



Received: 18 March 2026

Revised: 25 March 2026

Accepted: 26 March 2026

BEYOND TREATMENT: THE EVOLUTION, CRISIS RESILIENCE, AND SUSTAINABLE FUTURE OF GLOBAL HEALTH TOURISM

Phermphoon ASACHAI¹, Sudawan SOMJAI², Suchitra RIMDUSIT³ and Boyapati RAMANARAYANA⁴

1 Khon Kaen University, Thailand; phermphoon.a@kkumail.com

2 Dhurakij Pundit University, Thailand; sudawan.som@dpu.ac.th

3 Suan Sunandha Rajabhat University, Thailand; sujitar.su@ssru.ac.th

4 Sibar Institute of Dental Sciences, India; drramanarayanaboyapatiperio@sids.ac.in

Handling Editor:

Dr. Tosaporn MAHAMUD

Krirk University, Thailand

(This article belongs to Theme 2: Technology, Mobility, and the Environment)

Reviewers:

1) Associate Professor Dr. I Gede DARMAWIJAYA

Bali Tourism Polytechnic, Indonesia

2) Dr. Pannika NGAMCHAROEN

Srinakharinwirot University, Thailand

Abstract

Health tourism has undergone a profound paradigm shift in the 21st century, transitioning from a narrow focus on medical treatment to a comprehensive emphasis on holistic well-being and prevention. This article comprehensively analyzes the evolution, trends, and multi-dimensional impacts of global health tourism across pre-pandemic, pandemic, and post-pandemic periods from 2001 to 2025. Utilizing a descriptive documentary research methodology, the study synthesizes secondary data to outline the sector's trajectory. Findings reveal that prior to COVID-19, the market experienced unprecedented expansion, heavily driven by specialized hubs in the Asia-Pacific and European regions. Although the pandemic caused severe disruption—evident in a 74% decline in international arrivals in 2020—it also served as a crucial catalyst for rapid industry innovation, particularly in digital health integration, contactless services, and the adaptation of domestic tourism. Despite this growth, critical academic and operational gaps persist regarding standardized definitions, inter-sectoral integration, and long-term patient outcomes. Ultimately, this study proposes strategic policy recommendations prioritizing quality standardization, equitable infrastructure investment, and sustainable cross-sectoral collaboration to foster a resilient health tourism ecosystem.

Keywords: Health Tourism Evolution, Holistic Well-Being, Crisis Resilience, Digital Health Integration, Sustainable Tourism

Citation Information: Asachai, P., Somjai, S., Rimdusit, S., & Ramanarayana, B. (2025). Beyond Treatment: The Evolution, Crisis Resilience, And Sustainable Future of Global Health Tourism. *Thai Man and Society Review*, 1(2), Article 3. <https://doi.org/10.14456/tmsr.2025.8>

Introduction

Health tourism has emerged as one of the fastest-growing segments in the global tourism industry since the early 21st century (Smith & Puczkó, 2014). The significance of this tourism type extends beyond its economic dimension, reflecting a profound paradigm shift in human health from a focus on "treatment" to a holistic emphasis on "prevention and health promotion" (Mueller & Kaufmann, 2001). Globalization and advancements in medical technology have facilitated cross-border access to high-quality healthcare services, affordable costs, and a wider array of healthcare options than available in individuals' home countries (Carrera & Bridges, 2006; Connell, 2013).

The global health tourism market was valued at a substantial USD 639 billion prior to the COVID-19 pandemic, with spa tourism constituting its most significant component (Araújo Vila et al., 2021). The Asia-Pacific region, particularly Thailand, Malaysia, Singapore, India, and South Korea, has developed into a global hub for medical tourism, while Europe remains a leader in spa tourism and natural mineral water therapy (Connell, 2013; Smith & Puczkó, 2014). However, the COVID-19 pandemic in 2020 severely impacted the global tourism industry, leading to a drastic 74% reduction in international tourist arrivals and a loss of USD 935 billion in tourism export revenues within a single year (UNWTO, 2020a). This crisis has accelerated transformation and innovation in the health tourism industry at an unprecedented pace.

