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Medicalization and the Logic of Consumption: The Medical-Industrial Complex and Epistemicide in Medical Education

Medicalização e a Lógica do Consumo: O Complexo Médico-Industrial e o Epistemicídio na Formação Médica

Medicalización y la Lógica del Consumo: El Complejo Médico-Industrial y el Epistemicidio en la Formación Médica

Jessica Corrêa Pantoja – São Paulo State Public Servants' Medical Assistance Institute, São Paulo, SP, Brazil ; https://orcid.org/0000-0001-5714-7909 ; http://lattes.cnpq.br/5291107412425263 ; jessicacorreapantoja@gmail.com

José Lúcio Martins Machado – State University of São Paulo, Botucatu, São Paulo, Brazil ; https://orcid.org/0000-0001-5514-6611 ; http://lattes.cnpq.br/9929706338666879 ; jluciomm@yahoo.com.br

Maria Elisa Gonzalez Manso – São Camilo University Center, São Paulo, São Paulo, Brazil ; https://orcid.org/0000-0001-5446-233X ; http://lattes.cnpq.br/3010843907901913 ; mansomeg@hotmail.com

ABSTRACT

This study critically examines medicalization as a technology of social control, operationalized through an interconnected triadic structure comprising reductionist biomedical hegemony, the commodification of health by the pharmaceutical industry, and the epistemicide of traditional forms of knowledge. Grounded in the critical theoretical frameworks of Michel Foucault, Theodor Adorno, Max Horkheimer, Ivan Illich, and Boaventura de Sousa Santos, this essay analyzes cultural sources, including the documentaries Take Your Pills and Big Bucks, Big Pharma, as well as the song Who Put the Benzedrine in Mrs. Murphy's Ovaltine?, relating them to the Brazilian context. The findings demonstrate how a homogenizing biomedical model, exemplified during the COVID-19 pandemic by the politically driven promotion of the "COVID kit," marginalizes evidence-based practices. Simultaneously, the culture industry normalizes pharmaceutical consumption through symbolic associations between medications and ideals of performance, a process whose roots can be traced back to the postwar satirization of Benzedrine. Epistemicide manifests through the suppression of non-hegemonic forms of knowledge and the transformation of structural inequalities, such as gender-related caregiving burdens, medicalized in 40.5% of cases of depression among women, into individual pathologies. Medicalization reproduces colonial asymmetries by linking health to consumerist logics. Medical curriculum reform and stricter regulation of pharmaceutical advertising are proposed as strategies to promote equity and epistemic pluralism in healthcare practices.

Descriptors: Social Control; Social Stigma; Pharmaceutical Industry; Medicalization; Drug Utilization.

RESUMO

Este estudo analisa criticamente a medicalização enquanto tecnologia de controle social, operacionalizada mediante uma estrutura triádica interconectada, ou seja, por meio da hegemonia biomédica reducionista, da mercantilização da saúde pela indústria farmacêutica e do epistemicídio de saberes tradicionais. Ancorado nos referenciais teórico-críticos de Michel Foucault, Theodor Adorno, Max Horkheimer, Ivan Illich e Boaventura de Sousa Santos, o ensaio examina fontes culturais como os documentários Take Your Pills e Big Bucks, Big Pharma e a canção Who Put the Benzedrine in Mrs. Murphy's Ovaltine?, articulando-as ao contexto brasileiro. Os resultados demonstram como o modelo biomédico homogeneizante — exemplificado durante a pandemia pela promoção política do "kit-covid" — marginaliza práticas baseadas em evidências. Simultaneamente, a indústria cultural naturaliza o consumo farmacológico mediante associações simbólicas entre medicamentos e ideais de desempenho, processo cujas raízes remontam à satirização da benzedrina no pós-guerra. O epistemicídio manifesta-se na supressão de saberes não hegemônicos e na conversão de desigualdades estruturais, como a sobrecarga de gênero, expressivamente medicalizada em 40,5% dos casos de depressão feminina, em patologias individuais. Conclui-se que a medicalização reproduz assimetrias coloniais à medida que vincula a saúde a lógicas de consumo, propondo-se a revisão curricular médica e a regulação da publicidade farmacêutica como estratégias para promover equidade e pluralidade epistêmica nas práticas de cuidado.

