

The development of medical tourism in Uzbekistan

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Abstract: *This paper investigates the major point of the medical tourism development in the Republic of Uzbekistan. On this way, potential of tourism and medical points of the development were analyzed at all. Moreover, Uzbekistan is seen as a major medical area where tourism and medicine could be crossed in positive tendencies. Finally, concluded major features of the medical tourism perspectives in order to make further developments as the whole.*

Keywords: *tourism, medical tourism, Uzbekistan, Central Asia, tourism development.*

INTRODUCTION

Uzbekistan, after achieving independence has defined as its main goal the construction of a society based on a market economy. In achieving this goal, tourism is considered one of the leading industries. Tourism is not only a study of the past, acquaintance with various nations, enjoying the masterpieces of their cultural heritage, but also big business. And the medical (health) tourism is also developing in Uzbekistan. Acupuncture is the most ancient medicine methodology used in China and other oriental countries in parallel with medicinal and physical therapy, as well as common gymnastics, It is really difficult to evaluate the extent, to which this technique is efficient, as well as its availability and safety of the simplicity of this method makes it feasible to apply it on the broadest scale and in any condition (Bifulco & Leone, 2014; Khodjaeva, Kharabara, & Akhmedov, 2001; Ryan, Wilson, & Kain, 2002).

From year to year, the acupuncture expands out all over the world. Within the clinical allergology practice, acupuncture was first used in 1982, and since then it is applied in treating any forms of allergic diseases in children and adults. I do suppose that the wide introduction of the acupuncture technique and therapy method of a range of allergic diseases treatment may be appreciable and advantageous to a world of health care professionals of different specialties (Kalpakjian & Schmid, 2014; Meng & Yu, 2012; Sahadeo & Zanca, 2007; Sarmiento & Serikboluly, 2015).

RESEARCH BACKGROUND

Tourism is a global force for economic and regional development. Tourism development brings with it a mix of benefits and costs and the growing field of tourism economics is making an important contribution to tourism policy, planning and business practices. The tourism industry of Uzbekistan is also a developed and service oriented which always welcomes unlimited people with in and around the global to feel at home. Tourism has grown substantially over recent decades as an economic and social power house. It generates substantial economic benefits to both host countries and tourists' home countries. Especially in developing countries, one of the primary motivations for a region to promote itself as a tourism destination is the expected economic improvement. The government of Uzbekistan is taking all possible measures to make it more and more friendly, attractive and comfortable to showcase, its past, present, and future (Bobur et al., 2015; Hornidge et al., 2011).

Nevertheless, Uzbekistan's rich and varied tourism and recreational potential remains low, the existing tourism infrastructure, the volume, types, and quality of tourism services provided, and the distribution of available tourism capacities by region, the network management system globally.

METHODOLOGY

And we talk about Medical (Health) tourism. Medical tourism refers to people traveling to a country other than their own to obtain medical treatment. In Uzbekistan the medical tourism very cheaper than another country. For example:

-dental

- surgery
- allergy
- rhinoplasty
- mammalogy
- orthopedics
- ophthalmology

In Uzbekistan there is a clinic that treats allergies without hormone. The clinic "Doctor Salimov" is the only allergy clinic in the world, which uses combined modalities for treating allergy. The modalities are quite simple: apart from simplified medicinal treatment, which excludes glucocorticoids and hormonal treatment, we use unique complementary modalities such as acupuncture, aeroionotherapy, electrophoresis and magneto therapy.

These modalities are simple, harmless, not costly and can be used in any conditions without following complications.

Non-medicinal therapeutic modalities can relieve the patient from fruitless usage of antihistamine agents of any generation, aerosol and parenteral medicines as well as perioral glucocorticoids.

After long-term research, we managed to prove that it is fruitless to use medicinal drugs, especially glucocorticoids, because their usage gives only temporal effect, but does not relieve the patient from the allergy. So, we use medications, especially glucocorticoids in most serious and grave cases.