Despite a continuous increase in scholarly attention on health tourism since the early 21st century, particularly a significant surge in publications during the 2010s (Zhong et al., 2021), several critical academic gaps persist. Firstly, there remains a lack of clear, universally accepted definitions and classifications that distinguish among medical tourism, wellness tourism, spa tourism, and health tourism (Smith & Puczkó, 2014). Secondly, most existing research predominantly focuses on quantitative market studies and consumer behavior, neglecting in-depth exploration of long-term health outcomes and genuine tourist satisfaction (Lukose et al., 2024). Thirdly, there is a genuine lack of integrated knowledge between the medical and tourism sectors, as well as insufficient studies on appropriate ethical and legal frameworks (Lukose et al., 2024). Finally, no systematic literature review comprehensively covers the significant transformations in the post-COVID-19 era, which marked a critical turning point for this industry.

This study has three primary objectives. Firstly, to review and analyze the evolution of health tourism concepts, definitions, and classifications in the first quarter of the 21st century (2001-2025). Secondly, to present a comprehensive overview of the status and trends of health tourism across various dimensions, with the analysis periods divided into pre-COVID-19 (2001-2019) and during/post-COVID-19 (2020-2025). Thirdly, to synthesize lessons learned and propose policy recommendations for the sustainable development of health tourism in the future.

This study employs a documentary research methodology, reviewing secondary data from various sources. These include research articles published in national academic journals (TCI database), international journals (Scopus and Web of Science databases), and other international databases (e.g., Google Scholar); statistical reports from the United Nations World Tourism Organization (UNWTO), the World Health Organization (WHO), the Global Wellness Institute, and relevant government agencies in various countries; as well as books and research reports published between 2001 and 2025. Data analysis uses descriptive methods to synthesize information from multiple sources and identify trends, patterns, and interconnections among phenomena, while also employing critical appraisal. The conceptual framework for analysis comprises five key dimensions: temporal dimension, typological dimension, geographical

dimension, stakeholder dimension, and impact dimension, which will collectively provide a comprehensive and systematic overview of health tourism in the first quarter of the 21st century.

Evolution of Health Tourism Concepts and Definitional Frameworks

Health tourism boasts historical origins dating back to ancient Greek and Roman civilizations, where individuals traveled to natural mineral springs for healing purposes (Smith & Puczkó, 2014). However, the modern concept of health tourism has undergone significant evolution and expansion in the early 21st century, particularly after 2000, marked by a paradigm shift from solely focusing on "treating illness" to emphasizing "holistic well-being" through prevention and health promotion (Mueller & Kaufmann, 2001; Smith & Puczkó, 2014). This conceptual transformation reflects the emergence of the wellness concept, which originated from Dunn's "High Level Wellness" framework in the 1950s-1960s, stressing the integration of physical, mental, and spiritual health (Mueller & Kaufmann, 2001).

Within academic literature, a unanimous consensus on the precise definition of health tourism remains elusive. Nevertheless, two primary approaches to understanding the term can be identified. The first approach views health tourism as a broad concept encompassing both travel for medical services (medical tourism) and travel for health promotion and well-being (wellness tourism) (Hall, 2013; Smith & Puczkó, 2014). The second approach distinctly categorizes health tourism into three main types: medical tourism, wellness tourism, and spa tourism (Araújo Vila et al., 2021; Zhong et al., 2021). For this study, we adopt the framework proposed by Smith and Puczkó (2014), which positions health tourism as an overarching concept comprising two main branches.

Medical tourism refers to cross-border travel primarily undertaken to access specialized or advanced medical services, including complex surgeries, chronic disease treatments, organ transplants, and other highly specialized medical interventions (Connell, 2013). Travelers in this category are typically patients seeking solutions to existing health problems, driven mainly by motivations such as lower costs, quicker access to services, or higher-quality care than available in their home countries (Carrera & Bridges, 2006). The medical tourism industry has experienced rapid growth, expanding from approximately USD 40 billion in 2004 to USD 100 billion in 2012 (Perry et al., 2019). It is projected to reach USD 278.2 billion by 2035 (Musaev & Ushakov, 2025).

