

India as A Medical Hotspot: Views on Medical Tourism

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Abstract

India is rapidly becoming one of the most popular travel destinations for people from other countries. India's rise as a popular destination for tourists may be attributed to a number of different causes. The expansion of medical tourism in India is one of the phenomena that the author of this study intends to examine. The complementary industries of tourism and healthcare both have enormous untapped potential for the nation in terms of both the creation of new jobs and the receipt of revenue from international markets. Today, medical tourism is quickly becoming an industry that is worth several billions of dollars. It is important to emphasise at this juncture that the primary goal of medical tourists is to get high-quality medical care at a price that is affordable to them. When compared to other industrialised countries across the globe, India offers world-class medical care at rates that are more manageable for patients' budgets. As a result, the country has become one of the most popular destinations for international medical tourists. The purpose of this study is to investigate the variables that have contributed to the expansion and development of medical tourism in India, as well as the prospects for this industry in the years to come. In addition, a comprehensive study of the services offered in India as well as the locations in India that are quickly becoming recognised as centres of excellence is given here. It is said that India has a cost edge over other growing cities around the globe when it comes to providing a variety of services, citing the country's competitive pricing.

Keywords: Medical Tourism, Medical Hotspot, Telemedicine, Cost-effective Healthcare in India.

Introduction

If you were to ask any elderly person in India about the remarkable changes that have taken place in the country's healthcare system today, you would see their countenance come alive. Whenever faced with illnesses or disorders that required extensive surgery or novel therapies, many Native Indians made the journey westward in search of better medical care. This migration occurred not all that long ago. And today

patients from all over the globe go to India to get treatment. At a time when excellent medical treatment is becoming more challenging to come by in the west, the Indian healthcare business is making its presence known around the world as an option that is of high quality as well as economically feasible.

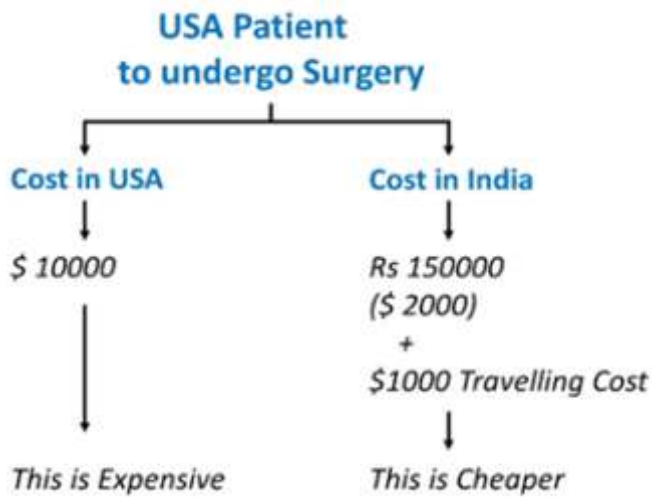


Figure 1: Cost-effective treatment in India

Hospitals, clinical trials, medical equipment, telemedicine, medical tourism, outsourcing, including medical insurance are all mechanisms of India's extensive healthcare professional, which also comprises medical tools and health insurance (Bookman and Bookman, 2007). The growing prevalence of lifestyle diseases, the increasing demand for cost-effective health-care delivery systems, the rise of telemedicine, technological developments, accelerated health insurance penetration, as well as new initiatives such as e-health are all factors that are driving the growth of the health - care industry in India.

Over the course of the last decade, medical tourism in India has seen remarkable growth. It all began when private hospitals established specialised divisions with the intention of actively serving to patients coming from other countries. This was made possible by the proliferation of holistic health centres as well as wellness retreat hubs in India, which treated individuals based on the principles of ancient sciences such as Ayurveda, Sidha, Kalari, Panchakarma, and Naturopathy. This helped to support the

claim that holistic medicine is more effective than conventional medicine (Begum, 2013). The medical tourism business in India is now valued at \$6 billion, and it is anticipated that this figure would rise to \$13 billion by the year 2026 due to significant investments from the private sector as well as measures taken by the Indian government.

