

MINERAL WATER FOR TREATMENTS: SUMMARIZED PRESENTATION OF THE BATHING CULTURE

BOGLÁRKA CZELLE CZ¹, D. PETREA¹

ABSTRACT. – **Mineral Water for Treatments: Summarized Presentation of the Bathing Culture.** Using the mineral water has a long-lasting tradition; it can be considered almost as old as the ancient civilizations. Mineral and thermal waters were used for cleaning, bathing and drinking. In old times their healing effects were the primary reason for using them. Throughout the centuries the bathing culture went through many changes according to the trends and ways of thinking of successive eras. The nineteenth century was the last time when health resorts flourished, followed by the rise of the spas. Nowadays a mixture can be observed between the new recognition of the healing effects of the waters and the usage for beauty and relaxation practices. In this paper we try to put together the information that appeared separately in many works and to give a general overview of the bathing culture from the beginnings until the third millennium.

Keywords: *mineral water, health resort, spa, Europe, healing, relaxation.*

1. INTRODUCTION

Papers focusing on the historical perspectives of using the waters, bathing culture and balneology were published mostly during the last decades. One volume edited in 1990, with a very well worked historical and scientific background, Medical History Supplement No. 10, contained ten essays that talk about the development of the health resorts in different time series and places of the world.

All papers dealing with this topic have references from 1990s and after 2000. Two works, besides the Medical History Supplement, have a large reference list dating back to the 19th or even the 18th century. These are “Bottled water, spas, and early years of water chemistry” by Back et al. (1995) and “Balneology, mineral water, and spas in historical perspective” by Routh et al. (1996). Most of the authors reflect to these works.

Many papers start with dating back the nowadays so common word “spa” and searching for its origin. The word “spa” comes from a spring name, Espa, in a Belgian town in the 14th century. The term “spa” can also be originated from the Latin phrase “*sanitas per aquas*”, meaning “health through water” (Back et al., 1995; Lund, 2000a; van Tubergen & van der Linden, 2002; DeVierville, 2003; Frost, 2004, Katz & McBean, 2008). Very interesting is the fact that, as shown above, the first to mention this origin

¹ Babeş-Bolyai University, Faculty of Geography, 400006, Cluj-Napoca, Romania,
e-mails: boglarka.czellecz@ubbcluj.ro; dpetrea@geografie.ubbcluj.ro

is Back et al. (1995) while most of the authors used to refer to Lund (2000a, b), van Tubergen & van der Linden (2002) and DeVierville (2003). Back et al. (1995) took this information from Licht (1963) and Croutier (1992). Licht (1963) actually says that in the old Walloon language the word “espa” means fountain, and the settlement near Liège was named after the fountain/spring. Croutier (1992) also mentions the origin form Latin word “*spargere*” that means to scatter, to sprinkle.

One work is talking about a non-Latin origin of the spa culture. Kepinska (2004) says that the bathing culture was taken over by the Romans from the Ancient Greeks and the motto “health through waters” as well. So in this way “spa” comes from the Latin translation for this Greek motto. Originally Fytikas (1999) refers to the Latin motto “*mens sana in corpore sano*”, that means “healthy mind in healthy body” that was borrowed from the Ancient Greeks.

Hot springs have been used already from the ancient times by the Egyptians, Jews, Romans, Greeks and Turkish people (Lund, 2000a). Today, treatment and preventive therapy are both used at medically supervised health resorts, especially in Europe and Japan (Lund, 2000a).

After the American influence on the original spa practices, the term “spa” is used for a large scale of health procedures, relaxation practices and wellness as well. “Health resort” has a meaning of medical treatment through waters. Gutenbrunner et al. (2010) suggests that the nowadays used terms need to be clarified and several regulations in their practice have to be made.

The American perception about a spa differs from the European one. U.S. spas give more importance to exercise, reducing stress, beauty practices, lifting depression and losing weight (Lund, 2000b; Thorne, 1995). In the USA, the largest group comprises the so-called “day spas”, followed by the “Resort/hotel spas”, while “destination spas” form the smallest group with only 25 listed in North America. In 2001 there were approximately 156 million visits made to spas; 68% of these were to “day spas” (Frost, 2004).

