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Medical - Tourism Scenario in India

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ABSTRACT

Medical-Tourism is the buzz word and talk of the day, today. State-of-the art medical assistance and the potential and exciting tourism opportunities joined together and leading to the most potential segment that is Medical-Tourism in health industries and tourism industries segment. Though it is advanced globally, India has entered this field and marching ahead. Economical and affordable cost of medical sciences with tourism attached to it, is making the seekers to throng to our country and is offering as a potential segment of business with both modern and ancient medicine in process. There are many leading players in this segment both in public and private sectors. This article discusses few of the above issues and potential Opportunities in this segment.

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Introduction

Medicine is the science and art of healing. It encompasses a variety of health care practices evolved to maintain and restore health by the prevention and treatment of illness in human beings, medicine is used to refer to the science of healing, as well as any substance that is used to treat diseases and promote health.”

Medicine is prescribed by educated doctors in order to cure illnesses and infections, as well as to maintain a healthy body. The use of medicine and plants with medicinal properties has taken place since the prehistoric times when people believed that herbs and animal parts could help heal sick and injured people. Many countries around the world such as Egypt, India, Persia, and China have been developing traditional medical practices for hundreds of years. Since then the use of medicine has become greatly intertwined with most people's lives and it is often used on a daily basis by many people in order to help with things such as lowering blood pressure or cholesterol. As science and technology continue to improve medicine is becoming more and more reliable. Medicine and the advances made in medical technology have greatly increased life expectancy and has made coping with illness more comfortable. Medicine exists to help with a variety of different issues. There is medicine that is used to lessen pain such as morphine, anti-depression medicine, and medicine such as antibiotics that kills bacteria that causes sickness. Millions of dollars are spent every year by pharmaceutical companies who are researching and developing new types of medicine.

Medicinal is a term that refers to anything that contains therapeutic properties. There are foods, plants, herbs and mushrooms that contain medicinal properties. The medicinal herb called bloodroot is used in small doses to cure throat infections, and the paste that is made from bloodroot can be used externally in order to help with skin diseases and warts. St.

John's Wart can be used to treat depression, diarrhea and bladder problems, as well as bed wetting in children. The medicinal herb ginseng has the ability to help the body deal with heat, cold, stress and fatigue. There are hundreds of plants that contain medicinal properties and dictionaries of therapeutic herbs and plants can be found at most book stores. There are many types of medicinal mushrooms that are used in the practice of medicine.

Historical overview of the past present and future medicine:

We are into the new millennium it is becoming increasingly clear that the biomedical sciences are entering the most exciting phase of their development. Paradoxically, medical practice is also passing through a phase of increasing uncertainty, in both industrial and developing countries. Industrial countries have not been able to solve the problem of the spiraling costs of health care resulting from technological development, public expectations, and—in particular—the rapidly increasing size of their elderly populations. The people of many developing countries are still living in dire poverty with dysfunctional health care systems and extremely limited access to basic medical care.

Past Scenario:

India has one of the oldest civilizations on earth, which is more than 5000 years ago. As a result, it also has a long medical history. The ancient Indians used vegetable, animal, and earth as drugs to cure diseases. What is more interesting about Indian medicine is not how the cure the disease, but how the use medicine to lead to a long life. It also helps to prevent diseases and ailment by using a variety of things, like food, aroma, yoga, lifestyle, etc. By the 12th century, a book called Susruta Samhita was written. It explained many advances surgery that India had developed, which included reconstruction of injured facial part, lithotomy, removal of dead fetus, etc. As you can tell from its advanced surgery, they also had a well understanding of anatomy.

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Medicine before the 20th Century:-

In the earliest evidence surviving from the ancient civilizations of Babylonia, China, Egypt, and India, it is clear that longevity, disease, and death are among humanity's oldest preoccupations. From ancient times to the Renaissance, knowledge of the living world changed little, the distinction between animate and inanimate objects was blurred, and speculations about living things were based on prevailing ideas about the nature of matter.