Because of its affordable cost of medical care, highly qualified experts, and developments in medical technology, India has become the most popular destination for medical tourism in the world. According to a survey that was conducted in 2020-21 across 46 nations, India was ranked 10th as the most ideal location for travellers looking for better healthcare and services that promote holistic well-being. India is, therefore, among the top three locations in the world in terms of the number of overseas patients who go there to get medical care. Over the course of the last few decades, the sector of medical tourism has been further strengthened as a result of increasing globalisation and the expansion of medical services in some regions of the globe. From a pre-covid scale of USD 80 billion in the year 2019, it is anticipated that the global medical tourism business would expand at a compound annual growth rate (CAGR) of 21.1%. Following are the reasons why India is shaping the entire medical tourism ecosystem:

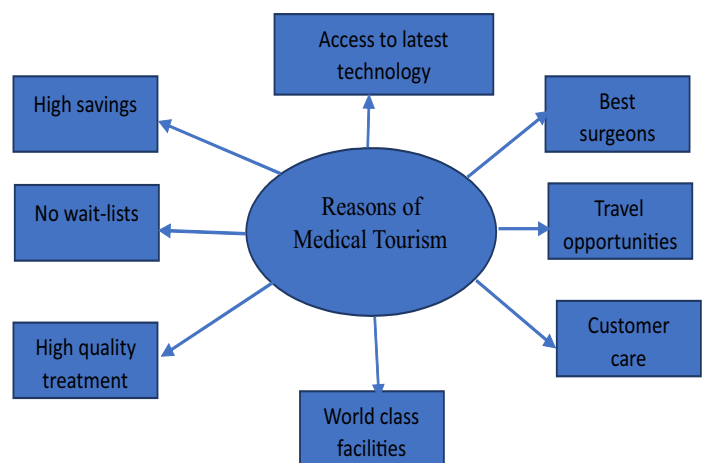


Figure 2: Reasons of Medical Tourism

- Varanasi's 800 BC physician was the founder of surgery. Modern physicians follow the same philosophy. Today's medical centres are acclaimed for their achievements. One hospital chain in Vijaywada, India, performed 1,020 heart surgeries in one go, setting a Guinness World Record. Another Indian urology and laparoscopy business has the Guinness World Record for treating the 13-centimetre kidney stone. India's healthcare staff are highly skilled, experienced, as well as professional (Carrera and Bridges, 2006). A broadband-connected Ahmedabad doctor performed remote robotic surgery on a patient hundreds of kilometres distant.
- India's ecology and openness to urgent medical care have also helped. In Chennai and Gurugram, India, the strong government established a traffic-free green road for ambulances transporting live-beating hearts for transplantation. India saved the globe from COVID-19 with medications and vaccinations, proving its medical friendliness. India has the world's biggest vaccine production and the largest Covid immunisation push.
- The nation offers lower-cost healthcare than the US and UK without compromising quality. The Ministry of Health and Family Welfare received Rs. 86,200 crores in the 2022-23 Union Budget to improve healthcare facilities.
- India is recognised for holistic medicine. The Indian Government is leading as 80% of the world uses traditional medicine. The Ministry of Ayurveda, Naturopathy, Yoga, Siddha, Unani, and Homoeopathy researches and recognises alternative medicine (or Ayush). The World Health Organization (WHO) has established the Global Centre for Traditional Medicines in Jamnagar, Gujarat, India, demonstrating India's natural and holistic therapeutic expertise.
- India has also perfected traditional medicine by utilizing its historic medical origins. Kerala is a prominent medical tourism destination for millions of travellers. Kerala's natural beauty and temperate temperature complement its world-class healthcare facilities. The "Heal In India" campaign promotes medical and wellness tourism in India. The government will upgrade thirty seven hospitals in Twelve states via this ambitious

initiative (McKinsey Report, 2002). For global patient searches, the Ministry of Health is building an online database of conventional healthcare experts.

