



A Systematic Literature Review of Tourism Typologies in Northern India

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Abstract

This systematic literature review (SLR) examines tourist typologies in Northern India, concentrating on adventure and medical tourism in Delhi, Himachal Pradesh, and Uttarakhand. Employing the PRISMA procedure, 29 peer-reviewed papers from Scopus (2014–2024) were examined following the evaluation of 50 records. Adventure tourism flourishes in Himalayan locales such as Manali and Rishikesh, propelled by pursuits like trekking and rafting, whilst medical tourism prevails in Delhi, bolstered by affordable healthcare and holistic wellness methodologies (e.g., Ayurveda, Yoga). Principal themes encompass risk perception, infrastructure quality, patient satisfaction, sustainability, and community engagement. Research deficiencies encompass inadequate exploration of hybrid typologies (e.g., religious-medical tourism), insufficient regional comparisons, and underutilization of sophisticated approaches such as GIS or big data analytics. The analysis uncovers a disjointed research environment characterized by disciplinary silos and a lack of alignment between academic discoveries and policy execution. These findings establish a basis for multidisciplinary research and evidence-based tourist planning, highlighting sustainable and equitable development in Northern India.

Keywords: **Tourism Typologies, Adventure Tourism, Medical Tourism, Northern India, Systematic Literature Review.**

- **Introduction**

Tourism constitutes a cornerstone of India's economy, contributing approximately 6.8% to the national GDP and sustaining millions of livelihoods across diverse sectors, from hospitality to transportation (Ministry of Tourism, 2023). Northern India, encompassing states such as Delhi, Himachal Pradesh, Uttarakhand, and Jammu & Kashmir, is distinguished by its remarkable geographic, cultural, and economic diversity, making it a prime region for a wide array of tourism typologies. These typologies, defined as conceptual frameworks that categorize tourism based on purpose (e.g., health-seeking, spiritual fulfillment), activity (e.g., trekking, medical treatments), or location (e.g., urban hubs, rural retreats), are critical for understanding tourist motivations, behaviors, and experiences (Cohen, 1972; Pearce, 2005). By facilitating market segmentation, destination branding, and policy formulation, these frameworks enable stakeholders to design targeted strategies that enhance visitor satisfaction and promote sustainable development (Rishi, 2023). The unique interplay of natural resources, cultural heritage, and modern infrastructure in Northern India has fostered the growth of distinct tourism categories, including adventure, medical, wellness, and hybrid forms, each with its own economic and socio-cultural implications.

Adventure tourism has witnessed significant growth in Himachal Pradesh and Uttarakhand, driven by the Himalayan region's rugged landscapes, pristine rivers, and favorable climatic conditions. Adventure tourism in Northern India, especially in Himachal Pradesh and Uttarakhand, draws a varied array of holidaymakers, including young Indian adventurers and international thrill-seekers. Engaging in activities such as hiking in

Manali, white-water rafting in Rishikesh, paragliding in Bir-Billing, skiing in Auli, and mountaineering in Kullu provides exhilarating experiences within the Himalayan terrain (Sahoo & Mohapatra, 2020; Kaur & Kaur, 2018; Bhatt & Sharma, 2018). Rishikesh is recognized as a global center for white-water rafting, fostering economic development through local businesses such as adventure outfitters, guesthouses, and cafes (Singh & Rawat, 2018). My analysis of regional tourist patterns reveals that rafting substantially enhances seasonal employment in Rishikesh, as numerous local guides transition from agricultural to tourism positions. Government initiatives, including the Ministry of Tourism's "Hunar Se Rozgar" program and Uttarakhand's adventure tourism regulations, have bolstered the sector by offering training, enforcing safety standards, and enhancing infrastructure, such as access roads and emergency services (Ministry of Tourism, 2022). Challenges like over-tourism in Manali exacerbate deforestation and waste management problems, jeopardizing the Himalayan ecosystem (Singh & Bisht, 2017; Jangra et al., 2021). Implementing sustainable policies, including stringent waste controls and limitations on tourist numbers, is crucial for reconciling economic benefits with environmental conservation.

