

A systematic review of traditional health tourism: A priori of wellness tourism



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Abstract This systematic literature review explores the research stream of traditional health tourism (THT) by covering a time frame of two decades. This research aimed to identify the key research areas and themes in the THT literature and proposed a research framework for further investigation. A total of 29 selected articles were analyzed and classified into seven categories, which included national contexts, products and services, driving factors, challenges in the development of THT and so forth. The analysis of the selected articles involved providing a descriptive analysis of the articles, followed by discussion of the content of the articles according to the themes. Additionally, gaps were identified in the literature on THTs. The research framework proposed in this review comprises eleven recommendations, which act as a roadmap for future investigations, encouraging researchers to engage in cross-cultural analyses, mixed-methods studies, and further investigations into different critical factors that affect THT. Thus, the review has significant implications because it provides a future research agenda, and the practical implications can be extended to the tourism industry and policymakers.

Keywords: traditional health tourism, wellness tourism, tourism industry, systematic literature review

1. Introduction

Wellness tourism has gained immense popularity over the past few decades, with a growing number of travelers seeking health-related services and experiences during their trips and vacations (Smith & Puczkó, 2014; Smith et al., 2020). This increasing demand has led to the emergence of diverse and specialized wellness tourism offerings, including a form focused on traditional and alternative therapies known as “traditional health tourism (THT)” (Smith & Jenner, 2000; Hofer, Honegger & Hubeli, 2012). As scholars have noted, THTs incorporate locally rooted healthcare practices into tourism experiences, ranging from Ayurveda in India to traditional Chinese medicine (TCM) in China (Gautam & Bhatta, 2020; He, 2015; Subhash et al., 2010). While the broader field of wellness tourism has received much attention, there is still a need to specifically examine this subfield of THT to fully understand its significance and future directions within wellness tourism research and practice. This systematic review aims to fill this gap by providing a comprehensive overview of the current state of knowledge on THTs and proposing a detailed framework for further studies in this nascent domain.

In recent years, scholars have highlighted the exponential growth of wellness tourism in parallel with increased health consciousness globally (Bodeker & Cohen, 2010; Sheldon, 2020; Vada et al., 2020; Voigt et al., 2011). Changing social, economic, and cultural factors have made wellness-focused travel highly popular. Wellness tourism is now estimated to reach US\$1 trillion market, and predicted to grow over 16% annually through 2027 (McGroarty, 2023; Sweaney, 2023). This rise in traditional and alternative health services rooted in ancient healing practices has led to the identification of traditional health tourism as a distinct segment. As such, there is a clear need for in-depth investigation of this type of culturally rooted wellness tourism.

The literature contains growing explorations on the topic of traditional health tourism and its popularity as a branch of wellness travel. Scholars have examined the historical foundations of today’s THT, including ancient traditions of “taking the waters” for health (Mackaman, 1998) and the emergence of modern beach and spa resorts drawing on regional healing practices (Foley, 2016; Smith et al., 2020; Smith & Puczkó, 2014; Bodeker & Cohen, 2010). More recent works have focused on the potential benefits that THTs can have on local populations and tourists alike. For instance, studies on Ayurvedic tourism in India have shown economic opportunities for local communities as well as therapeutic advantages for foreign and domestic visitors (Bodeker & Cohen, 2010; Khan et al., 2021; Muralidhar & Karthikeyan, 2016; Paul, 2019). Gesler (1996) proposed an early conceptual model analyzing the cultural factors shaping tourists’ pursuit of traditional healing options. Other authors have evaluated ethical considerations in THT, emphasizing the need for cultural sensitivity and local involvement (Hall, 2013; Jackson & Barber, 2015; Moghadam et al., 2021).

While the literature has explored multiple facets of THT, the researcher stress the need to consolidate and synthesize findings due to the relative newness of THT as a research domain. A number of recent reviews have examined wellness



tourism broadly but with limited focus on the traditional health tourism niche. For example, Roman et al. (2022) reviewed the health tourism literature without an in-depth examination of traditional health modalities. Dini and Pencarelli (2021) looked at components of wellness tourism offerings without concentrating on THT. Lazzerini (2019) discussed therapeutic factors in health resorts without paying attention to traditional therapies. Lett et al. (2022) provided a broad look at health equity concerns in health tourism without addressing traditional practices. While these and other reviews have made valuable contributions, the traditional health tourism focus remains underdeveloped. This indicates a gap in terms of reviews centered specifically on traditional health tourism itself and the need to comprehensively examine this emerging subfield.

Therefore, this systematic review aims to address the limitations of previous reviews by offering a focused, comprehensive overview of the state of research and knowledge within traditional health tourism. Two key research questions will guide the review:

RQ1: What are the key focus areas examined in medical/wellness/health tourism studies published in the last twenty years related to traditional health tourism?

RQ2: What conceptual/theoretical frameworks have been applied thus far in THT research, and what frameworks need further development?

By thoroughly synthesizing the past THT literature and identifying research gaps, this review provides a rigorous foundation for advancing future empirical and conceptual research on this emerging domain. This review utilized a systematic search process to capture both the breadth and depth of coverage relevant to traditional health tourism. This review will make multiple unique contributions to the emerging literature on traditional health tourism (THT).

First, the review offers an unprecedented comprehensive overview of relevant publications, research, and knowledge specifically concerning THT. While past reviews have explored adjacent fields such as general wellness tourism or complementary and alternative medicine, this review concentrates directly on the traditional health tourism subfield and provides the most extensive synthesis of literature in this domain. Capturing the breadth and depth of current research on THT is critically important given the relative nascence and rapid evolution of this area.

Second, the review develops an original conceptual framework to advance future THT research based on rigorous synthesis and analysis of the literature. By identifying the focus areas, theories, methods, limitations, and gaps across existing studies, the proposed framework recognizes mature areas needing refinement as well as promising directions requiring exploration or paradigm development. For instance, economic impacts have been thoroughly investigated, but cultural sensitivity needs more attention. Providing this roadmap will be immensely valuable for directing the next wave of empirical and conceptual projects to improve THT knowledge.

Third, this timely review addresses the clear need expressed by previous researchers for more specific investigations of traditional and alternative health modalities within wellness tourism. As scholars have noted, while some reviews have briefly mentioned these areas, targeted examinations of practices such as Ayurveda or traditional Chinese medicine and their integration in tourism are lacking. By concentrating squarely on THT, this review highlights an understudied yet increasingly relevant subject, providing deeper insights into the convergence of culture, health, and tourism. The findings will also inform practitioners seeking to develop sensitive, sustainable THT services.

Following this introduction, this paper provides background information on health tourism and an overview of the methodology used for the SLR. The findings will then be presented and organized by key themes and gaps identified through a rigorous classification and coding process. Based on the analysis of the results, recommendations and a research framework to guide future studies are proposed. Finally, the conclusion summarizes the main contributions of this review focused on the timely subject of traditional health tourism at the intersection of culture, health, and tourism.