- The government has invested much on tourism. Simplifying medical visa applications eases stay periods. International certification methods increase exposure and confidence in healthcare practitioners. Special medical visas make it easier for international visitors to use India's oldest health and wellness centre. India receives roughly 2 million foreign patients annually.
- India is flourishing as a holistic wellness and health nation, with the life expectancy rate growing from 66 years in 2010 to 70 years in 2020. so, facilities are getting easier to obtain.

Review of Literature

The entire concept of medical-health tourism has been better comprehended owing to the contributions made by earlier meta-analyses and evaluations of the relevant research. Existing literature studies have a tendency to be rather comprehensive, covering a wide range of topics including medical tourism, health-oriented tourism, adventure tourism, sport as well as fitness tourism, cosmetic surgery tourism, well-being tourism, spa tourism, and many more.

The practise of travelling for medical care is becoming more common across the world. Many people who are interested in receiving medical treatment choose to go to nations in "Asia, Central and Southern Europe, or Latin America" because of the lower cost of healthcare, shorter wait times for patients, or greater availability of innovative treatments in such regions. There is a possibility of incurring nosocomial infections and breaches of biosecurity while travelling abroad for medical treatment. From 2005 to 2011, 133 digital copies of Australian television programmes and newspapers that discussed medical treatment in other countries were acquired for the purpose of one research project (Rouland and Jarraya, 2020). The researchers found that the majority of Australian media reporting of medical tourism was centred geographically on Asia, with an emphasis on cosmetic

surgical treatments and therapies that are normally unavailable in Australia. They came to this conclusion by evaluating the articles. However, individuals often participate in the practise of medical tourism for a wide variety of motives.

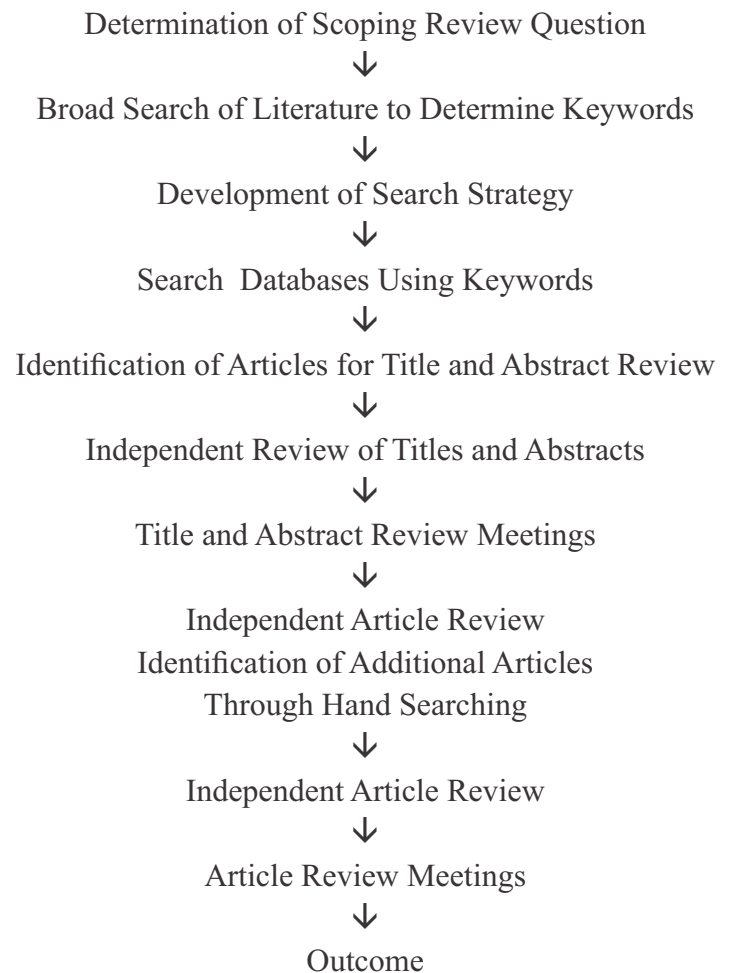
In some circumstances, the most important factor is either improved service quality or decreased overall expenses of treatment. In other instances, therapies may not be readily accessible in the area, or there may be lengthy patient waiting lists for medical care that is not considered an emergency. There were around one hundred publications that were chosen at random and evaluated. These articles were separated into several forms of medical tourism based on the medical procedures that were described in them, like cosmetic surgery, dentistry, or reproductive work. On the websites of the "Korean Tourism Organization and the Korean International Medical Association", there were a total of 252 articles pertaining to medical tourism. These articles were the subject of a study. Through this research, a better knowledge of medical tourism in Korea was achieved, and the identification of the most important elements of its growth (Imison and Schweinsberg, 2013). One other piece of research examined the experiences of patients who travelled for medical treatment, focusing on aspects such as decision-making, motives, dangers, and first-hand testimonies. After doing a literature analysis on foreign travel for cosmetic surgery tourism, the researchers came to the conclusion that the medical travel works had a problem with a lack of attention on the illness that these tourists experienced that was not connected to surgery.