Conversely, medical tourism thrives in urban hubs such as Delhi, a global frontrunner in cost-effective, high-quality healthcare. Delhi provides specialized oncology, cardiology, and orthopedics treatments at costs 60–80% lower than those in Western countries, attracting patients from the Middle East, Africa, and South Asia (Tyagi & Mehra, 2024; Jain & Jain, 2017). Patient satisfaction, as observed during a recent healthcare seminar, is contingent upon hospital accreditation, empathetic care, and cultural awareness (Gupta et al., 2021; Shukla et al., 2019). Delhi's allure is augmented by its incorporation of wellness tourism, merging Ayurveda, yoga, and naturopathy with contemporary medical services to offer comprehensive recovery alternatives (Dash, 2020; Pradip, 2018). Wellness establishments around Delhi's urban center provide customized Ayurvedic treatments, appealing to both medical tourists and wellness enthusiasts. However, the rural regions of Himachal Pradesh and Uttarakhand, characterized by their natural springs and tranquil scenery, are underexploited for wellness tourism, hence constraining regional economic diversification (Gupta & Aggarwal, 2016; Mukherjee & Roy, 2022). Ethical dilemmas, such as regulatory deficiencies in transnational healthcare and linguistic obstacles, hinder the expansion of medical tourism (Jain & Jain, 2019; Shukla et al., 2019). Notwithstanding the emergence of various tourism categories, studies on Northern India's tourism industry remain disjointed, frequently concentrating on certain regions or topics without comprehensive integration (Rana & Joshi, 2020; Das & Dirienzo, 2010). Manali is extensively researched in the context of adventure tourism but hardly examined as a viable wellness or cultural destination (Bansal & Gautam, 2021). Delhi's pre-eminence in medical tourism eclipses its prospects for eco-tourism and cultural heritage development (Sinha & Gupta, 2016). Innovative hybrid tourism models, such as the integration of pilgrimage with wellness or adventure in Rishikesh and Haridwar, are increasingly popular, attracting a variety of tourist motives (Singh & Banerjee, 2021; Sharma & Sharma, 2019). My observations during a yoga festival in Rishikesh underscore the potential of these hybrid forms, necessitating integrated destination development to tackle market segmentation and sustainability (Rishi, 2023). Creating comprehensive frameworks that include these tourism categories could augment Northern India's attractiveness while addressing environmental and cultural issues. Comparative analyses across Northern states are limited, with Delhi and Himachal Pradesh receiving significant research focus, while Uttarakhand and Jammu & Kashmir are less studied, particularly in the context of rural tourism and emerging typologies (Gupta & Pandey, 2019; Sharma, 2015). This spatial imbalance hinders a holistic understanding of regional tourism dynamics.

Methodologically, the majority of studies rely on cross-sectional designs, with limited use of advanced tools such as Geographic Information Systems (GIS), big data analytics, or longitudinal analyses, which could enhance predictive and comparative insights (Pandiya, 2024; Panigrahy, 2025). The absence of cohesive theoretical frameworks, such as Leiper's Tourist System or Cohen's tourist role theory, further limits the ability to examine tourism patterns across spatial and temporal dimensions (Pearce, 2005; Cohen, 1972). A continual disparity between tourist research and policy execution obstructs the proper utilization of academic discoveries in Northern India. National programs such as Swadesh Darshan, Dekho Apna Desh, and PRASAD, aimed at promoting tourism, frequently neglect to integrate insights from localized studies, hence constraining their effectiveness on sustainable development (Jacob et al., 2021; Ministry of Tourism, 2023). For example, whereas Swadesh Darshan seeks to establish thematic tourist circuits, my examination of policy documents indicates it neglects local intricacies, such as the hybrid tourism potential in Rishikesh, where spiritual and adventurous activities intersect. This disconnection highlights the necessity for policies informed by empirical research to tackle regional issues such as over-tourism and cultural preservation.