2. A Brief Background on Traditional Health Tourism

Traditional health tourism (THT) has emerged as a distinct segment within the broader sphere of health, wellness, and medical tourism over the past decade. Travel specifically involves accessing traditional healing modalities and therapies rooted in the indigenous medical knowledge of a region or culture (McIntosh et al., 1995). These practices are often centuries or millennia old and emphasize holistic, natural approaches to treatment and wellbeing. Several key characteristics define traditional health tourism. First, it centers on ancient healthcare practices that are deeply rooted in community traditions versus modern Western medicine. These include modalities such as traditional Chinese medicine, Indian Ayurveda, Arabic Unani, and European naturopathy. Second, the treatments utilize natural materials and emphasize rebalancing the mind-body connection. For instance, Ayurveda prescribes customized diets, yoga, and herbal formulas to restore wellness. Third, traditional health tourism integrates healthcare with cultural experiences such as visiting healing centers, participating in rituals, or exploring heritage sites related to traditional medicine. This provides an immersive, authentic experience.

Scholars note that major historical antecedents of today's THT industry include religious healing pilgrimages and European spa tourism beginning in medieval times (Jónás-Berki et al., 2015; Lee & Li, 2019; Pessot et al., 2021). However, the current form of treatment has taken shape mostly over the past three decades and has been facilitated enormously by globalization, improved access to transportation, and an increasing demand for alternative therapies (Peng et al., 2023; Ye et

al., 2011). For example, China's government promoted TCM abroad, leading to a proliferation of international clinics and healing tours focused on traditional Chinese medicine starting in the 1990s (Zhan, 2009). The THT segment has expanded exponentially since 2000, and the key factors driving this surge include rising lifestyle diseases, interest in natural remedies, cultural rediscovery, and stressed healthcare systems motivating cross-border care (Chung et al., 2022). Asia remains the epicenter of traditional health tourism and is led by China, India and Thailand, but its popularity is increasing worldwide. As THTs grow, managing challenges related to commercialization, cultural sensitivity, and localization is increasingly important (Zhang et al., 2019).

3. Materials and Methods

3.1. Research Methodology

This systematic review follows a rigorous methodology to identify, appraise, and synthesize relevant studies on traditional health tourism (THT) published over the past 20 years (2003 onwards) to provide a comprehensive overview of the literature and determine research gaps to guide future scholarly work. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were followed to ensure a robust protocol (Moher et al., 2009). Furthermore, to conduct this study, several steps were used, following suggestions from several past studies (Amui et al., 2017; Jabbour, 2013; Junior & Godinho Filho, 2010).

- The first step was conducting a research survey to identify published papers relating to THT in reputable databases.
- The second step was the development of a classification system in which structured coding was applied to classify the research extracted from the papers in step one.
- In the third stage, the main findings from the papers, identified in step one and coded in step two, were extracted.
- In the last step of this study, research gaps were analyzed from the reviewed literature, and the research framework for future study was proposed.

Hence, the first step involved a comprehensive search strategy that was developed to retrieve all pertinent peer-reviewed articles. The following six major scholarly databases were utilized: Scopus, Web of Science, PubMed, Medline, EMBASE, and EBSCO. Additional studies were identified through manual searches of reference lists. Combinations of the following keywords were used with AND or OR operators:

- "Traditional health tourism"
- "Traditional medical tourism"
- "Indigenous health tourism"
- "Native health tourism"
- "Alternative medicine tourism"
- "Complementary medicine tourism"
- "Traditional Chinese medicine tourism"
- "Ayurveda tourism" OR "ayurvedic tourism"

The search was limited to original quantitative, qualitative, mixed-methods, and review articles published in English from 2003 onward to capture contemporary research. Database searches yielded 128 results. Articles were imported into EndNote, and duplicates were removed, which led to a reduction of papers to 72. The papers were subsequently screened against the eligibility criteria, as shown in Table 1.

Table 1 Inclusion/exclusion criteria.

| Inclusion/exclusion criteria | |
|------------------------------|---|
| Inclusion Criteria | - Peer-reviewed articles |
| | - Published in or after 2003 |
| | - Examining traditional or indigenous medicine tourism |
| | - Published in English |
| | - Quantitative/qualitative/mixed method design |
| Exclusion Criteria | - Not peer-reviewed (editorials, commentaries, conference abstracts) |
| | - Published before 2003 |
| | - No focus on traditional health tourism |
| | - Thesis, discussion papers, reviews, white papers, books, book chapters. |

The reviewer assessed all articles for eligibility through title/abstract and full-text review. Screening selected 29 relevant articles to be included based on alignment with THT scope.

In the second step of this review, key information, including author(s), year, country/region, methodology, sample size, aim/purpose, findings, limitations, and themes, was extracted from the final articles into a standardized Excel form. The rigorous thematic analysis involved manually coding and grouping the data into descriptive themes/subthemes to identify patterns (Braun & Clarke, 2006).

In the third stage, the quantitative and narrative findings of the reviewed literature were presented. The quantitative results were summarized using descriptive statistics. Visualizations illustrated the findings. A narrative synthesis was used to analyze key themes and interpret the state of the THT research. Finally, in the last stage, the limitations of the literature were determined, and gaps in the development of recommendations for future studies were highlighted.

3.2 Classification and Coding

In this section, the process of categorizing and coding publications related to traditional health tourism is explained to aid in the analysis of the content of the articles. The selected articles were classified into themes and areas. First, the category of national context represents the level of development within the country the publication focuses on, whereas the second category, "continents", involves grouping the articles based on the larger geographic region. In line with the findings of previous studies (Zhong et al., 2021), the researcher used "research methods" as a category to acknowledge the various methods used in studies pertaining to health tourism.

For categories related to the content of the articles, the researcher selected "focus of study", "product and service" "motivation for health tourism" and "challenges in health tourism". The author developed these categories based on a comprehensive review of the articles to identify the areas the articles have covered and possible areas of future research that are needed. In the "focus of study" category, the following codes are mentioned: "health tourism", "wellness tourism" and "medical tourism". Categorizing studies on the basis of the focus of studies can result in few studies classified in more than one code, as also highlighted in the review by Esen et al. (2020).

In terms of the drivers of health tourism, multiple codes are provided in Table 2. Six codes are provided, such as "natural resources" and "landscape". This category indicates the different factors that act as motivators to engage in traditional health tourism. Another category representing these challenges was developed and includes the numerous hurdles that destinations encounter, as listed in the articles. Both of these categories provide in-depth insights for a comprehensive framework that can guide health tourism for wellness. The classification is organized by numbering the categories. As shown in the table 2, seven categories were identified, and each category was divided into codes by using letters. These categories and codes are subsequently used to facilitate the review and analysis of the selected papers and identify the key themes and areas of focus in the field of traditional health tourism.

4. Discussion

4.1. Descriptive analysis

The current review included 29 publications, and the initial part of the analysis involved examining the publication trends. Figure 1 depicts the trends in the literature on traditional health tourism according to the year of publication. Articles published from 2003 to 2023 were included for a period of two decades. Figure 1 shows that a large number of articles were published between 2010 and 2015, accounting for 65.5% of the total sample. Also, three articles from the period 2003 to 2008 were included in the review, while 10.3% of the articles in the review were published between 2016 and 2018.

