Science is love, love requeries honesty

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Traditional and Complementary Medicine in Health Tourism: Cupping and Leech Therapy Case from Kayseri[1]

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Abstract

The primary objective of this research is to investigate the potential of traditional and complementary medicine (T&CM) practices, especially cupping and leech therapy, in the context of health tourism. The research aims to ascertain the extent of tourist mobility on national and international levels related to these two practices and identify potential future trends in this field. First, a literature review was undertaken to figure out the role of cupping and leech therapies in health tourism, which informed the development of the qualitative study research design. Subsequently, a semi-structured interview was employed to collect data from twelve health professionals, mostly working in T&CM units within hospitals in Kayseri. Findings obtained after content analysis demonstrate a growing interest in cupping and leech therapy as T&CM practices in health tourism, particularly after the COVID-19 pandemic. The study noted that most health tourists coming to Kayseri for these therapies are expatriates or regional tourists rather than international tourists traveling specifically for these treatments. Based on findings, the study suggests that growth in this area depends on better promotion of these therapies which can also be seen as intangible cultural heritage. Additionally, the findings indicate that T&CM practices, including acupuncture, ozone therapy, homeopathy, and phytotherapy, could have significant potential to contribute to the future development of health tourism.
Keywords: Health Tourism, Traditional and Complementary Medicine, Cupping, Leech Therapy, Kayseri
JEL Kodu/Code: L83.

Sağlık Turizminde Geleneksel ve Tamamlayıcı Tıp: Kupa ve Sülük Uygulamaları Kayseri Örneği

Özet

Bu araştırmanın temel amacı, başta kupa (hacamat) ve sülük tedavileri olmak üzere, geleneksel ve tamamlayıcı tıp uygulamalarının sağlık turizmi bağlamındaki potansiyelini araştırmaktır. Araştırma, bu iki uygulamayla ilgili ulusal ve uluslararası düzeyde turist hareketliliğinin boyutunu tespit etmeyi ve bu alanda gelecekteki potansiyel eğilimleri belirlemeyi amaçlamaktadır. İlk olarak, kupa ve sülük tedavilerinin sağlık turizmindeki rolünü belirlemek için literatür taraması yapılmış ve buna dayalı olarak nitel araştırma tasarımı geliştirilmiştir. Daha sonra, çoğunluğu Kayseri'deki hastanelerin geleneksel ve tamamlayıcı tıp (GETAT) birimlerinde çalışan on iki sağlık profesyonelinden yarı yapılandırılmış görüşme tekniği ile birincil veri toplanmıştır. İçerik analizi sonrasında elde edilen bulgular, özellikle COVID-19 pandemisi sonrasında sağlık turizminde geleneksel ve tamamlayıcı tıp uygulamaları olan kupa ve sülük tedavilerine artan bir ilgi olduğunu göstermektedir. Bu tedaviler için Kayseri'ye gelen sağlık turistlerinin çoğunun, bu tedaviler için özellikle seyahat eden uluslararası turistlerden ziyade, gurbetçiler veya yerli turistler olduğu belirlenmiştir. Bulgulara dayanarak, bu alandaki gelişmenin, somut olmayan kültürel miras olarak da görülebilecek bu iki terapinin daha iyi tanıtılmasına bağlı olduğu tespit edilmiştir. Ayrıca bulgular, akupunktur, ozon tedavisi, homeopati ve fitoterapi gibi geleneksel ve tamamlayıcı tıp uygulamalarının da sağlık turizminin gelişimine katkı sağlayabilecek önemli potansiyele sahip olduğunu göstermektedir.
Anahtar Kelimeler: Sağlık Turizmi, Geleneksel ve Tamamlayıcı Tıp, Hacamat, Sülük Terapisi, Kayseri

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1. INTRODUCTION

Since the advent of humanity, diseases have manifested in various forms and the historical quest to combat these ailments paved the way for the emergence of traditional therapeutic modalities, which have been shaped by an array of factors, including insights gleaned from nature, religious tenets, cultural norms, and lived experiences (Biçer & Yalçın Balçık, 2019; Talhaoğlu, 2021). Even though the average life expectancy at birth is on the rise today (Gulland, 2016), the utilization of traditional and complementary medicine (T&CM) practices has proliferated on a global scale for a multitude of reasons. These include the emergence of novel diseases, the escalating treatment expenses, skepticism surrounding the use of pharmaceuticals in conventional medicine, and the desire to circumvent the adverse effects of pharmaceuticals (Yükselir Alasırt & Yalçın Balçık, 2022). Notably, there has been a significant increase in the demand for T&CM practices, particularly during and in the aftermath of the global pandemic caused by the SARS-CoV-2 virus. This is evidenced by studies that indicate a substantial rise in the utilization of such practices during the initial phase of the pandemic (Portella et al., 2020; Paudyal et al., 2021). Consequently, over the last quarter century, T&CM has become an increasingly popular alternative option in global healthcare. For example, Pan et al. (2012) examined complementary and alternative medicine use in some developed countries. Their findings revealed that in 2002 in the USA, 33.4% of the population used these methods and by 2010, the usage rate had reached 60%. In Germany, the adult population using these methods was 32% in 1997, by 2011 this rate had reached 91% of the total population. Al-Bedah et al. (2013) found that in the Qassim province of Saudi Arabia, approximately 325 million dollars are spent annually on the purchase of T&CM services and products. However, it can also be stated that T&CM practices are becoming an important attraction for tourists engaged in health tourism (Naaz & Khan, 2016; Ebrahim & Ganguli, 2019) and even cultural tourism (Masoud et al., 2019; Peng et al., 2023). For instance, in a comparative analysis of gaining a competitive advantage in the global medical tourism market, Ebrahim and Ganguli (2019) attribute India's success to its low-cost strategy and diversification of healthcare services combining traditional and modern medical practices. Tosun et al. (2020) posited that T&CM practices can be regarded as a by-product with the capacity to bolster health tourism and that they can contribute to health tourism if implemented correctly. Additionally, they emphasize that Türkiye’s richness in medicinal plants, the prevalence of physicians certified in T&CM practices, and the relative affordability of these practices compared to other countries suggest that tourists may have a unique experience using these services in Türkiye. Similarly, Tuna (2021) states that Türkiye has significant potential for both domestic and foreign T&CM tourism.

