

Health Tourism and its Potentials and Impacts on Tourism Industry of Sri Lanka

Abstract

This paper discusses the nature of the health tourism, a distinctive phenomenon in the making on the horizon of international tourism industry and examines its potentialities in the context of the international scenario and its impact on the tourism industry in Sri Lanka in the sphere of development strategies. Medical tourism, if properly utilised, could well be a great spur in the arena of local tourism industry, if one properly discerns the probable competitive advantages over the regional counterparts. Sri Lanka is endowed with the necessary infrastructure, inclusive of the traditional healthcare system nurtured for centuries, for the development of the health tourism industry. The results of evaluation of the magnitude of Ayurvedha and its relevant disciplines in the context of tourism study and the potentialities of promoting as a salient feature in tourism industry in Sri Lanka are discussed. Also discussed is the inevitable aspect of regulatory measures which are necessarily embedded in a master development strategy in health tourism.

Introduction

Global travel is not a new phenomenon. Historically, travellers embarked on adventures risking seas from the early to the middle 20th century. Then travelling became the privilege of the affluent few who could afford to the luxury of travelling abroad for the purpose of leisure. At present, it is open to a wide range of people.

Sri Lanka is strategically located connecting many sea routes and air

routes. The natural beauty of Sri Lanka's tropical forests, beaches and landscapes, as well as its rich cultural heritage, make it a world famous tourist destination. Sri Lanka is famous for its tropical ecosystem. The *New York Times* has ranked Sri Lanka as number one tourist destination in the world, while National Geographic magazine has cited Sri Lanka among the best 25 tourist destinations in the world. Thus, Sri Lanka is endowed with almost all possible tourist attractions except winter sports, and the industry should be able to exploit to its potential. So it is the bounden obligation of the relevant authorities to exploit the hitherto unexploited segments of tourism. Appended are some of the areas to be exploited in a synergized programme.

- i. Ayurvedha treatment
- ii. Buddhist doctrine and meditation (retreat to find solace)
- iii. Meditation as a healing process of ailments
- vi. Ayurvedic Beauty Therapy

Ayurvedha system professed, practised and nurtured is unique to Sri Lanka as the legend goes, it is practised, cherished and elegantly guarded for many millennia from the days of great sage Rishi Pulasti, (2668-2616 B.C.), the grandfather of Ravana, who was invited to chair the international medical conference held in Himalaya.

Defining the Features of Health Tourism

Tourism inherently based on curiosity and interests of people. Tourist attractions are varied and multifaceted, which are also basically dependent on the apprehension and the attitude of the people. One such aspiring anxiety of tourists is the seeking

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of medical treatment abroad. Industry should make every endeavour to attract tourists for health purposes as Sri Lanka is endowed with necessary potential for development. A burgeoning fact is the potential to develop health tourism to attract many tourists into Sri Lanka, as Sri Lanka could well be proud of its traditional healthcare system brought down for centuries. If cogently planned and masterfully guided, health tourism, with additional potentiality of exporting ayurvedic drugs, could definitely make a significant contribution to the tourist industry. If health tourism is properly propagated, Sri Lanka could be more a unique tourist destination.

According to the industry experts, the global medical travel industry has been projected to earn US\$ 40 billion by 2010. (Horowitz, Michael D, Medical Insight International of US, "Why in the world Do Patients Travel for Medical Care?, Asia Pacific Biotech, Vol.12, No.07 May 2008, p24).

The term medical travel denotes several major patterns and could be enumerated as follows:

- i. People receive medical treatments outside their own countries. This mostly involves with the Allopathic, the mainstream medical practice in the western world as rapid strides made by the system with the techniques and the technological innovations.
- ii. The people of the developed countries who need immediate medical treatment would resort to

alternative measures, move to Asian and other countries to mostly undergo complex operations due to various reasons such as exorbitant financial implications and exacerbate waiting list in their own countries and expertise found in other countries.

iii. The affluent patients in less developed countries continued to have poor access to expert medical services journeyed to have medical care in other countries

iv. Patients preference to secure traditional medical treatments in Asian countries where confident treatments are available for certain prolonged illnesses such as diabetes, hypertension, coronary problems, Parkinson disease, etc.

v. Traditional medicines in Asian countries also offer treatments for obesity, excess level of cholesterol, beauty culture, 'stay healthy systems',

vi. People travel to Asian countries in search of mental solace in the form of Yoga exercise and meditation techniques.

