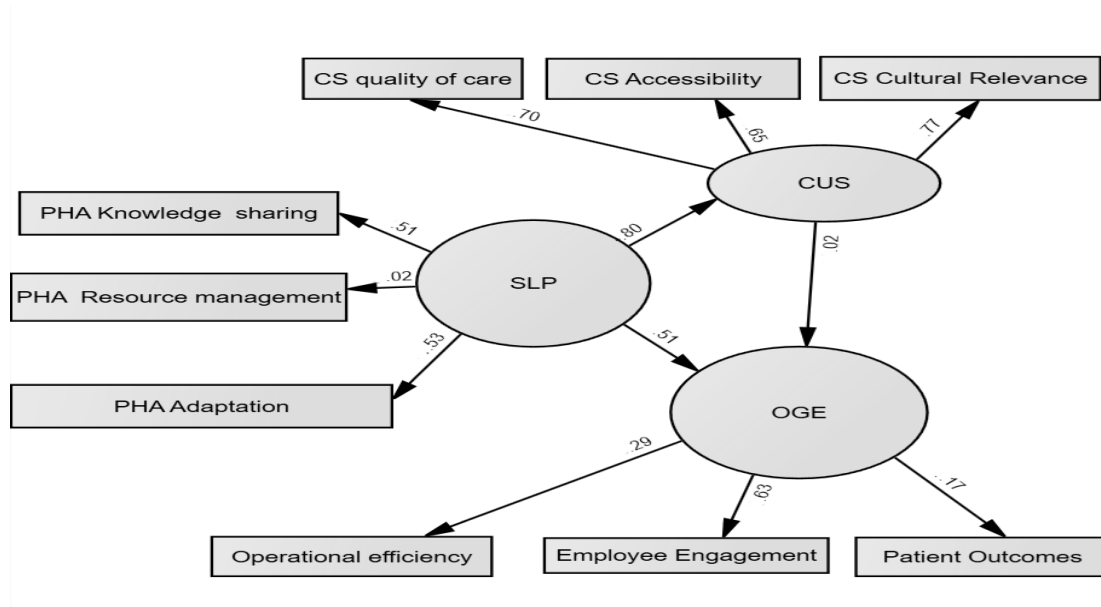
PHA Tridevi Leadership Style $\rightarrow$ Organizational Effectiveness is 0.51, Standard Error is estimated to be 0.05 (S.E.), Critical Ratio is estimated to be 7.56 (C.R.), The regression weight of PHA Tridevi Leadership Style has a strong predictive effect on Organizational Effectiveness ($p < 0.001$).

H2: Thai traditional pharmacy of Tridevi leadership style has a significant indirect effect on organizational effectiveness through customer satisfaction. (Accepted)

Customer Satisfaction $\rightarrow$ Organizational Effectiveness is 0.02, Standard Error is estimated to be 0.19 (S.E.), Critical Ratio is estimated to be 2.73 (C.R.), while PHA Tridevi Leadership Style $\rightarrow$ Customer Satisfaction is 0.80, Standard Error is estimated to be 0.08 (S.E.), Critical Ratio is estimated to be 10.57 (C.R.). The regression weight of PHA Tridevi Leadership Style has a strong predictive effect on organizational effectiveness through customer satisfaction ($p < 0.001$).

In summary, both theoretical hypotheses are statistically well supported, as illustrated by the superior model statistics, H1: Thai Traditional Pharmacy Practices under Tridevi Leadership has a significant direct effect on Organizational Effectiveness is supported for a standardized weight of 0.51, H2: has a significant indirect effect through customer satisfaction mediation is also supported with a much larger effect weight of 0.82, which implies the predominance of the indirect route. The regression weights analysis as above indicates a hierarchical influence whereby: adaptation & empowerment (Parvati) emerges as the single most important driver with weight of 0.53, followed by knowledge sharing (Saraswati) 0.51, while resource management (Lakshmi) makes a marginal direct contribution of 0.02. This pattern provides evidence that transformational and knowledge-based leadership dimensions are more powerful in enhancing this dimension of organizational effectiveness than resource-based perspectives.

