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RESEARCH ARTICLE

BEWARE OF QUACKERY: UNQUALIFIED DENTAL PRACTICE IN INDIA

Divia*, Arpan, Chirag Gupta and Simratdeep Kaur

Luxmi Bai Dental College of Dental Sciences Patiala (Punjab)

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ABSTRACT

Unconventional medicine (UM) has been known and practiced since the recorded history of civilization. Some unconventional practices may be viewed as "the continuity of traditions, religious beliefs, and even quackery that non specialists practice."[1] These practices have been associated with religious beliefs and the spiritual domain as well as with the physical domain. In ancient Old World civilizations, UM was performed by skilled experts or wise men; in today's Western civilization, practitioners may or may not be licensed, and some are charlatans.

INTRODUCTION

Dentistry, like medicine, is a traditional, science-based, highly regulated health care profession that serves increasingly sophisticated and demanding clients. Today, traditional dental practice is dealing with an array of challenges to the established professional system; these challenges are generally termed "alternative" (or complementary, unconventional or integrative).

Genuine alternatives are comparable methods of equal value that have met scientific and regulatory criteria for safety and effectiveness. Because "alternative care" has become politicized and is often a misnomer — referring to practices that are not alternative to, complementary to or integrating with conventional health care — the more accurate term "unconventional" will be used in this series of papers. Some unconventional practices may be viewed as "the continuity of traditions, religious beliefs, and even quackery that non-specialists practice."

But what impels quackery? It results when competent and trained practitioners are in short supply or when their charges appear prohibitive to a segment of the population. Then untrained individuals step in to supply a genuine need. But the quack differs from the ethical practitioner in that the quack's basic tools are incompetence and fraud.[2]

Quackery -- which can be defined as the promotion of false or unproven methods for profit -- has long been a scourge of humanity. Quackery has also been defined as "the fraudulent misrepresentation of one's ability and experience in the diagnosis and treatment of disease or of the effects to be achieved by the treatment offered."[3]

UD and UM may be defined as "a broad set of health care practices that are not readily integrated into the dominant health care model, because they pose challenges to diverse societal beliefs and practices (cultural, economic, scientific, medical, and educational)."[4] They are characterized by a lack of sufficient documentation on their safety and effectiveness for diagnosis, treatment or prevention; a lack of a valid scientific base and their absence from the curriculum in schools of dentistry or medicine.[5]

Question arises that how are these fake dentists surviving and why is their practice flourishing? The answer lies in the fact that more than 70% of Indian population is residing in rural areas and a major portion is below the poverty line. At present, India has one dentist per 10,000 populations in urban areas and for about 2.5 lakh persons in rural areas [6]. The high cost of dental treatment, illiteracy, lack of awareness, poor accessibility to dental clinics and repeated dental appointments are the reasons for which most patients rely on these quacks [7]. Also, quacks guarantee his patients of painless and immediate treatment. The rural people go blindly for such treatments with immense faith in these unqualified medical healers.

Most of the quacks learn some dental work while working as an assistant in dental clinics. They are able to acquire a meagre knowledge by just simple observation of the dental operating

*Corresponding author: **Divia**
Luxmi Bai Dental College of Dental Sciences Patiala (Punjab)

procedures with no scientific knowledge and then start off their own practice in rural areas at a low cost, without using any technology and modalities. They are least concerned about the sterilization of their instruments and device their own instruments according to their convenience which has no scientific basis. Some of the basic procedures done by quacks are- extraction of teeth by using screwdrivers and pliers, Restoration using self-curing acrylic as restorative material , use of suction disc on palatal surface of maxillary complete denture to increase retention, self- curing acrylic resin in embrasure area for splinting, use of wires in removable partial denture and fixing them with adjacent teeth, Removal partial denture made and fixed to the adjacent teeth with the help of self-curing acrylic resin. As a result of these non-medical and unethical treatment, patients oral health has worsened such as erosion of the palatal mucosa due to placement of suction device, erosion of gingiva due to acrylic restoration and fixation of prothesis to gingiva with the help of self curing acrylic.

Case Report

65 year old male complain of pain in the right mandibular region and right maxillary region. On clinical examination a faulty acrylic prosthesis with respect to right mandibular premolar was observed. As well as cervical lesions of all the teeth were filled with acrylic resin, 3 months back. In upper and lower right regions as shown in figure 1

