

Medicine - Transition from Art to Science?

Happy Holi! In this edition, we present new and different hues from the mid-life health of women. The statement of William Osler, “The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head,” will withstand all the pressures of evidence-based medicine and advancing technology. Technology has brought tremendous advances and changes in the practice of medicine over the last century. The year 2020 has compelled medical professionals and patients toward the acceptance of telemedicine. As a clinician, the joy and pleasure of limping back to physical practice can only be experienced. The future in medicine is about precision medicine, genetic engineering in managing illness. However, these techniques will complement and cannot replace the bedside clinical acumen and communication, understanding the sociocultural background, religious beliefs, personal preferences, and importantly the value of healing in treating an individual. Despite the evidence-based guidelines and decision support systems that help solve the medical complexities, there remains a place for clinical reasoning. Art is to apply the scientific basis of medicine with sensibility and effectively. In years to come, art in the practice of medicine probably will not be outdated.

Polycystic ovarian disease is a lifelong reproductive disorder not completely understood, in part because of its heterogeneity and due to the existence of various phenotypes. There remains a large gap in our knowledge base of polycystic ovary syndrome (PCOS) in adolescence, more so at menopause and beyond.

Limited data from the west link later age at menopause in women with PCOS and improved PCOS symptoms with advancing age. Epidemiological studies have used reproductive lifespan to measure estrogen exposure concerning cardiovascular health (CVD). A shorter reproductive lifespan was associated with a higher risk of CVD events, particularly stroke. The association of features of metabolic syndrome and PCOS is known.^[1] Data from Indian studies have shown an increased incidence of metabolic syndrome at postmenopause.^[1]

Literature shows that the actual higher risk of subclinical cardiovascular disease and mortality resulting from PCOS beyond menopause is questionable. Past Editors of *Journal of Mid-life Health*, Duru Shah, has written a commentary on PCOS and Sudha Sharma a review article on this complex subject of PCOS. The key messages are on an early diagnosis and thrust on lifestyle management through the life course.



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Hysteroscopy has emerged as the gold standard in diagnosing endometrial pathology; the challenges here is an ideal technique to obtain the endometrial tissue. The adequacy of sampling by hysteroscopy in a visible lesion is easy; the challenge is picking up an invisible lesion. Conventionally, a blind four-quadrant endometrial biopsy and an endocervical biopsy were recommended to study the endometrial pathology. The mini-review by Sergio Haimovich and Tanvir has elaborated on the recent advances and key messages using outpatient hysteroscopy to overcome this challenge.

We introduce a novel segment in the section of review articles –“pictorial review.” We will present a series in the coming issues. The first pictorial review is on the essence of life, “Endometrium.” After an active regenerating and shedding phase in the reproductive life, it enters a quiescent phase at postmenopause. Nevertheless, the endometrium may call for attention in the postmenopausal period. Watch out for the series on endometrium presented from imaging specialists’ viewpoint and through the lens of the hysteroscopist and a pathologist. Mamta has captured the endometrium in different situations by her art and the ultrasound machine.

The other exciting series is gender bias in prevalence, presentation, and in response to medication for major diseases. In all spheres of life, gender bias is a debated topic. In terms of patient care, gender bias exists in medical research and accessibility to medical care for nonproductive health issues.

It is known that differences in liver metabolism, kidney function, hormonal influences, stomach enzymes and microbiota exist between male and female. For example, kidney disease is worse in women with diabetes than in men. The question is, “do these differences disappear once the estrogen deficiency sets in? Is there any literature from India?”

To kick start this series, Shailesh Desai, Atul Munshi, and Devangi Munshi have written on cardiovascular disease, and osteoarthritis is dealt with by Srinivas Theta.

In 1994, Neches and Foley said, the objective is to “train doctors to treat women from head to toe, and not just from the waist down”². A very appropriate statement for a menopause specialist!

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