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Medicalization and Pharmaceuticalization- A Recent Concern

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***ABSTRACT**:*

Medicalization is a process through which non-medical tribulations are converted to as medical problems, generally in stipulations of illnesses or disorders. Medicalization engines includes: clients, bio-technology and superintended care. Improved research and theoretical mirroring on medicalization has recommended analogous concepts resembling biomedicalization, Pharmaceuticalization and genetization. Medicalization has evoked controvercies within social sciences, that contemplates on extending the medicine's jurisdiction and its role over human bodies by reducing the social phenomena to individual biological pathologies. There is an increased concern towards extention of the pharmaceutical marketing unswerving both doctors and other healthcare professionals. The role of patients during this economy has also changed. Patients were regarded as passive sufferers of medicalization earlier but now are advocates, regulars, or even representatives of change. In Dentistry, it has been reported that due to the inaccessibility of curative procedures patients are more likely to indulge in "self-medication" or misuse of "pharmaceuticalization". The topic justifies the aspects a Public health Dentist should explore to improve the oral health conditions of the population.

***Keywords:** dental public health, medicalization, dentistry*

I. REVIEW:

The process of medicalization identifies human problems and defines them as medical problems. Around 1970s, the medicalization concept had been inaugurated in the medical sociology literature to recognize and appraise "the connivance of medicine to manage the society". Sociologists have long studied the concepts of medicalization and have critically appraised and also potentially identified its limitations for understanding health and its associations with addiction, childbirth, sadness, infant feeding, and death. Since time immemorial medicalization

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was perceived to be practiced by the medical professionals, whose cultural authority and power permitted them to cultivate medical jurisdiction outraging individuals' health and people's society, resulting in what Illich described as 'medical imperialism' [1]. Recent studies confirm medicalization of various aspects of life and identify changing drivers, particularly in the global south: pharmaceutical industry dividends, developments in biotechnology and human genomics, and health systems similar to 'managed care' that limits possibility, all of which increases power for elucidating 'legitimate' health problems. Analysts have drawn insights from medicalization analyses to recognize 'disease mongering' and overdiagnosis, especially by the commercialization of the diseases to increase sales by the pharmaceutical industry [1, 2].

The complexity in medicalization is recognized by contemporary sociological analyses: the actuality that medicalization is not just an outcome but a process can be both positive and negative, complete or incomplete, and can be sought by patients, doctors or other performers of the health sector. The consequences of medicalization are found to be negative for both the individual and the societies anthologizing standard behavior, disempowering individuals when in control by medical professionals or models of health care, decontextualizing all experiences, and depoliticizing social problems [2, 3, 4]. Medicalization sustains substantial costs for medical treatments and their adverse effects: the costs of the medicalization of 12 conditions were found to be $77 billion per year in the United States by Conrad and colleagues [5, 6].

Medicalization mainly happens when the biomedical model is utilized to interpret a phenomenon. Reductionism excludes circumstances and diminish reasoning for problems to the physical monarchy, overlooking various social, psychological, cultural or environmental factors that influence the occurrence of a phenomenon. It usually embarges relativity, complexity and multiplicity of experiences of health and is mainly dependent upon the normative patterns of thinking. It mainly orients around identification of the causes and biological suspensions rather than political or social forces, subjected to various investigations, pictorials and diagnoses to manage deficiencies and improve health. Individualism: Improvises the responsibility and blames for the problems with an individual rather than with various constructs that shape or determines an individual's behavior or experience. Technological bias: Rooted in the biomedical precept of the body as a machine, inspiring a focus on the curative elements of medicine rather than preventative actions such as changes in the environment. Technological imperative favors various drugs, devices, or other medicine related technologies or other 'magic bullets' to treat problems [1-5].

Medicalization and pharmaceuticalization are inter-dependent process and concepts which evolved at two different time periods in history. Medicalization has been in employed since 1970s ubiquitously in the development of both the social and the medical sciences. It is now successfully adapted to the local culture [6,7]. Whereas, pharmaceuticalization is "the process by which social, behavioral or bodily conditions are treated, or deemed to be in need of treatment/intervention, with pharmaceuticals by doctors, patients, or both". Social scientists have

reviewed pharmaceuticals and the pharmaceutical industry for multiple years but were successful only in the 2000s in conceptualizing it relating to global political, economic, and medical processes. Mark Nichter (1989) introduced the term Pharmaceuticalization in anthropology and in sociology it was introduced by Williams, Gabe, and Davis (2008). Therefore, so as to productively appraise the medicalization of a problem, it is important to establish a substitute explanation and also find an answer which would be more appropriate and helpful in a identified situation [8].

Pharmaceuticalization is applicable for various types of situations including those that were "previously outside the medical jurisdiction" and also for the prevailing medical conditions. It includes the various somatic effects a particular chemical along with the willingness of clients to adopt the technology as a 'solution' to a predicament in their lives as well the various corporate interests of drug companies that previous literatures of medicalization explored the pharmaceutical activities. Attention to the functions of the pharmaceutical industry "within these processes remained either disguised or had been a neglected theme in the reports on medicalization" between the 1970s to the 1990s. Since the 2000s, scholars began to record the contribution of the pharmaceutical industries in the development of pharmaceuticals, its effect on the expansion of pharmaceutical use, and the role of the medical profession, states, and consumers in this expansion. Peter Conrad identified Pharmaceuticalization as one of the "shifting engines" of medicalization [5, 9].