Advances in science and philosophy throughout the 16th and 17th centuries led to equally momentous changes in medical sciences. After steady progress during the 18th century, the biological and medical sciences began to advance at a remarkable rate during the 19th century, which saw the genuine beginnings of modern scientific medicine. 19th century, curative medical technology had little effect on the health of society, and many of the improvements over the centuries resulted from higher standards of living, improved nutrition, better hygiene, and other environmental modifications. The groundwork was laid for a dramatic change during the second half of the 20th century, although considerable controversy remains over how much we owe to the effect of scientific medicine and how much to continued improvements in our environment.

This balance between the potential of the basic biological sciences and simpler public health measures for affecting the health of our societies in both industrial and developing countries remains controversial and is one of the major issues to be faced by those who plan the development of health care services for the future.

Science, Technology, and Medicine in the 20th Century:-

Science and Technology speedy gains in life expectancy followed social change and public health measures; progress in the other medical sciences was slow during the first half of the 20th century, possibly because of the debilitating effect of two major world wars. The position changed dramatically after World War II, a time that many still believe was the period of major achievement in the biomedical sciences for improving the health of society. Modern epidemiology came into its own after World War II, when increasingly sophisticated statistical methods were first applied to the study of noninfectious disease to analyze the patterns and associations of diseases in large populations. The emergence of clinical epidemiology marked one of the most important successes of the medical sciences in the 20th century.

The first major success of clinical epidemiology was the demonstration of the relationship between cigarette smoking and lung cancer by Austin Bradford Hill and Richard Doll in the United Kingdom. This work was later replicated in many studies, currently, tobacco is estimated to cause about 8.8 percent of deaths (4.9 million) and 4.1 percent of disability-adjusted life years (59.1 million) (WHO 2002c). Despite this information, the tobacco epidemic continues, with at least 1 million more deaths attributable to tobacco in 2000 than in 1990, mainly in developing countries. Risk factors diseases, such as hypertension, obesity and its accompaniments, and other forms of cancer. Risk factors defined such as unsafe water, poor sanitation and hygiene, pollution, and others, form the basis of *The World Health Report 2002* (WHO 2002c), which sets out a program for controlling disease globally by reducing 10 conditions: underweight status; unsafe sex; high blood pressure; tobacco consumption; alcohol consumption; unsafe water, sanitation, and hygiene; iron deficiency; indoor smoke from solid fuels; high cholesterol; and obesity. These conditions are

calculated to account for more than one-third of all deaths worldwide.

The epidemiological approach has its limitations, however. Where risk factors seem likely to be heterogeneous or of only limited importance, even studies involving large populations continue to give equivocal or contradictory results. Why so many people in both industrial and developing countries ignore risk factors that are based on solid data is still not clear; much remains to be learned about social, cultural, psychological, and ethnic differences with respect to education about important risk factors for disease. Finally, little work has been done regarding the perception of risk factors in the developing countries (WHO 2002c). More recent developments in this field come under the general heading of evidence-based medicine (EBM) (Sackett and others 1996). Although it is self-evident that the medical profession should base its work on the best available evidence, the rise of EBM as a way of thinking has been a valuable addition to the development of good clinical practice over the years. It covers certain skills that are not always self-evident, including finding and appraising evidence and, particularly, implementation—that is, actually getting research into practice. Its principles are equally germane to industrial and developing countries, and the skills required, particularly numerical, will have to become part of the education of physicians of the future. Good clinical practice will be a major challenge for medical education.

Present scenario:

We have been treating diseases for thousands of years now; we still have a long way to go. As of today, there are still diseases that can be suppressed but not cured. One example is the "acquired immunodeficiency syndrome" (AIDS). Discovered in 1980s, this disease is still under close observation today, with millions of AIDS and HIV patients. The influenza is threatening China, Indonesia and other parts of the world is the "avian flu". First started in Hong Kong, this virus has spread to many other countries. Cancer is a disease that we have fought again and again. The most infamous type of cancer, the number killer of Americans and perhaps the world, is lung cancer. Another problematic disease is diabetes. Fortunately, scientists who have studied diabetes have discovered a solution. Hopefully, as new diseases surface, more solutions will be invented.