As described by Michael D Horowitz of Medical Insight International of the USA, medical travel is driven and shaped by the complex interactions of myriad of medical, economic, social and political forces. Nevertheless, the reason for people to travel thousands of miles, frequently crossing national borders can be classified as follows:

- i. Affordability of care,
- ii. Timeliness of care,
- iii. Availability of care,
- iv. Patient preference to specific providers,
- v. Patient preference for special geographical locations.

Medical tourism is a new term, but not a new idea. Patients have long

travelled in search of better care. Today, constraints and long waiting lists at home countries, as well as the ease of global travel, make health tourism even more appealing. Health tourism usually refers to the idea of middle-class or wealthy individuals going abroad in search of effective, low-cost treatment. Professor Tarun Khanna of the Harvard Business School predicts that "the medical services industry is evolving quickly and prospective dynamics in China similar to those in India and in other parts of South-east Asia are on the horizon." A forecast by Deloitte Consulting, a consultancy firm in the USA, published in August 2008, projected, that medical tourism originating in the USA could increase by tenfold over the next decade. The San Francisco Chronicle estimated 750,000 Americans went abroad for healthcare in 2007, and the report predicted that a million and a half would seek healthcare outside the USA in 2011. The statistics indicate that there is a huge potential market for health tourism.

Health tourism is a rapidly-growing practice of travelling across international borders to obtain healthcare. Over 50 countries have identified medical tourism as a national industry. Present global trend in health tourism is in a somewhat jeopardised manner as potential tourist find it difficult to locate accredited treatment and other measures of quality, and there are also risks and ethical issues that make this method of accessing medical care highly controversial. Also, some destinations may become hazardous or even dangerous for medical tourists. Sri Lank tourist industry could well exploit such potential situation with an improved pragmatic awareness campaign, executed effectively. Medical tourism presents a great opportunity for Sri Lanka to

augment the growth by tapping the potential of the international patient market.

Prologue to Traditional Medical Treatments

Medical practice in the world is broadly categorised into five segments, namely, Ayurvedha, Siddha, Yunani, Allopathy and Complementary and Alternative Medicine. Health tourism generates medical treatment under two major segments of medical discipline. i.e., Western and Ayurvedha medical systems. Tourists, usually, are attracted for western treatment, particularly in seeking of complicated medical surgeries in Asian countries due to high cost of treatment of their own countries. Nevertheless, Ayurvedic treatments are mostly sought as a reliable treatment for prolonged common sicknesses, such as hypertension, heart diseases, diabetes, paralysis, excess cholesterol level, orthopedic, etc. There are specific Ayurvedic schools (Family Traditions) specialised in particular diseases, which have nurtured and preserved the system with a closely-guarded regime. In Sri Lanka, there are number of traditional 'Paramparika' (traditions passed down for centuries) Ayurvedha centres and some attend to incurable diseases with positive results.

In Ayurvedha, in a broader spectrum, diseases are divided into two categories, namely, the communal diseases and non-communal diseases and are based on the following four crucial stages during the course of treatment.

- i. Adherence to a particular course of food
- ii. Adherence to a particular living style
- iii. Course of medicine
- iv. Daily regime

Hospital services, spa (massage clinic) and particularly treatment for prolonged illnesses, such as, hypertension, heart diseases, diabetes, paralysis, excess cholesterol level, orthopedic, etc. for which Ayurvedha system provides a highly confident course of treatment with prospective total recovery (subject to nature and other inherent symptoms and history). There was an instance in Sri Lanka that Parkinson disease was completely cured through Ayurvedha medical treatment, in this case, the symptoms have been detected early, a contributory factor in treatment.