The analysis utilizing structural equation modeling (SEM) to investigate the causal links among the practice of Thai traditional pharmacy, the Tridevi leadership style, customer satisfaction, and organizational effectiveness reveal an excellent model fit as per the established indices shown by Picture 3;



CMIN/DF=1.99 CFI=0.96 GFI=0.99 AGFI=0.97 RMSEA=0.01 $p>0.39$

Figure 3 Structural analysis model of Thai traditional pharmacy

The findings show the mediating effect of customer satisfaction on the extent of the Thai traditional pharmacy practices and the organizational effectiveness in the Tridevi era leadership context. However, the most culturally appropriate mediator variable is customer satisfaction with a relatively high weight of 0.77, indicating its prominence in linking leadership practices and organizational effects. This is a transmission path through the aspects of Tridevi leadership, Parvati (adaptation & empowerment), Saraswati (knowledge sharing), and Lakshmi (resource management) influence organizational effectiveness. The mediated effect suggests that the effect of Thai traditional pharmacy practices on organizational performance is not only realized through direct influence but also significantly through increased customer satisfaction that in turn contributes to organizational performance. Conventional validity tests of the structural equation model produced great fit across all performance measures, providing strong empirical support for the model. The Chi-square to degrees of freedom (CMIN/DF=1.99) suggests a good model fit between 1.0-3.0 showing a good fitting model that did not get to over-fit the data. A CFI of 0.96 strongly supports the fit of the model with the observed data, and the GFI of 0.99 is near 1, indicating that our model has a good fit with the observed data. An AGFI of 0.97 also supports the model performance by considering the degree of complexity, preventing the dominance of the better fit achieved through overfitting. Particularly, the Root Mean Square

Error of Approximation (RMSEA) is 0.01 also denoting the model's very good fit. P-value ($p > 0.39$) affirms that the model is able to adequately replicate the covariance matrix observed and at the same time that the overall reliability of the model is supported.

Part 3: Results from the third objective: To suggest the Management of Thai traditional pharmacy practice utilizing Tridevi leadership style affecting organizational effectiveness

Content analysis reveals high consensus among the key informants on Thai traditional pharmacy practices supporting Indian customer service. These themes align with quantitative SEM findings on PHA Tridevi Leadership Style's impact on organizational effectiveness via customer satisfaction are shown as Table 4.

Table 4 Coding Categories by Consensus Level of Wellness Tourism Management of Thai traditional pharmacy practice for Indian customers

Consensus Level	Key information	Coding Categories
100%	Knowledge dissemination for personalized medicine (Ya-Hom + Benchakul + Ayurvedic herbs); cross-cultural education; cost-effective management; research lab infrastructure; HR development for integrative certification; integrated care/supply chain coordination	Knowledge Sharing, Resource Management
95%	Batch-to-batch consistency protocols; herbal inventory stock management; delivery services via integrated planning; tele - pharmacy access; culturally appropriate practitioner training	Resource Management, Adaptation
90%	Cultural competence training; inter-institutional capacity building; customized consulting for customer value; employee empowerment for innovation; continuous improvement culture; cross-cultural patient health improvement	Adaptation, Knowledge Sharing

This tri-dimensional model suggests that it is possible to comprehensively understand and employ Thai traditional pharmacy based on these core competencies which originated from the abstract nature of Hindu female Goddess, similarly providing a culturally centered healthcare delivery model for Indian communities in Thai wellness settings. Furthermore, the original conceptual of integrated SLP specific model which was referred to the regression weight analysis reveal the pillar of leadership style leading by 1) Parvati then 2) Saraswati and 3) Lakshmi to the specific integrated Model of Thai traditional pharmacy practice are shown as table 5.