Another group of writers offered their own definition of the concept of "health tourism," which they described as "a subset of tourism in general in which individuals seek to obtain specialised therapies or to seek an upgrade to their physical, mental, or spiritual well-being." The purpose of this comprehensive literature study was to determine how valuable a location's natural resources and activities are to the field of health tourism. It was suggested that the majority of the study on "health tourism" has been on travel from advanced to underdeveloped nations, as well as that there is essential to investigate travel between advanced countries. This is because most of the studies on health

tourism has been conducted in developed nations.

Research into wellness tourism is also an important area of focus in this field. One research study examined recent developments in the field of wellness tourism research and came to the conclusion that marketing for tourism had not been successful in penetrating the more profound layers of the wellness idea. The development of wellness and health tourism was investigated, along with the political, social, and economic forces that are linked with it (Pereira et al., 2018). An analysis of the growth of wellness tourism was carried out using the idea of generalhealth tourism. The results of this analysis revealed that the positive effects of this kind of tourism on both economic and social well-being are the primary factors contributing to its increasing levels of popularity.

Figure 3: Review of literature

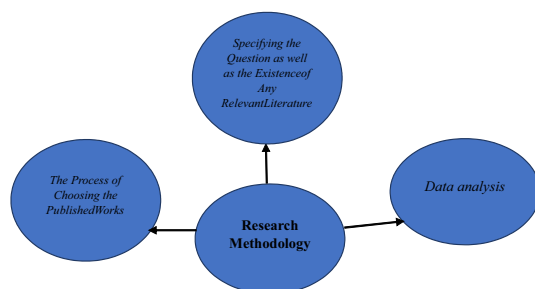


Overall, there is an inadequacy of research that takes a comprehensive approach to the topic of health, medical, and wellness tourism, despite the fact that prior literature evaluations provide very helpful insights into the topic. This study aims to redress this imbalance by providing a comprehensive review of the existing research. The review was conducted with the following goals in mind: conducting an investigation global academic journal across the categorisations of tourism highlighted in previous section; recognising impactful academics that have contributed suggestively to this ground; and summarising maindrifts in marketplaces, business advancement and elevation, in addition to policy-making and influences (Chi et al., 2020). In order to accomplish this goal, a comprehensive examination was carried out to investigate the research publications in the field of medical-health-wellness tourism that were available throughout the course of a period of 50 years, beginning in 1970 and ending in 2020.

Research Methodology

The results of a comprehensive review are described in this paper, which answers the question, "what is known about the consequences of medical tourism in target and origin nations?" The paper presents the conclusions of the study. In order to provide a solution to this topic, extensive research was conducted, during which academic publications, research papers, and materials from the media were collected. This is similar with the conceptual framework strategy, which seeks to synthesise what is recognized about a given topic across a variety of literature genres in order to establish clarity about the status of the evidence and knowledge that is currently available. The scoping review methodology that Arksey and O'Malley specified has been followed here in order to provide the synthesis that is being presented.