Conversely, wellness tourism denotes travel by individuals who are already healthy or relatively healthy, to maintain or enhance their health, preventing illness, and improving their quality of life through various activities that foster a balance between physical, mental, and spiritual well-being (Araújo Vila et al., 2021; Mueller & Kaufmann, 2001). Mueller and Kaufmann (2001) introduced the Extended Wellness Model, delineating seven dimensions of wellness tourism: (1) mental activity and education; (2) physical fitness; (3) beauty and self-care; (4) nutrition and weight management; (5) relaxation; (6) social contacts; and (7) environmental sensitivity. This conceptual framework has become fundamental for studying and developing wellness tourism across various regions globally, particularly in the Asia-Pacific (Devi & Maizida, 2022; Nurhara et al., 2025).

Spa and thermal tourism is a specific segment of wellness tourism characterized by the utilization of natural resources, especially natural mineral springs, hot springs, and climates conducive to healing and recuperation (Pessot et al., 2021; Gözgeç Mutlu, 2025). Europe has a long history of developing renowned spa towns, such as Bath in England, Baden-Baden in Germany, and Karlovy Vary in the Czech Republic, which have attracted health tourists since

the 18th and 19th centuries (Szromek & Herman, 2019). In the contemporary era, spa tourism has diversified into various forms, ranging from hotel spas and destination spas to medical spas, which integrate aesthetic care with medical treatment.

The primary distinction between medical tourism and wellness tourism lies in the traveler's initial health status and objectives. Medical tourists are typically patients seeking treatment for existing illnesses or health issues. In contrast, wellness tourists are generally healthy or relatively healthy individuals aiming to maintain or improve their well-being (Smith & Puczkó, 2014). Practically, however, the boundaries between these two groups are often blurred and overlapping. For instance, patients with chronic conditions traveling for medical procedures might also utilize spa services and wellness programs for recovery, or individuals engaging in wellness programs might simultaneously undergo health check-ups and medical consultations (Lukose et al., 2024). This trend of integrating medical and wellness services has been a significant development in the post-2010 decade, accelerating further after the COVID-19 pandemic, as people increasingly prioritize holistic health care (Smith & Puczkó, 2014; Tangon et al., 2025).

Dynamics and Growth Patterns of Health Tourism in the Pre-COVID-19 Era (2001-2019)

The nearly two decades preceding the COVID-19 pandemic represented a golden age for the global health tourism industry. Research in health tourism, wellness, and medical tourism expanded rapidly, with a notable surge in publications during the 2010-2020 period, particularly after 2015, from a total of 1,493 articles published between 1970 and 2020 (Araújo Vila et al., 2021; Zhong et al., 2021). This academic growth mirrored the genuine market expansion and sustained increase in consumer interest. The global wellness market was valued at approximately USD 639 billion in 2017, with spa tourism being its most significant component (Araújo Vila et al., 2021). The growth rate of wellness tourism during 2015-2017 was nearly double that of the global economy (Saari, 2023). As for medical tourism, the global market grew from approximately USD 40 billion in 2004 to USD 100 billion in 2012, demonstrating an average annual growth rate of about 12-15% (Perry et al., 2019).

During this era, health tourism hubs were distributed across three main regions. The Asia-Pacific region emerged as the most significant hub for medical tourism, with Thailand considered a leader. A study by Noree et al. (2016) found that in 2010, Thailand's five leading private hospitals alone served approximately 1.3 million international patients, accounting for 63% of the total medical tourism market. Thai medical tourism generated substantial revenue and became a vital industry, creating employment and fostering the development of medical infrastructure. However, this success was accompanied by concerns regarding health equity, as medical personnel and resources were drawn towards the private sector serving international tourists (Pachanee & Wibulpolprasert, 2006).

Beyond Thailand, Malaysia, Singapore, India, and South Korea were also significant players in the Asia-Pacific region. A comparative study by Dang et al. (2020) analyzing six key countries in the region—Singapore, Thailand, India, South Korea, Malaysia, and Taiwan—found that Thailand performed best, followed by Malaysia and India. Key success factors were identified as tourism source markets and healthcare medical infrastructure, rather than cost advantage or market efficiency. Concurrently, the United Arab Emirates, particularly Dubai, developed the Dubai Health Experience (DXH) initiative, aiming to attract 20 million health tourists by 2020 (Shukla & Kulshreshtha, 2020).