Ayurvedic traditional treatment has become an inseparable service in some of the hotels in Sri Lanka as Ayurvedha has, now occupied an important place in beauty care, Ayurvedha Herbal Remedy and Ayurvedic Beauty Care.

Historical Evolution of Ayurvedha System in Sri Lanka

Ayurvedha, the "science of life", is a system of traditional medicine native to the Indian subcontinent. In Sanskrit, the word *ayurveda* consists of the words *āyus*, meaning "longevity", and *veda*, meaning "related to knowledge" or "science". Hinduism and Buddhism have been an influence on the development of many of ayurveda's central ideas, particularly its fascination with balance, known in Buddhism as moderation. Ayurvedha stresses on moderation in food intake, sleep, sexual intercourse, and the intake of medicine. Balance in life is emphasised. Sri Lanka has been a centre of the Buddhist religion and culture from ancient times and is one of the few remaining abodes of Buddhism in South Asia with a highly acclaimed cultural heritage. Medical treatment forms part of this cultural heritage as the cultural fabric was closely

interwoven with the religious traditions. "In spite of the profound Indian influence, Sinhalese medical knowledge has developed on its own course with the passage of time, and we note a number of distinctive features, which mark it out from other medical systems" (www.virtual.library). Ayurvedha in Sri Lanka is unique and endemic in its very sense and had been in practice for millennia.

Ayurveda was practised over the last three or four thousand years, while the western system has a history of only three or four centuries. Numerous references have been made to medical practices in Sri Lanka since the very early days of the Aryan civilisation. The ancient Sinhalese are perhaps responsible for introducing the concept of hospitals to the world. Prof. Arjuna Aluvihare contends that there is no evidence, literary or otherwise, to show that hospitals were known elsewhere in the world before and during the time of King Pandukabhaya (437 BC to 367 BC). In ancient Sri Lanka, historical evidence is intensely recorded in chronicles on medicines and medicated gruels of physicians and hospitals for the sick and convalescent homes for those recovering from illness and *kumbalgeya* or maternity wards in villages and towns. The people who lived in Sri Lanka before Vijaya (5th century BC) had their own systems of medicine. The system of medicine practised by the Ayurvedic physicians of Sri Lanka dates back to many thousands of years, and these texts were said to have been compiled by Rishis. They are complete works of science, including even the practice of surgery and anatomy, and they contain descriptions of surgical instruments used at that time.

The *Mahavamsa*, the ancient chronicle, contains a number of references of hospitals and dispensaries by the

kings of ancient Sri Lanka. Of these, the earliest is in the reign of Pandukabhaya in the 4th century BC. King Buddhadasa, the renowned physician, (340-368 A.C.), was adept in general medicine, midwifery, veterinary medicine and even carried out complex surgeries.

Polonnaruwa Council Chamber inscription refers to a rent paid to a hospital. (EZ 4.1.44) The same inscription refers to a grant to the chief physician (Maha-Vedana) who was one of the principal functionaries of the State. The literature also refers to physicians, medicines and their methods of treatments. The physicians jealously guarded their reputation and also guarded their science as well. Whenever the medicines were prepared, they discreetly did the recipes themselves concealing the formulae from others.

During the ancient period, Ayurveda is part of education of every Sinhala noble including monks. Medicine and surgery seem to have been rather widely studied, and the *ayurvedic* system of medicine, as it is known today, seems to have been in quite an advanced state. Medicine administered under the native practice took several forms, consists chiefly of oil and decoctions, pills and gruels internally taken, and poultices and pastes externally applied. Plants, roots, nuts and tubers are used in their manufacture which is carried out in accordance with a set of advanced formulas serving as prescriptions.

The ingredients for making medicines were collected from the surroundings, and every person had a general knowledge of medicinal plants. Their medicinal preparations were chiefly compounds of herbs, for which an immense number were employed. Plants were not the only ingredients applied to make native medicine. In some instances,

minerals were used. Strong minerals seem to have been used for exceptional cases by well experienced physicians.