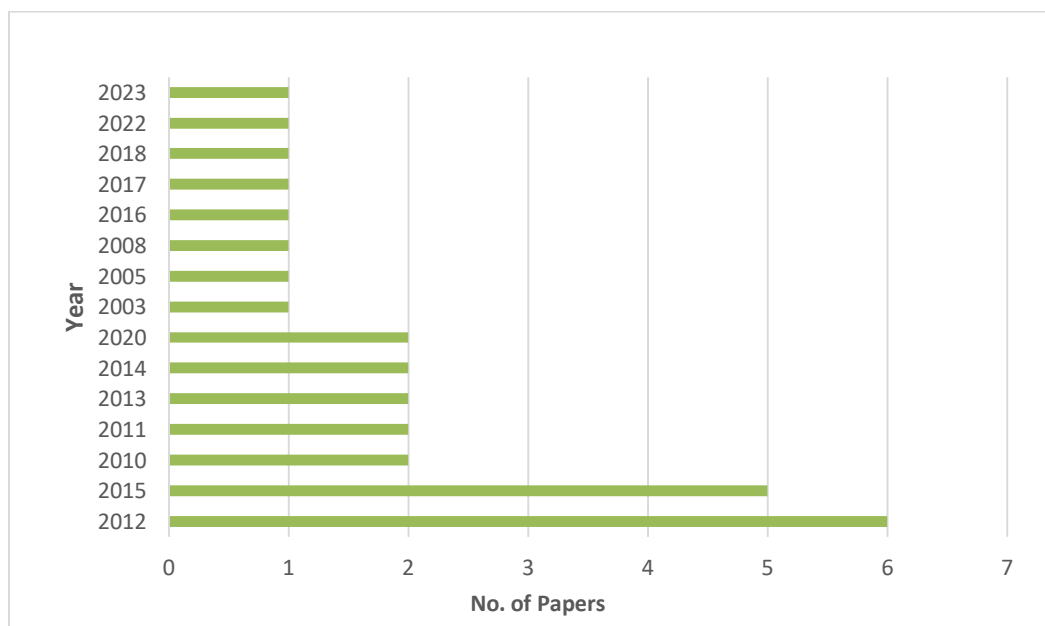


Figure 1 Distribution of papers per year.



Table 2 Categorization and Codes.

| Category | Codes |
|------------------------------------|-------|
| 1. National Content | |
| Developed Nations | 1.A |
| Emerging Countries | 1.B |
| Mix | 1.C |
| 2. Continents* | |
| Asia | 2.A |
| Europe | 2.B |
| America | 2.C |
| Oceania | 2.D |
| Africa | 2.E |
| 3. Research Methods | |
| Quantitative | 3.A |
| Qualitative | 3.B |
| Mixed-Methods | 3.C |
| 4. Focus of Study* | |
| Wellness Tourism | 4.A |
| Health Tourism | 4.B |
| Medical Tourism | 4.C |
| 5. Product/Service* | |
| Traditional Medicine and Treatment | 5.A |
| Spa | 5.B |
| Surgery | 5.C |
| Rehabilitation | 5.D |
| Aesthetics | 5.E |
| Ayurveda | 5.F |
| Wellness Retreat | 5.G |
| Therapeutic Landscape | 5.H |
| Sports and Fitness | 5.I |
| 6. Motivation for Health Tourism* | |
| Natural Resources | 6.A |
| Medical Resources and Technology | 6.B |
| Social and Cultural Aspects | 6.C |
| Landscape | 6.D |
| Healthy Cuisine | 6.E |
| Cost-effectiveness | 6.F |
| 7. Challenges in Health Tourism* | |
| Human Resource | 7.A |
| Infrastructure | 7.B |
| Government Support | 7.C |
| Cost Efficiency | 7.D |
| Cooperation | 7.E |
| Diversification of Services | 7.F |

*More than one study is listed in two different codes under the category.

Second, publication trends were analyzed on the basis of country. The most prominent countries are shown in Figure 2. The distribution shows the number of articles according to the geographic scope and research setting of the study, allowing researchers to understand the diversity of the publications. Figure 2 indicates that the most prominent country in terms of traditional health tourism research was China, with a total of seven articles (24.1% of the total sample), followed by India, with three articles (10.3% of the total sample). Two articles each considered the context of South Korea, Spain, Turkey and the Czech Republic.

Another analysis related to publication trends is journal distribution, which is commonly used by researchers in systematic literature reviews (Alatawi et al., 2023; Zhong et al., 2021). According to the review by Zhong et al. (2021), journal distribution is depicted by classifying the journals into “tourism journals” and “nontourism journals.” Nearly sixty-six percent of the articles in the review were published in tourism-related journals, while about 34% of the articles were published in nontourism journals. Table 3 shows the number of publications in tourism journals. Of the 29 articles, three were published in “Tourism Recreation Research”, which has an H-index of 57 and is categorized as a Q1 journal (SJR, 2023a), indicating its prominence in tourism research. Two articles were published in “Current Issues in Tourism”, which has an H-index of 94. Similarly, two articles were published in “International Journal of Tourism Research” (H-index of 75) and “Journal of China Tourism Research” (H-index of 26) (SJR, 2023b).

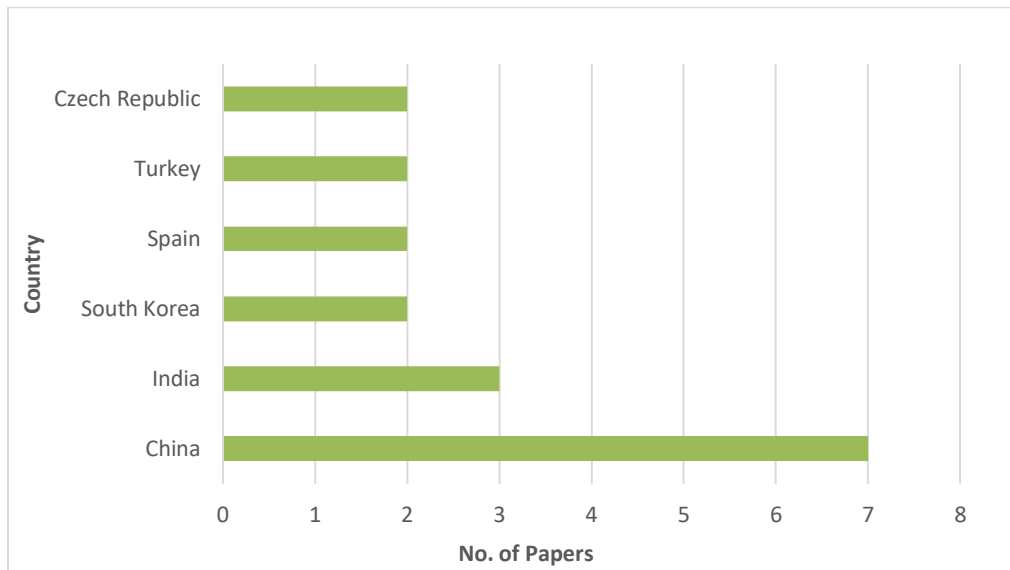


Figure 2 Prominent Countries in Traditional Health Tourism.

Table 3 Tourism journals publishing articles on traditional health tourism.

| Journal | No. of Papers |
|--|---------------|
| Tourism Recreation Research | 3 |
| Current Issues in Tourism | 2 |
| International Journal of Tourism Research | 2 |
| Journal of China Tourism Research | 2 |
| Conference on Tourism in India – Challenges Ahead | 1 |
| International Journal of Health Management and Tourism | 1 |
| International Journal of Tourism Cities | 1 |
| International Journal of Tourism Sciences | 1 |
| Journal of Hospitality and Tourism Management | 1 |
| Journal of Tourism Challenges and Trends | 1 |
| Tourism management | 1 |
| Tourism Planning & Development | 1 |
| Tourism Review | 1 |
| Tourism: An International Interdisciplinary Journal | 1 |
| Total | 19 |

Table 4 presents the distribution of the nontourism journals. The journal “Social Science and Medicine” contributed to two articles and is a prominent journal in the field of health, with an H-index of 270. The remaining articles contributed one article each.