For the first time, in the Handbook of Medical Sociology (sixth edition) a chapter on pharmaceuticalization was included. There was a dramatical increase in the sale of the prescription-drug and is seen to increase parabolically but with a slightly slower pace from the 1980s to 2002 worldwide. Busfield in 2003 estimated that the global sale of pharmaceutical products accounted over $466 billion. In 2009, the sales increased to $837 billion according to the IMS Institute for Healthcare Informatics and it predicted that by 2015 global spending on pharmaceuticals will reach over $1 trillion. About half of the world's prescription-drug sales are in the US, which is the largest market for pharmaceuticals, along with other western nations. Currently, one in ten Americans over the age of twelve are now taking anti-depressants, and prescriptions for anti-depressants have increased almost 400 percent since 1988, according to a recent study from the US [10]. Consumers have changed their roles to be an expertise and are consuming pharmaceuticals delivered by various drug companies, governments, and themselves even in nation-states that do not permit Direct-to-consumer advertising (DTCA). The consumers were seen to actively participate. This finding was similar to various studies of medicalization.

Sustained attention towards the application of the concept of Pharmaceuticalization has been given by British sociologists in the past few years. Different trends of "pharmaceuticalization" was seen in their work. There are five mutually interactive, competing factors that have accorded towards the broadening of Pharmaceuticalization includes: medicalization, industry drug promotion and marketing (inclusive of (DTCA) in the US and New Zealand), the dogmas or policy of the regulatory state, biomedicalism ("the escalating competence of biomedical science to discover pharmaceutical solutions to new or established illnesses"), and consumerism have been

identified by Abraham through a much realistic approach. Two types of pharmaceutical consumers were identified by him. Firstly, the "injury-oriented adversary" and secondly, the "access-oriented collaborator". There were some who believed that the drug companies harmed them and hosted campaingns and mass media protests against the manufacturing companies were still their consumers. This was a common practice in the US than in the UK and much of Europe. The availability of the drugs sould be made more available and for more patients, either before promotion or as an outcome of a speedier review process, a belief held by consumer collaborators, such as AIDS activists dating bact at 1980s [11, 12].

The key actors generating the expansion of pharmaceuticalization include pharmaceutical companies, physicians, the public, and government/insurance companies. The science which formed the basis of drug development and testing is usually controlled by the pharmaceutical industries and created markets for the manufacturing products by intelligently using different strategies to increase demand and decrease disease hucksting. "Newer medicines, often in concordance with the industry" are developed by physicians who control ingresss to prescription drugs. In consumer-oriented societies, affluent public use information technology and become "maestro patients" [13]. The framework of healthcare is set by the governments and insurance companies. "Commercially an absolute product is one that can be patented, is used by a large number of people over longer periods, and can be priced higher as compared to production costs" as mentioned by Busfield (2006). Globally, there is a decline in the annual growth rates with the end of various patents and substitution of patented drugs by cost-effective generic drugs. Fortunately or unfortunately it has been reported that the sales were increasing more rapidly in the developing middle-income countries like China, Brazil, and India as compared to the Western countries (due to a lower starting base) [5,14,15]. Medicalization entered the healthy life of the society as an extension of health systems. This simplistic view does not reflect the diverse roles played by health care providers or its unusual implications for society. Unwavering the World Health Organization's (WHO) definition of health care delivery, medicalization also aimed to 'promote, restore and maintain health' [16].

Contemporary critics situate the pharmaceutical companies in the doctor's space as the supposed catalysts of medicalization. The physicians have a complex role to play in medicalization [17]. Yet today, the medical professional remains an persuasive and authoritative figure prescribing pharmaceuticals to the morbids. In some countries, ubiquitous direct-to-consumer advertising encourages patients to opt for over-the-counter availability of drugs with mention of specific brand names, thereby initiating conversation between the Drug Companies and the patients who threatens to skip the doctor out of the heirarchy. Additionally, there is widespread concern regarding the extent of pharmaceutical marketing direct to doctors and other healthcare professionals. The patients' role in this financial system has tainted in the present times. Patients were regarded as passive sufferers of medicalization earlier but now are advocates, regulars, or even representatives of change.

The problems that are crucial to education and research have been pointed out. The relevance of this topic in professional practice and debate is of uprising interests since issues such as commercialization of practices,

growing of dentistry specialties and of aesthetic dentistry, scarce research on care (and on the potential of technicians); "engines" of this process (biological reductionism, the power of media and marketing, manipulation of scientific legitimacy, abuse of prevention practices and overtreatment); and incipient are reaching levels of public health concerns [18]. In Dentistry, it has been reported that due to the inaccessibility of curative procedures patients are more likely to indulge in “self-medication” or “pharmaceuticalization” abuse. The topic justifies the aspects a Public health Dentist should explore to improve the oral health conditions of the population.

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