

TRANSFORMING MEDICAL TOURISM: A TRI HITA KARANA-INSPIRED FRAMEWORK FOR CULTURAL AND HOLISTIC WELLNESS IN BALI

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ABSTRACT

Medical tourism has emerged as a global phenomenon, driven by cost-effective healthcare, advanced medical technologies, and the allure of exotic destinations. Bali, Indonesia, renowned for its cultural richness and natural beauty, is a burgeoning hub for medical tourism. However, existing models often prioritize economic benefits over cultural and holistic integration, limiting their sustainability. This study proposes a novel medical tourism model grounded in the Balinese philosophy of Tri Hita Karana, which emphasizes harmony with God (Parahyangan), humans (Pawongan), and nature (Palemahan). Using a systematic literature review based on the PRISMA methodology, we synthesized 45 peer-reviewed studies to develop a culturally sensitive and holistic framework. The findings reveal that integrating spiritual wellness, community-based care, and eco-friendly practices enhances patient satisfaction and aligns with global wellness trends. The proposed model offers a transformative approach to medical tourism by embedding Balinese cultural values into healthcare delivery. This study contributes to the literature by addressing the gap in culturally grounded medical tourism frameworks and provides practical recommendations for stakeholders to implement sustainable, holistic care in Bali. Future research should empirically validate the model's effectiveness and explore its adaptability in other cultural contexts. This framework not only elevates Bali's position in the global medical tourism market but also promotes cultural preservation and environmental sustainability.

Keywords: Medical tourism, Tri Hita Karana, Holistic Health, Bali.

INTRODUCTION

Medical tourism, defined as the practice of traveling across borders to access healthcare services, has grown exponentially, with a global market value projected to reach \$207 billion by 2027 (Smith & Puczkó, 2007). Factors driving this growth include cost savings, access to high-quality care, and the appeal

of combining medical procedures with leisure travel (Chen & Phou, 2013). Bali, Indonesia, has emerged as a prominent destination due to its affordable healthcare, skilled professionals, and unique cultural and natural attractions (Pandey, 2015). However, the rapid expansion of medical tourism raises concerns

about cultural erosion, environmental degradation, and the neglect of holistic patient care (Bookman & Bookman, 2007).

The Balinese philosophy of Tri Hita Karana, rooted in Hindu principles, advocates for harmony among three dimensions: Parahyangan (spiritual harmony with God), Pawongan (social harmony with humans), and Palemahan (environmental harmony with nature) (Suidarma et al., 2021). This philosophy underpins Balinese culture and offers a framework to address the shortcomings of conventional medical tourism models, which often prioritize profit over patient well-being and cultural sensitivity (Sok et al., 2013a). For instance, many medical tourism destinations focus on clinical outcomes but overlook spiritual and environmental aspects critical to holistic healing (Smith & Kelly, 2006).

The rapid development of medical tourism in the last two decades cannot be separated from changes in global community consumption patterns towards health services (Nugraha, 2019). When developed countries face expensive health systems and long queues for certain medical services, many patients choose to seek alternatives abroad with equal or even superior service quality. This phenomenon has created a global industry that combines health services with tourism experiences, including recreation, culture, and relaxation. However, the integration between medical and tourism dimensions is often only functional and economic, where patients are viewed as consumers who pursue efficiency and effectiveness of treatment (Hutomo & Wira Pria Suhartana, 2022). Amidst this trend, the cultural and spiritual dimensions are often neglected. In fact, a

number of studies have shown that patient healing is not only determined by conventional medical interventions, but also by psychological atmosphere, comfort, social support, and connection with their environment and spiritual beliefs (Artana, 2016). Therefore, there is a need to develop a new approach in medical tourism that is not only oriented towards clinical outcomes, but also on the balance between body, mind, and soul in the context of a living and meaningful local culture.

Bali as one of the leading destinations in Southeast Asia offers great potential to build a medical tourism model rooted in local cultural values. The Tri Hita Karana philosophy, which emphasizes harmony between humans and God, fellow humans, and the surrounding environment, can be used as a conceptual basis in forming a health service model that is not only curative, but also preventive, rehabilitative, and transformative (Ayu & Agung, 2022). In the Balinese context, healing often involves not only doctors and medical personnel, but also spiritual leaders, traditional healers (balian), and traditional rituals that are believed to be able to balance the energy in the patient's body (Chaeria et al., 2020). This shows that Balinese society has historically had a holistic healing system that includes spiritual, social, and ecological dimensions (Suputra, 2025). Unfortunately, this model has not been widely developed in the broader medical tourism scheme, because it is often pressured by the demands of industrialization and commercialization of health services. It is important to redesign Bali's medical tourism model so that it is not uprooted from its cultural roots, and instead makes local culture a key force in attracting

tourists seeking a more holistic and meaningful healing experience.