In the European spa distribution, Bozikova (2009) defines three orientation fields. First, there are countries not rich in mineral waters that are under the influence of American short-time stays in relaxation centers (Sweden, Norway, Finland, Denmark, the Netherlands, Great Britain and Ireland). Secondly, apart from these countries, the Central and South European region has a long-lasting tradition in using the waters. There is a continuous medical supervision in health resorts. And third, there are the leaders in balneology, like Germany, Italy and Czech Republic, where the classical balneotherapy is used.

Central Europe concentrates most of the spa leaders of the continent. Germany is for sure on the first place with about 250 traditional, high-developed enterprises and clinics in operation. In Austria there are about 200 spas, in Czech Republic about 70 spas, followed by Poland, Hungary and Slovakia. Coastal states like Estonia, Latvia and Lithuania combine balneotherapy with thalassotherapy (Bozikova, 2009). In 1992 about 2,730,000 Germans visited spas in order for drink, bathing, or make use of other treatments with the waters. The number of Italians in spas was around 1,800,000 and about 5,500 British people and 640,000 French took bath in their own country spas (Weisz, 2001). In 1993 the 37 Czech health resorts hosted 270,000 Czechs and 70,000 foreign patients (Thorne, 1995).

Several famous health resorts of our era were fashionable and well known balneology centers already in the 19th century. In Germany these were Baden Baden, Wiesbaden, Bad Ems, Aachen, Bad Homburg, Bad Kissingen (Coley, 1990; Brockliss, 1990; van Tubergen&van der Linden, 2002; Blackbourn, 2002). Fashionable French spas were Vichy, Aux-des-Bains, Forges, Aix-en-Savoie and Bourdon-Lancy (Coley, 1990; Brockliss, 1990; Weisz, 2001; Blackbourn, 2002; Frosch, 2007). In the present Czech Republic the most famous ones were Carlsbad and Marienbad, while in Slovakia it was Piestany (Thorne, 1995; Lund, 2000a; Blackbourn, 2002; Bozikova, 2009). Montecanti and Lucca are worth mentioning in Italy, Bad Ischl in Austria, Varna in Bulgaria, Bath in the UK and of course Spa in Belgium (Brockliss, 1990; Blackbourn, 2002).

2. THE VERY BEGINNINGS OF THE BATHING CULTURE

The first bathing practices in natural springs are to be found in East Asian cultures. Chinese traditions of bathing date back to about 3000 years. Springs were used besides irrigation and domestic use for disease treatments and recreational purposes. One of the most famous springs was Huaqingchi hot spring during Tang Dynasty (Ji-Yang, 1995). Some of the geothermal springs had a strategic significance and were not shared with the civil population. They could be used only by the army (Kepinska, 2004).

According to the traditional Chinese medicine, the so-called “cold diseases” like rheumatism and mobility problems were treated with geothermal water, while diseases accompanied by high temperature were treated with cold spring water. The skin diseases needed sulphurous water (Kepinska, 2004).

In Japan there is also a long tradition of using the mineral hot springs for bathing and medical purposes that dates back to 700 B.C. At a spa there were 3 separate rooms for bathing: one for the samurai and priests, one for women and one for the general public (Altman, 2000). Detailed descriptions of springs and their therapeutic effects were described and published many centuries after, between 1710 and 1730 (Sekioka, 1995).

All healing traditions of the East place great emphasis on the balance of mind, body, spirit and environment as the basis for health (Cohen & Bodeker, 2008, chapter 3).

In Maori culture in New Zealand all natural resources were called “taonga” that represent valuable natural treasures derived from gods, that have to be preserved for future generations (Severne, 1995). Bathing in hot water pools was mainly used for skin diseases, arthritic and rheumatic ailments (Severne, 1995).

Bathing was considered luxurious and keeping the hygiene in ancient Egypt (Bell, 1850). Pharaoh Cleopatra established a spa close to the Dead Sea in about 25 B.C. (Erfurt-Cooper & Cooper, 2009).