Figure 4: Research Methodology



Specifying the Question as well as the Existence of Any Relevant Literature

In order to get started with the scoping review, the first thing that needed to be done was to have a discussion with the team in order to come up with a question that may be an important contribution to the academic field of medical tourism. Following the conclusion of this discussion, a search strategy that was specifically designed to answer the review question was devised. The members of the team went through the medical tourism research that had already been published and looked for terms that were pertinent to the scoping issue. Researchers came up with keywords for each of the eight different categories of explanation that fall under the "why" category. These sorts of rationale address questions such as "why the medical tourism sector runs" and "why people decide on medical tourism." At the beginning of the research project (Dawn and Pal, 2011), the where category was populated with the nations that were already established as popular departure and arrival sites for medical tourists.

Following the completion of the keyword research and selection process, a database literature search was devised with the assistance of a librarian. The plan was developed to investigate the media, grey, as well as educational literatures written in the English language in order to locate a wide variety of materials that may aid in providing a response to the review question. It was planned that 18 different databases would be examined using different combinations of keyword. Different search tactics were necessary to navigate academic and media databases.

Media databases used a different search method than academic databases. The team initially determined the media search's geographic scope. It was decided to focus on one country's outcomes. This technique was selected after realising that examining all media sources worldwide was neither practical nor essential for this scoping study (Natarajan, 2015). The study team's proximity to Canada's media databases made it the nation of emphasis. The review's Canadian media sources may reflect "medical tourism" debates in other high-income leaving countries. Business briefs, newspaper editorials, research papers, and industry studies were found in academic as well as media databases.

The Process of Choosing the Published Works

To choose literature for the scoping review, members of the team independently reviewed abstracts and titles of sites discovered by the search technique in batches. After the independent assessment, team members discussed whether to study a material in full. Post-hoc criteria for inclusion were created in accordance with scoping review. Three reasons for rejection were: no emphasis on medical interference, including such source materials that coped with health tourism more largely; an special emphasis on "reproductive tourism" or "transplant tourism," as the surgical assistance in such instances is not confined to the global patient and therefore elevates distinct factors; or an excessively general spotlight on global skill in health care facilities or cross-border maintenance (Sagar and Latha, 2014). This also excludes non-English sources. Team members discussed whether to fully study a source until they agreed. Since team members initially agreed, the disagreement was negligible.

Complete source reviews followed title and abstract reviews. Media sources had no abstracts, thus all were evaluated. Hand searching the library database of sources chosen for thorough evaluation and reviewing relevant sources not found by the original technique were done. A further condition was added: sources were disqualified if no "data" could be derived from them. Two search manager-assigned team members reviewed every source. The sources were examined in groups. The team made source selection judgements after each batch. As with the title and abstract assessment stage, consent was high and disagreements were handled by team consensus following discussion.

Data analysis

Data from sources that were thoroughly examined and retrieved was charted in a spreadsheet that was safely stored online and accessed by the whole team. The spreadsheet included information on the study's sample and design, publishing material, and statistics relevant to the scoping issue. Meetings were arranged in order to review the data that had been retrieved and get a broad overview of the problems that the literature had shown. The main author then went through the data that had been collected and

identified the overarching themes that best summarised the information gained from the sources analysed. A crucial step in the charting process is the recognition of motifs in the literature reviewed that have been determined to be pertinent to the scoping issue. Team members went through the concepts to make sure the resulting interpretation was accurate (Kumar and Krishna, 2015&Sharma, 2013). The retrieved data was then color-coded in the spreadsheet based on theme. This was done to help with the reporting of the scoping review's conclusions' results. The team's last task was to come up with a list of the most important knowledge gaps that had been shown by the studied sources and were directly related to the scoping review issue.

Result and Discussion

The findings of this scoping study make it clearly evident that the amount of information that is presently known concerning the impacts of medical tourism is very limited, and that there is a great deal of room for conjecture. A progressively globalising economy has given rise to a phenomena known as "medical tourism," which is an embodiment of private health care that is performed for the purpose of making a profit. The potential for disparities that may be cultivated by this form of care in both the country of origin and the country of destination can work to undermine the facility of openly financed care in locations where it already exists and prevent its growth in locations where it does not. On the other hand, there is the possibility that medical tourism might be carried out in a way that is fair and mutually beneficial to all parties involved. This, however, calls for control and legislation that provides people of nations that provide medical services to overseas patients with substantial compensation assurances.