Following these assessments, this study aims to examine the health tourism potential of T&CM practices, with a special focus on cupping and leech therapy. Additionally, the research seeks to evaluate these two T&CM methods to ascertain the extent of tourist mobility in this field and identify potential future trends. In this study cupping and leech therapies were chosen as research subjects because they have historical roots in Anatolian culture and can be seen mostly as part of the local cultural heritage, attracting health tourists. Kayseri was selected as a research area because it's an emerging health tourism destination and the foundation of the Anatolia Health Tourism Association (ASTUDER) is a significant indicator of the institutionalization of health tourism in the city. Additionally, the growing body of academic literature on health tourism in Kayseri, as observed by Çeşmeci and Ertan (2023), further substantiates this claim. Given the scarcity of empirical studies on T&CM in health tourism, it is anticipated that the research will make a notable contribution to this field.

2. CONCEPTUAL FRAMEWORK

2.1. Traditional and Complimentary Medicine

Jiang et al. (2019) describe traditional medicine as one of the most significant disciplines in human history, and as an experiential medical technology, developed through a continuous process of practice, integration, and re-practice. World Health Organization (2024) defines traditional medicine as "the sum total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness". In some countries, interchangeably with the "traditional medicine" term, the terms "complementary medicine" and "alternative medicine" are used. According to World Health Organization (2019) "complementary medicine" and "alternative medicine" terms describe a diverse range of healthcare practices that are not aligned with a given country's traditional or conventional medicine and not fully incorporated into the dominant healthcare system. As Mollahaliloğlu, et al. (2015) note, in Türkiye, these terms have been used interchangeably for a long time but, in recent years, the concept of "Traditional and Complementary Medicine" has been widely used to describe this kind of practices. Today the term "Traditional and Complementary Medicine" (T&CM) is globally used to refer to both "traditional medicine" and "complementary medicine", thereby encompassing products, practices, and practitioners associated with both terms (WHO, 2019).

As stated in the WHO Global Report on Traditional and Complementary Medicine 2019, there has been a notable and consistent improvement in T&CM on a global scale in recent years. WHO member states following the WHO Traditional Medicine Strategy 2002–2005 and 2014–2023, are implementing measures to advance the promotion of T&CM and to guarantee its suitable incorporation into their existing health systems (Burton et al., 2015; WHO, 2019). In parallel with these global developments, Türkiye has also witnessed significant changes. The Department of T&CM Practices was constituted in 2012 as a division of the General Directorate of Health Services. In 2014 the T&CM Institute was established, and the "T&CM Practices Regulation" was issued (Çiftci, 2019). The certification of T&CM practitioners began, the centers where these practices can be performed, and the characteristics of the personnel who can perform these practices were determined (Tosun et al., 2020; Parlakpınar & Polat, 2020; 2021). Currently, 79 T&CM application centers (GETAT centers) offer 14 distinct types of T&CM practices in hospitals affiliated with the Ministry of Health or university hospitals across Türkiye (Özcan, 2024). Additionally, numerous private medical clinics and private hospitals, offer T&CM services provided by certified professionals. The 14 T&CM practices certified by the Ministry of Health are the following: Acupuncture, Cupping, Ozone, Phytotherapy, Hypnosis, Leech therapy, Mesotherapy, Apitherapy, Prolotherapy, Homeopathy, Music Therapy, Larvae Application, Osteopathy, and Reflexology. According to data from the Republic of Türkiye Ministry of Health, 23712 health professionals in Türkiye have certificates in these 14 different T&CM practices, with the highest proportion of cupping certificated professionals - 6378 (26.9%). Although the number of leech therapy certified specialists is relatively low with 1792 (7.6%) professionals, it is among the 5 most common certified T&CM practices in Türkiye (Özcan, 2024).

2.2. Cupping Therapy (Hijama)

Cupping, or "Al-hijamah" in Arabic, is an ancient and holistic method widely used for the treatment of various diseases, for more than five thousand years (Okumuş, 2016). Although the historical