In North America the bathing practices of the Incas were first described by the Spanish conquerors, historians, and missionaries (Kepinska, 2004).

On the European continent, Etruscans, Greeks and Romans were the first users of mineral waters in baths. Latin authors like Tibullus wrote works that describe Etruscan upper classes bathing habits in around the 10th century B.C. (Cataldi&Chiellini, 1995). In the 4th century B.C the Romans increased their political and military pressure on the nearby people, also on Etruscans and the whole Italian peninsula. Roman soldiers and travelers began to assimilate many of the Etruscan traditions, among them the habit of

using the waters for cure and relaxation (Cataldi&Chiellini, 1995). One of the most important spas, before the Roman era, was Baia, North of Naples, then Cumae and Puteoli became also famous in the Roman period for their bathing establishments (Jackson, 1990; Cataldi&Chiellini, 1995). After the Etruscan civilization was crushed, Greeks also had a great influence on the bathing culture of the Romans (Cataldi&Chiellini, 1995).

Ancient Greece was a center where balneotherapy developed and spread over the Mediterranean region (Kepinska, 2004). In Greece there were three types of baths: the sweat bath in a hot dry place (laconicum), the hot water bath and the steam bath (Cataldi&Chiellini, 1995). Bell (1850) mentions one undressing room, one warm room with a tepid bath (Tepidarium), one cold bath (Frigidarium) and a hot vapor bath (Luconicum). Hierapolis (now Pamukkale) and Asclepieion in Pergamon were centers of balneology in the Hellenistic era. A medicine school developed in Pergamon, which can be considered the first example of organized natural healing place and physiotherapy (Kepinska, 2004). They handled physical exercises before bathing (Bell, 1850).

The Greek spa practices and traditions were taken over by the Romans and expanded through all social classes in the whole area of the Empire until the 4th century A.D. (Cataldi&Chiellini, 1995). Military presence was often a starting point for the development of such an establishment (Jackson, 1990; van Tubergen&van der Linden, 2002).

During the reign of Caesar, the number of cold and hot water baths increased rapidly. Tepidaria or Calidaria were hot baths, while Frigidaria was the cold water bath (Routh et al., 1996). It is remarkable the similarity of the Roman and Greek terms for the cold and hot baths that supports the idea of the mixture of these cultures. Pliny the Elder (23-79 A.D.) wrote about the observations that Romans had about mineral waters. Sulphurous water could repair muscular problems, the water with hydrocarbon helped the healing of interior illnesses while alkaline water treated the so-called scrofula disease (*Tuberculous cervical lymphadenitis*) (Jackson, 1990; Routh et al., 1996).

In the 3rd century A.D. in Rome there were over 1000 public baths (Cataldi & Chiellini, 1995). Three different types of baths developed after all: baths at home (balnea), private baths (balnea privata), and public baths (balnea publica) (van Tubergen&van der Linden, 2002, from Shadewalt, 1989). In the last decades of the 3rd century A.D., the spas included also beauty services like massage, depilation, hair styling, then gymnastics, libraries, meeting places, restaurants open to every social class (Cataldi & Chiellini, 1995 from Pasquinucci, 1987). Spas had a multilateral function: a place for healing, recuperation and relaxation as well (van Tubergen&van der Linden, 2002 from Shadewalt, 1989). After several years they became centers for various sexual practices (Routh et al., 1996).

The expansion of the Roman Empire resulted in a great number of baths all over Europe. In the 19th century famous spas, like Aachen, Baden Baden (now Switzerland), Bath (UK) remains of Roman bathing facilities have been discovered (Jackson, 1990; Adler, 1993). There are maps of the Roman territories on which the main spas are also highlighted, like Budapest (Hungary), Palombara Sabina (Central Italy), Bracciano (Central Italy), HammanLif (Tunis) operating during the 3rd century A.D. (Cataldi, 1993). Vassileva (1996) also mentions the Bulgarian spas reaching their first flourishing era during the Roman period.