The research problem lies in the absence of a culturally grounded model that integrates holistic care into medical tourism. Existing frameworks, such as those in Thailand and India, emphasize medical infrastructure but rarely incorporate local cultural values (Medhekar et al., 2013). In Bali, the potential to leverage Tri Hita Karana to create a unique, sustainable medical tourism model remains underexplored. This study aims to propose a Tri Hita Karana-based model that redefines medical tourism by embedding cultural and holistic care, enhancing patient experiences, and promoting sustainability. The objectives are threefold: (1) to systematically review existing literature on medical tourism and cultural frameworks, (2) to develop a novel model based on Tri Hita Karana, and (3) to provide actionable recommendations for stakeholders in Bali's medical tourism sector.

LITERATURE REVIEW

Medical Tourism: Global Trends and Challenges

Medical tourism encompasses a range of services, from cosmetic surgeries to complex procedures like organ transplants, often combined with tourism activities (Lunt et al., 2010). The primary motivations include lower costs, shorter waiting times, and access to specialized treatments unavailable in patients' home countries (Horowitz et al., 2007). For example, Thailand and India attract millions of medical tourists annually due to their advanced facilities and competitive pricing (Reisman, 2010). However, challenges such as ethical concerns, variable

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Challenges in medical tourism include not only regulatory aspects, service quality, and patient safety, but also cultural dimensions that are often overlooked in conventional health systems (Kadek Intan Arta Sarita et al., 2024). More than 40% of medical tourists seek a combination of medical care and spiritual healing in a supportive environment (Liestiandre, 2018). However, in many cases, the medical tourism model is still transactional and profit-oriented, thus ignoring the relational aspects, cultural beliefs and local values of patients (Santosa & Edy Priyono, 2012). This is where the need for redefinition arises; new medical tourism models need to consider a holistic approach that integrates physical health with emotional and spiritual wellbeing, especially in the context of a destination like Bali that has a strong cultural heritage of healing (Made Kurnia Widiastuti Giri, 2023).

Cultural and Holistic Care in Tourism

Cultural integration in medical tourism enhances patient satisfaction and fosters trust (Musa et al., 2012). Holistic care, which addresses physical, mental, and spiritual well-being, aligns with global wellness trends (Johnston et al., 2011). Studies show that incorporating traditional healing

practices, such as Ayurveda in India or Traditional Chinese Medicine, improves patient outcomes (Smith & Puczkó, 2007). In Bali, traditional practices like Usada Bali (Balinese healing) and yoga retreats are gaining popularity among tourists seeking holistic experiences (Giri, 2023).

Bali has long been known as a center for spiritual tourism and wellness retreats that blend elements of Hindu culture, traditional healing practices, and authentic local hospitality (Setiawan, 2018). A report by the Global Wellness Institute in 2023 showed that Bali is one of the top five treatment destinations in the world, with a growth trend reaching 12% per year (Sunaryo et al., 2023). The perception of healing involving local rituals, spiritual purification and interaction with nature is highly valued by international tourists seeking holistic healing (Yasa et al., 2023). This opens up a huge opportunity to design a medical tourism model that not only treats diseases, but also takes into account the psychosocial needs of patients (Asril et al., 2024).

Tri Hita Karana: A Cultural Framework

Tri Hita Karana is a Balinese philosophy that promotes balance across spiritual, social, and environmental domains (Kusumawati et al., 2023). Parahyangan emphasizes spiritual practices, such as offerings and meditation, to foster inner peace. Pawongan focuses on community relationships, ensuring social cohesion (Made et al., 2023). Palemahan underscores environmental stewardship, advocating for sustainable practices (Sukarma, 2016). This framework has been applied in Balinese agriculture and community governance but

remains underutilized in tourism (Pitana, 2010).

The application of the Tri Hita Karana principles in various sectors has shown success, both in education, hotel management, and the development of sustainable tourist villages in Bali (Pradana, 2021). Institutions that integrate Tri Hita Karana into their operations tend to have higher levels of customer satisfaction and sustainability (Wulandari, 2025). In the context of medical tourism, the integration of Tri Hita Karana values can form a human-centered care approach to healing, strengthen patients' spiritual connectedness, increase local community involvement, and create an environmentally friendly healthcare ecosystem (Widiastuti & Tuti, 2022). Tri Hita Karana is not only a cultural framework, but also a philosophical foundation that can be used to design a more ethical, sustainable, and holistic model of medical tourism that is in tune with human needs.