Descritores: *Controle Social; Estigma Social; Indústria Farmacêutica; Medicalização; Uso de Medicamentos.*

RESUMEN

Este estudio analiza críticamente la medicalización como tecnología de control social, operacionalizada mediante una estructura triádica interconectada, es decir, a través de la hegemonía biomédica reduccionista, de la mercantilización de la salud por parte de la industria farmacéutica y del epistemicidio de saberes tradicionales. Basado en los referentes teórico-críticos de Michel Foucault, Theodor Adorno, Max Horkheimer, Ivan Illich y Boaventura de Sousa Santos, el ensayo examina fuentes culturales como: los documentales "Take Your Pills" y Big Bucks, Big Pharma y la canción "Who Put the Benzedrine in Mrs. Murphy's Ovaltine?", articulándolos con el contexto brasileño. Los resultados demuestran cómo el modelo biomédico homogeneizante — ejemplificado durante la pandemia por la promoción política del "kit-covid"— margina prácticas basadas en evidencias. Simultáneamente, la industria cultural naturaliza el consumo farmacológico mediante asociaciones simbólicas entre medicamentos e ideales de desempeño, proceso cuyas raíces se remontan a la satirización de la benzedrina en la posguerra. El epistemicidio se manifiesta en la supresión de saberes no hegemónicos y en la conversión de desigualdades estructurales, como la sobrecarga de género, expresivamente medicalizada en el 40,5% de los casos de depresión femenina, en patologías individuales. Se concluye que la medicalización reproduce asimetrías coloniales en la medida en que vincula la salud a lógicas de consumo, proponiéndose la revisión curricular médica y la regulación de la publicidad farmacéutica como estrategias para promover la equidad y la pluralidad epistémica en las prácticas de cuidado.

Descriptores: *Control Social; Estigma Social; Industria Farmacéutica; Medicalización; Utilización de Medicamentos.*

INTRODUCTION

Medicalization in contemporary life constitutes a complex and multifaceted phenomenon rooted in the convergence of three interdependent dimensions: the hegemony of the biomedical model, the market-driven logic of the pharmaceutical industry, and the role of the culture industry in the symbolic redefinition of health and illness[1,2]. This process not only reduces multifactorial social issues, such as structural inequalities and diverse ways of life, to the realm of individual pathologies[3], but also consolidates epistemic hierarchies that subordinate traditional forms of knowledge, reinforcing colonial dynamics within healthcare practices.

From a theoretical perspective, Foucault's analysis of medical power and biopolitics provides an indispensable critical framework for understanding the dynamics of medicalization. By highlighting how modern medicine operates as a mechanism of social control, this perspective demonstrates that the pathologization of everyday life extends beyond therapeutic intervention, becoming a mechanism for the normalization of bodies and behaviors. In this sense, medicalization is consolidated as a form of "governmentality," through which medical knowledge legitimizes the regulation of populations by means of the scientific categorization of deviance[4].

In Brazil, where the density of pharmacies exceeds the global average, the disproportionate consumption of medications reflects not only structural shortcomings in access to healthcare but also the internalization of a culture that associates well-being with the consumption of medicalized products[5]. This phenomenon gained greater visibility during the COVID-19 pandemic, when emergency-driven rhetoric, particularly during the Bolsonaro administration, accelerated the approval and dissemination of therapies lacking robust scientific evidence, such as the so-called "COVID kit," composed of chloroquine, hydroxychloroquine, ivermectin, and other drugs[6]. Simultaneously, evidence-based approaches were neglected or relegated to a secondary role[7], exacerbating the challenges faced by the healthcare system and exposing the consequences of the politicization of science[8].

This study addresses a critical gap in the literature: the scarcity of analyses that integrate the economic, cultural, and epistemic dimensions of medicalization, particularly in contexts marked by sociohistorical inequalities such as those observed in Brazil. To this end, it draws upon interdisciplinary theoretical frameworks, including Adorno and Horkheimer's theory of the culture industry[9], Illich's concept of cultural iatrogenesis[10], Baudrillard's analysis of consumer society[11], and the concept of epistemicide as developed by Santos[12] and further elaborated in dialogue with Carneiro[13].

Within this perspective, epistemicide is understood as an expression of "epistemological domination," i.e., an "extremely unequal relationship among forms of knowledge that led to the suppression of many forms of knowledge belonging to colonized peoples and nations, relegating many others to a position of subalternity"[12]. In this regard, Carneiro defines epistemicide as "beyond the annulment and disqualification of the knowledge of subjugated peoples, a persistent process of producing cultural impoverishment"[13], indicating that the delegitimization of subordinated forms of knowledge also entails the disqualification of their holders as knowing subjects. In the field of health, this concept illuminates how Western medicine, when established as the sole and universal rationality of care, silences traditional, popular, and community-based knowledge systems, transforming sociohistorical differences into deficits of cognitive legitimacy.