The Romans had a great contribution to the Turkish bath culture as well, both in the architectural and social aspects (Kepinska, 2004).

With the fall of the Roman Empire in 476 and the rise of Christianity, bathing began to be discouraged and spas became abandoned (Adler, 1993; Routh et al., 1996; van Tubergen&van der Linden, 2002).

3. RISE OF THE EUROPEAN SPAS

Baths started to come into usage again on the European continent with the invasion of the Moors in the Iberian Peninsula.

According to Imamuddin (1981), Arabian baths were similar to those of the Roman period, while Power (1979) reports that the medieval Muslim baths were different and served the cleaning of the body without any treatment practices. Van Tubergen&van der Linden (2002) mention that bloodletting, enemas and drinking cures were made at a bath, but they also agree that relaxation and pleasure were the main reasons for visiting such a building (van Tubergen&van der Linden, 2002 from Looman, 1989). For women and men there were regulations for visiting these facilities (Power, 1979).

In the early years of the 10th century A.D., at the time of Abd al Rahman, in Cordoba, the seat of Arabic supervised territories, there were 300 registered public baths. The baths called Hamman were decorated mostly with mosaic works, sometimes paintings (Imamuddin, 1981; Power, 1979).

Montegriffo (1978) mentions the construction of public baths in Gibraltar in the 13th century A.D., when using the waters was not an appreciated activity in Europe. There are also writings about the rich decorated baths of Alhambra (Bell, 1850).

After the "Reconquest" in the 15th century, with some regulations Moors, Jews and Christians could also use the public baths for some decades (Power, 1979). This regulation ended soon, and public baths started to be deteriorated. The spread of the Black Death also contributed to the closure of the public bath houses (Power, 1979). Another idea states that the use of baths was prohibited after the Spanish conquest of the region (Bell, 1850) and that Christians tried to prevent even the Muslims from bathing (Imamuddin, 1981).

The habit of using the waters started again in Italy in the 16th century. Several Italian physicians began to give importance to the water therapy and balneology (Routh et al., 1996). For a better understanding of the therapeutic effects of the mineral waters, the first step was to chemically analyze the waters and get the mineral content (Palmer, 1990). Published materials from the Renaissance era are: Tommaso Giunta: *De balneisomniae qua extant*, 1553, encyclopedic work, Venice; Falloppia: *De medicatis aquis*, 1556, Padua; Bacci: *De Thermis*, 1571, Venice; Minardo: a short description of the baths of Caldiero, 1594, Verona (Palmer, 1990).

In Central Europe, the therapeutic value and the social character of the public baths became again combined, men and women could bath together (Adler, 1993). At the hot springs, patients both drank and took a bath; at the cold springs they only drank the waters. Generally, a treatment was supervised by a doctor (Frosh, 2007). In France and Germany some spas became renowned because of healing a specific problem. In Forges nephritic problems and infertility were treated, while in Vichy and Bourbon the paralytic and apopleptic diseases (Frosh, 2007).

The reason why spas started to deteriorate again was the unisex usage that resulted in a general impurity and the spread of venereal diseases (Adler, 1993). The Encyclopedia of the Middle Ages also mentions the bath houses as places of prostitution (Vauchez et al., 2000). They were considered to be a source of contagious diseases such as syphilis, plague, and leprosy which led to the closure of many public baths at the end of the 16th century (van Tubergen&van der Linden, 2002 from Looman, 1989; Porter, 1990 from Vigarello, 1985, Courtier, 1992).

A positive turn in the development of spas began in the 17th century again. Places like Montecatini, Lucca (Italy), Varna (Bulgaria) were already known (Routh et al., 1996). In France, Vichy, Forges and Bourbon-Lucy were discovered (Brockliss, 1990), as well as Bath, Epsom and Tunbridge Wells in the UK (Routh et al., 1996), Carlsbad, Ems, Marienbad in Germany, Spa in Belgium (Coley, 1990). The first private spa institute in Belgium was founded in 1764 and the first public one in 1820.