Gaps in Existing Models

Current medical tourism models prioritize clinical efficiency and economic gains, often neglecting cultural and environmental considerations (Sok et al., 2013b). For instance, Thailand's model focuses on hospital accreditation and marketing but lacks cultural integration (Medhekar et al., 2013). Similarly, Malaysia's medical tourism emphasizes modern facilities but overlooks holistic care (Bochaton, 2015). The absence of culturally sensitive frameworks limits the sustainability of medical tourism, particularly in destinations like Bali, where culture is a primary draw (Pandey, 2015).

RESEARCH METHODS

This study employed a systematic literature review following the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines to ensure rigor and transparency (Moher et al., 2009). The PRISMA methodology was chosen for its structured approach to synthesizing evidence, enabling the development of a robust medical tourism model. A comprehensive search was conducted across databases, including PubMed, Scopus, Web of Science, and Google Scholar, covering articles published between 2015 and 2025. Search terms included “medical tourism,” “Tri Hita Karana,” “holistic care,” “cultural tourism,” and “Bali,”

combined using Boolean operators (e.g., “medical tourism AND Bali”). Additional hand-searching of reference lists ensured comprehensive coverage.

Inclusion criteria comprised peer-reviewed articles in English, published within the last decade, focusing on medical tourism, cultural integration, or holistic health practices. Exclusion criteria included non-English articles, non-peer-reviewed sources, and studies unrelated to medical tourism or cultural frameworks. The search yielded 1,234 articles. After removing duplicates (n=342), 892 articles underwent title and abstract screening. Of these, 156 were selected for full-text review, and 45 met the inclusion criteria.

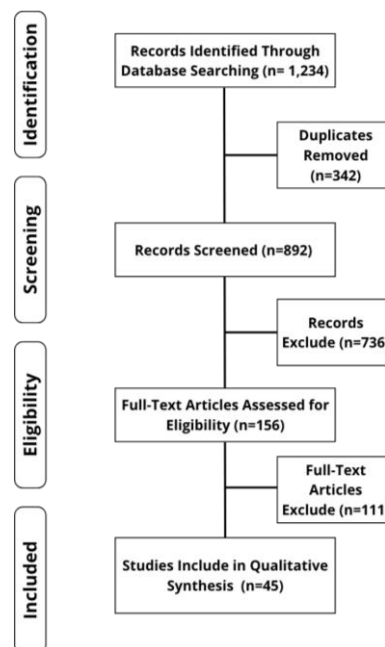


Figure 1. PRISMA Selection Process

Data were extracted on study objectives, methodologies, findings, and relevance to medical tourism and cultural frameworks. Qualitative synthesis was used to identify themes, such as the benefits of cultural integration and challenges in holistic care delivery. These

findings informed the development of the Tri Hita Karana-based model through an iterative process combining literature insights with Balinese philosophical principles. As a literature-based study, no primary data collection was involved, and ethical approval was not required.

Transparency was maintained through adherence to PRISMA guidelines.

RESULT RESEARCH

Literature Synthesis

The 45 included studies highlighted several themes:

1. Cultural Integration: 20 studies emphasized the role of cultural sensitivity in enhancing patient satisfaction (Kusumawati et al., 2023; Musa et al., 2012),
2. Holistic Care: 15 studies underscored the growing demand for wellness-focused medical tourism, including yoga and traditional healing (Johnston et al., 2011).
3. Sustainability: 10 studies noted the environmental impact of medical tourism and the need for eco-friendly practices (Smith & Puczkó, 2007).

Proposed Model

The Tri Hita Karana-based model integrates three pillars:

1. Parahyangan (Spiritual Harmony): Incorporates spiritual wellness practices, such as meditation sessions, temple visits, and Balinese healing rituals, into medical tourism packages.
2. Pawongan (Social Harmony): Promotes community-based care by involving local healers, culturally trained healthcare staff, and community engagement programs.
3. Palemahan (Environmental Harmony): Advocates for eco-friendly healthcare facilities, such as solar-powered clinics and herbal-based therapies, to minimize environmental impact.



Figure 2. Model Tri H ita Karana

DISCUSSION

Significance of the Tri Hita Karana-Based Model

The proposed model addresses critical gaps in medical tourism by prioritizing cultural and holistic integration. Unlike conventional frameworks that focus on clinical

outcomes, this model aligns with Bali's cultural identity, enhancing its appeal as a unique destination (Pandey, 2015). By embedding Tri Hita Karana, the model fosters spiritual, social, and environmental

harmony, creating a sustainable and patient-centered approach.