Table 4 Nontourism Journal Publications on Traditional Health Tourism.

| Journals | No. of Papers |
|---|---------------|
| Anthropology & Medicine | 1 |
| Asian Journal of Research in Social Sciences and Humanities | 1 |
| Asia-Pacific Journal of Regional Science | 1 |
| Health & Place | 1 |
| Hospitality Review | 1 |
| Journal of Military Medicine | 1 |
| Journal of health organization and management | 1 |
| Procedia Computer Science | 1 |
| Social Science & Medicine | 2 |
| Total | 10 |

4.2 Insights of traditional health tourism

The publication was analyzed according to categories formed in Table 2 where seven categories are mentioned. The categories were developed to provide insights into the literature on THT, identify the areas of interest in THT and the research gaps in the existing literature in order to provide a research framework and future research recommendations. For this purpose, the texts of the articles were comprehensively studied and evaluated. The first category presents the



publications as per the national context of the studies. Previous researchers have highlighted that national context is regarded as a critical element in research (Salim et al., 2019). Figure 3 demonstrates that nearly 44.8% of the articles were conducted in emerging countries, including countries such as China and India. It is worth noting that developed countries have also focused on research in THT given that approximately 41.4% of the articles were based in the context of developed countries. Several publications conducted in advanced economies included countries such as Japan, and Switzerland.

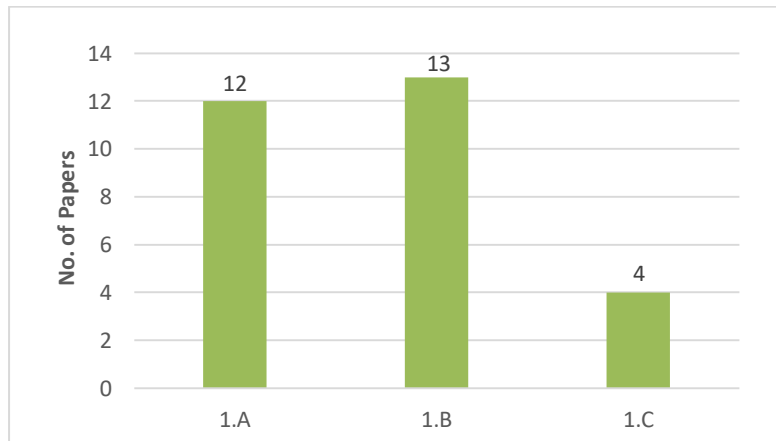


Figure 3 Distribution of national contexts.

Second, the articles were classified by continent. Figure 4 visually shows the organization by continent. Some articles were listed in multiple codes given that some publications, such as the works of Smith and Puczkó (2015) and Kelly (2012), based their research findings from various countries. The majority of the publications related to THT were conducted in Asia, with a total of 17 articles. Second, Europe has the second-highest number of THT studies, with a total of 13 articles. A limited number of publications were based in America, Oceania and Africa.

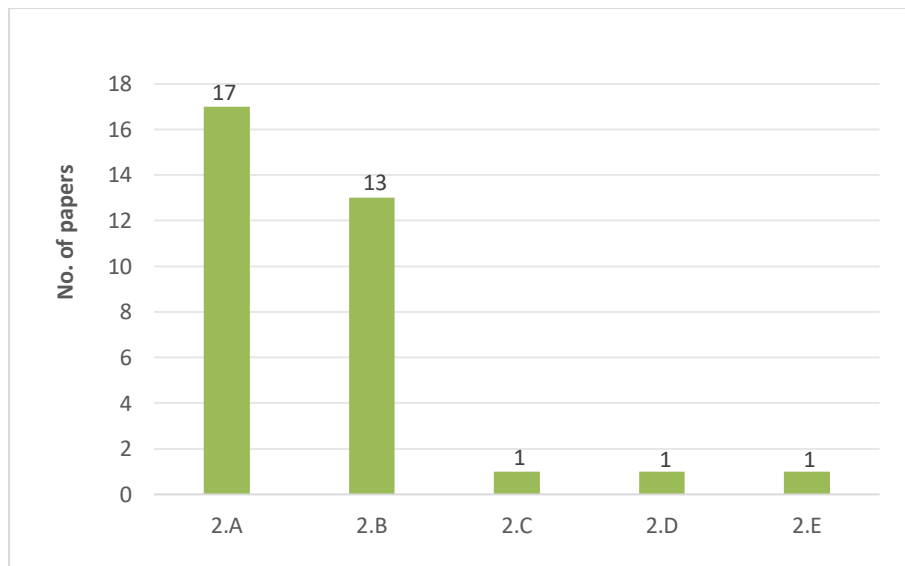


Figure 4 Distribution of continents.

The third category represents the distribution of articles according to the research methodology (Alatawi et al., 2023; Salim et al., 2019). The publications were divided into three categories. Articles adopting numerical or statistical methodology were classified as “quantitative”, while articles based on nonnumerical data were categorized as “qualitative”. Studies with a combination of both methods were categorized as “mixed methods”. Figure 5 illustrates that the majority of the publications in the current review adopted a qualitative research methodology, accounting for approximately 51.7% of the total sample. This was followed by quantitative publications, which accounted for 37.9% of the total articles in the review. On the other hand, research applying a mixed-method approach was limited by the use of only three publications (10.3% of the sample). The distribution highlights the frequent usage of qualitative approaches, including qualitative interviews, case studies, content analysis, focus group discussion, and expert interviews in THT (Fontanari & Kern, 2003; Hjalager & Flagestad, 2012; Kim et al., 2011; Lee & Kim, 2015).



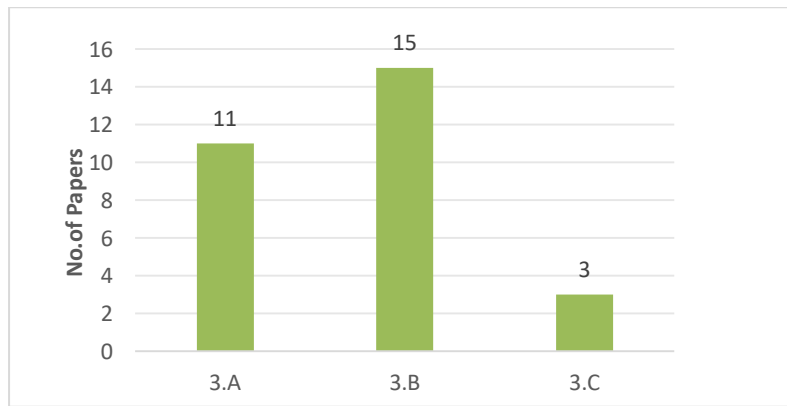


Figure 5 Distribution of papers according to methods.

The terms “health”, “wellness” and “medical” in tourism are used interchangeably where health tourism is linked with wellness tourism and medical tourism (Hofer et al., 2012). Figure 6 shows the results of most of the studies included in the review on health tourism followed by wellness tourism. The least focus was given to THTs in terms of medical tourism, as indicated in Figure 6. In addition, Figure 7 adds to the analysis of the focus of the articles in the review through a keyword occurrence analysis, which is utilized by researchers to provide insights into the research areas or themes (Su et al., 2022). Figure 7 shows that “health tourism” was the most frequently utilized keyword, with a total of 17 occurrences. The other keywords with a minimum of two occurrences were “ayurveda”, which is associated with the keyword “medical tourism”, as exhibited by the blue cluster in Figure 7. Similarly, Figure 8 presents the keyword analysis, providing insight into the shift in focus over the years. The adoption of the Delphi technique in wellness tourism studies recently gained prominence, while the majority of studies related to health/wellness/medical tourism in THTs were prominent in 2014.

