

Travelling for Health: The History and Essence of Health Tourism

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Abstract: This article studies the process of formation of health tourism and transformation of its concept at different historical stages. The comparative analysis of various tourist destinations aimed at strengthening physical, psychological and mental health of a person is carried out.

Key words: medical tourism, health tourism, sanatorium-resort sphere, natural healing factors, SPA, Wellness, Well-being.



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Introduction. In the conditions of accelerating pace of modern life, increasing stress factors and deteriorating environmental situation, health tourism is becoming increasingly important. This type of tourism includes various directions based on natural factors, modern medical technologies, traditional and non-traditional methods of recovery.

Historically, health tourism emerged in antiquity as a pilgrimage to healing springs, then the development of this industry went through the stages of creating hospitals, resorts, sanatoriums and specialised health centres. In the XXI century, health tourism has taken many different forms depending on people's needs for disease prevention, recovery from stress, rest, relaxation, spiritual revival and active longevity.

This article examines the importance of health tourism in modern society, its historical development, main trends and prospects in the context of global changes in the lifestyle and needs of the population.

Analysis of the literature on the topic. The evolution of health tourism and changes in its essence over time are widely discussed in scientific circles. In the works of researchers there are different approaches to interpreting and describing the nature of health tourism, which depend on linguistic, cultural and historical factors.

Similarity in the interpretation of the essence of health tourism was revealed by researchers from the CIS countries - A. M. Vetitnev, Y. A. Ivanov. A. Voynova[1], I.S. Barchukov. [2], Oborin M.S. [3], Kamalova A[4]. In the works of foreign researchers, the approach to the interpretation of the term 'health tourism' differs significantly. Swiss economists H. Muller and L. Kaufman[5] revealed the essence of health tourism through the model of extended well-being. Scandinavian researchers J. Pesonen and R. Kompula [6] in their works reveal the essence of health tourism

through the concept of 'well-being' tourism. British researchers M.K. Smith and L. Puchko[7] divide health tourism into two main forms: 'hard-core' tourism, including trips for therapy and surgical interventions, and 'soft-core' tourism, including spa, holistic and relaxation procedures.

Uzbekistan is actively conducting research aimed at studying and developing medical and health tourism. Researchers of our country I.Tukhliyev, G.H.Kudratov, Z.Usmonova, M.K.Pardaev[8], A.T.Mirzaev in their works use the term 'recreational tourism' for medical and health tourism and consider it as a system of rational use of natural national recreational complexes.

Methodology. The scientific and theoretical basis of the article is the scientific works of domestic and foreign economists devoted to health tourism. The methods of comparative literary analysis, logical and conceptual analysis, and comparative analysis were used to study the issue.

Analysis and results. Health tourism is one of the oldest forms of travel, the initial development of which was inextricably linked to religion. Many ancient civilisations considered the healing properties of mineral thermal springs to be divine and turned them into sacred temples. It is believed that the first health centres were founded by the Sumerians in the 4th millennium BC.

Medical pilgrimages were widely developed in ancient Greece, where many healing temples - asclepiions - were built in honour of Asclepius, the god of medicine, the most famous of which are the temples of Kos, Cnidus and Epidauros. Asclepius included not only religious buildings but also hospitals, where many pilgrims came to pray for healing. The priests of Asclepius, the Asklepiads, were concerned with treating the sick, performing religious rites and compiling tables describing the course of diseases and remedies. In this way, the Asclepians made a significant contribution to the accumulation of medical knowledge and the development of medicine.

The emergence of health tourism in Europe can be traced back to the Bronze Age. It was during this period that pilgrimages to a healing spring in present-day St Moritz, Switzerland, were first reported. In the Middle Ages, a church was built near the spring, and a visit to the church offered forgiveness for all sins. In 1535, the Swiss alchemist and physician Paracelsus recognised the mineral water of St. Moritz as the best in the world, highlighting its effectiveness in treating gout, rheumatism and kidney disease[9] Health tourism continued to develop during the Renaissance. The term 'SPA' (Latin: salus per aquam - 'health through water') appeared in Europe, and the first resort 'Ville d'Eaux' ('City of Waters') was founded in what is now Belgium. In the XVIII-XIX centuries, medical and health tourism developed rapidly, completely separating itself from pilgrimage and becoming a commercial industry. During this period, such famous resorts as the Cote d'Azur, Baden-Baden, Deauville, Karlovy Vary, Aachen and others appeared.