Wide usage of the suggested complementary modalities allows to successfully treat hormone-dependent and hormone-resistant forms of bronchial asthma.

LITERATURE REVIEW

So, we are certain that the combination of basic conventional treatment and non-traditional therapeutic modalities allows treating bronchial asthma, allergic rhinitis, pollinosis, allergic dermatosis and so on. Besides, it allows:

1. Rapid relief of asthmatic fit, posterior rhinorrhea and reduce itching for atopic dermatitis.
2. Prescribe beta blockers and inhaled glucocorticoids at bronchial asthma, atopic hormonal ointment at atopic dermatitis in the smallest doses available and subsequently remove them at all.
3. Exclude antihistamines, systemic glucocorticoids and immunosuppressive agents and prescribe them in exceptionally grave cases.
4. Prevent the development and, if available, relieve from hormone-dependency and hormone - resistance.
5. Reduce the course of treatment at each stage at bronchial asthma.
6. Minimize the likelihood of clinical behavior of bronchial asthma at medium and serious allergic rhinitis.
7. Achieve lasting remission of the disease.
8. The patients are treated mostly without usage of hormones and glucocorticoids.

Our mission – is to offer a comprehensive diagnostics and treatment of all forms of allergic diseases in both children and adults. We stick to the hard and fast rules of treatment and we do not use antihistamine agents of any generation, aerosol and parenteral medicines as well as peroral glucocorticoids for treating bronchial asthma (Connell, 2006; Mantellini, 2015; Tao, Kaplan, & Omenetto, 2012).

Our doctors use only verified diagnostic tests, and the therapeutic modalities are unique and phenomenal. Beside a verified standard approach to the treatment of allergic diseases, innovative and unique non-traditional therapeutic modalities are also used in our clinic. The modalities comprise acupuncture, aeroionotherapy, electrophoresis, and magneto therapy.

The Head of the clinic is the doctor of higher category, Professor Irgash Salimov, who has over a thirty-five-year experience.

Principles of immune system recovery include the following:

1. Immune system recovery is aimed to reactivate the damaged immune homeostasis in the body, that is reached in normalizing of immunological parameters and recovery of the sick person or remission of allergology process.
2. Indication conditions — adequacy of the diagnosis (basic and concurrent),
3. Commencement time of immune system recovery (since the moment the allergic pathology is identified).
4. Pattern — Strictly individual,
5. Method of immune system recovery is differentiated, rational, complex, in a combination of drug-free and medication therapies and allergen-specific immunotherapy.
6. Continuity and succession are absolute at all stages of immune system recovery.

Main part

Every subsequent stage of immune system recovery should be commenced with regard to results obtained at the previous stage. Consequently, every patient with any particular allergic disease is treated for 3 to 7 years. Such an approach to treat allergic diseases and bronchial asthma in particular, brings to positive effect in 90-95% cases (Bobur & Alimova, 2017; Connell, 2006; Muhammad et al., 2012; Turner & Freiermuth, 2017).

The duration of every treatment regimen is 18 days with a certain interval specified as follows;

Regimen I and II - 10 days

Regimen II and III — I month

Regimen III and IV — 3 months

The preventive treatment is performed upon completion of the Regimen IV every half a year.

The interval between the treatment regimens depends on individual tolerance and other features, which is considerably shortened for people with severe allergic diseases.

During the Regimen I all and any acute and severe clinical symptoms of allergic reactions resolve and the patient is wholly arranged for the dermal and provocation tests.

Respiratory allergies therapy is the most complicated challenge that our modern medicine faces today. The description of particular allergic diseases should be started with bronchial asthma. This is not simple. Bronchial asthma is a serious and dangerous disease followed by the asthma attacks. In practice, we meet more frequently bronchial asthma cases as compared to other allergy forms, and it ranks first among respiratory allergosis on health-seeking behavior.