Medical Treatments:

Cancer can be treated on one of three ways. Surgery, which removes the tumor, is one alternative that depends on whether the cancerous growth is near vital organs. Another approach is using radiotherapy or chemotherapy. A biopsy, which is taking a small sample of the cancer for analysis, is used for diagnosis and for finding the proper treatment.

Statistics:

Cancer is the cause of 13% (about 7.6 million people) of deaths worldwide. According to the World Health Organization, the leading deaths are from cancers of the:

- Lung - 1.3 million deaths per year
- Stomach - 1 million deaths per year
- Liver - 662,000 deaths per year
- Colon - 655,000 deaths per year
- Breast - 502,000 deaths per year

Unfortunately, over 40% of cancer can be prevented through changes in dietary and lifestyle habits and early detection. However, aging also plays a role in development of cancer.

Major Diseases in India:**Malaria:**

With 1.5 million confirmed cases reported annually by the National Vector Borne Disease Control Programme, malaria is one of India's major public health problems. Health Minister Ghulam Nabi Azad revealed that 1,533,169 cases were reported in India in 2009. Malaria and other vector-borne diseases are the most widespread cause of death, disability and economic loss, especially among the poor, with limited access to healthcare facilities. Curable if effective treatment begins early, delay in treatment may even lead to death.

Tuberculosis:

TB kills almost two million people globally per annum. One-third of the world's population (two billion) are infected with TB. India has an estimated 1.9 million cases annually – the world's highest TB burden with one-fifth of the global incidence. Despite some success achieved by the Revised National Tuberculosis Control Programme, TB mortality at 28 deaths per 100,000 population (2006) and a prevalence rate of 299 cases per 100,000 population (2006; WHO 2008 Global TB Report), India's TB statistics are on the higher side, as per global norms.

Diarrhoea:

Worldwide, about 1.5 million children under five die of diarrhoea yearly (2004). While 38% deaths occurred in South Asia (2004), India had the highest death rates, as per the report – Diarrhoea: why children are still dying and what can be done – released by the UN and WHO. After pneumonia, diarrhoea is the second biggest killer among children under five globally. Its main dangers: death (via dehydration) and malnutrition. In a study titled 'Disease and economic burden of rotavirus diarrhoea in India,' the National Institute of Virology (NIV) has found that India spends more than Rs 3 billion each year in medical costs to treat the rotavirus diarrhoea. A key cause of diarrhoea, especially in young children, rotavirus infection usually occurs in winter. Common symptoms: severe vomiting, watery diarrhoea, and fever. The disease causes substantial mortality and morbidity for Indian children and is a significant economic burden. Shobha D Chitambar, Deputy Director, Enteric Viruses, NIV, says that annually, rotavirus diarrhoea caused an estimated 122,000- 153,000 deaths and 457,000-884,000 hospitalisations in children below five years.

Diabetes:

Diabetes mellitus is separated into 3 categories, type 1, type 2, and gestational diabetes. All of the various types of diabetes have the same signs, symptoms, and consequences. However, they differ in causes and demographics. Type 1 diabetes is caused by the pancreas' inability to produce insulin. Type 2 diabetes is caused by insulin resistance from various tissues. Gestational diabetes, similar to type 2 diabetes occurs during pregnancy. Diabetes left untreated may lead to serious complications which include, but are not limited to blindness, nerve damage, and microvascular damage. Diabetic treatment includes a managed diet, exercise and the use of various oral diabetic drugs for type 2 diabetes or the use of insulin for type 1 diabetes.

Insulin:

Dr. Fredrick Banting, a scientist that co-invented this medical breakthrough in 1934 along with his fellow student, Charles Best. Insulin is a protein or glucose that is injected in a diabetics' bloodstream. Many types of diabetes are treated with insulin. The rates of diabetic deaths are decreased with the help of insulin. Insulin is a hormone produced in the pancreas.