The development of medical and health tourism in Asia is primarily associated with the clinical care of travellers on caravan routes and in hospitals, as well as the use of folk medicine methods.

Many early Islamic cultures established health care systems that were available to foreign travellers. In particular, the most advanced hospital of the time, the Mansuri Hospital, was built in Cairo in 1248, with a capacity of 8,000 people, and became a place that provided medical services to foreigners regardless of their race or religion.[10]

Despite the fact that medical science on the territory of Uzbekistan was formed in the X-XII centuries, health tourism began to develop as a separate direction since the XIX century. Mineral waters found in the territory of Central Asia were studied and described in scientific literature in the 70-80s of the XIX century by the Russian scientist-chemist N.B. Teikh. His contribution to the development of sanatorium-resort activity in our region is of great importance. The first map of curative mineral springs and curative muds of Central Asia was made in 1912 by the Russian geologist V. Weber [11].

At the end of the 19th and the beginning of the 20th century, the following curative springs were discovered in Turkestan: Pedov, Arashan-bulak, Alai, Bolgali, Garm, Chashma, Katyrbulak,

Zarkent, Kaynarbulak, Uzchaksay. The first balneological resort on the territory of Uzbekistan was founded in 1881 by the Russian doctor I. Bunin in the Pedov district of the Kokand uyezd. Later, this and other health centres opened on the basis of mineral water and mud springs were transformed into military sanitary-hygienic stations and functioned until 1917." [12]

During the period of Uzbekistan's accession to the Soviet Union, sanatorium and spa activities developed intensively. After the signing of the decree "On therapeutic areas of national importance" in 1919, all resorts, balneological treatment facilities using water and mud were nationalised and united in the "Central Asian Spa Department". According to the concept of the Soviet power, the spas and sanatoriums became "workshops for the restoration of workers' health". The Department organised a number of expeditions to study the curative springs, with the participation of professors and leading specialists from the Semashko Institute of Physiotherapy and Resortology. On the basis of this research, since 1924 the region has seen the opening of many health resorts: the "Chimyon" and "Jalalabad" resorts in the Fergana Valley, the "Mulla Kara" sanatorium for railway workers in the Trans-Caspian region, the "Issyk-Ata", "Jeti-Oguz" and "Ak-Suu" balneological resorts in the Semirechensk region. After the Second World War, most of the sanatoriums and holiday resorts were transferred to trade unions and sectoral departments.

The development of domestic sanatoria-resorts in the Soviet Union reached its peak in the 1960s and 1980s. In 1980, 23.2 million people were treated in sanatoria-resorts, and the number of recreational tourists was 11.3 million. This indicates the predominance of health tourism among the population. Three factors contributed to this. Firstly, companies issued favourable vouchers to their employees, the cost of which was covered by the Social Fund, and the vouchers were free for certain categories of citizens. Second, limited opportunities for travel abroad stimulated the development of domestic tourism, with sanatoriums and resorts combining treatment and recreation becoming the most popular. Third, the Soviet health care system was closely linked to industry: large enterprises, ministries and trade unions operated medical institutions and sanatoriums specialising in the prevention and treatment of occupational diseases.

After the independence of the Republic of Uzbekistan, the sanatorium and resort industry underwent significant changes and now functions as a systemic element of the medical tourism complex of the Republic. The number of organisations providing this type of services has increased, the range of ownership, organisational and legal forms of sanatoriums and resorts has expanded, and the conceptual approach to the provision of services has changed. According to the Statistical Agency under the President of the Republic of Uzbekistan, in 2022 the number of sanatoriums and resorts operating on the territory of the Republic of Uzbekistan will be 242, with a capacity of 27,600 beds. The share of medical and health tourism in the structure of the state gross domestic product in 2022 was 507.5 billion soums or 5.67 per cent, which increased by 0.92 per cent in comparison with 2021 and by 3.52 per cent in comparison with 2020.

Despite the fact that researchers have been debating the nature of health and leisure tourism for decades, it is still relevant today. This is due to differences in the perception of this type of tourism in different countries, the level of economic and social development of countries, national mentality, geographical location, as well as differences in the therapeutic resources offered in recreational areas.