origin of cupping therapy is a matter of debate, El Sayed et al. (2013) state that the Assyrians first applied this method using animal horns and bamboo around 3500 BC. The fact that near Kayseri, Assyrian trade colony named Kanesh (Kültepe) was founded in the second millennium BC (Kulakoğlu, 2011), suggests that this treatment method may have been brought and used here as well. The first documented use of cupping was in 1550 BC by Egyptian and Chinese medical practitioners (Iqbal & Ansari, 2013; Qureshi et al., 2017) but different civilizations have contributed to the historical development and continuation of this treatment (Qureshi et al., 2017). The pioneer of modern medicine Hippocrates (460 BC-370 BC), distinguished between two forms of cupping: dry and wet. Galen (129-216 AD) was one of the practitioners of these two methods (Iqbal & Ansari, 2013; Qureshi et al., 2017). Dry cupping aims to increase blood circulation by creating a regional vacuum in the body (Nayab et al., 2017; Çiftci, 2019). Wet cupping is an application performed by creating incisions at certain body points and removing bad blood and impurities from the body. It involves firstly cleaning an area with disinfectants and attaching glass or bamboo cups, creating a vacuum with fire support (El Sayed et al., 2013, Çiftci, 2019). The cups are mostly applied to areas with pain or mainly to the interscapular area (area between shoulder blades), frequently targeted due to proximity to key anatomical structures and energy meridians in traditional medicine (Ghods et al., 2016). Typically, a wet cupping session takes about 20 minutes (Al-Bedah et al., 2016; Al-Bedah et al., 2019) and the healing time of small incisions made during the procedure can vary based on individual factors such as skin type and overall health. Generally, they heal within a few days to three weeks (Al-Rubaye, 2012). It is recommended to avoid protein intake two days before and two days after wet cupping and is generally applied on the 17th, 19th, 21st, and 23rd days of the lunar calendar due to changes in blood pressure according to the gravitational force of the moon (Okumuş, 2016: 372). In Islamic culture, cupping is most associated with wet cupping. This practice has a longstanding history and is a common form of treatment in Islamic communities because specifically mentioned and encouraged by the prophet Muhammad (El Sayed et al., 2013; Al-Bedah et al., 2011).

Since it has been practiced in the Anatolian peninsula for centuries, cupping is among the most frequently used T&CM practices in modern Türkiye. As mentioned above, today in Türkiye there's a legal framework for cupping therapy prepared by the Ministry of Health in 2014 (Çiftci, 2019). According to Regulation on T&CM Practices, cupping is used to strengthen the immune system in patients without an organic disorder, in the treatment of fibromyalgia syndrome, in cases such as chronic pain, joint movement limitation, morning stiffness, fatigue related to rheumatic diseases, mechanical pains of the musculoskeletal system, knee pain (osteoarthritis, etc.), headaches without organic causes such as migraine and tension headache, non-organic sleep disorders, nausea, vomiting, constipation related to digestive system diseases, pain due to neuralgia and hiccups due to paralysis, fatigue, aphasia (Traditional and Complementary Medicine Practices Regulation, 2014).

2.3. Leech Therapy (Hirudotherapy)

Leech therapy, also called hirudotherapy has a history of thousands of years and is used today as a complementary and supportive treatment method. It is an application using sterile leeches, applied to reduce pain in degenerative joint diseases, lower extremity varicose vein diseases, and lateral epicondylitis (Traditional and Complementary Medicine Practices Regulation, 2014). Leech species of the genus Hirudo can be used for medical purposes (Gödekmerdan et al., 2011) and approximately 15 of these species are widely used in therapies (Küçük & Yaman, 2019). During the application, pain is felt in the first bite, then pain is not felt due to the anesthetic effect released by the leech. The duration of treatment lasts between 20-60 minutes on average, during which time a

leech can suck 5-15 ml of blood. Leeches secrete a complex mixture rich in biologically active substances during blood-sucking. This mixture in the saliva of the leech is known to reduce inflammation and pain in joint movement (Ayhan & Mollahaliloğlu, 2018). Leech therapy aims to keep the biological fluids in the body in balance by expelling the diseased formations through leeches (Singh, 2010).

The historical development of leeches' therapeutic use is unclear, but recorded use can be traced back to ancient Egyptian civilization. Around 1500 BC paintings depicting the application of leeches are found in the tombs of pharaohs (Munshi et al., 2008; Parlakpınar & Polat, 2021). Nicander of Colophon, who lived in Anatolia in the 2nd century BC (Munshi et al., 2008), and Themison of Laodicea, who lived in present-day Syria in the 1st century BC, are mentioned as the first to use leeches for therapeutic purposes (Hyson, 2005). Galen also supported leech treatment. Ibn Sîna mentioned in his work "El Kanun Fi't-Tıbb" that leeches suck blood much deeper and are more effective than the wet cupping method and provided details on treatment and application methods (Munshi et al., 2008). Leeches were extensively used for therapy in 19th-century Europe. In France, demand exceeded supply, leading to the importation of over 41 million leeches in 1833 (Hyson, 2005). Similar shortages were recorded at the Ottoman Palace in 1860 (Baran, 2013). Although the use of leech therapy gradually decreased in the early twentieth century, with the discovery of the substance "hirudin" in leech secretion, became widespread again and its application has expanded in numerous fields, along with modern medicine (Gödekmerdan et al., 2011; Ünal & Erol, 2022).

2.4. Cupping and Leech Therapy in Health Tourism

Although there are several studies on the use of T&CM medicine in health tourism, the number of studies on the use of cupping and especially leech therapy in health tourism is quite limited. A scoping review conducted by Majeed et al. (2017) to investigate the evolution of medical tourism and the demand for T&CM methods indicates that medical and wellness treatments, when coupled with tourism alternatives, represent a comprehensive travel motivation for healthcare consumers. They posit that a robust medical tourism system can be established by integrating natural treatments, conventional medicine, and T&CM, with tourism services. In another study, Majeed and Kim (2022) conducted a comprehensive review of the literature to identify new trends in wellness tourism. Identically, they found that tourists expect wellness tourism to offer a triple mix of conventional medical treatments, alternative medical treatments (T&CM), and destination attractions as components of wellness tourism to improve their health and well-being. Similarly, Deniz et al. (2021) emphasized that countries could contribute to the advancement of health tourism if they established reliable and effective T&CM practices.