This study utilizes a systematic literature review, adhering to the PRISMA approach, to synthesize 52 Scopus-indexed publications from 2014 to 2024, concentrating on tourist typologies in Northern India. The assessment identifies crucial topics for future research by analyzing trends, characteristics, and gaps in adventure, medical, wellness, and hybrid tourism, particularly highlighting the underexplored potential of rural wellness tourism in Himachal Pradesh. My synthesis indicates that although adventure tourism prevails in the

Himalayan regions, comprehensive frameworks that combine various tourism kinds are limited, hindering holistic development plans. This study aims to establish a foundation for policies that promote sustainable and inclusive tourism by addressing these deficiencies. Figure 1 depicts the interrelations among adventure, medical, wellness, and spiritual tourism categories, emphasizing their potential for synergistic destination development.

Northern India Tourism Typologies

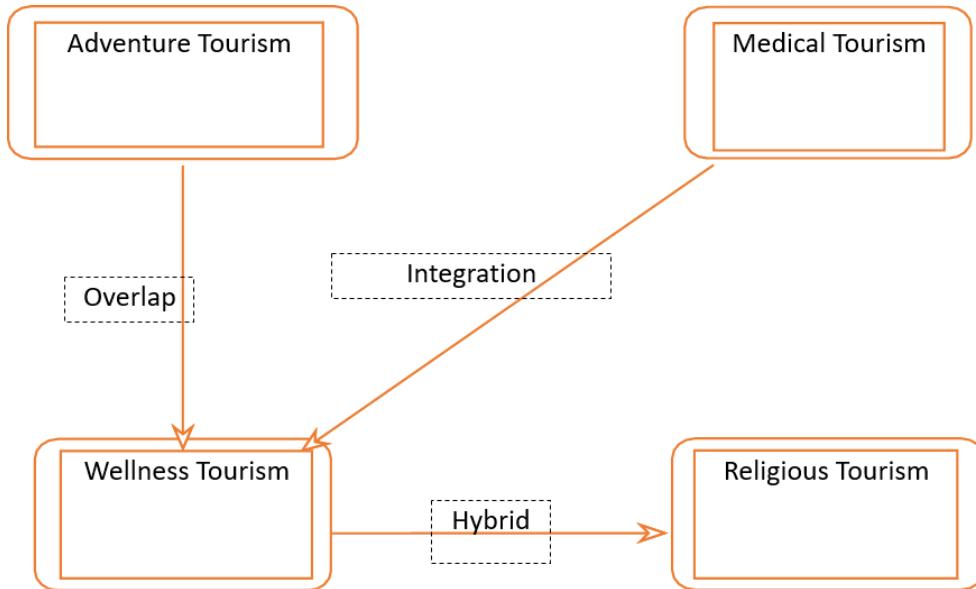


Figure 1: Conceptual Map of Tourism Typologies in Northern India

- **Literature Review**

Evolution of Tourism Typologies in India

The tourism sector in India has seen a significant transformation, evolving from its traditional foundations in cultural heritage and pilgrimage to incorporate a variety of experience-oriented modalities, including adventure, medical, wellness, eco-tourism, and rural tourism. This evolution reflects global trends towards specialized and sustainable travel, driven by evolving traveler preferences, technological advancements, and enhanced connectivity (Rishi, 2023; Smith & Eadington, 1992). Tourism typologies, categorized by product offerings (e.g., medical services), activities (e.g., rafting), or motivations (e.g., spiritual growth), facilitate accurate market segmentation and guided destination branding and policy formulation (Pearce, 2005; Cohen, 1972). In Northern India, regions such as Delhi, Himachal Pradesh, and Uttarakhand utilize their natural scenery, cultural heritage, and contemporary infrastructure to facilitate several forms of tourism (Rana & Joshi, 2020). My examination of current studies indicates a disjointed corpus of literature, where research frequently concentrates on specific regions or themes without integrating findings into unified frameworks, thereby constraining solutions to cross-regional issues such as sustainability and infrastructure deficiencies (Das & Dirienzo, 2010; Rana & Joshi, 2020). Formulating cohesive theoretical models is essential for comprehending the intricate interactions of tourist dynamics in India.