In the Soviet Union, the sanatorium-resort sphere was part of the "polyclinic-hospital-sanatorium" system and was considered an element of national culture, fulfilling important nationwide functions of disease prevention, rehabilitation and treatment. Therefore, researchers from the countries of the former Soviet Union (A.M. Vetitnev, Y.A. Voinova, I.S. Barchukov, M.S. Oborin, A. Kamalova) can be observed similar interpretations of the concept of health tourism based on the biomedical model of health and the "diagnostically oriented" health care system. The Uzbek researchers I. Tukhliyev, G.H. Kudratov [13], Z. Usmanova [14] in their works use the

term "recreational tourism" in relation to health tourism and interpret it as aimed at restoring health and working capacity through recreation outside the place of residence, for example, in tourist trips to nature, sanatoriums, resorts. Researchers M.K. Paradaev, A.T. Mirzaev[15] consider health tourism as a "recreational system" aimed at rational use of natural and recreational resources and national recreational complexes for individual and social health of the population.

Table 1. The essence of the types of health tourism

Criteria	Duration of Travel (days)	Purpose of Travel	Applied Treatment Methods	Reason for Travel	Destination
Medical Tourism	7-20	Restoration of health through medical interventions	Surgical procedures, organ transplants, advanced medical technologies for treating complex diseases	Receiving medical treatment unavailable in the traveler's home country, saving time and money	Medical centers in countries with affordable or advanced healthcare
Sanatorium-resort sphere	14-21	Rehabilitation, wellness, and disease prevention in a sanatorium-resort setting	Natural healing resources (climate, mineral waters, mud therapy), physiotherapy, dietary treatment	Necessity for rehabilitation or disease prevention without medical intervention using natural healing resources	Sanatoriums, resorts, sanatorium-preventoriums located near natural healing resources
SPA	1-7	Improving physical and mental well-being, relaxation, body care	Ayurveda practices, aromatherapy, yoga, massage, thermal and mineral waters, fitness	Desire for relaxation, health maintenance, body beauty, and luxury services	SPA hotels, SPA clubs, SPA centers
Wellness	1-7	Improving overall health, reducing stress, enhancing mood	Meditation, psychological relaxation techniques, yoga, diving, surfing	Overcoming stressful situations and negative environmental impacts	Wellness hotels, natural recreational areas (mountain regions, forests)
Well-being	1-14	Mental recovery, adopting a healthy lifestyle	Lifestyle changes (rural tourism), hiking, dieting, detox programs	Desire to change lifestyle, adopt healthy habits, and give up harmful ones	Well-being zones (rural areas, remote and secluded places, ancient spiritual sites)

Abroad, the concept of wellness tourism is associated with terms such as 'spa', 'wellness tourism', 'wellbeing tourism'. Each of these terms is used to define health tourism, but there are some differences between them. Such different approaches to interpreting the nature of health and wellness tourism can largely be explained by the linguistic and cultural characteristics of countries around the world. The interpretations of scholars from Western and Asian countries are based on the 'biopsychosocial' model of health, taking into account the spiritual and social components characteristic of the 'hospitalised' health care system.

The concepts of wellness and wellbeing in the tourism market have taken spa tourism beyond traditional health tourism and changed the expressed philosophy of 'hospital care' by making elements of wellness and wellbeing an important part of the package offered. Many well-known spas have reoriented their activities from classic spa content to leisure and wellness content. [16]

Conclusions. The conducted analysis shows that in the process of development of medical and health tourism its forms varied from therapeutic and pilgrimage tourism to therapeutic and preventive tourism and further to wellness and wellbeing tourism. Health tourism in Uzbekistan is formed on the basis of sanatorium and resort activity, which is an integral part of medical tourism and is based on the rehabilitation and preventive or therapeutic-recreational approach. The work of sanatoriums and spas is based exclusively on evidence-based medicine and is carried out by specialists with higher and secondary medical and pharmaceutical education. Rehabilitation and therapeutic procedures in sanatoriums and rehabilitation sanatoriums are carried out on the basis of the order, standards and clinical recommendations of sanatorium treatment.

In the XXI century people's desire to improve health, quality of life and life expectancy contributes to the rapid development of medicine and health tourism. At the present stage, it is focused on the "biopsychosocial" model of health, which takes into account not only the physical, but also the mental and spiritual state of a person. This improvement has led to a change in the concept of service provision in health tourism from a medical approach to a client-centred approach, from the 'treatment-rehabilitation' paradigm to the 'prevention-healthy lifestyle' paradigm. At this stage, this approach requires the inclusion of therapeutic factors specific to wellness and wellbeing, the development of new service programmes, an increase in the level of service and the application of new technologies compatible with 'wellbeing tourism'. In this way, the needs of not only the sick but also the practically healthy, economically active population will be taken into account.

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