In a study on the application of ethical principles in the implementation of complementary medicine in health tourism, Krstić and Živanović (2020) conclude that the potential of complementary medicine in this context remains largely underexplored in Serbia. Krstić et al. (2020) examining the attitudes of spa tourists toward complementary medicine, explored the potential for its integration into spa services. They found that complementary medicine is a crucial element in the sustainable development of health tourism in spa destinations in Serbia and that its implementation has the potential to enhance tourists' visiting motivations. A similar study was conducted in Türkiye by Buluk Eşitti and Güzel (2020) with 212 participants, who had visited thermal facilities and benefited from cupping at least once. It was determined that the participants perceived cupping as a complementary treatment method without adverse effects. It was posited also that this therapy can be used in thermal facilities and can be regarded as a means of enhancing product diversity in health

tourism (Buluk Eşitti & Güzel, 2020). In Egypt, Saad (2015) conducted interviews with officials from Ministry of Health and collected data from 150 physicians by a questionnaire to analyze cupping therapy in terms of health tourism. According to the findings of the study, cupping therapy is practiced mostly illegally by doctors in private clinics and even in homes by illiterate people. Saad (2015) emphasizes that the government should focus on providing tourists with a safe and authentic experience by revitalizing the practice of cupping as a creative solution to develop health tourism. Majeed et al. (2019) aimed to investigate the effect of dry cupping therapy on the wellness and quality of life of health tourism travelers in Pakistan. A questionnaire was administered to 187 participants before and after cupping. According to the results of the study, dry cupping can positively affect the physical and psychological health perceptions of health tourism travelers and improve their health and overall quality of life. Elassal et al. (2024), based on a document review, examined the cupping therapy as documented in the manuscripts and miniatures of two 15th-century Muslim physicians from the Ottoman Empire and Andalusia. Exploring the historical application of cupping as a heritage medical treatment still used in Muslim culture, they proposed that it can be used for sustainable health tourism.

3. METHOD

3.1. Purpose and Design

This research aims to determine the role of traditional and complementary medicine in today's health tourism sector, focusing on cupping and leech therapies, and thus projecting potential future developments in this field. A qualitative research design was deemed the most suitable methodology to pursue the specified research objective. Kayseri was selected as a study area because it represents an emerging health tourism destination within Türkiye, boasting a variety of diverse cultural and natural tourist attractions and situated close to a well-known tourist destination, namely Cappadocia (Akın & Orhan, 2024). Kayseri's health tourism is experiencing sustained growth with its numerous private and public health institutions, direct international flights, and affordable high-quality health services (Çeşmeci, 2022). Furthermore, according to the report prepared by Bayram and Akkülah (2020), the legal status given to T&CM practices is seen as an opportunity for the future development of health tourism in Kayseri because, for some health tourists, these treatments are characterized as must-try experiences not available in their own countries.

3.2. Research Questions

To achieve the research objective, a qualitative case study research design with the following research questions was developed:

RQ 1. Are cupping and medicinal leech therapy (hirudotherapy) becoming more popular worldwide?

RQ 2. Are there any tourists (patients) traveling to Kayseri from abroad or from other provinces for cupping or leech therapy?

RQ 3. Could there be an increase in the number of foreign tourists coming to Kayseri for cupping and leech therapy in the future?

RQ 4. Which other traditional and complementary (or alternative) medicine practices could become widespread and contribute to the future development of health tourism?

3.3. Sampling and Data Collection

The study's research population consisted of clinical and non-clinical health professionals in Kayseri who had the opportunity to observe the tourist/patient flow and meet and interact with individuals coming for T&CM procedures. Before initiating the data collection process, approval was obtained from the Ethics Committee of a state university (Application Number: 538) on 26 December 2023. A maximum variation (heterogeneity) sampling type of purposeful sampling approach was employed as a sampling method. Purposeful sampling requires the involvement of key informants in the field, as they can provide a substantial amount of knowledge (Schreier, 2018). Furthermore, the maximum variation sample can be constructed by identifying the key dimensions of variation and locating cases or individuals that vary from each other as much as possible along those dimensions (Suri, 2011). Dimensions or factors that could lead to variation in our study along with the age and gender of interviewees were their working positions (physicians/nurses/medical secretaries, etc.), and the types of hospitals (state/university/private etc.) they work in. There are various views about the sample size of qualitative research. Francis et al. (2010) propose an initial sample size of 10 cases/units, after which if the degree of saturation is not reached, new cases must be added, and the degree of saturation re-examined. Guest et al. (2006) identified the point of saturation in their study to occur within the initial 12 interviews, although the fundamental components of themes were present as early as after the sixth interview. In another study examining 25 in-depth interviews, Hennink et al. (2017) found that code saturation was reached with 9 interviews. They point out that when the research question is narrow, saturation can be reached with fewer interviews, while broader questions may require more extensive sampling (Hennink et al., 2017). Malterud et al. (2016) suggest that sampling strategies that focus on new knowledge gained from qualitative interview studies may be more beneficial than those solely focusing on participant count. Based on these views, our sampling process continued until the saturation point was reached at 12 participants.