Joao Ribeiro, the famous Portuguese soldier-historian who served in Sri Lanka from 1641-1658, has written in his reputed work "Fatalidade Historia de Ceilao". "They are great herbalists, and in case of wounds, tumors, broken arms and legs, they effect a cure in a few days with great ease. As for cancer, which is a loathsome and incurable disease among us, they can cure it in eight days, removing all viscosity from the scab without so much as leaving a mark anywhere to show that the disease had been there. I have seen a large number of soldiers and captains cured during my residence in the country, and the ease with which this was done was marvelous. In truth, the land is full of medicinal herbs and many antidotes to poison, which I have myself tried to learn as a remedy against snake-bites." Dr C.G. Uragoda asserts that a good deal of traditional Sinhalese medical concepts, practices and drugs have a sound scientific basis.

Challenges of Health Tourism

Sri Lanka reached a historical land mark with 600,000 tourist arrival in 2010, according to Sri Lanka Tourism Development Authority. Infrastructure facilities, a *sine qua non*, have occupied the centre stage in the sphere of development efforts which would spur tourism as well. Optimistic sentiments are reassuring that the country can once again reach greater heights in tourism.

There is huge market potential in Asia for medical tourism due to high treatment cost, long waiting lists, strict security concerns and immigration regulation in countries like US and Europe and the potential patients are diverted towards Asia for treatment in the context of western medical treatments such as surgery, cosmetic surgery, etc. But, there seems a huge demand for

indigenous medicine of Asian countries, as well, for acute illnesses, such as diabetes. The quality of treatment was however found to be a key determinant. Over 100,000 foreign medical tourists visit Malaysia annually, while Singapore and India also experience positive growth in patient visits as a result of their aggressive marketing initiatives. However, Thailand leads the Asia-Pacific region with about 400,000 foreign patients each year. (Supplementary Growth with Medical Tourism, Ivy Teh and Calvin Chu of Synovate Business Consulting-www.synovated.com).

Many Asian Pacific countries are medical tourism destinations. The most popular treatments sought in India by medical tourists are alternative medicine, bone-marrow transplant, cardiac bypass, eye surgery and hip replacement. India is known, in particular, for heart surgery, hip resurfacing and other areas of advanced medicine. Except alternative medicines, other treatments are usually based on western medical surgery. Medical tourism is a growing sector in India. India's medical tourism sector is expected to experience an annual growth rate of 30%, Nearly 450,000 foreigners sought medical treatment in India in 2007. Even in the case of indigenous medical treatment, India poses a greater challenge over other countries. (<http://www.indianhealthcare.in>).

Prof. Rezvi Sheriff, Director of the Postgraduate Institute of Medicine of the University of Colombo, in an interview conducted by the National Television of Sri Lanka on the 08th February, stressed the fact that that they conducted kidney transplant operations successfully in Sri Lanka for foreigners who enjoyed the privilege of preference over other countries in the region, due to expertise and low cost. Affordability is the principal driver in the medical tourism and also the desire to have timely treatment. Health tourism has steadfastly established as a global phenomenon in the realm of global tourist industry. The situation has created an ideal opportunity for

South-Asian countries to exploit since indigenous Ayurvedic Medicinal system has established itself an unwavering conviction in its indelible position in the western world as a trustworthy method of treatment in respect of certain ailments and sicknesses.

- i. Indigenous external treatments (Oil Baths, Panchakarma, etc.)
- ii. Medication for serious diseases such as Hypertension, coronary ailments, diabetes etc.
- iii. Orthopedic treatment
- iv. Herbal beauty therapy
- v. Massage and spa

The development of health tourism in a material and non-material dimension is a challenge confronted by the stakeholders of the tourist industry in Sri Lanka. This invites different dimensional analysis of the situation to be considered in a broader perspective. Material dimensions are inclusive of providing suitable environment for such industry and non-material dimensions are inclusive of expertise of the art of treatment with suitably adapted treatment systems for foreigners.

Marketing Potential

A major driving factor of seeking offshore medical treatment is the availability of care for respective ailments, and it is the onus of the strategists to make this factor known internationally.