The originality of this study lies in the articulation of these perspectives with primary cultural sources, including the documentaries Take Your Pills[14] and Big Bucks, Big Pharma: Marketing Disease & Pushing Drugs[15] as well as the song Who Put the Benzedrine in Mrs. Murphy's Ovaltine?[16]. These sources are not merely illustrative; rather, they function as analytical devices that reveal the historical naturalization of pharmaceutical consumption.

In summary, the primary aim of this essay is to demonstrate how medicalization operates as a technology of social control, transforming collective demands into individual pathologies while reproducing colonial asymmetries of power. The analysis is structured around three main axes: a critique of biomedical reductionism, a deconstruction of pharmaceutical marketing strategies, and an examination of epistemicide as a mechanism for suppressing popular forms of knowledge. The relevance of this study lies in its contribution to debates on health equity, as it proposes pathways toward a model of care that transcends market-driven logics and values epistemic diversity.

METHOD

This study adopted a methodological approach grounded in the critical essay tradition, a strategy that privileges the interpretive analysis of theoretical and empirical frameworks articulated with reflections on sociocultural processes and power structures(17,18). The investigation is organized around three interdependent analytical axes: i) the dialectical relationship between medicalization and the biomedical model, highlighting how the latter sustains reductionist healthcare practices; ii) the mechanisms through which the culture industry constructs patterns of health-related consumption, particularly the normalization of pharmaceutical interventions; and iii) epistemicide as a technology for suppressing traditional forms of knowledge, revealing colonial hierarchies that marginalize non-hegemonic practices.

The methodology employed a critical qualitative approach aligned with the interpretive analysis of theoretical and cultural sources. To ensure analytical rigor, sources were selected based on criteria of thematic relevance and historical-discursive impact. Cultural works, such as documentaries and music, were analyzed as primary texts, supported by content analysis to capture symbolic narratives and power relations. The theoretical review prioritized both classical and contemporary works on medicalization, consumption, coloniality, and epistemicide, with particular emphasis on authors such as Foucault[4], Santos[12], Carneiro[13], and Adorno[9].

The literature review integrated secondary sources — scientific articles, books, and documents indexed in the Virtual Health Library, SciELO, and PubMed, published between 2000 and 2025 — and primary cultural sources. The latter, selected for their historical-discursive significance, included the documentaries Take Your Pills[14] and Big Bucks, Big Pharma: Marketing Disease & Pushing Drugs[15] as well as the song Who Put the Benzedrine in Mrs. Murphy's Ovaltine?[16]. These productions were mobilized not merely as illustrations of the naturalization of pharmaceutical consumption, but as analytical devices capable of revealing sociopolitical dimensions associated with the commodification of health and the coloniality of knowledge. For the purpose of systematizing the artistic-cultural corpus examined in this essay, the selected works and their analytical contributions are presented in Chart 1.

Chart 1. Summary of the artistic-cultural corpus analyzed.

Work	Type	Year	Predominant thematic axis	Analytical contribution
Take Your Pill[14]	Documentary	2018	Medicalization of productivity	Highlights the normalization of psychostimulant use in academic and workplace settings
Big Bucks, Big Pharma: Marketing Disease & Pushing Drugs[15]	Documentary	2006	Commodification of health and pharmaceutical marketing	Exposes strategies for generating demand and expanding pharmaceutical consumption
Who Put the Benzedrine in Mrs. Murphy's Ovaltine?[16]	Song	1946	Historical normalization of pharmaceutical consumption	Provides a basis for discussing the cultural trivialization of psychoactive substances and their connections to social control

Source: Prepared by the authors (2026).

Grounded in an interdisciplinary dialogue, the theoretical framework adopted an approach that combined four interrelated perspectives: Adorno and Horkheimer's theory of the culture industry[9], which highlights the transformation of health into a commodity under capitalist logic; Illich's concept of cultural iatrogenesis[10], which is fundamental for deconstructing the systemic effects arising from excessive biomedical intervention; Baudrillard's theory of consumer society[11], which interprets medicalization as a system of signs governed by the logic of symbolic value, demonstrating

how the normalization of pharmaceutical interventions establishes a cultural grammar in which bodies are disciplined through the promise of adherence to ideals of productivity and perfection; and, finally, the concept of epistemicide, developed by Santos[12] in dialogue with Carneiro[13], which explains how biomedical hegemony marginalizes traditional, popular, and community-based forms of knowledge while simultaneously delegitimizing those who produce them as legitimate knowledge holders. By articulating these dimensions, the theoretical framework enables the analysis of media works not merely as isolated examples but also as constitutive narratives that contribute to the naturalization of medical practices, establishing parallels between the historical trivialization of psychoactive substances and contemporary rhetorics of biopolitical optimization.