However, some individuals are not able to produce insulin; therefore it is provided for them.

Statistics:-

180 million people worldwide have diabetes and over 1.1 million died from diabetes in 2005. 80% of deaths occur in low and middle-income countries, and 55% of deaths occur among women. People with diabetes are twice as likely to die than healthy people. Diabetes leads to a plethora of diseases if left untreated, including:

- ✓ Blindness (Diabetic retinopathy) - 2% become completely blind, while 10% become severely visually impaired
- ✓ Neural problems (Diabetic neuropathy) - 50% develop these problems
- ✓ Kidney failure - 10 to 20% die of diabetes patients die of kidney failure
- ✓ Heart disease and stroke - 50% of diabetes patients die of the aforementioned diseases
- ✓ Breast - 502,000 deaths per year.

Future Scenario:

The thought of prosthetic limbs that can be controlled by ones mind leads one to think of mere science fiction. Recent discoveries in cutting edge robotics have begun to tear down such preconceived notions. Research on such technology makes thought-controlled prosthetics limbs a likely reality in the near future of medicine. This technology is currently being tested by individuals like Jesse Sullivan who lost both of his arms in a power line accident in his hometown of Dayton. Traditional prosthetics rely on the use of chin switches and other levers to operate the mechanical limb. A new concept was developed by Dr. Todd Kuiken and his colleagues at the Rehabilitation Institute of Chicago. Severed nerves that once controlled are moved to muscles in the chest where they grow to gain control of his chest muscles. Sensors in the prosthetic limb pick up electrical signals and contractions in the muscles which are translated to commands in the robotic limb. Such technology is far from perfection but opens up a world of possibilities for the future.

The restoration of vision through digital retina implants has become more than fiction. The design and creation of a 16 by 16 pixel digital retina has opened up new concepts and is being experimented upon for use on humans. The prototype demonstrates the possibility of artificial retinas with much higher resolutions and image-processing functions.

A major issue of contention, stem cells are unspecialized cells that can renew themselves through cell division and become cells with certain specific functions (such as in the heart, pancreas, spinal cord, etc.). Two types of stem cells are available: embryonic and adult, each of which has different functions. Embryonic stem cells are isolated from human embryos and can form into specialized cell types. Adult stem cells, which cannot alter their specialization, can be typically used to create replacement cells lost or damaged over time in a person's body. Stem cell therapy is still in the distant future, it seems to hold much promise. Recent research indicates that stem cells can be used to create blood cells of different blood types (e.g., A, O, B, etc.), sperm, heart valve cells, and a myriad of other cell types. In addition, many degenerative diseases like Parkinson's disease, diabetes and heart disease, can possibly be cured in the future through embryonic stem cells that become neurons. Likewise, stem cells may provide a safer alternative to testing experimental drugs. Stem cells remain a controversial issue but may ultimately hold the key to curing many incurable

diseases today, and may be in future innovators may find the new technology to cure the diseases.

What is Tourism?

"Tourism is the activities of persons traveling to and staying in places outside their usual environment for not more than one consecutive year for leisure, business or other purposes is called Tourism".

"Tourism is a dynamic and competitive industry that requires the ability to constantly adapt to customers' changing needs and desires, as the customer's satisfaction, safety and enjoyment are particularly the focus of tourism businesses".

Types:-

- Inbound Tourism
- Outbound Tourism

Approaches in attracting tourists:

People who canceled their vacations last year due to the economic downturn are pent up and eager to pack their bags. Destinations hope to capitalize on this year's upswing, so they're getting creative with their marketing campaigns. State tourism boards, city CVBs and tour companies are using fun themes, contests and social media to engage potential visitors. Alabama created a clever campaign seven years ago, focusing on a select theme each year. 2010 is the "Year of Alabama Small Towns & Downtowns." More than 200 communities — from Mooresville, population 54, to Birmingham, the largest city with 300,000 — are hosting festivals and unveiling historical markers in celebration. Past topics include the state's history, sports, arts, outdoor attractions, food and gardens. Colorado, Oklahoma, South Carolina and Virginia are a sampling of the states running contests for getaway giveaways. And tour companies are adding incentives and updating their itineraries to entice customers. They're adding exciting new destinations and activities to grab the public's attention. The same old, same old won't do in a market where people are ready to take that long-awaited vacation, but are still cautious with their time and money. For links to convention and visitor bureaus, visit GroupawayTravel.com/cvb-links.