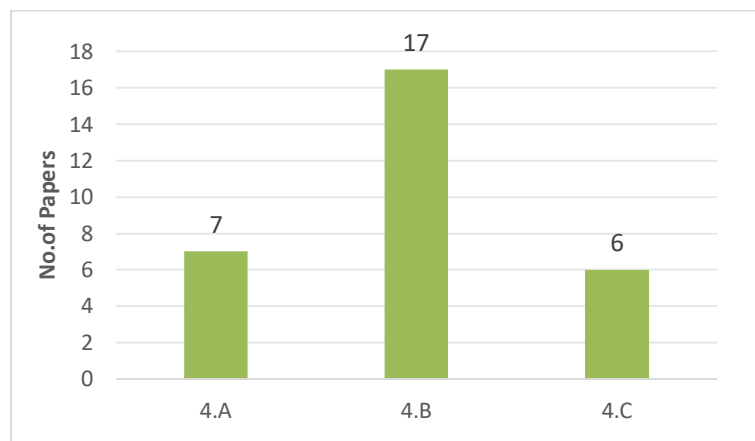


Figure 6 Focus of papers.

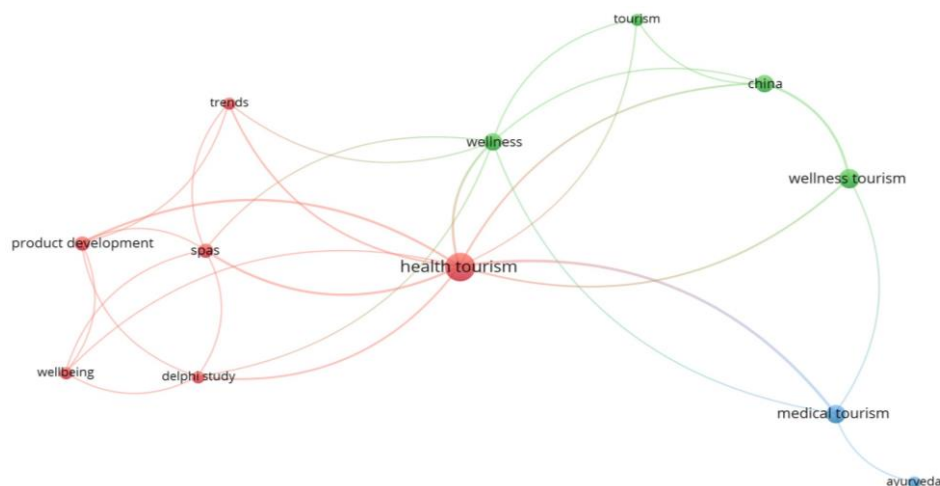


Figure 7 Keyword Co-Occurrence.



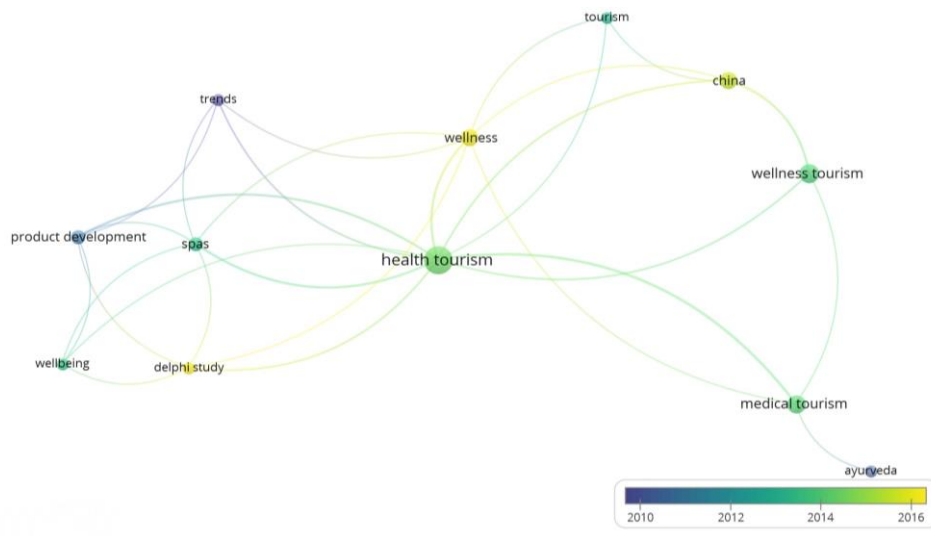


Figure 8 Overlay Visualization of Keyword Co-Occurrences.

The analysis for the fifth category is presented in Figure 9, revealing the different products and services mentioned in the THT literature. First, the majority of the related papers concerned spa therapy (Dryglas & Smith, 2023; Fontanari & Kern, 2003; Gustavo, 2010; Jónás-Berki et al., 2015; Speier, 2011), including balneotherapy (Dryglas & Smith, 2023; Speier, 2011), Chinese-style massage and Thai massage (Islam, 2014). The high number of mentions of spa services indicates its prominence in THT. Second, studies have focused on traditional medicine and treatment, particularly in relation to traditional Chinese medicine (Heung & Kucukusta, 2013; Islam, 2014; Jiang et al., 2022; Smith & Puczkó, 2015; Yu & Ko, 2012). Among the traditional Chinese treatments, studies have highlighted prominent therapies such as acupuncture, cupping, and shoulder and neck treatment (Islam, 2014). Aesthetics-related services are also a notable part of THT and include services such as beauty treatments and cosmetic processes (Dinu et al., 2010; Fontanari & Kern, 2003; Gustavo, 2010). Surgical procedures have been discussed in health tourism; however, they are less frequently discussed in THT. Furthermore, rehabilitation services for tourists recovering from injuries are also key services in THTs. Ayurveda has been discussed in three articles and stands as a traditional Indian system of medicine (Muralidhar & Karthikeyan, 2016; Swain & Sahu, 2008; Vijayakumar & Rao, 2005). Other activities and services related to THT that are emerging include fitness-related services and wellness retreat services, where practices such as “Tai chi” are highlighted (Huang & Xu, 2014; Kelly, 2012). One of the emerging concepts in THT is the therapeutic landscape (Dinu et al., 2010; Huang & Xu, 2018).

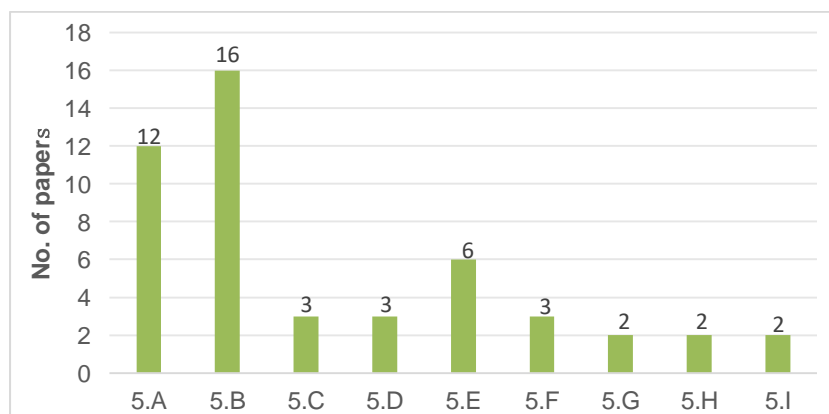


Figure 9 Product and Service.