The application of the Tri Hita Karana philosophy in the context of medical tourism in Bali is not only a local innovation, but also a concrete representation of how traditional values can be combined with modern needs in the health service sector (Ayu & Agung, 2022). In a world that tends to adopt a mechanistic and fragmented medical approach, this model is present as a form of criticism and solution to reductionism in health practices. The concepts of Parahyangan, Pawongan, and Palemahan are not merely cultural symbolism, but directly touch on crucial aspects in patient recovery, such as spiritual balance, meaningful social interactions, and the quality of the physical environment that supports the healing process. Health cannot be separated from the social and cultural context in which individuals are located, so this model has an important role in building a more comprehensive understanding of the essence of medical care.

Furthermore, the Tri Hita Karana model is strategically able to fill the gap left by conventional medical approaches that are often transactional. In many cases, patients who are part of the medical tourism industry are only seen as clients with certain physical needs, while emotional, spiritual, and cultural needs are often ignored. By adopting an approach that places harmony as the main principle, this model directly responds to deeper human needs beyond just treatment. This makes the medical experience not only curative, but also transformational, where patients are given space to be fully involved in their healing process.

Another significance lies in the appeal of this model as a form of cultural diplomacy. Bali, which has

long been known as a spiritual tourism destination, can now expand this image into the realm of health services, without losing its cultural roots. By making local values the backbone of services, this model indirectly strengthens Indonesia's position, especially Bali, in the global medical tourism scene which has so far been dominated by countries such as Thailand and India. This is an important momentum to re-arrange the direction of medical tourism development that is more authentic, ethical, and sustainable, and has unique added value from a cultural perspective.

Comparison with Existing Frameworks

Compared to Thailand's medical tourism model, which emphasizes hospital accreditation and marketing (Medhekar et al., 2013), the Tri Hita Karana model prioritizes cultural authenticity. For instance, Thailand's framework lacks spiritual and environmental components, limiting its holistic appeal (Chen & Phou, 2013). Similarly, India's focus on cost-effective surgeries overlooks community engagement, a key strength of the proposed model (Reisman, 2010). The integration of local healers and eco-friendly practices sets Bali's model apart, offering a competitive edge in the global market.

When viewed comparatively, the Tri Hita Karana-based medical tourism model in Bali shows significant differentiation compared to established models in other countries (Agus & Suputra, 2025). Thailand, for example, is known as a pioneer of medical tourism in Southeast Asia with an approach that places great emphasis on clinical efficiency, digital marketing, and international accreditation from institutions such as the Joint

Commission International (JCI). However, Thailand's approach tends to be impersonal, focused on institutional performance, and minimal consideration of the patient's cultural or emotional dimensions. This is a weak point when dealing with tourists who actually also expect emotional closeness and spiritual values in their healing experience, something that Bali offers through its more contextual and humane Tri Hita Karana approach.

In India, which is also a leading destination in global medical tourism, it positions itself as a provider of low-cost healthcare with high technology and doctors who are fluent in Western medical practices. Although India has integrated traditional healing systems such as Ayurveda into its medical packages, the approach often operates separately from the modern medical service system. The Indian model has not fully embedded cultural values into daily clinical practice, so that patient interactions with medical institutions are still dominated by a hierarchical and less participatory system. In contrast, the Balinese approach does not separate traditional healing and modern medicine, but rather creates synergy between the two in a social context rich in community values and spirituality (Ary Widiastini et al., 2022)

Malaysia, despite its advantages in terms of modern infrastructure and cross-border health promotion, generally relies on international-standard private hospitals located in the city center, which are physically and symbolically far from the nuances of local culture. This is different from Bali, which has developed a community-based service model, involving traditional figures, religious leaders, and traditional

medicine practitioners who are rooted in the social system of the community. With this approach, Bali offers a more in-depth and authentic experience, not just low-cost health services. This is certainly a special attraction for foreign tourists who want to undergo the healing process while experiencing the richness of a living and active local culture.

When compared comprehensively, it can be concluded that the superiority of the Bali model does not lie in luxurious medical infrastructure or cutting-edge technology, but rather in its ability to integrate cultural, spiritual, and ecological dimensions into the health service system (Maryam et al., 2022). This approach creates added value that cannot be simply replicated by other destinations, because it is closely related to the uniqueness of the culture and social structure of the Balinese people. Therefore, the presence of the Tri Hita Karana-based model is not just a regional variation of medical tourism, but is a relevant alternative approach in facing global challenges around the dehumanization of health services and the sustainability crisis in the tourism industry.