Bronchial asthma (asthma bronchiale, in Greek asthma, is wheezing, shortness of breath) is the allergic disease characterized by recurrent episodes of wheezing caused by diffuse impairment of bronchial permeability that is associated with localization of the allergic process in bronchial tree tissues. The Joint Committee of American Collegium of Pulmonologists and American Thoracic Society termed bronchial asthma as “disease characterized by variable airway obstruction and hyperactivity of airways to various stimuli. This syndrome is characterized by the suppression of forced expiration, the manifestation rate of which changes either voluntarily, or as the result of the therapy performed”.

In 1991 the National Heart, Lung, and Blood Institute of America (NHLBI) acknowledged that bronchial asthma is characterized:

- By complete or partial reversible airway obstruction;
- Inflammation;
- Increased responsiveness (hyperreactivity) of bronchi.

As one of the severest diseases, bronchial asthma is mentioned in ancient documents and works by Homer and Herodotus, Galen and Celsius, Rennie-Ibnophile-Hyacinthe Laennec and Abu Ali Ibn Sina (Avicenna).

G.I. Sokolskiy offered the classic description of bronchial asthma clinical pattern one hundred years ago, whereas Abu Ali Ibn Sina described in details this disease based on scientific and practical materials, 1000 years ago. His hypothesis remains valuable up to our days due to practical opinion (Hong, Park, Surrender, Reddy, & Jurn, 2001; Hornidge et al., 2011).

Today every practitioner, while studying the Canon of Medicine, the standard medical text, finds lots of valuable information applicable presently.

Below are some doctrines and recommendations on bronchial asthma treatment offered by Ibn Sina: "Asthma is the lung disease when the person suffering it breathes as frequently as the person out of breath due to performing physical activity. This disease, when it occurs in aged people, can hardly be treated, since it cannot get to the period of maturity, and how it can be feasible when the disease is hard to cure even in younger people? In most cases, bronchial asthma worsens when the person is prone.

This refers to the category of long illnesses and is characterized by acute episodes like epilepsy paroxysms and convulsions. In asthma, the lungs and surrounding area are affected, since thick juice (mucosa) clog arteries, their small divergences, and papula, sometimes the mucosa is in the lung tube, and sometimes - in the areolar substance of lungs and in hollow zones".

The Esculapian gave the explicit explanation of the asthma occurrence cause: "Occasionally in rare cases, [asthma] occurs due to the dry lungs which result in their shrivel and shrinkage, and in some cases - it is due to the cold in lungs. It may occur due to the affection of the initial position of the respiratory tract...

From time to time [asthma] may occur due to the abundance of smoke, if it remains in lungs and settles there; and in particular circumstances, it can be caused by winds that stay in air passages and embarrass the respiration".

While describing the symptoms of bronchial asthma, Ibn Sina gave the particular term for it similar to the modern pathogenesis of the disease. He says: "If asthma is caused by juices or fluid in the respiratory tube itself, then the constrain is observed with intake of breath followed by expectoration, wheezing, retention of the material stuck, feeling of heaviness and sputum expectoration coming out of area closely located [to the respiratory tube]. With juices [clogged] due to the catarrh, the asthma onset is abrupt. Otherwise it develops gradually". It seems that Avicenna considered two forms of bronchial asthma: allergic (atopic) and infection-induced allergic asthma. Further, he states when describing the bronchial asthma therapy: "Asthma, respiration constrain and delayed breathing should be treated. [Asthma] that is caused by fluids is treated in the following way: the fluid in lungs of such patients is carefully and regularly eliminated; if you reveal that the lungs are affected by the fullness [of fluid], you must evacuate it by means of loosening. Medications used for that should be resolving and facilitate the maturity of the disease, though not so heating since it could bring to the material dried and thickened... Therefore, you should remember to ensure material moistening and getting it to the maturity state, whether it is thick and viscous..."