Thailand, India, Philippines, and Singapore are the main Asian countries which pose a major competitive thrust in health tourism industry as a whole. In the wake of the intense competition, a comprehensive propaganda agenda must be initiated to encourage more tourists into Sri Lanka. In a latest development, with a view to woo more medical tourists, India and Philippines were making alternative arrangements in their visa issuance. The Philippines will introduce special medical visas for foreigners, as the country seeks to

grab a bigger share of Asia's booming health tourism industry. The medical tourist visas, to be introduced later this year by the Bureau of Immigration of Philippines, will allow foreigners to stay in the country for six months without having to apply for extensions, and India has now exempted foreign tourists from the mandatory two-month gap to re-enter the country for regular onward medical treatment.

In the international tourism arena, there is a huge potential market for medical treatments. According to a report, in North America alone, millions of people are awaiting medical treatments. There are four basic groups in North Americans who are mostly interested in medical tourism and the cost saving it provides. They are:

- i. 47 million uninsured Americans
- ii. 252 million insured Americans with restricted coverage due to pre-existing conditions, resulting in out-of-pocket expenses
- iii. 34 million Canadians receiving socialized medicine and enduring long waiting lists for many popular surgeries
- iv. Potentially 330 million North Americans seeking elective cosmetic and/or dental surgery.

With the foregoing statement, it can be easily presumed of the demand from other western and Europeans countries for medical tourism as well. The major factors to be considered in a broader marketing drive are referral agencies, advertisement, internet marketing, word-of-mouth, medical breakthrough, premium mark-ups, fixed-price surgery, tax treatments, visa customs clearance, etc.

Referral agencies play a higher profile in dissemination of information regarding the details of treatments packages available, since it is the practice of the potential medical tourist in the Western countries to get their all inclusive services. India has many websites which gives comprehensive details on health tourism and the treatments

available. Most Americans prefer India for affordable cardiac surgery which is less than one tenth of the price quoted in the USA for the same procedure and India has reliable cardiac surgeons, a factor emphasis on offshore medical tourism. There seems so many Indian service providers established in the USA where they connect patient to affordable top-quality healthcare in India. Non-surgical treatments are also in growing demand which is welcome sign for Sri Lanka tourism. In 2007, Americans alone spent an enormous US\$4.7 billion for non-surgical treatments. (Asia Pacific Biotech, Vol. 12 No. 07 (2008)p.40).

Earnings from tourism can be related to factors such as duration of stay of a tourist and the amount of money a tourist spend on food, drinks, accommodation, travel, recreation and shopping. These are the traditional norms of expenditure of a tourist, and if the tourist be aware of the medical services available, this list could be expanded into health segment as well. Medical treatments could be a direct stimulating factor to travel, and they also have an influence on the choice of particular destinations. In the present context, Sri Lanka should formulate novel approaches in persuading more tourists into the country by improving the health tourism segment and making Sri Lanka an inescapable destination in the sphere of health tourism. Health tourism could contribute a considerable percentage of overall tourism in Sri Lanka

Strategic Health Tourism Development Plan

Tourism planning essentially is a component of national development planning. Health tourism should occupy a greater aspect in the tourism planning of the country. "Tourism Planning can be defined as the physical planning of resources on which tourism is based." In a broader spectrum, tourism planning is not only physical planning, but

encompasses a wide range of an integrated and interconnected development aspects, such as, economic factors, physical, industrial, social factors, infrastructure developments and other conventional segments of management planning. Tourism planning is a highly sophisticated process as the planning procedure take shape of different dimensions, such as, international competition in the international scenario and the threats posed by many developing countries inclusive of our own region, who are lucidly involved in sophisticated tourism planning. The tourism development should encompass the characteristics of a master plan with a series of overall guidelines, future projections, integration of all stakeholders, (tour operators, hotel owners, transport sector, airlines, etc.), identification of development opportunities, introduction of novel tourist attractions, such as, Ayurvedic treatments, Ayurvedic beauty therapy, meditation, constant study and survey of development plans of other countries so that necessary adjustment could be made accordingly, and so many other factors which deemed essential.