The European region remained a crucial center for spa tourism and natural mineral water therapy. Central European countries such as Hungary, the Czech Republic, Poland, and Slovakia benefited from abundant natural resources and a long history of health tourism (Bakucz & Köbli, 2016). Regarding the United Kingdom, a study by Pagán & Horsfall (2020) on medical tourism trends from 2000-2016 revealed that British citizens primarily traveled to Poland, France, Hungary, and India for medical services, indicating patient mobility within Europe and towards Asia.

Tourist behaviors and motivations for health tourism during this period were diverse and complex. Several studies identified four key dimensions of motivation for wellness tourists: physical and mental health seeking; relaxation and escape from stress; self-development and learning; and social and cultural engagement (Lee & Kim, 2022; Gan et al., 2023). Lee & Kim's (2022) study, segmenting the market by motivation, identified four main groups: knowledge and health seekers; facility and environment experiencers; exploration and contemplation tourists; and neighboring travelers. Each group exhibited significant differences in travel behavior, satisfaction, and revisit intentions.

Product and service development in the pre-COVID-19 period was characterized by integrating alternative medicine and local wisdom with international standards. Wellness tourism in Asia incorporates traditional medicine systems such as Ayurveda in India, Traditional Chinese Medicine, yoga, and Thai massage, alongside modern technology and service standards (Vesna et al., 2020; Puntien et al., 2023). Innovation in the European spa industry also progressed continuously, focusing on differentiation through unique experiences and the adoption of new technologies (Mondok, 2019; Carballo-Cruz et al., 2024).

Stakeholders in the health tourism industry played distinct yet interconnected roles. Governments played a crucial role in formulating promotional policies, investing in infrastructure, and establishing regulatory frameworks. Several Asian governments, particularly Thailand, Malaysia, and Singapore, designated medical tourism as a target industry for promotion since the early 2000s (Connell, 2013). The private sector, especially private hospitals, resort hotels, and spas, served as key providers of services and drivers of innovation. Health tourism associations played a role in setting standards and fostering cooperation among members. Local communities increasingly participated in community-based tourism management, emphasizing local wisdom and sustainability (Khazae-Pool et al., 2024). Academics, meanwhile, contributed to knowledge generation, human resource development, and policy consultation.

Despite its rapid growth, the health tourism industry faced several challenges and obstacles in the pre-COVID-19 era. The first challenge was inadequate infrastructure, particularly in developing countries with rich natural resources but lacking investment in modern transportation, communication, and public utilities (Sharma & Pant, 2022; Hunjet et al., 2024). Quality and standardization issues presented another significant challenge. The absence of internationally standardized quality certification systems and a scarcity of adequately qualified personnel hampered development (Amouzagar et al., 2016; Hunjet et al., 2024). Inconsistent international legal and policy frameworks, coupled with a lack of coordination among government agencies, created confusion and increased transaction costs (Amouzagar et al., 2016; Sooklall & Jagnarine, 2025). Finally, sustainability impacts, particularly concerns about inequities in access to health services and environmental effects, remained unresolved issues (Pachanee & Wibulprasert, 2006).

Adaptation and Resilience in the COVID-19 and Post-COVID-19 Eras (2020-2025)

The COVID-19 pandemic inflicted the most severe impact on the global tourism industry since World War II (Gössling et al., 2020). The United Nations World Tourism Organization (UNWTO) reported a 72% decline in international tourist arrivals during January-October 2020, representing a loss of 900 million tourists compared to the same period in 2019. This revenue loss amounted to USD 935 billion in international tourism export earnings, exceeding the losses incurred during the 2009 global economic crisis by a factor of 10 (UNWTO, 2020b). To visualize this unprecedented disruption in the context of the industry's long-term dynamics, Figure 1 synthesizes the historical growth of the medical tourism market discussed earlier—expanding from approximately USD 40 billion in 2004 to USD 100 billion in 2012—with the profound exogenous shock of 2020 and its projected resilience toward a USD 278.2 billion valuation by 2035. This trajectory vividly underscores the sector's vulnerability to global crises alongside its robust long-term recovery potential.

