



Theoretical and Real World in Obstetrics and Gynecology

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Since ancient times, for many thousands of years, girls have been getting pregnant and giving birth during adolescence, namely at the age of 13-14 years. Up until the Middle Ages A.D., the average age of women giving birth was 14 to 16 years. In those distant times, thinking about pregnancy and childbearing had no scientific explanation and was shaped by the philosophy of religion. Therefore, in situations where the health problems of a pregnant woman, her fetus, the laboring woman and/or the newborn could not be solved on their own, and death was near, there was only God to trust in, and so the clergyman was already there.

The formation of the scientific foundations of obstetrics and gynecology began during the Renaissance. In the 17th century, European doctors first began to deliver babies in royal and aristocratic families. At the beginning of the 18th century, obstetric care began to be provided to middle-class families. In particular, the first maternity hospital in Europe was opened in 1729 in Strasbourg. Gynecology as a medical specialty was firmly established only by 1880. By the early 19th century, obstetrics had become a recognized medical discipline in Europe and the United States. The unification of gynecology with obstetrics began at the end of the 19th century and continues to this day. Since the beginning of the twentieth century, pregnancy and childbirth have become increasingly medicalized in most countries of the world. The medicalization of pregnancy implies the treatment of pregnancy itself as a health disorder that necessarily requires qualified medical intervention. Up until the middle of the 20th century, pregnancy and childbirth for girls occurred at the age of 16-18. And it was by this time that the formation of medical standards for diagnosis and treatment of the main pathology of pregnancy and childbirth was completed. Therefore, the extant

standards of medical care in the field of obstetrics and gynecology refer mainly to adolescent and young girls.

However, in the last 100 years, the age of pregnant women and mothers has begun to increase. More women than ever before are giving birth in their 40s, official statistics show. In the last 25 years, in vitro fertilization of elderly women has been increasingly performed worldwide. Moreover, in vitro fertilization has caused an epidemic of multiple births. The trend has pushed the average age at which a woman bears a child to 29.4 – the highest ever. This trend is due to the fact that women give priority to the creation of their career, rather than the creation of a family and the birth of children.

Therefore, hardly anyone would deny that the unchanged standards of medical care in obstetrics and gynecology are not quite suitable for mature and elderly women. The fact is that mature and elderly women have an increased risk of developing gynecological, cardiovascular, psychiatric, neurological, endocrine, ophthalmologic, otorhinolaryngologic, oncologic, musculoskeletal and chewing apparatus diseases compared to adolescent girls. In addition, mature and elderly women have lower resistance to disease compared to adolescent girls.

The peculiarity of the modern philosophy of medicine is that the standard information about the course of pregnancy in women, the dynamics of her fetus, vaginal delivery and the mechanism of action of the drugs used is theoretical (illusory) in nature. The consequence is that in the world of obstetrics, gynecology, pharmacy and pharmacology, the reasoning of physicians is based on averages. However, modern obstetric and gynecological

information refers more to the anatomo-functional features of the body of pregnant adolescent girls and young girls than to the body of pregnant women of mature and elderly age. In turn, current information in the world of pharmacy and pharmacology and finished pharmaceutical products are not relevant to specific pregnant women and their fetuses. The fact is that according to the established practice modern pharmaceutical products (medicines) are ready for introduction into the body of a virtual person of average sex at the age of 25 - 60 years, having an average state of health and body weight about 70 kg, but not to pregnant teenage girls weighing 48-55 kg and pregnant women of mature and elderly age with a body weight of 80-140 kg in case of obesity. Meanwhile, the mechanism of action of drugs is considered in pharmacy and pharmacology from the philosophy of idealized chemistry of the "main active ingredient", which is substituted by the chemical formula, name or symbol of its one molecule. Typically, the chemical symbol of a single molecule of a substance is mistakenly identified with the actual pharmaceutical product.

Thus, the complexity of modern medicalized obstetrics and gynecology is due to the fact that we have only now begun to study the relationship between the idealized and real essence of pregnant girls and mature and elderly women, as well as drugs and their interactions. Studying the relationship between the idealized and real essence of patients, medications and their interactions is now becoming a crucial part of the problem of the relationship between theory and reality in medicine that needs to be resolved in the future.