After termination of the protracted conflict in Sri Lanka, prospects are provided with a favourable environment and an opportunity to accelerate the development strategies in no uncertain terms. Optimum utilisation of this unique opportunity must be apprehended, synergising possible resource at hand with distinctive professionalism culminating with integration of inputs needed to meet pre-defined objectives and a cohesive effort sans meandering approaches. Tourism has been identified as a prominent segment of the development strategies, and a considerable investment has been allocated in the development of this sector with a master plan. It is of paramount importance to draw up a unique strategy to confront the inevitable regional competition and the complexities generated by global tourism to entice an extended tourist inflow

to an unprecedented level. Sri Lanka is endowed with all potential attractions that appeals to the tourism industry, inclusive of traditional healthcare system discreetly and conscientiously guarded for centuries. In a promotional campaign, instigating factors should be exclusive and explicit as against the other destinations so that prospective tourist would be attracted to such factors over other destinations.

Potential market for health tourism is naturally the developed countries in Europe, America, Middle East and Japan, mainly because of their large populations, affordability of expenses and lack of healthcare options locally. A recent case study of Harvard Business School describes that medical tourism is on the rise for everything from cardiac care to plastic surgery to hip and knee replacements.

Patients are now learning more and more about their own illnesses, and are most familiar with available treatment options. Patient marketing, such as, informative websites, transparent pricing schemes, or advertising placements, such as, within in-flight magazines, have thus become basic information and advertising platforms

In respect of health tourism, there should be highly compounded Destination Programme Management strategy to help patients navigate through the procedures and other requirements like pre-arranged hotel check-in, doctor consultation, transport, interpretation assistance, provision of emotional support, arranging excursions, assuring the customer comfortability, etc. Sri Lanka tourism industry should adapt to the international system of luring the potential tourists with the accepted norms of procedures by following the typical process. It is expedient to explore the possibility of developing a network of medical tourism providers and the travel agencies who could

disseminate the dominance factors on indigenous treatments available.

Patient preference for specific providers is another factor which instigates foreigners to seek medical advice by a specific physician or at a certain medical facility with the established fame of explicit acumen of the physician. Indigenous medical system stands a high potential, if properly exploited. Also, Sri Lanka stands a better prospect in terms of geographic destination, as some patients chose to have medical care abroad because of the opportunity to travel to exotic locations and to recover and vacation in exotic surroundings.

Regulatory Status of Herbal Medicines

International recognition is an imperative factor in practising the Traditional Medicine and to win the confidence of those who seek traditional medication, and it is vital and significant to generate a resolute confidence in traditional medicine systems. With a view to realise the necessary recognition for Ayurvedic system, the World Health Organisation (WHO), in 2005, conducted a global survey and compiled a Traditional Medicine Strategy, for which a Sri Lanka a participator, to promote the integration of Traditional Medicine and Complementary and Alternative Medicine into the national healthcare systems. Development of national policies and regulations are essential indicators of the level of integration of such medicine within a national healthcare system. The use of medicinal plants is the most common form of traditional medication worldwide. Regulation of herbal medicines is a key means of ensuring safety, efficacy and quality of herbal medicinal products. Sri Lanka does currently have a national policy on Traditional Medicine. The imminent factor is that regulations of herbal medicine must be recognised by the international community who ultimately patronise those services

in terms of health tourism. Patients' concern of the treatment system of indigenous medicine in treating countries, is a very salient feature to be considered in the context of healthcare tourism. In 2008, Ayurvedic Drug Manufacturing Association of India has entered into an agreement of cooperation with the American Herbal Products Association. Under the agreement, each association would keep the other associations informed of the relevant information that may effect the functioning of the herbal ayurvedic industry. So, this would definitely be a huge thrust in the sphere of Indian prospects are concerned of health tourism which would be beneficial in terms of patient confidence as both countries would regulate the herbal products reciprocally. It is the duty of the Sri Lanka authorities to assuage doubts in minds of the Western community and inculcate the exquisite, eminent, accomplished and remarkable nature of the treatment of traditional medical systems in Sri Lanka.