Table 5 Wellness Tourism Management of Thai traditional pharmacy practice for Indian customers

Parvati Pillar (Adaptation & Empowerment)	Saraswati Pillar (Knowledge Sharing)	Lakshmi Pillar (Resource Management)
Creating personalized care plans aligning with Thai - Ayurvedic Traditional Medicine.	Regulation Mechanism of Batch-to-Batch Consistency of Ya-Hom Systems and Personalized Benchakul formular.	Waste reduction and the control of uniformity in the integrated forms.
Personalize consultation approach integrating Thai traditional diagnosis with Ayurvedic constitutional assessment.	Cultural Competence Training Between Traditions.	Research laboratories investment for the study of Thai-Ayurvedic compositions of materials and research for Thai-Ayurvedic clinical trials.
Low-cost solutions, offering affordable custom traditional medicine replacements.	Integration of skills relating to selection and combination of adaptogenic herbs from Ayurvedic pharmacology: Ya-Hom inhalants and Personalized Benchakul.	HRD: Joint certification for standards of traditional medicine system (Thai pharmacy and Ayurveda)

Table 5 (Continue)

Parvati Pillar (Adaptation & Empowerment)	Saraswati Pillar (Knowledge Sharing)	Lakshmi Pillar (Resource Management)
Customer Satisfaction		
Individualized compound of Ya-Hom nostrum and Benchakul with Ayurvedic adaptogenic herbs	Tele pharmacy services, consultation, prescriptive management.	Cross-Cultural education for practitioners.
Organizational Effectiveness		
Supply chain optimization & Seasonal planning through sales & inventory planning.	Clear professional career growth pathways.	Cultural sensitivity enhancement.

CONCLUSION AND DISCUSSION

This empirical study for integrating conventional wisdom with modern practice, extending the Hindu Goddesses character-based leadership style (Tridevi) into Thai traditional pharmacy practice, with research significant resulted of its operationalization service for Indian customers, integrate empirical validation of God archetype management theory (Handy, 1995, pp. 1-254), proving this culturally rooted leadership construct of Thai-Indian perspective in Thai-Ayurvedic pharmacy context.

Parvati Pillar: Adaptation & Empowerment

Parvati's pillar (1st) emphasizes service customization via individualized Thai-Ayurvedic treatments, including batch-to-batch Ya-Hom consistency and personalized Benchakul production, reflecting selfless, fluid mothering for patient monitoring and plans (Chatterjee & Pancholi, 2011, pp. 141-146; Kuropakornpong, Itharat, Oraikul, Loebenberg & Davies, 2022, pp. 111-122; Northouse, 2018, pp. 163-196).

Saraswati Pillar: Knowledge Sharing

Saraswati's pillar (2nd) promotes mutual learning through culturally aware training, blending Thai diagnosis with Ayurvedic doshas, adaptogen selection/ compounding, Ya-Hom folk formulas, and Benchakul mixtures for enriched experiences via partnerships (Northouse, 2018,

pp. 163-196; Nishteswar, 2013, pp. 337-338; Suvitayavat, Qin, Thirawarapan, Bunyapraphatsara & Chew, 2021, pp. 535-548).

Lakshmi Pillar: Resource Management

Lakshmi's pillar (3rd) centers on strategic cost-saving via waste reduction, low-cost competitive alternatives, standardized Thai-Ayurvedic labs/trials, and joint HR certification for Thai pharmacy-Ayurveda systems (Williamson, 2001, pp. 401-409; Tilburt & Kaptchuk, 2008, pp. 594-599; Sierpina & Kreitzer, 2010, pp. 54-56; Northouse, 2018, pp. 163-196; World Health Organization, Online, 2010).

PRACTICAL IMPLICATIONS

Apply findings by standardizing adaptogen selection, individualizing Ya-Hom/ Benchakul with Ayurvedic herbs, and building joint HRD/ certification frameworks to integrate Thai pharmacy and Ayurveda while preserving distinct identities.

RECOMMENDATION

It is recommended that the public sector adopt this model to target the Indian tourist market or implement this model to attract the Indian tourist market or broaden it to other target groups.