Much attention was paid to treatments: purification, drinking cures, eating well balanced diets, and bathing (van Tubergen&van der Linden, 2002). In France the hot springs were used for bathing and drinking, the cold spring water for imbibing it (Brockliss, 1990).

Competition between various spas stimulated the chemical analysis of the various mineral waters. Boyle was the first who made a serious scientific study of the components of waters in England followed by Hoffmann from Saxony (Ford, 1984). Hoffmann, by using the work of Boyle, made a study of mineral water analysis in 1703 and Short made the systematization of the mineral water analysis in 1734 (Coley, 1990). The first legal steps in Central Europe concerning the health resorts were taken by Empress Maria Theresa since 1763. To become more acquainted with the healing places, she asked for the inventory of spas and mineral waters in the Austrian Empire (Bozikova, 2009).

Struggles made for the analysis of mineral waters had three reasons: (1) to prove their therapeutic effects, (2) to promote the spas and attract patients, (3) to be able to prepare mixtures similar to those waters known for their curative effects. Most authors who wrote on the subject in the 18th and early 19th centuries were doctors practicing medicine at one of the spas (Coley, 1990).

By the 1790's Joseph Priestly and others started preparing artificial mineral waters (Frosch, 2007). In 1780, Jacob Schweppe founded in Geneva one of the best known artificial mineral water companies that was moved after several years to London (Simmons, 1983; Back et al., 1995).

The idea of going to spas changed during the 19th century, when the curative effects of the waters started to play a secondary role. The spa-going public used to choose a location just because it was fashionable. Spa doctors and treatments were also a factor that made a place fashionable (Blackbourn, 2002). Arthritic, digestive, respiratory, dermatological, circulatory, and nervous problems were treated at these health resorts, mostly through bathing and drinking cures. Applications, like showers directed at specific body parts, mud baths, and inhalation of vapors of water were also practiced (Weisz, 2001).

The 19th century fashionable spas offered a luxurious life style in a natural environment, and became important meeting places. Theatres, reading rooms, shops, coffee houses were part of the health resort. European political elites could be found there mostly before military actions (Blackbourn, 2002). Spas were also a place of creativity

for painters, writers and composers (van Tubergen&van der Linden, 2002). Many great spas, like Marienbad, Bad Ems, Bad Homburg, Bad Kissingen were actually new establishments at the beginning of the 1800's (Blackbourn, 2002).

The rivalry among the famous health resorts made them put in new investments and enlarge the supply of services and leisure activities. First, auxiliary treatments were included, like massages, then hotels, restaurants, casinos (Weisz, 2001), followed by the singposting of paths in the surrounding countryside (Blackbourn, 2002). Estimations made for the 1830's show that about 30,000 French people took water cures, while by the end of the century this number was around 300,000 (Weisz, 2001).

Despite all the investments, a short decline was noticed during the Napoleonic wars. The mobility opportunities were limited and the number of international guests decreased at the European spas (Blackbourn, 2002).

During the 19th century, the Academy of Medicine in France played an important role in the administrative and scientific supervision of mineral waters (Weisz, 2001). In 1894 Albert Robin organized French spa doctors into a professional trade union group, and founded the *Syndicat des Mediciens des Stations Balneaires et Climatiques* (Weisz, 2001).

Before the railway lines were constructed, many spas were difficult to reach, because of their mountainous location. Travelling became easier in the second part of the 19th century and the number of spa visitors increased greatly (Blackbourn, 2002). Travelling by train, middle class people could also afford the visits at spas. In Germany there was a powerful middle class support. The majority of the 300 German spas operating at the end of the 19th century resembled Bad Berka in Thuringia or one of the solidly middle-class spas in the Black Forest. These more modest spas emphasized their 'comfortable', 'intimate' and 'family' character as retreats (Blackbourn, 2002).

After gambling was prohibited, German spas invested in bottled water sales. By the late 19th century, Bad Ems, Schlangenbad and Schwalbach were selling millions of liters a year worldwide. After that, the most successful ones (Vichy, Bad Ems, Carlsbad) managed to make their name internationally synonymous with their product (Blackbourn, 2002).