Data were gathered with semi-structured interviews. Considering the literature and aim of the study, four open-ended interview questions were derived from research questions and aligned with them. Face-to-face interviews were conducted between January 8 and 31, 2024 and each lasted an average of 10 minutes. Interviews involved three phases. The first phase outlined the research's aim and the importance of respondent privacy, stating that personal information would only be used for scientific purposes. In this phase, the participants were also asked to sign a previously prepared informed consent form. The request for a voice recording was also made, but most of the respondents didn't agree and the author took notes. The second phase included demographic questions about respondents' age, gender, and job position. The principal third phase comprised four open-ended questions to address the study's objective.

3.4. Data Analysis

Thematic content analysis using MAXQDA 2020 was conducted to analyze the data. Data collected from the interviews were coded thematically to extract themes and subthemes derived from the research objectives, as suggested by Walters (2016). The codes were generated through a meticulous line-by-line examination of each interview, employing an inductive and deductive (hybrid) coding approach proposed by Fereday and Muir-Cochrane (2006). To guarantee rigor and credibility, each researcher read and reread the interview transcripts, analyzed the data independently, and extracted codes separately, thus fulfilling investigator triangulation (Archibald, 2015).

4. FINDINGS

Examination of the demographic characteristics of the interview respondents indicates that most of them are middle-aged health professionals, with an equal distribution of males and females. One of the interviewees was a health tourism association executive while the other 11 were physicians, nurses, or administrative staff of T&CM units from four different hospitals in the city (Table 1).

Table 1. Demographic Characteristics of Participants

Participant	Gender	Age	Position and Type of Organization
P1	Male	48	Laboratory Technician at the T&CM Unit of a Hospital A
P2	Female	47	Responsible Physician at the T&CM Unit of a Hospital A
P3	Female	38	Medical Secretary at the T&CM Unit of a Hospital A
P4	Male	48	Medical Secretary at the T&CM Unit of Hospital B
P5	Female	47	Nurse at T&CM at the T&CM Unit of Hospital B
P6	Male	50	Physician at the T&CM Unit of Hospital B
P7	Male	50	Physician at the T&CM Unit of Hospital C
P8	Female	46	Nurse at the T&CM Unit of Hospital C
P9	Female	48	Physician at the T&CM Unit of Hospital C
P10	Male	40	Deputy Chief Physician of a Hospital C
P11	Female	33	Nurse at the T&CM Unit of Hospital D
P12	Male	53	Health Tourism Association Executive

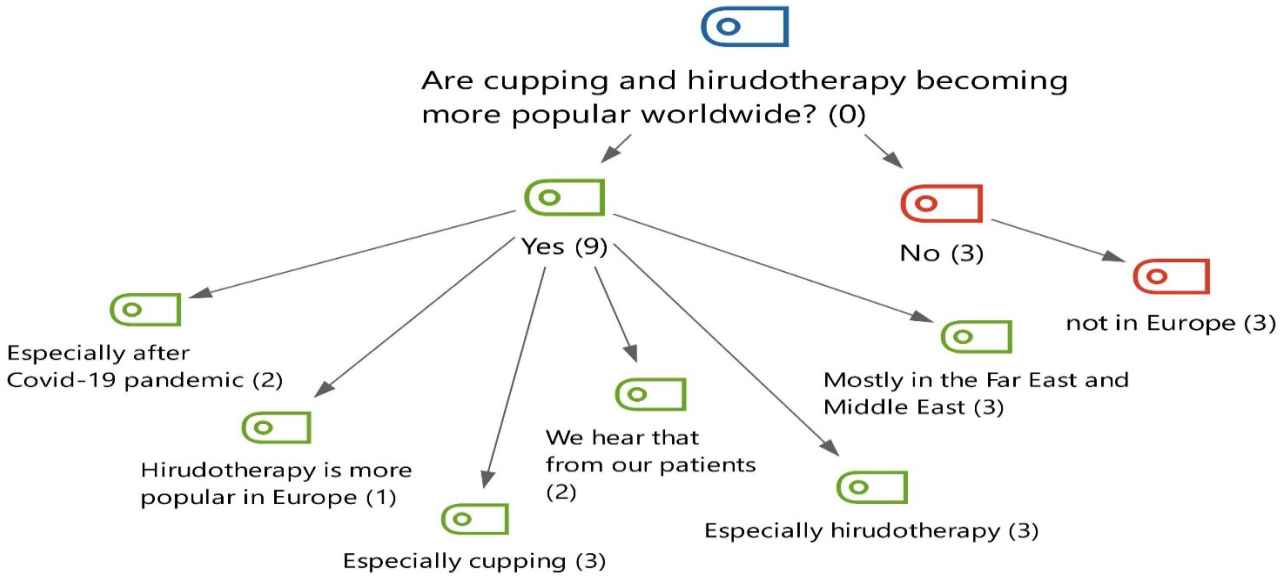

Figure 1. Codes of Answers Related to the Popularity of Cupping and Hirudotherapy

The analysis results of the interview data regarding the global popularity of cupping and hirudotherapy reveal that most respondents (83,3%) perceive these two T&CM practices to be increasing in popularity on a worldwide scale (Figure 1). However, 3 respondents (25%) indicated that they don't perceive a global increase in popularity, at least in Europe. There's almost equal agreement on the growing popularity of both methods with a significant percentage of the respondents (16,7%) stressing that especially after the Covid-19 pandemic there's a rise in the popularity of these practices. Three respondents (25%) highlighted the prevalence of these T&CM practices in the Far East and the Middle East, emphasizing their historical roots in these regions. Some of the interviewees mentioned that they heard about the popularity of these methods from patients themselves (16,7%), reflecting direct feedback from individuals seeking these treatments.