Practical Implication

The model has significant implications for stakeholders. Healthcare providers can enhance patient experiences by offering culturally immersive programs, such as meditation retreats alongside medical treatments (Made Kurnia Widiastuti Giri, 2023). Local communities benefit from economic opportunities, such as employment as cultural guides or healers, promoting social equity (Pitana, 2010). Environmentally, the model encourages sustainable practices, aligning with global trends toward eco-conscious tourism (Smith &

Puczkó, 2007). Policymakers can support implementation through incentives for green healthcare facilities and cultural training programs.

The implementation of the Tri Hita Karana-based medical tourism model has significant practical impacts for various stakeholders, especially health service providers, local communities, and policy makers. For medical institutions, this model requires a transformation in the service approach, from being rigid and clinical to a more personal, inclusive, and culturally sensitive system. Hospitals and clinics in Bali are no longer sufficient in providing technically quality services, but must also include spiritual and social elements in the service protocol (Wijaya et al., 2018). This includes providing meditation room facilities, training medical staff in local values, and collaborating with traditional healers who have social legitimacy in the eyes of the community. Within this framework, patients are treated as active subjects in the healing process, not just objects of medical care. This approach requires reforms in hospital management systems, environmentally friendly facility design, and the development of programs that harmoniously integrate traditional and modern healing practices. Successful integration will provide a holistic and profound healing experience for medical tourists, who return not only physically healed but also emotionally and spiritually healed.

For local communities, this model opens up great opportunities for active participation and a more equitable distribution of economic benefits. Community involvement in the provision of supporting services—such as providing culture-based homestay accommodation, spiritual ceremony guide services, providing herbal food, and traditional

therapy—can create. For local communities, this model opens up great opportunities for active participation and a more equitable distribution of economic benefits. Community involvement in the provision of supporting services—such as providing culture-based homestay accommodation, spiritual ceremony guide services, providing herbal food, and traditional therapy—can create new, sustainable sources of income. This not only strengthens the position of the community as active players in the medical tourism industry, but also encourages the preservation of local culture in a more natural and functional way, because culture is no longer displayed artificially, but is lived and lived in daily practice. On the other hand, local governments can make this model part of regional development policies that are based on local wisdom and oriented towards sustainability.

The formulation of regulations that support cultural integration in health services, the provision of incentives for facilities that implement environmentally friendly principles, and the training of local workers in cultural competence and foreign languages are strategic steps that can strengthen Bali's competitiveness at the global level. Thus, the implementation of this model will not only have an impact on improving the quality of medical services, but will also be a driving force for more inclusive and long-term social, economic, and cultural development.

Theoretical Contributions

The study contributes to medical tourism literature by introducing a culturally grounded framework. Previous studies have focused on economic and clinical aspects, with limited attention to cultural integration (Gall et al.,

2018). The Tri Hita Karana model bridges this gap, offering a theoretical lens for future research on culturally sensitive healthcare delivery. It also extends the application of Tri Hita Karana beyond agriculture and community governance to tourism (Sukarma, 2016).

Strengths and Limitations

The model's strengths include its alignment with Bali's cultural heritage and its responsiveness to global wellness trends. By involving local communities, it ensures social sustainability, while eco-friendly practices address environmental concerns. However, challenges include implementation costs, such as training healthcare staff in

cultural practices, and potential resistance from international tourists unfamiliar with Balinese traditions (Saputra et al., 2021). Scalability to other destinations may also be limited due to the model's cultural specificity. Future studies should empirically test the model's effectiveness through pilot programs in Bali's healthcare facilities. Longitudinal research could assess patient satisfaction and economic impacts. Additionally, exploring the model's adaptability in other cultural contexts, such as Ayurveda-based tourism in India, could broaden its applicability (Korzeniewski, 2017). Comparative studies with other medical tourism destinations would further validate its uniqueness.

CONCLUSION

This study proposes a transformative medical tourism model for Bali, grounded in the Tri Hita Karana philosophy. By integrating spiritual, social, and environmental harmony, the model addresses gaps in conventional frameworks, offering a holistic and culturally sensitive approach. The systematic review confirmed the demand for cultural and wellness-focused tourism, supporting the model's relevance. Stakeholders, including healthcare providers and policymakers, should prioritize cultural training, community engagement, and sustainable practices to implement the model. Future research is needed to validate its effectiveness and explore its global applicability. This framework not only strengthens Bali's position in the medical tourism market but also promotes cultural preservation and environmental sustainability, setting a precedent for culturally grounded healthcare worldwide.

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