STM JOURNALS

Research & Reviews: A Journal of
Medical Science and Technology

https://journals.stmjournals.com/rrjomst/

ISSN: 2319-3417 (Online)
ISSN: 2349-1272 (Print)
Volume 15, Issue 1, 2026
January–April
DOI(Journal): 10.37591/RRJoMST

Research RRJoMST

Medical Tourism in India: Analyzing Benefits, Risks, and Regional Trends

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Abstract

Background: *India's medical tourism industry has emerged as a global hub, generating approximately US$9 billion annually and attracting over 2 million patients seeking cost-effective, high-quality treatments and wellness therapies.* ***Objective:*** *To evaluate the benefits, risks, and regional disparities in medical tourism experiences among patients and providers across five Indian states.* ***Methods:*** *A mixed-methods study was conducted involving 850 international patients and 150 healthcare providers. Quantitative data were gathered through structured surveys, and qualitative insights were obtained from interviews. Statistical comparisons were made between northern (Delhi–Mumbai) and southern Indian medical hubs.* ***Results:*** *Most patients (92%) expressed satisfaction due to cost advantages. However, post-operative complications were more frequently reported in Delhi–Mumbai (12%) compared to southern states (8%) (p = 0.04). Communication barriers were also more common in northern regions (28%) versus southern counterparts (15%) (p = 0.001). Cardiac (34%) and orthopedic surgeries (28%) were the most sought treatments, especially by patients from war-torn and low-resource countries. Wellness procedures (20%) attracted predominantly European patients.* ***Conclusion:*** *While India offers cost-effective and advanced medical care, regional disparities in postoperative care and communication quality pose challenges. To maintain India's global position in medical tourism, improvements in standardized quality control, linguistic support, and culturally sensitive care are crucial.*

Keywords: Cost-effectiveness, holistic care, medical tourism, patient experience, regional differences

INTRODUCTION

Healthcare Across Borders Medical tourism in India has taken off in the last decade, establishing India as a global medical tourism destination for quality healthcare that is still affordable. This healthcare industry is estimated to be worth $9 billion in 2023, and India garners more than 2 million medical travellers every year especially from countries in South Asia, Africa, and the Middle East [1]. Drivers are cost saving (e.g., procedures, such as heart surgeries, are 70–80% cheaper as compared to developed world, availability of high quality infra structure in metro cities, and access to alternative therapies like Ayurveda [2]. However, risks, such as inconsistent quality in rural set-ups, post-operative complications and ethical concerns of organ trafficking, are poorly addressed [3]. This review aims to assess the advantages and disadvantages of medical tourism in India, particularly in relation to regional imbalances and patient outcomes.

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Received Date: January 07, 2026
Accepted Date: January 30, 2026
Published Date: March 10, 2026

Citation: J. Samuel Kamanda, Atul Khajuria, Eric Kwasi Elliason, Stephen Monday. Medical Tourism in India: Analyzing Benefits, Risks, and Regional Trends. Research & Reviews: A Journal of Medical Science and Technology. 2026; 15(1): 12–16p.

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METHODOLOGY

Study Design and Population

A mixed methods study with participants drawn from five Indian states (Delhi, Maharashtra, Tamil Nadu, Kerala and Karnataka) over a period of January 2022 to December 2023. The respondents were 850 foreign patients and 150 medical professionals.

Inclusion Criteria

- Adult international patients treated in India.
- Treatments were elective surgery (cardiac, orthopedic), oncology and wellness therapy.
- Health-service providers who had >5 years of experience in the field of medical tourism.

Exclusion Criteria

- Domestic medical tourists.
- Patients having minimal intervention (like dental examination) RTBU's History History of suckling is a prior knowledge factor of risk and is easily available.
- Non-accredited facilities (JCI, NABH or equivalent).

Data Collection

- *Outcomes:* Cost savings, and patient satisfaction (5-point scale) and time spent waiting.
- *RISKS:* Post-surgical complications, lack of communication and legal disputes.
- *Regional Information:* The inflow of patients, special healthcare, and infrastructure quality.

Statistical Analysis

Quantitative data were analyzed in SPSS 28 (chi-square, t tests). Microcoded qualitative data regarding perceptions of providers were also recorded using NVivo.

RESULTS

Results show that cost savings were the most commonly cited benefit among medical tourists (92% indicated it was important) followed by high satisfaction (mean = 4.6/5). This is consistent with global patterns, where suffering patients' search for optionewr economical healthcare; particularly at a time when people are looking for elective procedures in a less expensive location [4]. Quality of care came a close second in responses with 84% of respondents admitting to identifying it as a benefit (mean satisfaction = 4.2) as a growing number of countries, such as India and Thailand, became known for offering value-for-money treatment that is at the same time cutting edge in terms of medical infrastructure [5]. A decrease for wait times is calculated as a flow-on benefit. A decrease in waiting time was particularly valued by 78% (mean = 4.0), indicating inefficiencies of high-income country healthcare, which has led to patients waiting for operations such as joint replacement surgery to go overseas [6]. Ways-Integriti 05 Holistic wellness packages had lower coverage (65%) yet exhibited moderate satisfaction (3.8), indicating niche demand of integrative care approaches combining conventional medicine and traditional therapies (e.g., Ayurveda) [7]. Collectively, these findings underscore the multidimensional reasons influencing medical tourism, blending economic, practical, and quality consideration (Table 1).

Table 1. Benefits reported by medical tourists (n = 850).