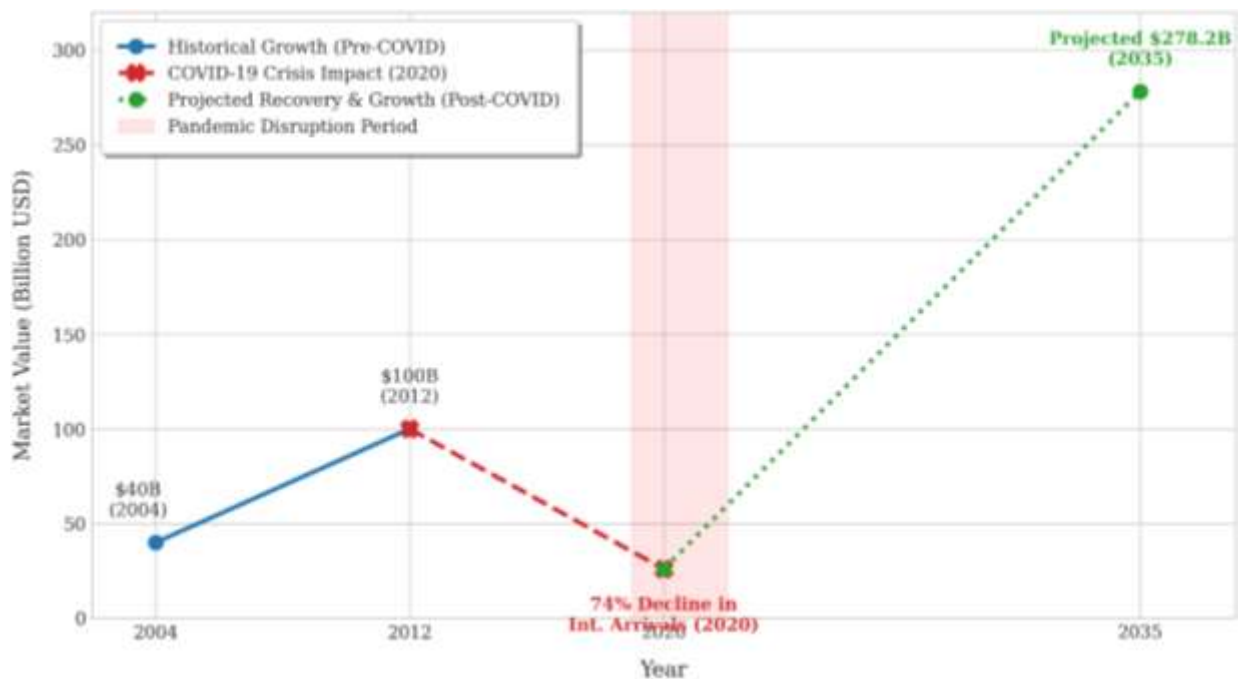


Figure 1 Global Medical Tourism Market Trajectory & COVID-19 Resilience (2004-2035)

UNWTO projections indicated a potential 70-75% reduction in international tourist numbers for the entire year 2020 (UNWTO, 2020a, 2020b). The Asia-Pacific region, a major medical tourism hub, was particularly hard-hit, experiencing an 82% decline in the first 10 months of 2020 (UNWTO, 2020b).

For Japan, a leading tourism destination in the region, international tourist arrivals plummeted by 93% in March 2020 compared to the previous year (Kitamura et al., 2020). India, another key player, saw its tourism sector lose an estimated 1.3 trillion rupees (approximately USD 17.6 billion) in 2020 (Jaipuria et al., 2021). The repercussions were not limited to the economic sphere; they also severely affected employment, with an estimated 100-120 million jobs lost globally in the tourism sector, 62 million of which were directly in tourism (Dube, 2022).

Border closures and travel restrictions, largely implemented under the framework of the International Health Regulations (2005) of the WHO, almost completely halted international travel (Von Tigerstrom et al., 2020). Countries adopted diverse policies; for instance, Macau allocated 10% of its total accommodation for quarantine hotels (McCartney, 2021). Several Asian and European governments imposed strict curfews and lockdowns, significantly restricting even domestic movement (Chinazzi et al., 2020; Von Tigerstrom et al., 2020). An empirical study by Allan & Connolly (2022) on the economic impacts of COVID-19 on inbound and domestic tourism revealed that, even with various policy measures aimed at promoting domestic tourism to compensate for the loss of international visitors, the recovery was insufficient to fully offset the losses.