Medical Tourism Segments:

The tourism Segments is divided into six different areas of activities:

1. Accommodation
2. Food and Beverage Services
3. Recreation and Entertainment
4. Transportation
5. Travel Services
6. Medical Tourism

The diversity of these six sectors shows that the career options in the tourism industry are unlimited. Depending on people interests and skills, you can work indoors or out, nine to five or midnight to noon. You can work in an office, an airport or out of your home. You can have one career in the winter and another in the summer. In short, you can make your career fit the lifestyle you want.

Tourism areas in health sectors:

- Psychic holidays
- Beauty holidays
- Aging care holidays
- Medical holidays
- Physical holidays

What is Medical Tourism?

Medical Tourism is new approaching coined by Medicine and Tourism, it is the practice of traveling to another country in

order to receive medical attention may be it heart surgery, breast implants, a hip replacement, or dental work etc..."

Medical Tourism' refers to patients going to a different country for an either urgent or elective medical procedure is fast becoming a worldwide, In India 'medical tourism' is growing at the rate of 30% a year and is expected to generate revenues of Rs.100 billion by 2012 as per the study conducted by CII and McKinsey.(CBC News,2004)

Even when you factor in air fare, hotels, travel insurance, car rentals, shopping, and dining, many medical vacations are substantially more affordable than domestic health care is. For example, a heart valve operation that might require \$100,000 in the States could cost well under \$10,000 in a country like India where lower labor costs help drive down the price considerably.

Medical Tourism Major Players:

India offers world-class healthcare that costs substantially less than those in developed countries, using the same technology delivered by competent specialists attaining similar success rates A liver transplant costs in the range of Rs 60 lakhs-70 lakhs in Europe and double that in the US, but the Hyderabad based Global hospital has the wherewithal to do it in around Rs 15 lakh-20 lakhs. Similarly, a heart surgery in the US costing about Rs 20 lakhs, is performed at the Chennai-headquartered Apollo Hospitals Group in roughly Rs 2 lakhs. (The Hindu Business Line, 2007).

Table - Comparative Procedure Charges in India & US (US \$):

Procedure	Cost (US\$)
India	United States
Bone Marrow Transplant	2, 50,000
69,000	
Liver Transplant	3, 00,000
69,000	
Heart Surgery	30,000
8,000	
Orthopedic Surgery	20,000
6,000	
Cataract Surgery	2,000
1,250	

(Source: www.medical-tourism-india.com)

Foreigners account for almost 12% of the patients treated at the leading hospitals like Apollo. Escorts, Hinduja, etc.(sify.com).These hospitals have established distinct edge in surgical treatments. For instance, Apollo claims to have achieved 99.6% transplant success rate(www.apollo.com) and the death rate among patients during open heart operations performed at Escorts Heart Institute is 0.8% , which is less than half that of major hospitals in the U.S.(Hutchinson,2005).

Competing countries

Countries that actively promote medical tourism include Cuba, Costa Rica, Hungary, India, Israel, Jordan, Lithuania, Malaysia, Singapore and Thailand. Belgium, Poland and Singapore are now entering the field. Thailand is a significant destination with six medical centers in Bangkok alone boasting of accreditation from the United States. Singapore alone attracted 250,000 medical tourists in the year 2005 (Hutchinson, 2005). South Africa specializes in medical safaris-i.e visit the country for a safari, with a stopover for plastic surgery, a nose job and a chance to see lions and elephants. Some of the significant leaders in medical tourism globally along with their specialization area has been summarized in the Table.