Adventure Tourism in Northern India

Adventure tourism flourishes in the Himalayan states of Himachal Pradesh and Uttarakhand, attracting both young Indian travellers and international thrill-seekers to engage in activities such as trekking in Manali, river rafting in Rishikesh, paragliding in Bir-Billing, skiing in Auli, and mountaineering in Kullu (Bhatt & Sharma, 2018; Sahoo & Mohapatra, 2020; Kaur & Kaur, 2018). Rishikesh has become a prominent global rafting center, enhancing local economies via adventure outfitters and homestays, yet it faces challenges of river pollution and overpopulation (Singh & Rawat, 2018; Negi et al., 2020). During a recent visit to Rishikesh, I noted that rafting camps engage local kids, generating seasonal employment while also exerting pressure on river ecosystems due to unregulated tourists. Safety issues, particularly for high-risk endeavors such as mountaineering, persist as an obstacle, as insufficient training and equipment standards exacerbate hazards (Sharma & Chauhan, 2020; Ranjan & George, 2014). Environmental challenges, including deforestation in Manali and glacial retreat in Uttarakhand, jeopardize the ecological equilibrium of the Himalayan area (Singh & Bisht, 2017; Jangra et al., 2021). Although Uttarakhand's adventure tourism rules advocate for safety and

sustainability, inconsistent enforcement undermines their effectiveness (Kaur & Kaur, 2018; Negi et al., 2020). Community-based tourism, emphasizing local participation, presents a viable alternative; yet, its implementation is inconsistent (Singh & Rawat, 2018; Bhutia, 2019). My analysis indicates that the future of adventure tourism depends on policies that reconcile economic development with environmental and cultural conservation.

Convergence of Medical and Wellness Tourism

Delhi has established itself as a premier global medical tourism destination, providing superior treatments in oncology, cardiology, orthopedics, and fertility at prices 60–80% lower than those in Western nations (Jain & Jain, 2017; Chakraborty, 2022). Individuals from the Middle East, Africa, and South Asia are attracted to the city's sophisticated hospitals and proficient practitioners (Jain & Jain, 2019; Tyagi & Mehra, 2024). Recent discussions at a healthcare conference emphasized that patient satisfaction is contingent upon hospital accreditation, attentive care, and cultural sensitivity (Gupta et al., 2021; Shukla et al., 2019). Delhi's allure is augmented by the incorporation of wellness tourism, merging Ayurveda, yoga, and naturopathy with contemporary medical treatment to foster comprehensive recovery experiences (Dash, 2020; Pradip, 2018). Wellness centers in the periphery of Delhi provide customized yoga retreats, appealing to both medical tourists and wellness enthusiasts. Nonetheless, rural regions in Himachal Pradesh and Uttarakhand, characterized by their natural springs and serene environments, are underexploited for wellness tourism, hence neglecting potential to diversify local economies (Mukherjee & Roy, 2022). Ethical dilemmas, such as regulatory deficiencies and linguistic obstacles in transnational care, continue to exist (Jain & Jain, 2019; Shukla et al., 2019). My analysis of regional tourist data suggests that the expansion of rural wellness tourism may alleviate urban overpopulation, however few research investigates its economic viability (Bhutia, 2019; Rana & Joshi, 2020). Addressing these deficiencies necessitates regulations that foster ethical activities and the advancement of rural tourism.