The sixth category provided insights into the factors that drive THT, as highlighted in the articles. Six codes were developed per the content of the analysis. Figure 10 shows that natural resources such as hot springs and mineral-rich waters attract tourists to THT (Hjalager & Flagestad, 2012; Jónás-Berki et al., 2015; Romão et al., 2017). Natural resources serve as attractions for wellness tourists seeking wellness experiences. Another main driving factor is social and cultural factors, which include factors such as the experience of foreign culture (Kim et al., 2011) and social bonding (Kelly, 2012). Islam (2014) discussed the importance of Chinese culture in THTs, which holds importance among tourists. Third, the landscape and natural environment are key factors in drawing wellness tourists in THTs (Lee & Kim, 2015). Similarly, a number of studies have shed light on the cost-effectiveness of services at THT destinations (Kim et al., 2011; Swain & Sahu, 2008). A limited number of studies have highlighted that healthy cuisine plays a role in attracting wellness tourists. The desire to obtain high-



end medical resources also serves as a motivator for engaging in THT, where individuals from low- and middle-income countries seek the best resources for wellness and health services (Jiang et al., 2022).

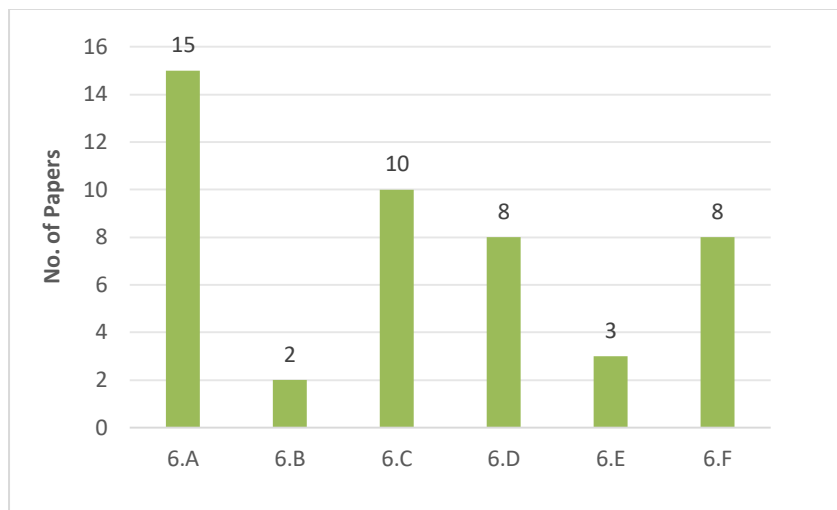


Figure 10 Factors linked with health/wellness/medical tourism.

The seventh category, shown in Figure 11, presented the challenges in the development of traditional health tourism, indicating the factors that require significant attention from scholars and practitioners. First, the most commonly discussed challenge in the articles in the review was the lack of infrastructure and advanced facilities (Dryglas & Smith, 2023; Kiss, 2015). This approach addresses issues such as developing transportation infrastructure (Chanin et al., 2015) and investing in modern health and medical facilities, which are crucial for medical tourism (Yu & Ko, 2012). Second, the diversity of services offered in THTs is a research topic of interest, as indicated by the number of papers highlighting the topic. The expansion of wellness and healthcare services for tourists can improve the health tourism industry (Jiang et al., 2022; Romão et al., 2017). The quality service is also a critical factor for the development of THTs in health and medical tourism. A number of papers have reported that ensuring quality medical services is the key to building reputation and that uncertain quality poses a threat to health tourism (Yu & Ko, 2012). Similarly, training and qualifications of medical professionals and support staff are important for addressing the issue of lack of skills and expertise. In addition, human resources were discussed in five articles. Yan and He (2020) noted that there is a lack of qualified personnel in health tourism, which hinders its development. A number of studies have reported that poor collaboration and cooperation among key stakeholders, such as those in the public and private sectors, hamper the growth of the industry (Heung & Kucukusta, 2013). Finally, the role of government, which can play a pivotal role through policy development and regulation, is highlighted (Lee & Kim, 2015). A few papers have also addressed high costs as a challenge in health tourism, indicating that tour costs, along with medical expenses, can be expensive (Yu & Ko, 2012).

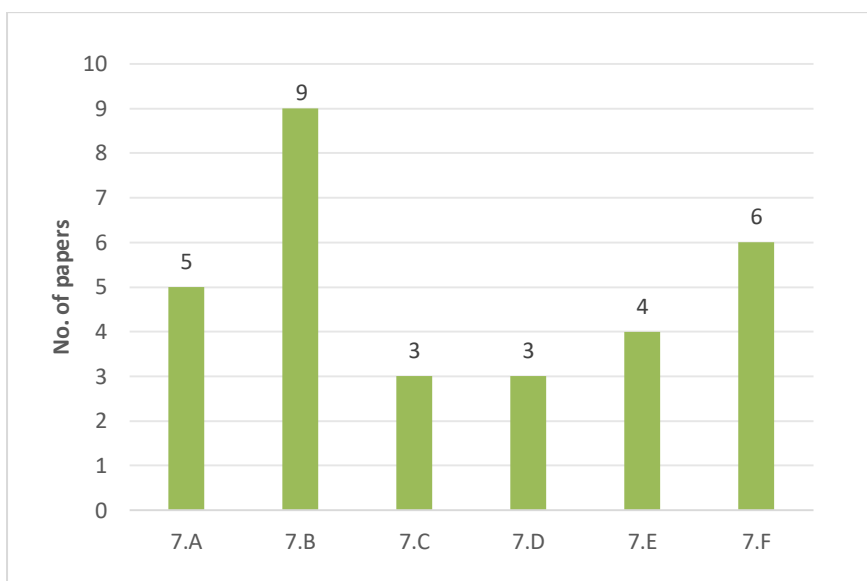


Figure 11 Challenges linked with Health/Wellness/Medical Tourism.