As seen in Figure 2, the analysis results concerning the existence of tourists coming for these two T&CM therapies to Kayseri indicate that there are no instances of foreign tourists coming

specifically for them. However, over half of the participants (58,3%) reported the presence of foreign tourists coming for these therapies, predominantly, expatriates living abroad and visiting Kayseri as part of VFR (Visiting Friends and Relatives) travel rather than specifically for health tourism purposes. Multiple participants (75%) mentioned tourists traveling regionally to Kayseri, especially for these treatments. Additionally, some participants emphasized that tourists from neighboring provinces particularly prefer Kayseri for these treatments because they are carried out under the supervision of certificated doctors (8,3%) and in a safe hospital environment (16,7%), which increases the reliability and attractiveness of these procedures. It must be noted that two participants (16,7%) contradicted all others, one stating that no local tourists, and the other one stating that no foreign tourists come for these therapies.

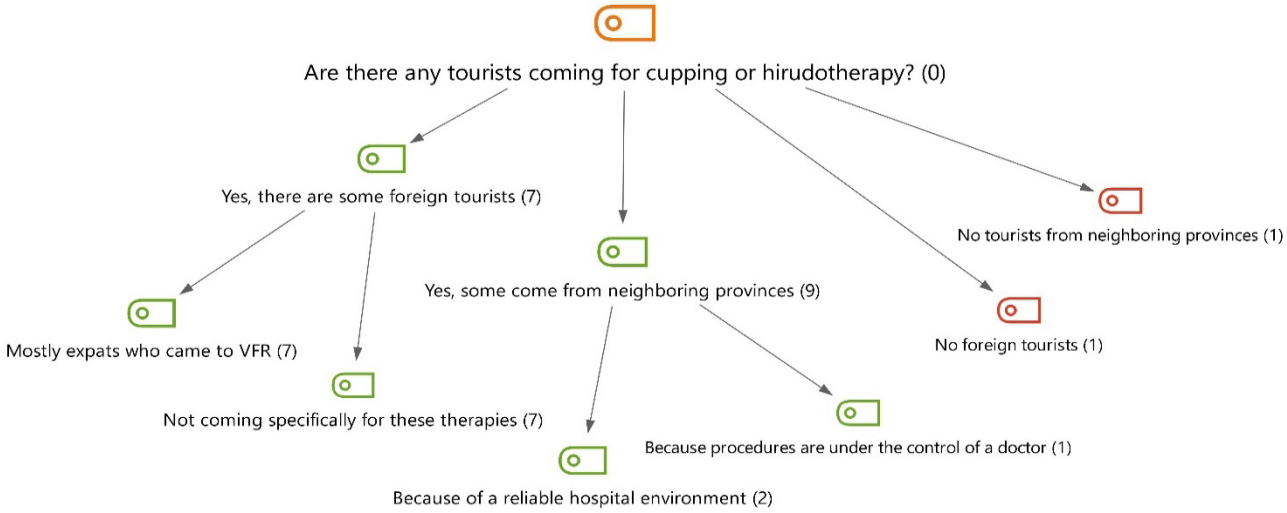

Figure 2. Codes of Answers Related to Health Tourists Coming to Kayseri for Cupping or Hirudotherapy

The analysis of interview data on the potential for an increase in health tourism related to cupping and hirudotherapy in Kayseri suggests mixed perspectives (Figure 3). Most of the respondents (66,7%) believe that there is a potential for a future increase. This optimism is primarily based on factors such as the presence of a reliable healthcare environment and growing interest in T&CM. Respondents highlighted several conditions that could drive this increase including the promotion of therapies, positive word-of-mouth of patients who have recovered through these therapies, and an evidence-based approach to T&CM that may attract tourists, particularly from regions where healthcare decisions are more dependent on scientific validation. Despite the optimism, one-third of respondents (33,3%) expressed skepticism about a future increase in health tourism for these therapies. Concerns include the current lack of promotion, the global availability of these therapies, and the insurance coverage barrier. T&CM expenses may not be covered by health insurance in many countries, which could deter international patients from seeking these therapies abroad.

The interview data analysis revealed several T&CM practices that have the potential to become prevalent and contribute to the expansion of health tourism (Figure 4). The most frequently mentioned practices by respondents include acupuncture, ozone therapy, homeopathy, and phytotherapy. More than half of the respondents emphasized the potential of the popularity growth of acupuncture and ozone therapy practices, citing the existing global acceptance and proven therapeutic benefits of acupuncture, and identifying ozone therapy as innovative and potentially appealing to a health-conscious tourist base. Several respondents indicated that homeopathy and phytotherapy (herbal medicine) could see broader applications and contribute to health tourism, due to growing global interest in complementary medicine circles and the increased interest in natural and plant-based treatments. Apitherapy (bee-related therapies), aromatherapy, hydrotherapy,

hypnotherapy, PRP (platelet-rich plasma) therapy, reflexology, and yoga therapy were each mentioned by individual respondents, suggesting a broader range of practices that could contribute to future development depending on market trends and patient preferences.