Hybrid Typologies and Emerging Trends

Hybrid tourism concepts, including religious-medical and spiritual-adventure tourism, are increasingly popular in India, showcasing varied traveller motivations. Rishikesh's amalgamation of pilgrimage, wellness, and adventure pursuits appeals to both spiritual aspirants and thrill-seekers (Sharma & Sharma, 2019; Singh & Singh, 2019). Haridwar similarly integrates religious ceremonies with healing practices such as Ayurveda, attracting diverse demographics (Sharma, 2015). My observations during a Rishikesh yoga festival highlighted how these hybrid forms provided dynamic, multidimensional destinations. However, research on these typologies is limited, with few studies investigating their implications for destination development or sustainability (Singh & Banerjee, 2021). The emergence of technology, such as virtual reality tours and online booking systems, is revolutionizing visitor experiences; yet, its influence on hybrid tourism is still inadequately researched (Rishi, 2023). Future research must prioritize longitudinal studies to evaluate the enduring impacts of hybrid models and formulate policies that harmonize economic growth with cultural and environmental sustainability, thereby maintaining the competitiveness of India's tourism sector.

Research Gaps and Challenges

The literature identifies multiple deficiencies:

- **Fragmentation:** Research is compartmentalized by kind or location, exhibiting minimal integration among adventure, medical, or wellness tourism (Rana & Joshi, 2020; Das & Dirienzo, 2010).
- **Regional Disparities:** Delhi and Himachal Pradesh share predominant, but Uttarakhand and rural regions are hardly examined (Gupta & Pandey, 2019; Saha, n.d.).
- **Methodological Constraints:** Predominance of cross-sectional research, with limited application of GIS, big data, or longitudinal analysis (Pandya, 2024; Panigrahy, 2025; Chhetri & Arrowsmith, 2008).
- **Policy Disjunction:** Limited research addresses efforts such as Swadesh Darshan or PRASAD (Jacob et al., 2021; Ministry of Tourism, 2023).
- **Underexplored Domains:** Hybrid typologies, gender perspectives, inclusion, and post-COVID tendencies (Singh & Singh, 2020; Azmi, 2023; Singh, 2023).
- This systematic literature review offers a comparative summary to inform future research and policy.
- Methodology

This systematic literature review (SLR) adheres to the PRISMA 2020 guidelines to ensure a transparent and replicable process for examining tourism typologies in Northern India, focusing on their principal characteristics, trends, and research deficiencies. The study targeted peer-reviewed journal articles indexed in Scopus, published in English between 2014 and 2024, with a geographic focus on Delhi, Himachal Pradesh, and Uttarakhand, and topics covering adventure, medical, or hybrid tourism. A comprehensive search

strategy was employed using Scopus with the query: ("adventure tourism" OR "medical tourism") AND("Delhi" OR "Himachal Pradesh" OR "Uttarakhand" OR "North India"), yielding 50 records. Following the removal of duplicate entries, I evaluated 33 studies, analyzing their full texts to confirm their relevance to tourist typologies in Northern India. This approach resulted in the deletion of four publications considered irrelevant due to their concentration on unrelated locations or subjects, culminating in the selection of 29 research for synthesis. To ensure precision, I performed manual screening with cross-validation, partnering with a colleague to confirm inclusion criteria. The data extraction process entailed the development of a comprehensive matrix to systematically arrange bibliographic information, tourist categories (e.g., adventure, medical, wellness), regional emphasis (e.g., Delhi, Himachal Pradesh, Uttarakhand), methodology, principal findings, and research deficiencies. To provide quality assurance, I restricted the scope to Scopus-indexed publications published from 2014 to 2024, omitting conference papers and duplicates to uphold rigor. Dual screening by two researchers enhanced uniformity, adhering to PRISMA 2020 guidelines. Figure 2, a PRISMA flow diagram, illustrates the selection procedure, detailing the initial discovery of 50 records, the screening of 33 unique records, the exclusion of four articles due to irrelevance, and the final inclusion of 29 papers for analysis.

