

Chapter 10

From Amusement and Entertainment Tourism to Balneotherapy and Health Promotion Tourism: With the Aid of Medical Electronics and Communication Networks in Hot Spring Sites of Japan

Hajime Eto
The University of Tsukuba, Japan

ABSTRACT

Since the prehistoric era, balneotherapy has been important as a folk therapy in Japan, where the greatest number of hot springs (spas) have been developed, utilized for balneotherapy, and enjoyed by many citizens in the world. In the last centuries, however, hot spring areas chose the “economic rational behavior” to convert from balneotherapy resorts to commercialized amusement and entertainment resorts for the purpose of economic development. This chapter describes this history and then casts light on the blind spots thus far ignored in one-disciplinary approaches. Using a multidisciplinary approach, this chapter views the problems in the medical, behavioral, regional and national dimensions. Then, this chapter explores the sustainable systems of balneotherapy-centered region and the strategies to recon-vert hot spring resorts to balneotherapeutic resorts in the sense of modern medicine and hygiene. This chapter proposes the utilization of medical electronic apparatuses and medical communication network systems to promote medical tourism in local areas. Finally, this chapter discusses the acceptability of the strategies to the medical and local communities.

DOI: 10.4018/978-1-5225-3920-9.ch010

BACKGROUND

One of the serious problems of the present society motivates this chapter. That is the social divide. The present society suffers from a variety of divides: (Div. 1) the divide between the urban and rural areas; (Div. 2) the divide between highly specialized modern scientific knowledge and traditional or common knowledge or practices; (Div. 3) the divide between highly developed expensive medical services and traditionally practiced folk remedies, and others.

(Div. 1) has been discussed in many literatures in regional studies including regional economics (Brown and Hall, 2000; Sharply and Terifer, 2002, *etc.*). For example, (Eto, 2005) synthetically discussed the relocation of big business to locals; the construction of science cities and/or high-tech clusters by central or local governments; the promotion of small private ventures or start-ups by local entrepreneurs. Many other policies have been discussed with several successes and many failures in the world.

One solution to (Div. 2) may be to rediscover, to re-evaluate and to reuse the traditional or everyday life knowledge often called local, citizen or small science. (Eto, 2013) investigated the feasibility and the usefulness of a synthetic incorporation of such local small scientific inquiries in botany, zoology, entomology, ichthyology, geology, volcanology, seismology, hydrology, meteorology, climatology, ethnology, anthropology, mythology, and others in addition to the collection of folklore, dialect, food customs, cooking, textile weaving, and others. Further, (Eto, 2013) claimed the usefulness and the contribution of such small scientific inquiries in locals to raising the scientific or intellectual levels in locals and then to raising the scientific or intellectual potentials in locals. Moreover, (Eto, 2013) claimed the real acceptability of such scientific activities to local administration and business circles when such scientific inquiries are combined with tourism such as fishing tourism, mountain hiking, forest tourism, the excavation of archaeological sites in locals, and others. These are not only to entertain the visitors from outside but also to motivate the pupils and students in locals to study. These activities may motivate the return of the native intellectuals to the home villages. This may be expected to raise the scientific and intellectual potentials in locals.

(Div. 3) may be solved by reevaluating, rediscovering, and reusing some folk medicines and health exercises such as massages, yoga, balneotherapy, and others, in which the income level of the staff in these “medical care is often low. The promotion of such “medical” care contributes to narrowing the income gap of (Div. 1) and (Div. 2)..

This chapter is to apply this idea to the medical fields in general and balneotherapy in particular.

The balneotherapy tourism may be related to several other categories of tourism such as the medical tourism, the healing tourism, the health tourism, the health promoting tourism, and the recreational tourism. These categories are closely related to each other and are not distinctly separated. Therefore, this chapter gives no verbal definition of them in strict ways but only very rough characterization. The medical tourism is mainly for diseased people; the healing tourism is mainly for patients in the process toward the recuperation or old people; the health tourism is mainly for physically or mentally weak people; the health promoting tourism is mainly for healthy people who want to be more healthy; the recreational tourism is mainly for recovering from the physical or mental fatigue conditions.

1. INTRODUCTION

Hot spring therapy (balneotherapy) of Japan dates back to the prehistoric era (Fujikawa, 1941; Shimmura, 1985). Japanese myths tell that gods (particularly, the god called O-kuni-nushi or Daikoku, and another

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