Table: Major Competing Countries

Country	Specialization
Thailand	Eye surgery, Kidney dialysis, Organ transplantation etc.
India	Open heart surgery, hip & knee replacement, Bone Marrow Transplants, Cancer therapy, dentistry, cosmetic surgery.....
Costa Rica, Argentina	Plastic surgery
South Africa	Cosmetic surgery
Hungary	Cosmetic & dental procedures
Dubai	Largest international medical center "Dubai Healthcare City" to open by 2010, tie-up with Harvard Medical School...

Source: Medical Tourism growing worldwide (Hutchinson, 2005).

Surgical Treatment Scenario in India:

India has emerged as one of the prime countries in surgical treatment and a hot spot for medical tourism. This is possible because of the cost effective criteria with same level of expertise as provided by the west. Some of the major players that are promoting excellent surgical treatment and a key destination for medical tourism, Indian hospitals have in surgical treatments, its share in cord blood based ransplants is a meager 0.25%. That is out of the 7000-8000 cord blood transplants worldwide since 1993, only 20 such transplants have done in India so far.(LifeCell,2005). Ayush & Allopathic system of Indian Medicine like Ayurvedic, yoga, Unani is becoming more popular (Ayush) among foreigners who visit for medical tourism.

Karnataka State Government Plan for Medical Tourism:

The Karnataka government is planning two mega health and heritage tourism projects in the state that would attract investments worth Rs 1,800-2,000 crore. Speaking to Business Standard Vinay Luthra, managing director, Karnataka State Tourism Development Corporation (KSTDC), said the state government was formulating a tourism policy in this regard and the policy was likely to get cabinet approval in the next 2-3 months. Under medical tourism, the government has proposed a Health City on 300 acres near the Bangalore International Airport to be developed in public-private partnership. The government would act as a facilitator and provide land while investment worth around Rs 1,000 crore would come from private players. The city will have super specialty hospitals for neurology, cardiology, and rehabilitation centre for alcohol and drug addicts, ayurveda hospital and hotels. It is likely to come up in the next 2-3 years. According to industry body Association India's medical tourism sector is expected to grow at an annual rate of 30 per cent to become a Rs 9,500-crore industry by 2015.

Around 180,000 foreigners visited India for treatment in nine months and the number is likely to increase 22-25 per cent in the coming years, While a heart-valve replacement costs about \$0.2 million (around Rs 1 crore) in the US, in India it can be done in \$10,000 (around Rs 5 lakh), which also includes round-trip airfare. As part of heritage tourism, Karnataka is planning to promote a project at Hampi on 235 acres, said K Viswanatha Reddy, director, tourism department. The project will comprise a 5-star hotel with 200 rooms, budget hotel, restaurant, entertainment areas and other tourism-related activities. The project would attract investment worth Rs 800-1,000 crore. While the government would be a facilitator, investment would come from private developers.

According to reports, over five million foreigners visited India in 2007, of which at least three million visited heritage sites especially in the two southern states of Karnataka and Tamil Nadu. The share of cultural heritage tourism in the overall tourism figure in India is over 60 per cent.

Area of India is promoting the high-tech healing provided by its private health care sector as a tourist attraction. This budding trade in medical tourism, selling foreigners the idea of travelling to India for world-class medical treatment at lowest cost, has really got attention in the overseas market. The Indian system of medicine, which incorporates ayurveda, yoga, sidha, unani, naturopathy and other traditional healing treatments, is very unique and exotic. This medical expertise coupled with allopathic and other modern methods become our new focus segment to project India as a Global Healing Destination. If we believe the report published by McKenzie Consultants and Confederation of Indian Industries (CII), the response is quite positive and it could be generating revenue approximately Rs.100 billion by the year 2012. Our medical tourism provides low cost treatment. Perhaps you will wonder that the cost of same treatment in the US is ten times more than that in India.

Many state governments like Kerala, Andhra Pradesh, Uttranchal, and Karnataka have been showcasing their medical tourism segment in certain focused market like the Gulf and African regions. (Gaur Kanchilal) 326 Indian private sector hospitals have undertaken massive investment in the area of health.