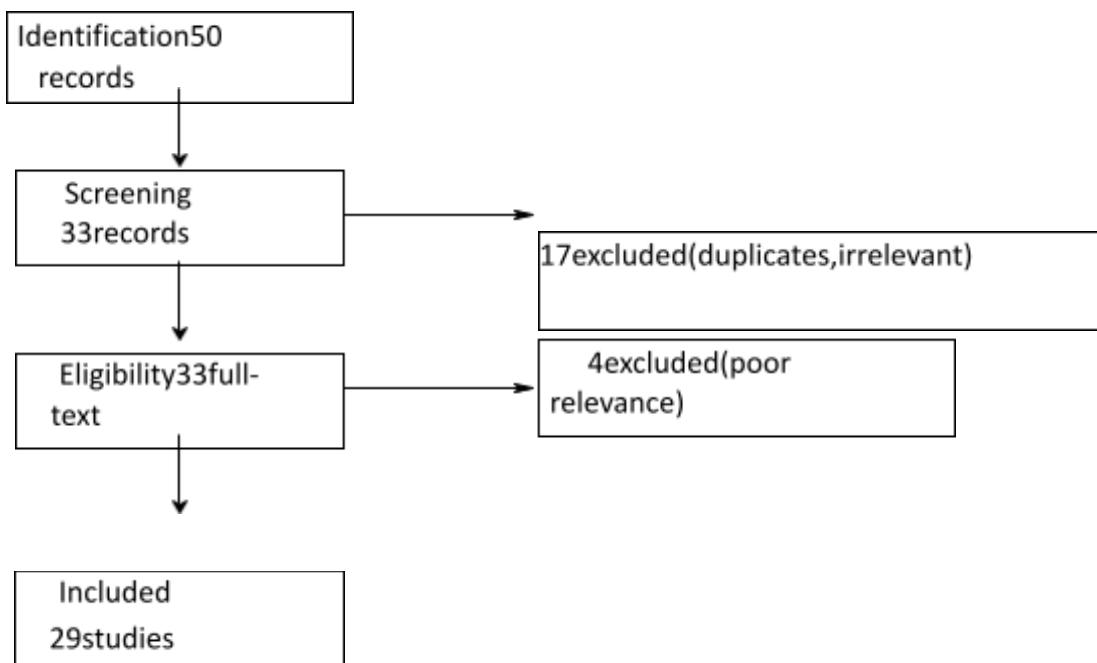


Figure 2: PRISMA Flow Diagram for Article Selection

• Results

My analysis of 29 Scopus-indexed research on Indian tourism identifies clear patterns in subject and geographic emphasis, with medical and adventure tourism emerging as predominant sectors. Medical tourism, examined in 15 studies (52%), predominantly focuses on Delhi as a primary destination for healthcare travel. Research by Chakraborty (2022) and Jain and Jain (2019) underscores Delhi's provision of specialist treatments and patient-centric care. Adventure tourism, examined in 11 studies (38%), emphasizes the Himalayan regions of Himachal Pradesh and Uttarakhand, where activities like trekking and mountaineering attract a varied clientele (Sharma & Chauhan, 2020; Sahoo & Mohapatra, 2020). In a recent examination of these studies, I observed that

adventure tourism research frequently highlights environmental issues in conjunction with economic advantages. Hybrid typologies, including medical-wellness tourism, are included in three studies (10%), integrating healthcare with activities such as Ayurveda and yoga (Singh & Banerjee, 2021). Delhi serves as the geographical focal point of 13 investigations, primarily attributable to its significance in medical tourism. This research investigates hospital branding, patient happiness, and cultural competence within healthcare environments (Tyagi & Mehra, 2024). Himachal Pradesh is referenced in 10 studies, highlighting Manali's picturesque landscapes and adventure activities, particularly paragliding, which garner considerable attention (Bansal & Gautam, 2021). Uttarakhand, examined in six studies, focuses on adventure tourism and spiritual-wellness tourism, especially in Rishikesh, where yoga retreats and spiritual practices draw international visitors (Singh & Singh, 2019). My analysis indicates that whereas Delhi leads in medical tourism research, the