The crisis-induced shifts in tourist behavior and demand were significant. Safety and hygiene emerged as paramount factors in travel decisions (Jaipuria et al., 2021; Orîndaru et al., 2021). Tourists placed greater importance on destination disease prevention measures, social distancing, and hygiene protocols at establishments (Assaf & Scuderi, 2020; Romagosa, 2020). The shift from international to domestic tourism became a prominent trend in many countries, particularly in China and Russia, where domestic travel demand rebounded relatively quickly to pre-COVID levels (UNWTO, 2020b; Wen et al., 2020). The "staycation" phenomenon, or local leisure, also gained significant popularity, leading to the development of specific wellness programs tailored for staycations (Lin et al., 2021).

The business sector responded to the crisis by rapidly adopting innovations and technologies. The embrace of digital technology was the most prominent change (Pathirana et al., 2025). Contactless services, online booking and payment, and QR code technology became the new norm (Jaipuria et al., 2021; Romagosa, 2020). Telemedicine and online health consultations expanded rapidly, enabling cross-border healthcare to some extent despite travel restrictions (Jaipuria et al., 2021; To & Yu, 2025). The concept of "healing tourism" was proposed as a post-COVID-19 tourism product that focuses on physical and mental recovery from the pandemic's accumulated effects and stress (Ma et al., 2021). The integration of wellness tourism with sustainability also became a crucial trend, with tourists increasingly prioritizing environmentally friendly and socially responsible tourism (Romagosa, 2020; Orîndaru et al., 2021).

The recovery of the health tourism industry has been uneven and varied across regions and countries. Research by Aronica et al. (2022) indicated that the pandemic would have a sustained medium- to long-term impact on tourism, with more severe consequences in developing and emerging countries. Dube's (2022) study on the impact of COVID-19 vaccines on global tourism recovery highlighted the issue of "vaccine apartheid," or unequal access to vaccines between wealthy and developing nations. This disparity significantly affected the pace of tourism recovery across regions, with countries with faster vaccine access and higher vaccination rates able to reopen their borders and revive tourism more quickly.

The COVID-19 crisis offered several key lessons and policy recommendations. Firstly, resilience and crisis preparedness are essential for the tourism industry. Resilient systems can adapt and recover more quickly (Jaipuria et al., 2021; Sharma et al., 2021). Secondly, a robust health system is a crucial factor for tourism recovery. Countries with strong health systems were better able to contain outbreaks and to restore tourist confidence more quickly (Xiong & Tang, 2023). Thirdly, public-private collaboration is essential. Effective policies and support measures require multisectoral cooperation (Jaipuria et al., 2021; Sharma et al., 2021). Finally, this crisis presented an opportunity to "reset" the tourism industry towards a more sustainable and

equitable direction, rather than reverting to previous growth-focused models that disregarded social and environmental impacts (Benjamin et al., 2020; Romagosa, 2020).

Synthesis and Future Outlook

A review of health tourism in the first quarter of the 21st century (2001-2025) reveals a fascinating evolution from a niche market to a mainstream global tourism segment (Smith & Puczkó, 2014; Zhong et al., 2021). The overarching developmental trajectory during this period involved a paradigm shift from "treatment" to "prevention and health promotion" and from a purely "medical" focus to "holistic well-being" (Mueller & Kaufmann, 2001; Araújo Vila et al., 2021). However, the COVID-19 pandemic served as a critical turning point, necessitating rapid adaptation and the development of new models suited to the post-crisis context.

The disparities between the pre- and post-COVID-19 periods are evident across several dimensions, as illustrated in Table 1.