The doctrines of the scientist are up of date in modern medicine. In severe bronchial asthma, especially at the status asthmaticus II and III Stages, rales are not auscultated in lungs. This is a very dangerous and life-threatening symptom. With the adequate therapy, there is a mass of dry and moist rales in lungs, the sputum is possible to expectorate, and the crisis is over, the patient is safe and out of status asthmaticus. When the sputum is expectorated, the air passage is cleared from thick juices, as Avicenna stated. This is the period when antihistamine drugs should in no way be administered since they intensify the viciousness of excessive juices, that is sputum, while the patient required taking only expectorants, preferably based on plants. Ibn Sina avoided recommending diuretic agents for such patients, and he stated that: "Diuretics and other agents that affect urination appear harmful in bronchial asthma since they hardly excrete the most liquid part of the fluid out of body".

As a matter of fact, in status asthmaticus condition particular liquid (it is described below) is provided 2 to 3 times a day, though intravenous injection (20 drops per minute) which contributes to dilute the sputum.

While providing recommendations to pediatricians, Ibn Sina says: "When the pediatric patient is treated, the drug should be mixed with breast milk; medium-potentiated drugs [by potency] are sufficient [for children]..."

Ibn Sina provided with very valuable recommendations on the prescription of medicinal drugs: "As for the other medicinal products, they should be changed [from one drug to another] to avoid abuse and body addiction to it. Furthermore, there is an interaction between medicinal drugs and bodies [individual] to follow compliance which is only possible to gain during practical work, and when [various drugs] tested, the most beneficial should be recommended".

All doctrines supposed by Avicenna many centuries ago are proved in modern medical practice. For example, a wide administration of glucocorticoid therapy dramatically expands hormone-resistant or hormone-dependent forms of bronchial asthma. Other therapy techniques are not effective for such patients, and in them, bronchial asthma runs in a severe form, with various complications that may result

in death. As you see, hormone-resistance or hormone-dependency in modern medicine in general, and in clinical allergology in particular, appear to become a great malady. And this is why we are mainly specialized in non- medicinal therapy in our clinic.

While treating bronchial asthma, Ibn Sina used a great number of complex and simple medicine that comprise a variety of medicinal herbs. The scholar strikes with his genius and uniqueness that he considered a wide spectrum of bronchial asthma onset causes while recommending treatment regimen. There is no doubt that therapeutic modalities recommended by Ibn Sina are still highly valuable nowadays. And this is what exactly we proved in practice.

On an annual basis, especially in the spring period, the scientific medical journals publish a range of material devoted to the prevalence rate, clinical symptoms, diagnostics, and treatment of allergic rhinitis.

Allergic rhinitis is the most common medical problem in most countries. For the last several decades the steady growth of patients with this pathology is reported in various countries. According to the scheme of allergology diseases, the ratio of the allergic rhinitis is quite high (60-70%). The occurrence of allergic rhinitis is associated with various limitations in physical, psychological and social parts of the human being. Allergic rhinitis makes people suffer most of their life, and due to that, the quality of life decreases and their day-to-day activity interferes. Allergic rhinitis affects an estimated 35 mln natives of the USA per year with the evident symptoms of allergic rhinitis; the expenditure to treat allergic rhinitis totals about 3.5 bln US dollars per year.

The cost in direct medical care in Europe totals more than 1.5 bln Euro each year while indirect expenses are similar. The problem of allergic disease in Russia is similar to that. Up to 980 cases of this disease are reported per 100 tsd. population.

In the climatic and geographical conditions in Central Asia and in Uzbekistan, in particular, the pollinosis with the rhinitis signs ranks first by the occurrence rate to make 88% cases, on the whole. Conjunctivitis ranks second with a figure of 54.4 %. In most cases, all symptoms of pollinosis with rhinitis occur and resolve in the exacerbation stage. Rhinitis is classified into two kinds as follow:

Seasonal allergic rhinitis etiologically caused by pollen allergens.