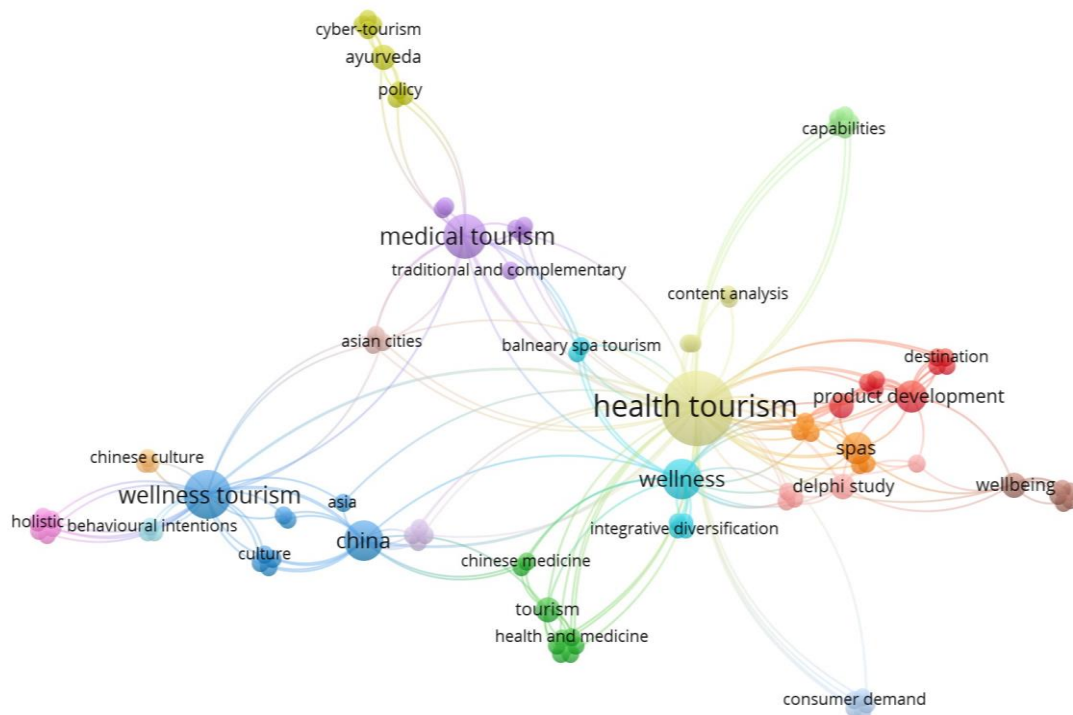


Figure 12 Analysis of Keywords Linked with Health/Wellness/Medical Tourism.

To provide additional support for the analysis, Figure 12 shows the analysis of the linked keywords. The figure shows different clusters indicating associations among keywords; for instance, the red clusters focus on the positioning of THT practices, while the green clusters signify the linkages between Chinese medicine, medical wellness, health and medicine, and healthiness. The cluster in blue with wellness tourism as the largest node is linked with keywords such as “Asia”, “China” and “Culture”, indicating the prominence of THT in the region.

5. Emerging gaps, recommendations and research framework for future study

The present study was guided by the subsequent research questions: RQ1: What are the key focus areas examined in medical/wellness/health tourism studies published in the last twenty years related to traditional health tourism? RQ2: What conceptual/theoretical frameworks have been applied thus far in THT research, and what frameworks need further development? Thus, the content of the articles was analyzed to provide guidance for the research framework for future studies. The results on the basis of the first and second category indicate the need to conduct cross-country comparisons. Studies have focused on specific regions, which limits the evaluation of cultural differences, and further investigations into different medical/health tourism submarkets in different cross-cultural settings could be beneficial (Dryglas & Smith, 2023; Gustavo, 2010; Kim et al., 2011; Yu & Ko, 2012). While Asia is a prominent continent with a significant number of publications related to health/wellness/medical tourism, comparative studies can strengthen the literature on THT. Further investigations are required to compare health tourism development in different Asian countries (Jiang et al., 2022). Thus, the following is recommended:

- Recommendation 1: Further studies are required to compare health tourism in different countries and national contexts.

In terms of category 3, most of the research related to THTs is qualitative, with the majority of the studies using interviews as a data collection strategy (Hjalager & Flagestad, 2012; Huang & Xu, 2014; Romão et al., 2017; Speier, 2011). While qualitative studies provide in-depth results, there is a lack of objectivity, which can be provided by numerical results (Kim et al., 2011). Similarly, Lee and Kim (2015) highlighted that the validity and reliability of research studies can be enhanced by using scientific methods. A significant number of studies are quantitative in nature, while only a limited number of studies have adopted a mixed-method approach. Another methodological limitation is the small sample size (Heung & Kucukusta, 2013; Vijayakumar & Rao, 2005), and studies of the barriers to health tourism and traditional practices should be performed with larger samples of participants. Additionally, Hjalager and Flagestad (2012) noted that longitudinal studies are needed to provide insights into products and services in health tourism. Correspondingly, Kelly (2012) noted a lack of longitudinal research, which is necessary to provide insights into tourists’ behavior linked with engagement in wellness tourists over time. Therefore, the following recommendation is provided:

- Recommendation 2: Further studies are required to adopt a mixed-methods approach to explore the concept of THT in health/wealth/medical tourism.
- Recommendation 3: Longitudinal studies are needed to provide evidence on how therapeutic practices change over time in THT.

Category 4 covered the focus of studies in terms of the tourism type. Health and wellness tourism were prominently mentioned in related studies, while tourism for medical purposes was relatively less of a focus. As highlighted by Hofer et al. (2012), health tourism is associated with preventive health care in which individuals aim to enhance their wellness rather than being driven by medical reasons. The study proposed that “medical wellness” is a blend of traditional health practices, rehabilitative care and wellness tourism.

- Recommendation 4: Further studies are required to explore the positioning of health tourism and its synergies with other markets.

Furthermore, category 5 explained the focus of the studies in terms of products or services. The majority of the studies mentioned traditional spa therapy involving bathing in water such as minerals (Dinu et al., 2010; Fontanari & Kern, 2003). Speier (2011) highlighted the commodification of traditional spa therapies and the diversification of services and products in health/medical tourism, while Dryglas and Smith (2023) highlighted that wellness retreat services should be explored from the perspective of spirality. The growing market of medical and health tourism has resulted in the demand for traditional practices where spas are required to focus on the global market by providing generalized packages of therapies. Finally, Yan and He (2020) focused on traditional landscapes without considering the linkage of clinics and hospitals in medical tourism. This provides an opportunity for future researchers to further investigate the products and services in the THT; thus,

- Recommendation 5: Further studies need to explore how the global market and competition have affected traditional spa practices.
- Recommendation 6: Further studies need to explore wellness retreats and spiritual experiences in the health tourism.
- Recommendation 7: Further studies are needed to explore the significance of the therapeutic landscape in medical tourism.

In terms of category 6, different factors that drive THT practices in health/medical/wellness tourism were identified. Given the growing significance and development of tourism, new practices are emerging in THTs. Further empirical studies that take into consideration characteristics such as lifestyle and satisfaction of tourists regarding traditional practices in health tourism can shed light on the factors that affect their decision to engage in health tourism for wellness purposes (Medina-Muñoz & Medina-Muñoz, 2013). In line with this, Kelly (2012) highlighted that assessing tourists’ leisure or spiritual activities can provide insights into their likelihood of being wellness tourists, as spirituality can serve as a linkage between tourists and destinations (Huang & Xu, 2018). The preferences and experiences of tourists are imperative for advancing wellness/health tourism (Kucukusta & Heung, 2012); this can be accomplished by classifying tourists in different segments, such as by gender, age, traveling with family or alone or in groups (Kelly, 2012; Romão et al., 2017). Thus, wellness experiences must be analyzed from the viewpoint of tourists or consumers to provide insights into tourist satisfaction, motivation, trustworthiness, and culture (Dryglas & Smith, 2023; Kelly, 2012; Medina-Muñoz & Medina-Muñoz, 2013). Additionally, the analysis in the current study showed that the factor “culture” was less prominent; foreign experience and interaction with others in health tourism can be significant motivators and driving factors for THT (Huang & Xu, 2018; Kelly, 2012; Kim et al., 2011; Tosun et al., 2020). Therefore, cross-cultural analysis of motivation can be incorporated into THT studies that consider factors such as ethnicity, gender and interest (Kelly, 2012).

- Recommendation 8: Further studies are needed to investigate the factors affecting THT, such as lifestyle and tourists’ satisfaction.
- Recommendation 9: Further studies are needed to explore the effect of culture on THT.