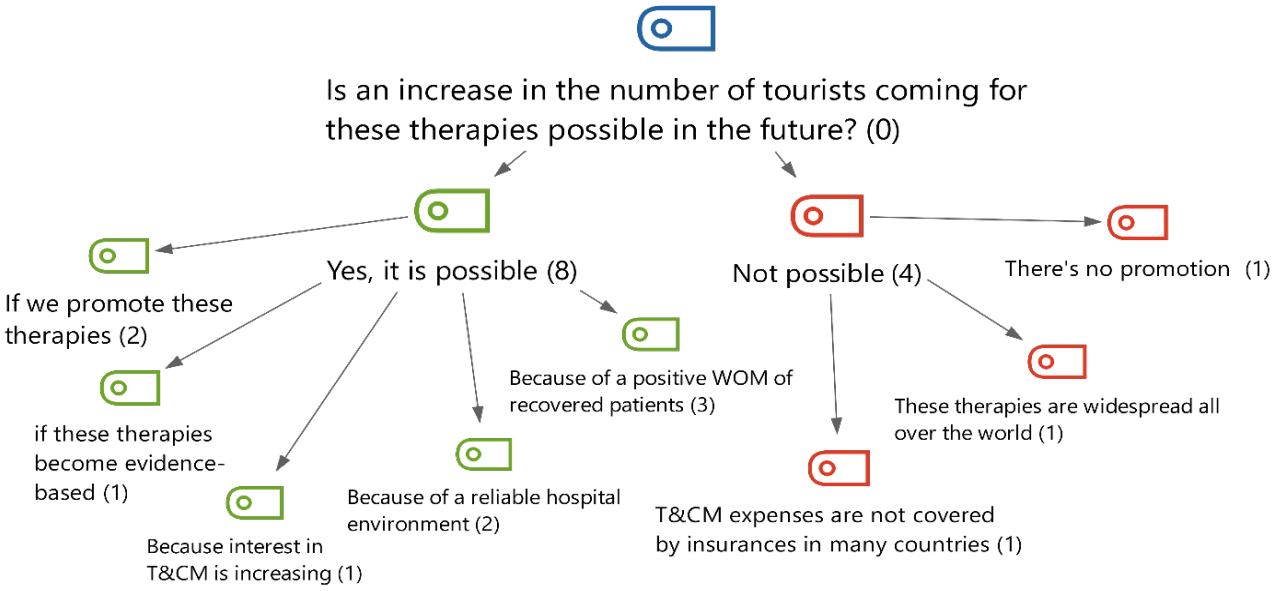

Figure 3. Codes of Answers Related to the Potential for Future Increase in the Number of Health Tourists Coming for Cupping or Hirudotherapy

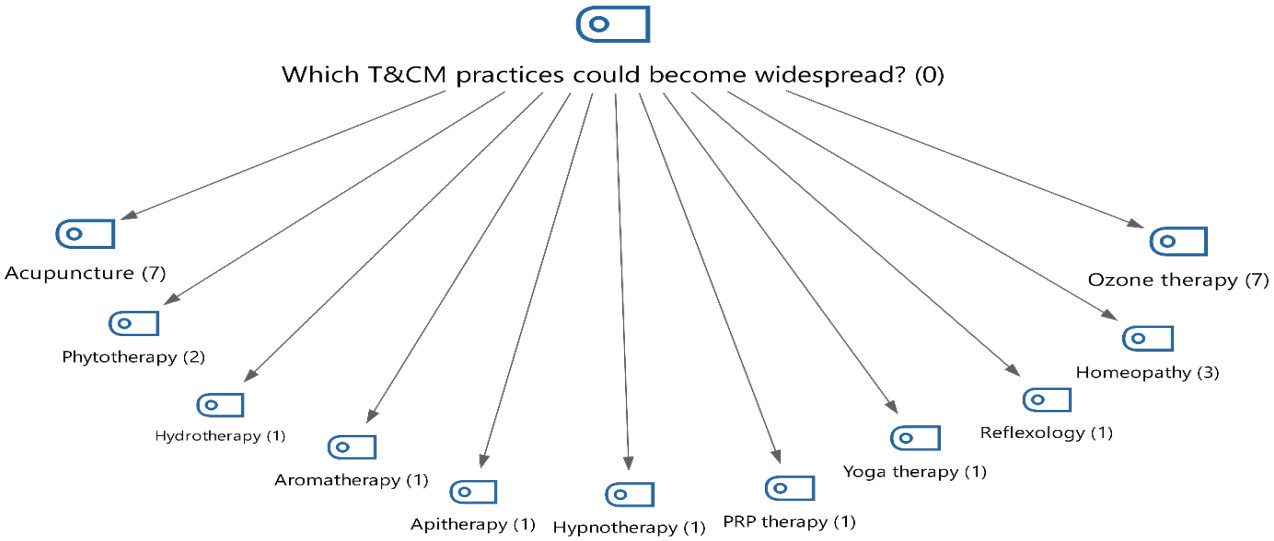

Figure 4. Codes of Answers Related to the Types of T&CM practices that could become widespread and contribute to the future development of health tourism