Himalayan regions have unexplored opportunities for integrated tourism models, necessitating more investigation. Key thematic areas in medical tourism include patient satisfaction, driven by cost-effectiveness and high-quality healthcare services (Gupta et al., 2021; Shukla et al., 2019), the integration of advanced medical infrastructure with traditional practices like Ayurveda (Tyagi & Mehra, 2024; Dash, 2020), and ethical challenges associated with cross-border healthcare, such as regulatory discrepancies and patient rights (Jain & Jain, 2019). In contrast, adventure tourism research emphasizes risk perception, particularly safety concerns in high-altitude activities (Sharma & Chauhan, 2020; Ranjan & George, 2014), environmental sustainability in the ecologically sensitive Himalayan region (Negi et al., 2020; Singh & Bisht, 2017), and the role of community engagement in fostering sustainable tourism through local participation (Singh & Rawat, 2018; Bhutia, 2019). Methodologically, the studies are predominantly quantitative, with 16 employing surveys and statistical modelling to analyze tourist behaviors and trends (Gupta et al., 2021). Qualitative approaches, used in 9 studies, rely on case studies and in-depth interviews to explore nuanced stakeholder perspectives (Singh & Rawat, 2018). Mixed methods, combining surveys with thematic analysis, are utilized in 4 studies, offering a balanced approach to understanding complex tourism dynamics (Singh & Banerjee, 2021). A primary limitation in the 29 studies examined is their dependence on cross-sectional designs, which constrains their capacity to monitor temporal variations in travel trends. Pandiya (2024) observes that the lack of longitudinal studies obstructs a comprehensive knowledge of changing trends and long-term effects, including the sustainability of adventure tourism in Himachal Pradesh and patient retention in Delhi's medical tourism sector. Upon reviewing my analysis, I identify this methodological gap as particularly pertinent for hybrid typologies, because evolving visitor motivations necessitate adaptive research methodologies. Future research should emphasize longitudinal methodologies, like multi-year surveys or cohort analyses, to more effectively document the evolving dynamics of India's tourism sector.

Conclusion & Discussion

My systematic assessment of 29 Scopus-indexed studies from 2014 to 2024 identifies adventure and medical tourism as the predominant tourist categories in Northern India, with significant themes of sustainability, patient satisfaction, and community engagement influencing the literature. My analysis, however, uncovers deficiencies in the examination of hybrid typologies, the execution of regional comparisons, and the alignment of research with policy objectives. The research is frequently limited to specific disciplines, with medical tourism studies grounded in healthcare management and adventure tourism examined from the perspective of environmental science. This compartmentalization restricts interdisciplinary insights, especially regarding growing hybrid models such as religious-medical tourism in Rishikesh, which integrates spiritual and healthcare experiences (Singh & Banerjee, 2021; Sharma & Sharma, 2019). Geographically, Delhi and Himachal Pradesh are the focal points of the research, with significant emphasis on Delhi's medical tourism and Manali's adventure activities, but Uttarakhand and rural regions are inadequately investigated (Gupta & Pandey, 2019; Saha, n.d.). Rishikesh's potential as a center for spiritual-wellness tourism is only barely acknowledged, despite its international allure, as I noted during a recent visit to a yoga festival. Methodologically, the majority of research utilize cross-sectional designs, with a limited number adopting longitudinal approaches or geographic information systems (GIS) to monitor tourist patterns over time or to delineate regional consequences (Pandya, 2024; Panigrahy, 2025). A gap between research and policy implementation obstructs alignment with national programs such as Swadesh Darshan, which seeks to establish thematic tourist circuits but frequently neglects region-specific insights (Jacob et al., 2021; Ministry of Tourism, 2023). In light of these findings, I recommend that future research focus on comprehensive frameworks that incorporate various tourism typologies and promote collaboration between academia and policymakers to improve sustainability and inclusivity.

5.2 Concentrateonunder-exploredareasandinclusion(Gupta&Pandey,2019).

5.3 ImplementGeographicInformationSystemsandbigdata(Panigrahy,2025).

5.4 ConformatotheSustainableDevelopmentGoalsforsustainabletourism(Osorio-Molinaetal.,2023).

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