Category 7 explored the factors that hinder health tourism, indicating the challenges faced in the THT. While a few studies have mentioned that factors such as government support and collaboration among stakeholders adversely impact healthcare tourism (Heung & Kucukusta, 2013; Kucukusta & Heung, 2012; Muralidhar & Karthikeyan, 2016), there is a lack of studies that have focused solely on the exploration of the role of government support and collaboration in the THT literature (Islam, 2014). Another challenge that is highlighted in studies that can be further explored is the lack of diversification of products and services (Hjalager & Flagestad, 2012; Jiang et al., 2022; Romão et al., 2017). Therefore:

- Recommendation 10: Further studies are needed to evaluate the role of government and cooperation among key stakeholders.

- Recommendation 11: Future studies can assess the significance of diversification of products and services in THTs.

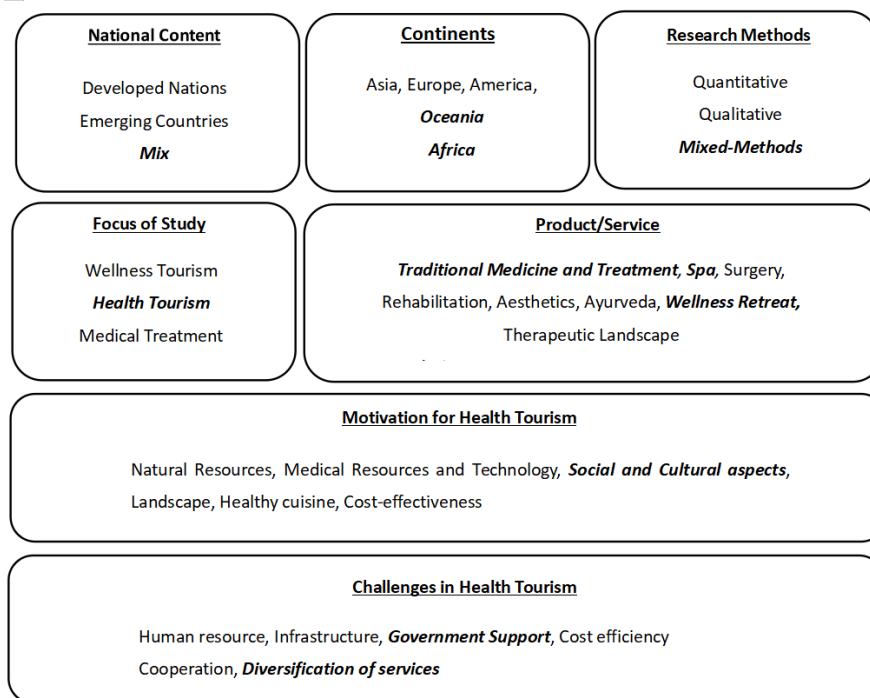


Figure 13 Framework for Future Research.
(*Note: Bold and Italic rows signify the key aspects for future investigation)

6. Final considerations

The systematic review performed in the present study aimed to shed light on the literature concerning THT over the past two decades. Following the PRISMA guidelines, the study offered a comprehensive overview and highlighted research gaps in an attempt to provide a research framework that can serve as a guide for future investigations. Various databases were used to identify the relevant articles, and the final sample comprised 29 articles. The analysis of the selected publications was carried out by first classifying the articles into categories that facilitated the researcher in assessing the key focus areas and themes in the articles.

The findings showed that, in terms of the national context, THTs were fairly distributed between developed countries and emerging countries. The majority of the articles in THT research originated from emerging countries such as China and India. A substantial proportion of the articles in the review employed a qualitative methodology, while a mixed-methods approach was the least prevalent. The study also shed light on various services and products associated with three key areas: health, wellness and medical tourism. Keyword analysis was carried out to offer insights into the significant research areas and themes in the THT literature. Along with traditional medicines and herbs, spa therapy is a prominent THT practice, as is the use of ayurveda. The content of the articles revealed the various factors that drive THT practices. Different motivating factors, such as natural resources, landscape, traditional medicines, healthy cuisine, cost benefits and social interaction, were identified. The last category included the content of the articles in terms of the challenges highlighted in the articles related to THT. These included the role of government support and collaboration among stakeholders.

The findings discussed in the current review have several practical and theoretical implications. The present review of the THT literature yields significant implications that add theoretical value to the existing body of research. First, the analysis contributes to existing research regarding health tourism by comprehensively studying THT. The study provided extensive insights into the interconnectedness of health, wellness and medical tourism, as indicated by the focus of the articles in the review. Furthermore, this study provides an opportunity for future researchers to expand the literature on THT by providing recommendations that can guide theoretical frameworks and contribute to the development of THT. Additionally, by highlighting factors such as natural resources and traditional medicines, the study added to existing frameworks and provided new avenues for theoretical exploration by discussing the gaps in the literature concerning the factors that affect THT practices. Thus, to bridge the gaps in the literature, the following recommendations have been made:

- Investigating health tourism and THT in different countries and national contexts and adopting different methodological approaches, particularly mixed-method approaches and longitudinal studies.



- The positioning of health tourism and its synergies with other markets should be explored, including particular practices such as the therapeutic landscape in medical tourism.
- Investigating the impact of the global market on THT practices.
- Evaluating the impact of unexplored factors on THT, for instance, lifestyle and satisfaction of tourists, cultural aspects, and role of government support
- Investigating the role of diversification of products and services in THT.

In addition to its theoretical implications, the study has several practical implications for informing practices and policies related to THTs. The study considers the context of both developed and developing countries, thus making the findings applicable to practitioners in both national contexts. Policymakers can utilize information regarding the geographic distribution of THT practices to formulate strategies that support THTs, particularly by focusing on government support, infrastructure, diversification of services and cultural aspects. The different services highlighted in the review and the research framework used to address these gaps have practical implications for the tourism and health industries. The study highlighted the importance of wellness experience and motivating factors that drive tourists to use health and wellness packages. In addition, the recommendations highlighted the importance of investigating factors such as age, sex and ethnicity. Thus, businesses must acknowledge the differences and focus on catering to the needs of customers and tourists and understand the requirements of tourists to offer unique packages and experiences. Practitioners in THTs can focus on combining preventing health care with wellness and medical tourism to provide enhanced traditional services and offerings.

Although the current review has provided substantial insights and recommendations, it is critical to address these limitations. The scope of the review is limited to the availability of the literature as per the search strategy utilized in the review. While major scholarly databases were utilized to include relevant articles, articles not available in scholarly databases or articles tagged with different keywords may have been excluded from the review. Additionally, the review considered only the time frame of the past 20 years, which imposes a limitation on THT research. Research prior to 2003 has not been included; similarly, recent developments and emerging trends require further reviews to be carried out to include new trends and research. The recommendations were derived from the literature, and future researchers could further expand the framework by including the latest research developments. Thus, future research can expand the time frame to provide a broader understanding of THT and its impact on tourism. This review was performed by considering the inclusion and exclusion criteria, which limited the analysis to articles published in the English language only. This might have resulted in the exclusion of THT research in other languages. Accordingly, non-English publications were not adequately represented in the current review. Therefore, to address the limitations of language restrictions, future researchers can include studies published in languages other than English to broaden the global understanding of THT. Furthermore, the present study focused only on THTs in the realm of health, wellness and medical tourism, which may have resulted in the lack of focus on other important themes in the THT literature. Thus, future researchers could focus on other areas, such as healing practices and spiritual tourism.

Ethical considerations

Not applicable

Conflict of Interest

The authors declare no conflicts of interest

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