Because this theoretical-critical methodology explicitly adopts an ethical and political commitment to health equity, it rejects the notion of scientific neutrality[17,18]. Accordingly, the analysis focused on uncovering the structural contradictions underlying medicalization, particularly the dissonance between the rhetoric of well-being and the commodification of bodies and subjectivities by the medical-industrial complex. Beyond descriptive criticism, the approach interrogated the systemic roots of the problem, identifying meaningful silences and power relations that perpetuate epistemic hierarchies. By integrating theoretical categories with concrete dynamics, such as disparities in access to treatment and the need to promote evidence-based medicine rather than overmedicalization in Brazil, the analysis demonstrated that medicalization operates as a technology of social control, reproducing contemporary asymmetries of a colonial nature.

Biomedical hegemony and social control

Medicalization constitutes a structurally complex phenomenon sustained by three interdependent dimensions. Among these, particular emphasis is placed on the dimension anchored in the hegemonic biomedical model, grounded in positivist assumptions that reduce the understanding of health to strictly biological parameters while neglecting the social determination of the health-disease process, a concept that emphasizes the interrelationship between sociohistorical and biological factors[19,20]. The dissemination of this paradigm in multicultural contexts intensifies dependence on specialized services, progressively compromising the adoption of clinical practices grounded in robust scientific evidence[21]. Furthermore, the universalization of clinical protocols not only homogenizes therapeutic approaches but also limits critical assessments of the actual necessity of specific medications, reinforcing epistemic hierarchies that perpetuate colonial dynamics.

This phenomenon gained prominence during the COVID-19 pandemic, when former President Jair Messias Bolsonaro used the Ministry of Health to promote the so-called “early treatment” strategy between May 2020 and January 2021, distributing on a large scale “kits” containing drugs lacking scientific validation, such as chloroquine, hydroxychloroquine, and ivermectin[22]. This strategy demonstrated how political and economic interests may override scientific rigor, imposing guidelines that frequently disregarded evidence-based approaches. As a result, critical medical knowledge was delegitimized, and inequalities in access to effective treatments were exacerbated, exposing the vulnerability of healthcare systems in the face of the commodification of medicine[23].

This marginalization of evidence-based practices not only represents a technical and clinical deviation but also violates core principles of Health Promotion. Brazil’s National Health Promotion Policy (NHPP) advocates the appreciation of popular and traditional knowledge, the strengthening of autonomy and empowerment among individuals and communities, and the dissemination of knowledge and evidence that support decision-making and the shared construction of care[24]. Within this framework, health literacy, from a critical and emancipatory perspective, constitutes a key element in strengthening individual and collective autonomy and empowerment[25]. Thus, when practices lacking robust evidence replace evidence-based interventions, informed decision-making is weakened, and hierarchical care relationships are reinforced, running counter to these principles.

Culture, markets, and the symbolic construction of pharmaceuticals

The second analytical dimension examines the structural influence of the culture industry and pharmaceutical marketing strategies in constructing symbolic associations between medications and ideals of happiness and productivity. A paradigmatic example is the documentary Take Your Pills[14], directed by Alison Klayman, which investigates the commercialization of stimulants such as methylphenidate (Ritalin), promoted as “tools” for optimizing academic and workplace performance. The documentary exposes the medicalization of productivity in neoliberal societies[26], where psychotropic drugs become integrated into processes of subject formation oriented toward self-improvement and performance enhancement[27]. Within this logic, bodies are governed by imperatives of maximum efficiency, while health itself is transformed into a commodity, in line with the contemporary expansion of medicalization under the influence of market interests and the medical-industrial complex[28].