The five themes that were discovered and discussed earlier are the ones that most effectively encapsulate with the consequences of medical tourism. Such motifs have important ramifications for three global activity scopes that are mutual to both departure and end point nations. These spheres of activity are those of the nations' respective health and social practises, health care systems, and participation in the medical tourism business. In this part, these consequences will be elaborated upon, and attention will also be made to the knowledge gaps that were found by this

scoping study as well as the constraints of this investigation.

According to the sources that were examined, medical tourism is already having and will remain to have a considerable impact on the healthcare sectors of both the nations of origin as well as the countries that are visited. The dearth of supervision and control of the practise of medical tourism may effect in an unplanned for 'loss' of patients external of the domains of the nations wherein patients are originally from, which is a challenge for health officials in such nations. In systems of health care delivery that limit care, this has a detrimental impact on the capacity to properly predict future needs and appropriately allocate available resources. This might lead to a scenario in which a health care system is seen as being inattentive to the requirements of returning medical tourists because insufficient resources are allocated for follow-up treatment. This could be the outcome of insufficient funds being allocated for follow-up care. In addition to this, medical tourism has the effect of introducing and normalising commercial objectives into the "cultures" of the many health care structures with which it interacts (Singh, 2014). For instance, there are examples of this kind of care leading to the replacement of financial considerations for clinical considerations in the decision-making process for treatment among international visitors. If a culture of financial expediency and pragmatism replaces a culture of empathy and need among health-care professionals, then this mode of decision-making may also have a detrimental influence on the local people in the destination nations.

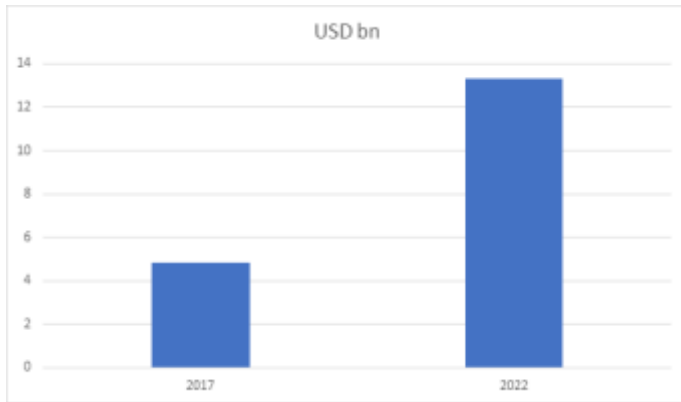
Countries that anticipate profiting in the near term from the potential of medical tourism to stimulate venture into their local health care systems run the risk of becoming fundamentally reliant on international sources of capital and revenue far into the foreseeable future. Because of this dependence, inequitable approaches to providing medical care may become more entrenched over time. This could result in the perpetual participation of foreign entities who have no personal stake in the well-being of local populace in the healthcare terrains of nations that have given over admittance to health-care facilities as part of the global "General Agreement on Trade in Services". The final point

is that the assertion that nations should view funding into innovation facilities for medical tourists as advantageous is weakened whenever the kinds of facilities that are being provided by hospitals are compared with the demanding healthcare requirements of the domestic populace (Sundar, 2012). This difference is made all the more disturbing when public funds that might be utilised for wide-reaching and affordable main health-care efforts is instead used to stimulate private sector venture into pricey tertiary care that has a more restricted effect.

Medical tourism has been called the "wild west" of regulation. This seems to have stalled governmental actions to promote patient safety or direct company growth in a fair and ethical way. Right now, medical tourism is usually considered to be an unfair commercial activity. Foreigners in LMIC destination nations get crucial services and skills required by their own populations. However, a young, uncontrolled business has opportunity for development. Equitable purchasing rules should help consumers and providers understand medical tourism's possible effects. Equitable purchasing principles have been devised and implemented in other worldwide businesses engaged in inequitable economic practises, and they may be applied to medical tourism. Stronger malpractice regulations in destination areas as well as better informational and care maintain functionality in departure nations might enhance patient safety. World healthcare tourism surveillance and monitoring norms would improve treatment and planning by departure and destination countries.