In Sri Lanka, the national policy on Traditional Medicine (TM) and Complimentary and Alternative Medicine (CAM) is currently in the development stages. Laws and regulations on TM/CAM were issued in 1961, and the national programme in 1982. The Department of Ayurvedha in the Ministry of Health was established in 1961. There is a national expert committee, and a national research institute on traditional medicine, complementary medicine and herbal medicines, established in 1962. Yet, no national laws or regulations on herbal medicines have been formularised. Herbal medicines do not have any regulatory status which are sold with medical, health, nutrient content and structure/function claims.

The national pharmacopoeia, the *Ayurvedha pharmacopoeia*, was published in 1979. The *Compendium*

of medicinal plants containing 100 national monographs was published in 2002. The information contained therein is considered to be legally binding. Regulatory measures for manufacturing include adherence to requirements in the pharmacopoeia and monographs that apply to conventional pharmaceuticals. Yet no control mechanism exists for these requirements. There are no safety requirements.

There is no national registration system, nor are herbal medicines included on a national essential drug list. A post-marketing surveillance system is being planned. In Sri Lanka, herbal medicines are sold in pharmacies as prescription and over-the-counter medicines. Although Sri Lanka does currently have a national policy on Traditional Medicine, various other measures are imminent for due recognition in the sphere of medicinal practice. If the Ayurvedic system is under regulatory measures, the following practice of issuance of medicine which is a mandatory in internationally recognised system, could be in place.

i. **Prescription medicines:** medicines/drugs that can only be purchased with a prescription (i.e., a physician's order). In some countries, the legal framework allows traditional practitioners to prescribe medicines.

ii. **Over-the-counter medicines:** medicines/drugs that can be purchased without a prescription from a physician.

iii. **Self medication only:** medicines/drugs permitted for self medication purposes only.

iv. **Dietary supplements:** a dietary supplement is a substance which contains, for instance, a vitamin, a mineral, a herb or other botanical or an amino acid. A dietary supplement may be intended to increase the total daily intake of a concentrate, metabolite,

constituent, extract or combination of these ingredients.

v. **Health food:** health foods could be products that are presented with specific health claims and therefore regulated differently from other foods.

vi. **Functional foods:** like health foods, functional foods may be products which are offered with specific health claims and therefore regulated differently from other foods.

vii. **Other:** products classified differently from the above mentioned categories.

It is a mandatory and obligatory factor for the authorities to recognize that Ayurvedha as an important segment of national development and to secure a pragmatic approach.

(i) Ayurvedha should be developed as a sustainable industry

(ii) A Regulatory Body must be in place for monitoring the industry

(iii) Maintain a comprehensive database indicating local treatment centres

(iv) Develop a national pharmacopoeia for herbal medicine

(v) Establish regulatory status for herbal medicine

(vi) Secure recognition for local medicine from other world regulatory bodies

(vii) Increase government investment on Bio-medical research

This pragmatic approach would definitely augur the confidence of foreigners who intend to seek local medical treatments. If government is keen to elevate medical tourism, the private sector would definitely

analyse available opportunities in the sector, spearhead sectoral development, and formulate strategies to invest in medical tourism and improve their competitiveness.

Conclusion

The health tourism sector, as a whole is a booming quarter in the international tourism sector and the potential for development, both locally and internationally, is enormous. Even though it is leniently manifested in the entire arena of tourism industry with a less significant status, the development prospects of health tourism in Sri Lanka is vast and could take a dynamic turn in the industry, if properly handled, with a pragmatic approach by developing the existing system with the formation of regulations and converting it into a system of workable proportions. Identifying the potential subdivisions in the health industry, which are ideally in existence and/or in an operational status, could be easily integrated into a development master plan with imperatively possible implementation plans on a priority basis. A steering committee with field expertise inclusive of local ayurvedic wisdom would be ideal in the formation of a plan.

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Contd. on page 43

Contd. from page 25

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