Although often associated with contemporary society, the naturalization of pharmaceutical consumption has deep historical roots when subjected to critical analysis. One example is the song Who Put the Benzedrine in Mrs. Murphy's Ovaltine?, popularized in 1946 by jazz musician Harry "The Hipster" Gibson. As a satirical adaptation of the Irish comic song Who Threw the Overalls in Mrs. Murphy's Chowder? (George L. Geifer, 1898)[29] — originally centered on a domestic incident involving overalls — Gibson's version mocked the adulteration of food with Benzedrine (the trade name for amphetamine), a stimulant widely used by soldiers during World War II. Popularized by performers such as Bing Crosby[30], who recorded Geifer's earlier version in 1945, this reinterpretation not only exposed the early normalization of psychoactive substances aimed at postwar chemical optimization but also anticipated, through caustic humor, critiques of the commodification of health that resonate in contemporary analyses such as those presented in Take Your Pills[14].

This cultural reinterpretation gave Benzedrine a unique trajectory, transforming it from a nasal decongestant into a symbol of resistance within marginalized subcultures of the 1940s (Figure 1). While contemporary works denounce disparities in access to psychostimulants, the recreational use of the drug had already permeated circles such as the bebop scene. In this context, seminal figures including Charlie Parker and Dizzy Gillespie employed it as an instrument of resistance against oppressive structures, a practice satirized by Gibson when he depicted its clandestine incorporation into food products[31]. This musical critique reveals a systemic contradiction: the pharmaceutical industry legitimized the product as a medication while simultaneously criminalizing its use among marginalized groups, thereby reinforcing social and racial hierarchies[32]. According to Herzberg[33], this selective criminalization accompanied the drug's transformation into a countercultural icon, particularly within artistic spaces that challenged dominant social norms[34].

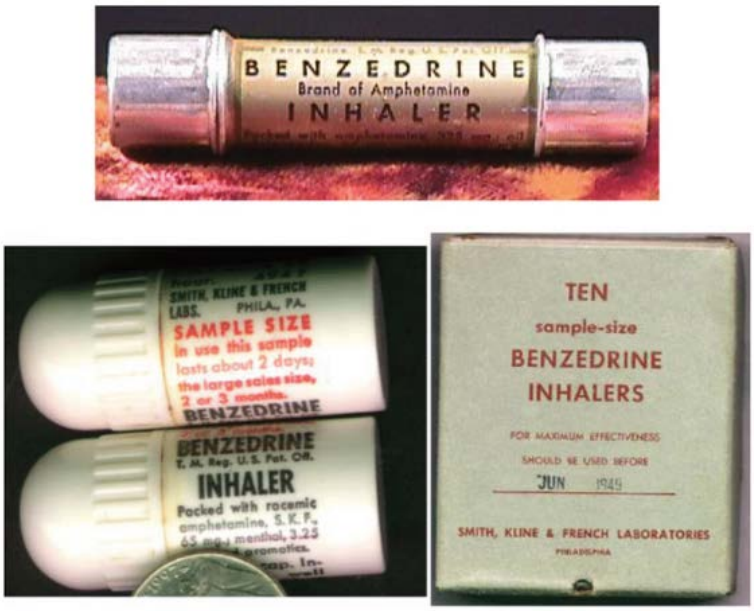

Figure 1. Models of Benzedrine inhalers introduced to the market in 1932 by the pharmaceutical company Smith, Kline & French Co. Source: Koob et al.[35].

This historical tension between legitimization and repression continues to resonate today. The censorship of Gibson's song[31,36], associated with zoot suit counterculture, an expression of identity affirmation among Black and Latino youth during the 1940s, and the 1943 Zoot Suit Riots reflected a moral panic analogous to contemporary concerns surrounding psychostimulants. During these disturbances in Los Angeles, White military personnel assaulted Mexican American youth in acts of state-sanctioned violence (Figure 2), a context in which the prohibition of the song by broadcasters such as KMPC extended beyond public health concerns. In reality, it sought to silence narratives that exposed the contradiction of a society that medicalizes bodies while marginalizing groups that resist through cultural symbols. The zoot suit itself, an icon of resistance against racial discrimination, exemplifies this dynamic of social control.

Figure 2. Assaults with clubs during the Zoot Suit Riots in June 1943. Source: Hinnershitz[36].

In turn, Take Your Pills[14] demonstrates how Ritalin and Adderall are simultaneously promoted as individual solutions to structural problems and, paradoxically, stigmatized when used outside medical supervision. Consistent with this logic, a recent study involving students enrolled in a preparatory course for medical school entrance examinations identified frequent non-prescribed use of substances intended to improve academic performance in 28.4% of participants, predominantly methylphenidate and lisdexamfetamine[37]. This intertwining of performance enhancement, medicalization, and surveillance constitutes a regulatory paradox that, beyond intensifying inequalities, reveals the rationality of a system that translates collective demands into problems amenable to pharmaceutical intervention, thereby perpetuating cycles of exclusion.