5. DISCUSSION

The findings of this study indicate a growing interest in cupping and leech therapy as T&CM practices within health tourism. Health professionals interviewed, perceived an increasing trend in the popularity of these therapies globally, especially after the COVID-19 pandemic. This trend is consistent with previous research indicating a worldwide rise in the use of T&CM therapies, driven also by cultural affinity, perceived safety, and the holistic health benefits of these practices (Jiang et al., 2019; Liang et al., 2021). Another important finding of this study is that most health tourists coming to Kayseri for these therapies are expatriates or regional tourists rather than international tourists traveling specifically for these treatments. This finding reveals that while cupping and hirudotherapy contribute to health tourism in Kayseri, they are not the primary draw for most tourists. Our findings also indicate that there is optimism about the potential for increased cupping

and hirudotherapy-related health tourism in Kayseri, but growth is likely to depend on better promotion and scientific validation of outcomes of these therapies. However, the global availability of these therapies and lack of insurance coverage could limit this growth potential. These findings align with the research by Krstić and Živanović (2020) and Zararsız (2022) who observed that the potential of T&CM in health tourism remains underutilized. Both studies indicate that while there is a strong foundation for promoting T&CM in health tourism, effective marketing and international promotion are necessary to capitalize on this potential. The findings also suggest that there is a growing interest in some other T&CM practices, such as acupuncture, ozone therapy, and phytotherapy, which could potentially contribute to the expansion of health tourism in Kayseri. This aligns with the findings of Majeed and Kim (2022), who identified acupuncture and herbal medicine as key drivers of wellness tourism in East Asia. The potential for these therapies to attract health tourists, particularly those seeking natural and holistic treatments, should not be underestimated.

6. CONCLUSION, IMPLICATIONS, LIMITATIONS

Cupping and leech therapies have deep historical roots in Anatolia, reflecting centuries-old practices that have been passed down through generations. These therapies are not merely health interventions but are also emblematic of Türkiye's rich cultural and medical heritage. The historical connection of these practices with the region can attract tourists who are not only seeking medical benefits but are also interested in experiencing authentic cultural traditions. Promoting these therapies as part of local intangible cultural heritage can provide a compelling narrative for health tourists. The findings of this study underscore the potential of these two therapies as integral components of health tourism in Kayseri. It can be suggested that to attract a more diverse international clientele, Kayseri's health tourism stakeholders need to focus on promoting the therapeutic benefits and cultural significance of cupping and leech therapy. The unique potential of integrating T&CM with regional cultural and winter tourism offerings could attract tourists interested in many fields: cultural immersion, sports, recreation, wellness, and health. Positioning these therapies as authentic local experiences, accessible near prominent sites like Cappadocia, could add depth to the tourism product mix and enhance visitor appeal by offering a wellness dimension. Developing seasonal packages that combine winter sports in Mount Erciyes with T&CM experiences and cultural tours of Cappadocia could be a good example of an integrated marketing strategy for the region. Winter tourism-interested visitors may be more likely to seek therapies like cupping or leech therapy for relaxation and recovery, especially after skiing or other outdoor activities. Creating bundled packages for "Winter Wellness Retreats" could attract tourists during peak seasons and maximize exposure for both health tourism and local culture. Collaboration of Erciyes ski resort with hospitals, and wellness centers in Kayseri and Cappadocia could also enable joint offerings, like après-ski spa treatments that incorporate T&CM practices, encouraging visitors to extend their stay for relaxation and wellness post-activity. Additionally, as suggested by Majeed et al. (2017), by integrating these therapies into the broader health tourism offerings, Kayseri and other health tourism destinations in Türkiye can create a unique niche that differentiates them from other health tourism markets globally. For instance, as proposed by Buluk Eşitti and Güzel (2020), these therapies can be incorporated into wellness packages at thermal spa resorts. Close to Kayseri, there's a thermal center named Bayramhacı, which is not too active and popular. Incorporating the Bayramhacı Thermal Center into the integrated marketing strategy for health, winter, and cultural tourism could provide a boost to the center's popularity and attract a more diverse range of tourists. This approach could not only enhance product diversity but also add

value to the existing tourism infrastructure, potentially increasing the length of stay and expenditure of tourists.

This research contributes to the theoretical framework of health tourism by integrating T&CM practices such as cupping and leech therapy into the broader context of medical tourism. It supports the notion that health tourism can benefit from a diverse range of therapeutic modalities, combining conventional and alternative treatments to meet the growing demand for holistic health services (Majeed et al., 2017). The findings suggest that cupping and leech therapy could serve as unique selling points for health tourism destinations and contribute to tourism sustainability.

The study's limitations include its focus on a single geographical location, which may not represent broader health tourism trends in Türkiye or other countries. Additionally, while providing in-depth insights, the qualitative nature of the research limits the generalizability of the findings. Furthermore, the reliance on interviews with health professionals may introduce bias, as their perspectives might not fully capture the experiences and motivations of tourists seeking T&CM treatments. Future research should consider expanding the geographical scope to include multiple health tourism destinations within Türkiye and other countries to provide a comparative analysis of T&CM practices in health tourism. Quantitative studies involving larger sample sizes of tourists and patients could provide more generalizable data on the demand and satisfaction levels with T&CM services. Additionally, exploring the economic impact of T&CM on local health tourism economies would be valuable. Investigating the role of digital marketing and social media in promoting T&CM practices to international audiences could also offer practical insights for tourism practitioners.

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ETHICS STATEMENT FORM

Research Support Information: This research has received no funding from any source.
(X) Ethics committee approval was required.
Institution Submitting the Ethics Committee Report
Erciyes University
Ethics committee report decision date: 26.12.2023 **Decision No:** 538
( ) Ethics committee approval is not required. The reason is stated below.
( ) Since the data were collected before 2020, ethical committee approval was not obtained.
( ) The method used in the study does not require ethics committee approval.
Contribution Rate of Author(s)
1. Author: 65%
2. Author: 35%
Informed Consent Form: All parties were included in the study with their own consent.