

Ads from the Past

Medical therapies for “Female problems”

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In the early days of medical science, almost all the physicians were male. Thus, in those days, most symptoms and signs of female patients were clubbed together as “female problems”. Physicians were used to analyzing all medical problems from the point of view of male physiology and anything that did not fit the pattern in female patients were brushed aside with the moniker of “feminine”. Thus, there were very few scientific discussions on gynecological or obstetrical maladies.

The drug development and marketing of that era also represented this mindset, as the examples below (published in JIMA between 1940 and 1944) will show.

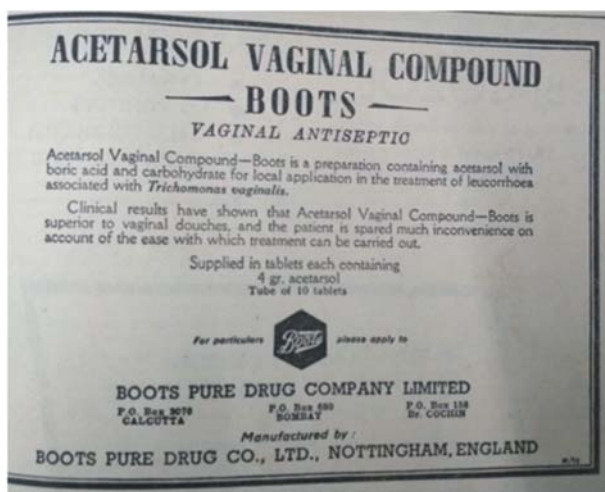


Figure 1

This is a vaginal tablet containing acetarsol. This was an arsenical compound with probable anti-protozoal action. As seen here, it was marketed for leucorrhoea. However, arsenicals have a lot of side effects. There was local dermatitis/mucositis and also systemic toxicity. Such arsenical compounds were marketed under different names in different countries. For example, in the USA, there was “Powdex-Formula 21”. Sometimes, salicylate or zinc oxide was added to acetarsol. After the discovery of modern antibiotics, this compound fell into disuse. However, after the emergence of metronidazole-resistant *Trichomonas*, some modern doctors have again done studies with arsenical pessaries.

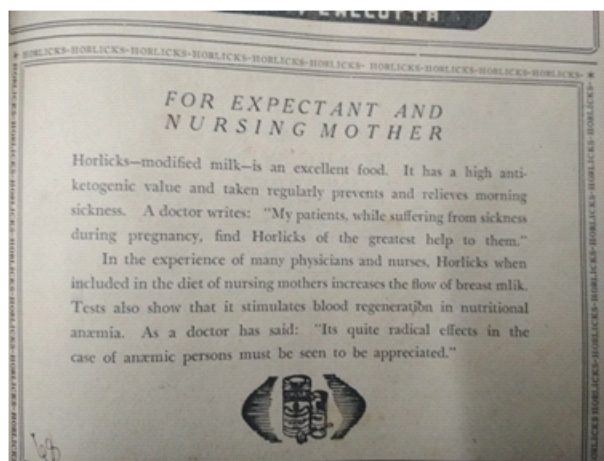


Figure 2

Figure 2 shows the marketing of a food supplement for pregnant and lactating women. Food supplement is not needed for pregnant women if they are having a balanced diet. But such advertisements are common and often mislead the consumers. Such supplements are widely marketed today.

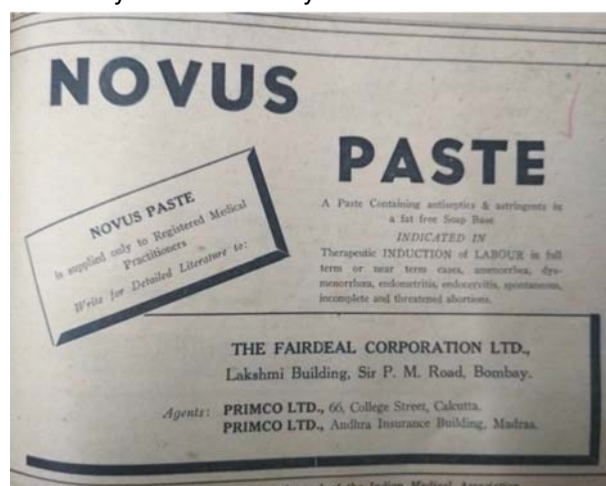


Figure 3

Figure 3 was a proprietary vaginal paste, which was marketed for all sorts of conditions from induction of labour to amenorrhoea. Naturally, one single cure for all gynecological problems is likely to be a sham

therapy. But as discussed in the introductory paragraph, in a male dominated medical system, this tendency to club all “female” problems together was quite common.



Figure 4

Figures 4 and 5 show different variations of the same medicine. Ashoka plant extract mixed with vitamins was thought to be effective for “female” problems. Many famous doctors of that era prescribed this medicine. While the previous three medicines are not available now, this Ashoka compound is still marketed in India and used by many consumers. In India, the people

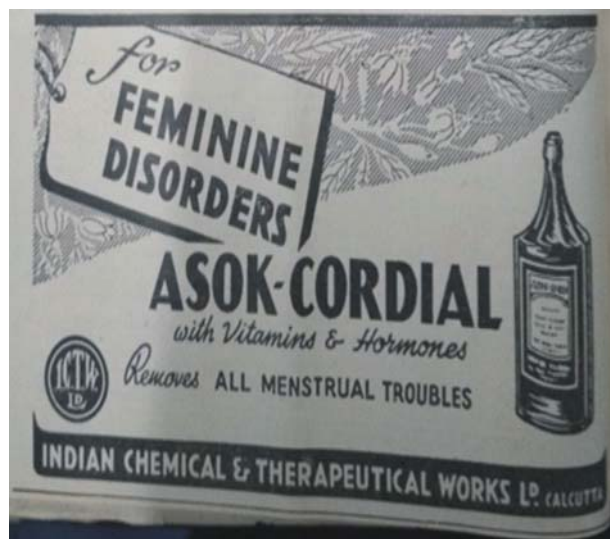


Figure 5

tend to have blind faith in “natural” remedies and such questionable medicines are widely consumed.

The plant, Ashoka has long been venerated in India. It finds its mention in many ayurvedic texts. It has long been used for menorrhagia by indigenous healers. The bark and seeds of the plant are used. However, there is very little scientific evidence of efficacy of this plant extract for any disease. Persistent use of Ashoka plant extract for menorrhagia in lieu of proper scientific medicine is harmful and will lead to severe anemia.

What is the 5x5 model ?

Non-communicable diseases (NCD) are rising in prevalence all over the world. For comprehensive discussion on this topic, the WHO has identified some priority areas for immediate action. This idea is enshrined in the 5x5 model. There are five diseases and five risk factors which are to be targeted for intervention.

The five diseases are : Cardiovascular disease, Cancer, Diabetes, Chronic respiratory disease, Mental ill-health

The five risk factors are : Tobacco, harmful use of alcohol, unhealthy diet, physical inactivity and air pollution