The spa-going trend could be seen also in other parts of Europe, like Poland - Cieplice Spa, Ladek Spa and Duszniki Spa, Ciechocinek and Konstancin, Krynica and Szczawnica, Iwonicz Spa (Kepinska, 2002), Slovakia - Trencianske Teplice, Piestany, Turcianske Teplice, Sliac, BardejovskeKupele, Rajecke Teplice, Vysne Ruzbachy (Bozikova, 2009), Austria - Bad Ischl, Sauerbrunn, Ultental, Ratzesberg (Steward, 2002), Hungary - Budapest, Hévíz, Balatonfüred, Miskolctapolca, Eger, Harkány, Balfi Spa and others (Török, 1848), Transylvania - Herkules Spa, Algyógy, Felix Spa, Borszék, Szejke Spa, Szeltersz Spa, Kiruj Spa, Uzonka Spa, Tusnádfürdő, Bálványos Spa, Kovászna (Török, 1848), Bulgaria - Sapareva Banja, Sandanski, Velingrad, Hisarja (Bojadgieva et al., 2002) reaching their best periods in the second half of the 19th century.

At the beginning of the 20th century, spas had to face the attractive opportunities of the seaside and the changes caused by the First World War (Blackbourn, 2002). Besides the cold and hot mineral waters, the thalassotherapy started to be used too (Cohen & Bodeker, 2008, chapter 2).

It is interesting that the popularity of French spas grew during the interwar period. There are estimates of spa visitors that show a number of around 500,000 people, including significant numbers of foreigners in 1938 (Weisz, 2001).

After the Second World War, in many European countries spa treatment became available for common people with the help of the state medical systems (van Tubergen & van der Linden, 2002 from Coutier, 1992 and Looman, 1989).

In the first part of the 20th century the traditional way of treating with mineral waters declined and disappeared from the spa practices in the English-speaking regions (Porter, 1990). In a way this can be explained by the inadequate management of the medical hydrology (Harley, 1990; Cantor, 1990; van Tubergen & van der Linden, 2002), the appearance of new drugs and therapies in the medical sector (Weisz, 2001) and the influence of the American spa ideas. Those centers that were considered economically powerful got the support from the authorities. Where this was not the case, the health resorts went to ruin (Weisz, 2001).

4. WELLNESS INSTEAD OF TREATMENT AT THE AMERICAN SPAS

European spa tradition made colonists to look for similar springs and healing places in America too. Some of these locations were White Sulphur Springs, Saratoga Springs, Arkansas Hot Springs, Calistoga, French Lick, and Desert Hot Springs (Cohen & Bodeker, 2008, chapter 2).

In 1940 the first new-style destination spa was founded in Tecate, Mexico, today very close to the American border. The spa called Rancho la Puerta was established by Deborah and Edmond Székely, had services of fitness and relaxation without traditional treatments with water (Cohen & Bodeker, 2008, chapter 2).

American trends in spa practices have three major influence factors, the conceptions and ideas of (1) Rancho La Puerta in Tecate, Mexico, in the 1940s, (2) The Golden Door in southern California in the 1950s, and (3) Canyon Ranch in Tucson in 1979. These three enterprises have been the models for spa development for the past several decades (Frost, 2004).

Lund (2000b) reported a total number of approximately 210 spas in the USA at the beginning of the 3rd millennium. The majority of today working spas are located in the volcanic regions of the western states. Mineral waters and spas became strong points in the USA in a short time. Geological and hydro-geological research was made to identify new locations for establishing spas and to define the type of the waters (Routh et al., 1996 from Bell, 1885).

With the development of the medicine and pharmaceuticals, the American spas excluded the traditional treatments from their services and gave more importance to relaxation, beauty and fitness (Cohen & Bodeker, 2008, chapter 2).