Medical Tourism Opportunities in Indian Rural Areas:

Rural tourism has been identified as one of the priority areas for development of Indian tourism. Rural tourism experience should be attractive to the tourists and sustainable for the host community.

The 12th five year Plan identified basic objectives of rural tourism as below:

- Identify major Circuits/ Destinations - having potential to attract large number of visitors – for development in Mission Mode
- Develop Tourism Parks to be located in developed / underdeveloped / unexplored area of Tourist interest.
- Identify clusters of villages having unique craft, ethnic art form for development as Tourism Products.
- Existing scheme of development of tourism circuits / destinations to continue.

Indian villages have the potential for tourism development. With attractive and unique traditional way of life, rich culture, nature, crafts, folk-lore and livelihood of Indian villages are a promising destination for the tourist. It also provides tourism facilities in terms of accessibility, accommodation, sanitation and security.

Rural tourism can be used to:-

- Improve the well being of the rural poor by identifying their craft work linked to tourism
- Empower the rural people to enhanced rural tourism with natural habitations
- Empower the women to start small tourist business
- Enhance the rural infrastructure for accommodating and tapping tourism opportunities
- Participate in decision-making and implementing tourism policies
- Interaction with the outside world for promotion
- Improve the social condition of lower sections of the society by encouraging to participate in rural potential tourist spots
- Protection of culture, heritage, and nature linked to tourism.

All these can be enhanced by providing PURA (Providing Urban facilities in Rural Areas).

Futuristic Trend for Medical Tourism:

Powerful trends are at work all around the India forcing changes in health care will be conceived and delivered in the decades ahead. The editors of Harvard Business Review have compiled a list of that will dramatically change unrecognized consequences.

1. Innovation and demand soar in emerging economies
2. Personalized medicine and technological advances
3. Aging populations overwhelm the system
4. Rising costs
5. Global pandemics
6. Environmental challenges
7. Evidence-based medicine
8. Non-MDs providing care
9. Payers' influence over treatment decisions
10. The growing role of philanthropy
11. Prevention is the next big business opportunity
12. Medical tourism

Conclusion:

Medical Tourism break new ground in the medical industry, India offers new technology, alternative and experimental treatments, India has a broad spectrum of specializations including cardiology, cosmetic surgery, dentistry, ophthalmology, orthopedics, transplants and assisted reproduction. Nowadays, India remains a leading medical tourism country that promotes widely at both a governmental and private sector level as well as offering medical visas. These factors together have meant that India attracts around 450,000 medical tourists a year (From UK, USA and South Korea). Cost savings are prominent as one can expect to save 58% when

compared to the USA and 47% for the UK. Other driving factors are high quality of medical care, availability of treatments and reduced waiting times. By 2012, India aims to attract one million medical tourists. Medical tourism is a developing market with vast potentiality in India. The growing demand for medical treatments for which people travel has resulted in a development of various medical tourism products and the emergence of facilitators. Indian Hospitality is emerged in terms of their service quality and Patients Relationship Management (PRM), Doctors as well as nurses treat the patients' right manner with emotional attachment. Patients once psychological satisfied with hospitality service they may get cure with there sensible service.

Reference:

1. NHSRC National Health Systems Resource Center National Rural Health Mission Ministry of Health and Family Welfare Government of India New Delhi
2. Extensive treatments topic are available in several monographs (Cooter and Pickstone 2000; Porter 1997; Weatherall 1995).
3. <http://www.ncbi.nlm.nih.gov/books/NBK11741/#A670>
4. A variety of things, like food, aroma, yoga, lifestyle, etc. By the 12th century, a book called Susruta Samhita
5. Report of the working group on tourism 12th five year plan (2012-17) Ministry Tourism Government of India
6. Medical Tourism growing worldwide (Hutchinson,2005).
7. www.medical-tourism-india.com
8. A study conducted by CII and McKinsey.(CBC News,2004)
9. LifeCell,2005
10. The World Health Report 2002 (WHO 2002c),
11. The editors of Harvard Business Review