This scoping assessment of the medical tourism business brings up a number of important concerns about the existing organisational structure of the industry. Because there are neither regulations nor standards in place for medical tourism brokerages, anyone may establish a business in the industry (Vijayanambi and Kannan, 2014). Private business owners who dearthpracticalinformation of medicine but have a monetary interest in safeguarding patients aremedical tourists' facilitators to care. This is the case for medical tourists who do not have the self-assurance, knowledge, or skills necessary to independently organise a medical tour.

Figure 5: Foreign tourists visiting India for Medical purposes



As per the data published from KPMG India and Google, which is shown in figure 5 medical tourists in India has increased to USD 13.3 bn in 2022 from USD 4.8 bn in 2017 (New report)

Table 1 Cost advantage of treatment in India

Procedure Cost (US\$)	U.S.	Thailand	Singapore	Malaysia	India
Heart Bypass	1,30,000	11,000	18,500	9,000	7,000
Heart Valve Replacement	1,60,000	10,000	12,500	9,000	9,500
Hip Replacement	43,000	12,000	12,000	10,000	7,020
Knee Replacement	40,000	10,000	13,000	8,000	9,200

As shown in Table 1, one of the main reasons for increasing medical tourism in India is cost advantages. It can be seen in the table that the cost of treatment of many major surgery is lowest in India in comparison to the US, Thailand, Singapore and Malaysia.

Table 2 Medical Tourism Index

Rank	country	Scour
1	Canada	76.47
2	Singapore	76.43
3	Japan	74.23
4	Spain	72.93
5	United Kingdom	71.92
6	Dubai	71.85
7	Costa Rica	71.73
8	Israel	70.78
9	Abu Dhabi	70.26
10	India	69.80

Rank	country	Scour
11	France	69.61
12	Germany	69.29
13	Oman	69.03
14	South Korea	68.81
15	Czech Republic	68.32

Table 2 demonstrate the data of Medical Tourism Index 2021-22. As per the data scores of 46 nations has been given in which it can be observed that India rank 10th in medical tourism after Canada, Singapore, Japan, Spain, United Kingdom, Dubai, Costa Rica, Israel, and Abu Dhabi.

Conclusion

This research is centered on a literature evaluation that covered the period from 1970 to 2020 and included 802 publications on health, medical, and wellness tourism. It was discovered that Jeremy Snyder, who has written a total of 45 articles related to this topic, is the most popular writer in this sector. It has been discovered that the research done on this subject may be summed up using the following three concepts: marketplaces, locations, and development ecosystems. The focus of academic study in this rapidly expanding subject has shifted from tourist request and behaviour to the marketing and advance of places, and more subsequently, to strategies and effects. Previously, the emphasis was on tourist demand and behaviour.

It is important for travel locations to investigate the possibility of attracting visitors interested in health, medical, and wellness tourism. Accessibility, treatment centers, procedure alternatives, safety assurances, travel plans, and government legislation are all continuing to be crucial issues. Childhood vaccines, dental health, legal structures, assessment systems, entry structures, as well as macro-policy are continuing to be topics of consideration and also where further study is necessary in the advancement and marketing of this kind of tourism. When it comes to promoting “medical-health and wellness tourism”, the most essential thing to keep in mind is to fulfil or go above and beyond the prospects and requirements of tourists. In a similar vein, suitable policy rules and structures are essential in order to foster this kind of tourism. It is crucial to note that medical-health tourism industry may have adverse effects on the provision of healthcare services for local inhabitants in poorer nations,

with visitors from wealthier nations profiting to the detriment of surrounding people. This is because tourists from wealthier nations tend to have more disposable income. Nevertheless, it is properly organised and managed, this kind of tourism has the potential to be a positive influence in terms of contributing to the economic growth of the nations that are responsible for providing these services.

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Declarations: Author(s) declare that all works are original and this manuscript has not been published in any other journal.

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