Table 1 Comparison of Key Characteristics of Health Tourism Pre- and Post-COVID-19

Dimension	Pre-COVID-19 (2001-2019)	During and Post-COVID-19 (2020-2025)
Growth Rate	Steady growth of 10-15% per annum (Araújo Vila et al., 2021)	Declined by 70-75% in 2020, followed by uneven recovery (UNWTO, 2020a)
Primary Market	International tourism predominated	Shifted to domestic and local tourism (Romagosa, 2020; Wen et al., 2020)
Primary Motivations	Relaxation, novelty, self-development (Lee & Kim, 2022; Gan et al., 2023)	Safety, hygiene, post-pandemic recovery (Jaipuria et al., 2021; Ma et al., 2021)
Innovations	New services, diversified products, integration of local wisdom (Vesna et al., 2020)	Digital technology, contactless services, telemedicine (Jaipuria et al., 2021; To & Yu, 2025)
Sustainability	Emerging in importance, but not yet mainstream	Integrated as a core principle, increased tourist awareness (Romagosa, 2020; Orîndaru et al., 2021)
Integration	Relatively distinct separation between medical and wellness	Increased integration, emergence of the healing tourism concept (Ma et al., 2021; Lukose et al., 2024)

Synthesizing the perspectives of the seven stakeholder groups examined, several key issues and policy recommendations emerge. Firstly, quality and standards remain a significant challenge. The development of universally applicable quality certification systems across diverse contexts is essential (Connell, 2013; Hunjet et al., 2024). Health tourism providers seek clear standards for competitive advantage, while local communities demand that these standards respect and preserve indigenous knowledge.

Secondly, physical and digital infrastructure must be continuously developed. Investment in transportation systems, medical facilities, and digital infrastructure is a critical government priority (Dang et al., 2020; Hunjet et al., 2024). Digital medical humanities scholars emphasize that developing digital infrastructure is not merely for communication and marketing but a vital tool for expanding access to healthcare services broadly and equitably.

Thirdly, human resource development is central to success. Personnel in the health tourism industry must possess medical knowledge, service skills, and cultural understanding (Hunjet et al., 2024). Academics and educational institutions play a crucial role in developing curricula and training qualified professionals. Concurrently, alternative medicine experts highlight the need to transmit local wisdom to younger generations systematically.

Fourthly, sustainability must be a core principle of development. Sustainable health tourism implies development that balances economic, social, and environmental dimensions (Orîndaru et al., 2021; Xiong & Tang, 2023). Community network leaders underscore that development can only be sustainable if local communities are genuinely involved and benefit equitably. Government policymakers must establish mechanisms to ensure fair distribution of benefits and to avoid exacerbating inequalities in healthcare access.

Fifthly, inter-sectoral integration and collaboration are key. Health tourism is an industry that demands cooperation across multiple sectors, including public health, tourism, education, and communities (Sharma et al., 2021; Lukose et al., 2024). New health brand developers emphasize that building a strong destination brand requires consistent communication and collaboration among all stakeholders. Simultaneously, health tourism page administrators emphasize the importance of transparent, trustworthy communication in building confidence among tourists.

Regarding research gaps and future directions, several areas require further investigation. Firstly, long-term research on the actual health outcomes and sustained satisfaction of health tourists remains limited (Lukose et al., 2024). Secondly, certain dimensions of wellness tourism, particularly nutrition, health education, and aesthetics, are understudied (Pattanapokinsakul et al., 2025). Thirdly, appropriate ethical and legal frameworks for health tourism necessitate serious study and development (Lukose et al., 2024). Fourthly, the impact of new technologies such as artificial intelligence, telemedicine, and digital health on health tourism requires more in-depth research (To & Yu, 2025). Finally, interdisciplinary research integrating knowledge from diverse fields will provide a more comprehensive and profound understanding of health tourism phenomena.

In conclusion, health tourism in the first quarter of the 21st century has undergone significant development and transformation, evolving from a niche industry to a mainstream one, shifting from a focus on treatment to health promotion, and transitioning from traditional models to those integrating technology and innovation. Although the COVID-19 pandemic posed severe challenges, it also presented new opportunities to improve and develop the industry towards sustainability, fairness, and better responsiveness to human needs. Future success will depend on the ability to foster collaboration among all stakeholders, develop appropriate policies, and maintain a balance between economic development and social and environmental responsibility.

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Data Availability Statement: The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

Conflicts of Interest: The authors declare that the research was conducted without any commercial or financial relationships that could be construed as conflicts of interest.

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