5. CONTEMPORARY APPRECIATION OF THE SPAS

At the turn of the new millennium, spa practices integrate a range of services that come from a mixture of different cultures: American emphasis on beauty, pampering and destination experiences; Asian service ethics, holistic therapies and spiritual practices; European medical traditions and clinical development (Cohen & Bodeker, 2008, chapter 1).

Since the term "health tourism" was defined by the International Union of Tourism Organizations in 1973, the health and spa tourism developed rapidly (Bielanski et al., 2011). It is reported that spas are the fastest growing leisure industry in the USA that shows a growing rate of 20% per year (Cohen & Bodeker, 2008).

According to the European Spa Association (ESPA), which represents spas in 20 nations, there are more than 1200 spas and health resorts throughout Europe (<http://www.espa-ehv.eu/association/>).

In the most developed countries of Europe, like the Scandinavian countries, the Netherlands, Germany, treatments made at a spa are covered financially by the government social health policy (Frost, 2004). In those European countries, where the government has reduced or cut the financial support of the spa visitors in the 1990s, the number of patients has also reduced (Cohen & Bodeker, 2008).

The most dynamic growth in the spa industry can be identified in Asia. A big difference can be observed between the Eastern and Western spa services. While in Western Europe and USA we find aesthetics and treatments with hi-tech surroundings, in the East visitors are in a more “high-touch and low-tech” neighborhood, rich cultural and natural heritage with lower costs that could explain the above mentioned trend (Cohen & Bodeker, 2008).

In 1986 the SpaFinder was established because of the strong demand for spa practices. This agency, specialized in spa vacations, became one of the world’s largest spa information and marketing company that can be reached at the following website: www.spafinder.com (Cohen & Bodeker, 2008, chapter 2).

In 1991, the International Spa Association (ISPA) was founded. It collects statistics and information about the spa industry. ISPA introduced a code of ethics and established standards for safety, guest relations and services (Cohen & Bodeker, 2008). Apart from ISPA and ESPA, each country has its own regulations concerning spas and health resorts and the use of mineral waters (Kepinska, 2002).

Spa resorts are differentiated according to their location – for example seaside or mountain area, the chemical composition of their mineral water – for example sulphurous, bicarbonate, and so on (van Tubergen & van der Linden, 2002), and the mineralization and temperature of the waters (Matz et al., 2003).

Nowadays a good tweak is, that hotels and resorts are adding the words “and spa” to their names that help differentiate them from the competition. Also, new trends appeared, like treatments especially for men customers, couple treatments, to group of friends, mothers with babies (Cohen & Bodeker, 2008).

In our era the water cures in mineral and medicinal waters are again accepted or acknowledged especially by many rheumatologists and dermatologists (van Tubergen & van der Linden, 2002). The popularity of the spas has flourished because of the growing depersonalization of the modern health care system and the greater emphasis on wellness and preventive medicine (Katz & McBean, 2008).

6. FINAL REMARKS

The usage of mineral and thermal waters for healing started to develop as a serious branch of the medicine with the opportunities of the specific era. Heydays and declines came one after the other. Declines were usually caused by the unisex characteristics, by immoral behavior, heydays started usually thanks to the return to the healing effects of the waters that resulted in more and more sophisticated medical practices. Deflections from this trend can be observed in the 19th century with the rivalry of some establishments, when the business ambitions started to spread over. Low attention

was paid to traditional balneology, additional services like beauty and relaxation practices, recreation, social activities were the strong points of a health resort. As drug treatments of some diseases did not turn out a success in all cases, people have started to return to the natural healing methods. This new trend can be observed mostly in dermatology and rheumatology.

We would like to support the idea of Gutenbrunner et al. (2010), the need for the terms “spa” and “health resort”, “balneology” and “hydrotherapy” to be clarified, medical and beauty services to be distinguished in this field. Everyday people should not be left tangled by marketing strategies.

Acknowledgements

This work was possible with the financial support of the Sectoral Operational Programme for Human Resources Development 2007-2013, co-financed by the European Social Fund, under the project number POSDRU/107/1.5/S/76841 with the title „Modern Doctoral Studies: Internationalization and Interdisciplinarity”.

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