Perennial allergic rhinitis. This form of rhinitis is triggered by airborne household, epidermal and other kinds of allergens. When the allergic rhinitis is caused by the house dust, the reason for it may appear as the exposure to dust mite in most cases. However, apart from these two kinds of rhinitis, the practice faces combined types of allergic rhinitis. Due to the estimation of their etiological structure, positive results re-revealed when in most cases human sensibilization is identified to three types of causative allergens (pollen + household + epidermal).

Rhinitis is classified into three types according to clinical symptoms: mild, moderate and severe.

The following clinical symptoms appear with all three types of rhinitis:

Paroxysmal sneezing followed by the abrupt of nasal breathing difficulty and profuse discharge from the nose is reported to appear in most patients to diagnose pollen rhinitis.

Many patients complain on the headache, itching and burning sensation in nasal cavities and eyes, as well as on frequent paroxysmal sneezing.

Sneezing mechanism in such patients is paroxysmal appearing in 20 to 100 and more sneezes one by one. Such a tormenting sneeze occurs all of a sudden and appears several times a day. When this occurs, the health condition of the patient deteriorates and the physician has to render medical help. Such physical condition is considered emergency allergenic.

The sneeze is followed by the abundant watery rheum from the nose, and the nasal breathing is obstructed. The patient always complains about the stuffiness in the nose depending on the allergic edema of the nasal cavity mucosa. The color of the mucosa coating and discharge appearance in patients monitored by our physicians varied in types; the nasal cavity mucosa pattern was bright-red, crimson red, marble-white, of bluish discoloration, pale pink with ischemic traces; excretion pattern: watery, muculent, seromucous.

It can be concluded by the results of our work that the bright red color of the nasal mucosa coating ranks first, the crimson red ranks the second and the remaining coloration is less frequent. Nasal watery discharge is reported in 74 patients of the 125 under monitoring, the muculent discharge (rhinorrhea) is reported in 41 of them, and seromucous appearance is noted in 3 patients.

In parallel with the abovementioned symptoms, the patients also complain about the itching in nasopharynx, ears and hoarse voice. Moreover, signs of pollen intoxication are reported in pollinosis rhinitis, rhino-conjunctivitis, and atopic asthma. Most common symptoms of pollen intoxication in patients with pollinosis include headache, itching and burning sensation in nasal cavity and eyes, paroxysmal sneeze, nasal stuffiness, nasal stiffness. Apart from these intoxication symptoms, patients are reported to develop irritancy, appetite loss, heartquake, asthenia, precordialgia, paroxysmal cough, pallescence, congested pipes, asthma, hidrosis, faintness, tinnitus, abdominal pains, photophobia, body temperature increase occur.

Mild, moderate and severe clinical course vary in expression. In the mild run of allergic rhinitis, the symptoms and other signs occur only in morning hours and they quickly resolve. Symptoms of pollen intoxication are not visually observed.

Moderate allergic rhinitis is expressed in longer-lasting symptoms. The comfort of well-being disappears, the nasal breathing worsens, and the patient faces insomnia. Intoxication symptoms are relatively expressed. Antihistamine drugs show a transient effect.

With the severe allergic rhinitis patients develop paroxysmal sneezing at a rate of 50 to 100 sneeze at a time. The strong rhinorrhea, the abundant discharge from nose, is developed (the patients bring lots of paper tissues on them), strong itching is irritable, the nasal breathing is obstructed in the day time and at night (especially at night), and the patient suffers from insomnia. Sometimes these symptoms are combined with dry coughing and irritation in the throat (pre-acute severe asthma). All symptoms of intoxication are expressed. Antihistamine drugs show no effect anticipated. In most cases, in moderate and severe courses the nasal bleeding is observed. This likely occurs due to edema and hyperemia of nasal mucosa coating and nose vessels get easily permeable. In severe allergic rhinitis, the rescue emergency care is required.

Many tourists from many countries like Canada, Germany, Italy, Russia, the city of the CIS come to be treated. This year the largest stream came from Russia and the CIS countries.

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