Similarly, the documentary Big Bucks, Big Pharma: Marketing Disease & Pushing Drugs[15], directed by Ronit Ridberg, exposes the strategies of pharmaceutical marketing. For decades, these strategies have transformed medications into signs of consumption, commodities laden with symbolic promises of happiness and efficiency, as analyzed by Baudrillard[11] in his theory of consumer society. Despite the temporal distance separating these productions, both reveal the media-driven trivialization of pharmaceuticals, which operates not only through the normalization of their use but also through the transformation of chemical substances into icons of a social imaginary structured around hyperconsumption.

Within this logic, medications are presented as immediate “solutions” to manufactured demands. Moreover, the obsessive pursuit of productivity reinforces the dynamic described by Baudrillard, in which consumption is structured as a system of signs that replaces genuine needs with artificially produced desires[38]. The advertising narratives analyzed in the documentary therefore sell more than pills; they sell the illusion of belonging to a world in which health is a disposable commodity and healing is an act of acquisition.

Epistemicide and the transformation of inequalities into pathologies

The third dimension manifests through epistemicide, understood as the suppression of traditional forms of knowledge in favor of the authority of standardized protocols[12]. In healthcare, this logic reappears in the form of epistemic injustice, defined as harm inflicted upon individuals in their capacity as knowers, whether through the disqualification of their testimony or through the lack of interpretive resources capable of conferring intelligibility and legitimacy upon particular experiences of illness[39]. In Brazil, this dynamic affects women with particular intensity: 40.5% report symptoms of depression, 34.9% report anxiety, and 37.3% report stress, a situation frequently exacerbated by social inequalities[40].

It is within this context of silencing and insufficient structural responses that the substantial increase in the consumption of non-prescription medications, particularly anxiolytics and antidepressants, must be understood, driven by advertising campaigns that increasingly associate health with consumption[41,42]. Data from 2019 indicate that 77% of Brazilians engage in self-medication and that 47% do so at least once per month[43]. Frequently mediated through informal networks, such as family members and pharmacies, self-medication thus comes to occupy the place of approaches capable of recognizing the structural determinants of suffering. In this way, biomedical rationality, allied with market logic, transforms collective demands into individual pathologies and, in the same movement, deepens not only the medicalization of social problems but also the silencing of alternative forms of knowledge and care.

FINAL CONSIDERATIONS

Medicalization, as a project of social control, is consolidated as a form of epistemicide, delegitimizing non-biomedical knowledge and deepening structural inequalities. To confront this dynamic, a curricular reform in medical education is proposed, integrating disciplines capable of articulating the social determination of health, from a dialectical perspective, with a systematic critique of the medical-industrial complex. Simultaneously, public policies regulating pharmaceutical advertising, aligned with the guidelines of the Ministry of Health, are urgently needed to challenge the trivialization of medication consumption, which is frequently associated with media narratives that fetishize health as a commodity.

Within this context, the valorization of evidence-based medicine and the promotion of the rational use of medications emerge not only as strategies to ensure treatment safety and effectiveness but also as political acts of resistance against biomedical homogenization. Complemented by critical educational campaigns, these initiatives can foster collective reflection on the effects of medicalization, particularly in contexts marked by socioeconomic inequalities. Transforming this paradigm, however, requires multisectoral synergy: policymakers, healthcare professionals, and civil society must engage in dismantling the market logic that reduces bodies and subjectivities to objects of consumption, thereby restoring healthcare practices grounded in scientific criteria and the genuine need for pharmaceutical intervention.

This approach transcends mere criticism by proposing concrete pathways toward a healthcare system grounded in equity and epistemic pluralism. Questioning the power structures that naturalize medicalization makes it imperative to reassess the political and epistemological foundations that guide healthcare practices. Confronting epistemicide, therefore, requires not only the inclusion of marginalized forms of knowledge but also the adoption of a model that prioritizes social justice and recognizes health as a right intrinsically linked to community autonomy.

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First Author and Correspondence Address
Jessica Corrêa Pantoja
Graduate Program in Health Sciences (PPGCS), São Paulo, SP, Brazil.
São Paulo State Public Servants' Medical Assistance Institute (IAMSPE)
Av. Ibirapuera, 981
Bairro: Vila Clementino
ZIP Code: 04029-200 / São Paulo (SP), Brazil
E-mail: jessicacorreapantoja@gmail.com

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