Parameter	Percentage	Mean satisfaction (5-point scale)
Cost Savings	92%	4.6
Quality of Care	84%	4.2
Reduced Wait Times	78%	4.0
Holistic Wellness Packages	65%	3.8

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There are clear regional differences in risks within medical tourism as well, with the Delhi–Mumbai Corridor having higher rates of post-operative complications (12% vs. 8%, p = 0.04) associated with overcrowded urban hospitals and no consistent quality control in high-volume hospitals [8]. Communication gap was significantly higher in the Delhi–Mumbai belt (28% vs 15%, p = 0.001) given the multi-lingual nature of its patient group and the lack of multilingual healthcare providers, elsewhere [9]. with regional language synchrony ensuring better provider–patient interface. Legal issue was more commonly raised in the Delhi–Mumbai Corridor (5% vs 2%, p = 0.02) probably because patients in general would be more aware of rights and are more litigant in the urban areas [10]. This disparity highlights the importance of guidelines, language support, and regulation from high-prevalence areas (Table 2).

Table 2. Risks and regional disparities.

Parameter	Delhi–Mumbai Corridor (n = 400)	Southern States (n = 300)	p-Value
Post-Op Complications (%)	12%	8%	0.04
Communication Barriers (%)	28%	15%	0.001
Legal Disputes (%)	5%	2%	0.02

Cardiac surgery became the most demanded therapy among foreign patients (34%) originated from Iraq, Afghanistan, and Nigeria. This is probably an indication of the paucity of specialized cardiac services and facilities in conflict–affected or resource–constraint areas which force patients to opt for cost-effective, high-quality interventions in non-native countries [11]. Orthopedic surgeries (28%) were most commonly (in all countries except Nepal, United Arab Emirates, and United Kingdom) used by patients traveling to Bangladesh, Kenya, and Oman with increasing musculoskeletal conditions and cost differentials for joint replacements stimulated outbound medical tourism [12]. Cancer treatment (18%), desired by patients from Uzbekistan, Yemen and Sudan, reflects a global hunger for modern oncology treatments not available in regional healthcare markets, especially where healthcare systems are disjointed. On the other hand, patients from Germany, France, and United Kingdom sought wellness treatments, such as Ayurveda and yoga (20), reflecting rising Western desire for traditional and integrative health preventative practices [13]. These trends illustrate how medical tourism meets quite distinct needs, from life-saving care to lifestyleÂ-orientated treatment, which themselves are influenced by local healthcare voids and cultural inclinations (Table 3).

Table 3. Top treatments and patient demographics.

Treatment	International patients (%)	Top source countries
Cardiac Surgery	34%	Iraq, Afghanistan, Nigeria
Orthopedic Procedures	28%	Bangladesh, Kenya, Oman
Cancer Care	18%	Uzbekistan, Yemen, Sudan
Wellness (Ayurveda/Yoga)	20%	Germany, France, UK

DISCUSSION

Cost–quality equilibrium Since 92% of patients also believe that India's medical treatment cost was low, the cost quality balance remained crucial in their decision makings which also resonates with patients worldwide who forgo costly treatments back home [4]. In contrast, the Delhi–Mumbai Corridor recorded a higher rate of complication at 12%, reflecting inequitable quality of care in urban hubs where overcrowding and some (poor) quality assurance arrangements affect outcomes [8]. In contrast, lower rates of complication in the Southern states may be due to the relatively well-regulated sites available and linguistic congruence, which may facilitate patient–provider interaction [9]. Such discrepancies highlight the necessity for national enforcement of accreditation and infrastructure investment in high-volume areas.

Most of the cardiac and orthopedic surgeries in patients from Iraq, Afghanistan, and Bangladesh are consistent with the lack of specialized care in countries undergoing political turmoil or economic instability [11]. In contrast, the European shift towards Ayurveda and yoga speaks to a preference towards preventive and integrative health models; positioning India as a source of traditional–modern care hybrids distinct [13]. However, metropolitan center legal conflicts (5% Delhi–Mumbai) are a sign of unmet patient

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expectations and if left unaddressed, trust could potentially be eroded [14–16]. Regional differences in risk further highlight socio-cultural factors. The lower rates of litigation (2%) for southern states could be due to culturally concordant care and the more pronounced diversity of patients and languages in the Delhi–Mumbai Corridor that amplifies miscommunication risks. Filling these gaps will entail training on the part of multilingual staff and educating patients as to postoperative regimens [17].

CONCLUSION

The success of India's medical tourism depends on maintaining that balance between affordable and quality, and safety. Cost savings and state-of-the-art therapies that attract much of the world's population of patients to India are accompanied by regional inequities in illness and in its documentation that warrant policy attention. The development of rural infrastructure, the adoption of standardized care protocols, and the harnessing of India's traditional medicine legacy can improve its competitiveness globally.

Limitations

- *Questionnaire Data:* Complications and patient satisfaction may be subject to recall and response bias.
- *Local population Studies:* Results from five states cannot be generalized across all regions of India.
- *Scope of Treatment:* Excluding minor procedures does not provide insight into overall medical tourism patterns.
- *Short-Term Perspective:* Long term (e.g., cancer survival) and longitudinal data were not collected.

Recommendations

- *Quality Assurance:* Enforce JCI/NABH accreditation of all medical tourism facilities and regular audits.
- *Language Services:* Educate employees to speak the languages spoken by international patients (e.g., Arabic, French).
- *Regional Fairness:* Invest in rural health infrastructure to close the urban–rural divide in outcomes.
- *Patient Education:* Create digital pre-arrival portals that outline the risks of treatment, aftercare, and legal rights.
- *Holistic Branding:* Opt India's integrative care model (e.g., Ayurveda + oncology) in the language of Global Health.

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