BIBLIOGRAPHY

- Bass, B. M., & Riggio, R. E. (2006). *Transformational leadership* (2nd ed.). Psychology Press.
- Handy, C. B. (1995). *Gods of management: The changing work of organizations*. Oxford University Press.
- Chatterjee, B., & Pancholi, J. (2011). Prakriti-based medicine: A step towards personalized medicine. *AYU (An International Quarterly Journal of Research in Ayurveda)*, 32(2), 141-146. <https://doi.org/10.4103/0974-8520.92539>
- Kongveha, T. (2025, July 26). *Chaleaw: Ghost-repelling amulet, an ancient belief heritage of the Tai peoples*. SILPA-MAG.COM. https://www.silpa-mag.com/culture/article_137384
- Department for Development of Thai Traditional and Alternative Medicine. (2016). *Thai traditional medicine at a glance*. <https://tpd.dtam.moph.go.th/wp-content/uploads/2023/08/e-book-oic-004.pdf>

- Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2010). *Multivariate data analysis* (7th ed.). Pearson.
- Joob, B., Wiwanitkit, S., & Wiwanitkit, V. (2024). Comparative component analysis of registered Thai Ayuravej antidiarrheal regimen, yaleungpidsamuttara to classical Indian Ayurveda regimen. *Santosh University Journal of Health Sciences*, 10(1), 85-86.
https://doi.org/10.4103/sujhs.sujhs_39_24
- Kumar, V., Yadav, A., Garg, S., Halder, C., & Mohan, V. (2024). Integration of traditional medicine with modern methods. *International Journal of Scientific Research in Engineering and Management*, 8(12), 1-12.
- Kinsley, D. R. (1986). *Hindu goddesses: Visions of the divine feminine in the hindu religious tradition*. University of California Press.
- Kuropakornpong, P., Itharat, A., Ooraikul, B., Loebenberg, R., & Davies, N. M. (2022). Development and optimization of Benjakul microemulsion formulations for enhancing topical anti-inflammatory effect and delivery. *Research in Pharmaceutical Sciences*, 17(2), 111-122.
<https://doi.org/10.4103/1735-5362.335170>
- Nishteswar, K. (2013). Pharmacological expression of Rasayanakarma. *AYU (An International Quarterly Journal of Research in Ayurveda)*, 34(4), 337-338.
<https://doi.org/10.4103/0974-8520.127672>
- Northouse, P. G. (2018). Transformational leadership. In *Leadership: Theory and practice* (8th ed.) SAGE Publications.
- Thai Herbal Pharmacopoeia Committee. (n.d.). *Thai herbal pharmacopoeia 2021*.
<https://bdn-thp.dmsc.moph.go.th/home>
- Tilburt, J. C., & Kaptchuk, T. J. (2008). Herbal medicine research and global health: an ethical analysis. *Bulletin of the World Health Organization*, 86(8), 594-599.
<https://doi.org/10.2471/blt.07.042820>
- Vannabhum, M., Mahajaroensiri, S., Pattanapholkornsakul, S., Tantiwongsekunakorn, A., Thippayacharontam, T., Tripatara, P., & Akarasereenont, P. (2023). Metabolomics of personalized body elements in Thai traditional medicine response to herbal medicine for body elements balancing in healthy volunteers. *Evidence-Based Complementary and Alternative Medicine*, 2023(1), 6684263.
<https://doi.org/10.1155/2023/6684263>

- Sierpina, V. S., & Kreitzer, M. J. (2010). The continuing bias against complementary and integrative healthcare education. *EXPLORE*, 6(1), 54-56.
<https://doi.org/10.1016/j.explore.2009.11.006>
- Suvitayavat, W., Qin, H. Y., Thirawarapan, S., Bunyaphrathatsara, N., & Chew, C. S. (2021). Ya-hom, a Thai herbal remedy, has opposing effects on histaminergic and cholinergically mediated acid secretory related responses in gastric glands isolated from rabbits. *Pharmaceutical Sciences Asia*, 48(6). 535-548.
- Williamson, E. M. (2001). Synergy and other interactions in phytomedicines. *Phytomedicine*, 8(5), 401-409.
<https://doi.org/10.1078/0944-7113-00060>
- World Health Organization. (2010). *Benchmarks for training in osteopathy*.
https://iris.who.int/bitstream/handle/10665/44356/9789241599665_eng.pdf?sequence=1