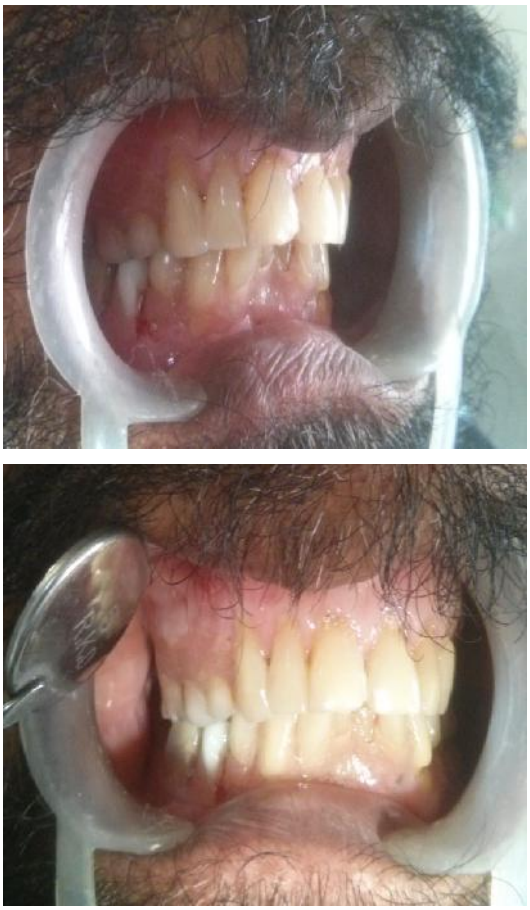


Figure 1

Treatment plan was discussed with the patient and patient was recalled early morning the next day for removal of the defective prosthesis. The prosthesis was removed using air rotor round bur and lacron carver. The teeth under the restoration were abraded with little tooth structure left cervically and showed grade 1 mobility.

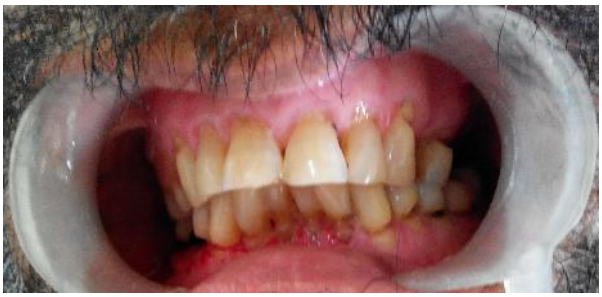
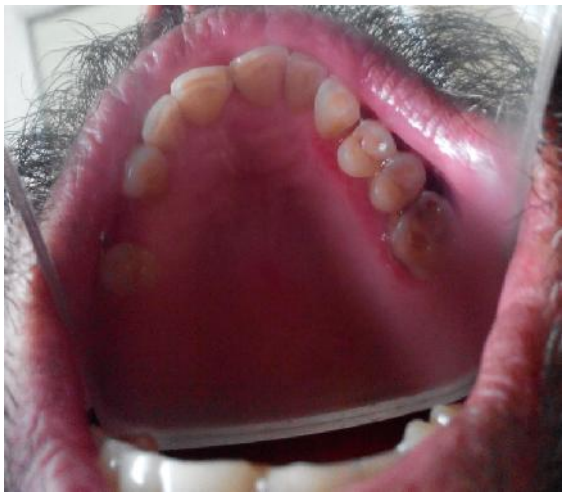


Figure 2



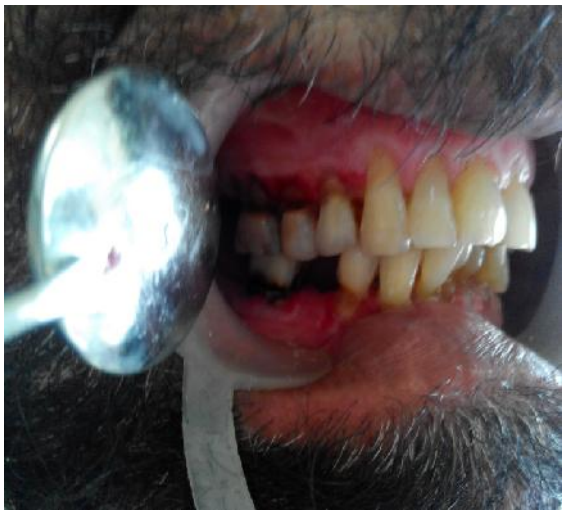


Figure 3

Palatal mucosa was inflamed. Teeth were highly damaged. Patient was referred to periodontics department and conservative department for further treatment.

How To Tackle Quackery?

Most people think that quackery is easy to spot. Often it is not. Its promoters wear the cloak of science. They use scientific terms and quote (or misquote) scientific references. Talk show hosts may refer to them as experts or as "scientists ahead of their time."[7] In the field of dentistry, these matters of quackery need to be carefully analyzed. Whether these street dentists

can be legally trained with minor first-aid procedures should be given a serious thought. The World Health Organization suggests of having New Dental Auxiliaries like dental aid, dental licentiate, and frontier auxiliaries with little training to work in rural remote areas.[8] Until the Government intervenes, takes them into the health system, and provides a stable means of income, there are more chances that the quacks may thrive to earn money by practicing quackery.[10] The best defense against quackery is an understanding of how scientific knowledge is developed and verified. Dental education should include instruction on the scientific method and the detection of quackery. [10, 11]

The other ways of increasing the accessibility to quality professional care for the rural areas should also be seen upon. The Government should urge fresh graduates to practice in rural areas and provide more incentives to them. The public health dentists should take the initiative of adopting more community oriented oral health programs to increase the awareness among rural population. Dental colleges can have peripheral centers in the rural areas and even adopt some villages or PHCs where they can visit regularly to provide care to the needy and educate rural masses. A compulsory rural posting of around three to six months for the interns would certainly benefit millions of deprived people in rural areas. Dentistry has progressed a long way in the last century and it is one of the most respected professions. It is incumbent upon dentists everywhere, to protect that hard-earned reputation by weeding out quacks. Ethical dentists have obligations to protect their patients and the profession in their relationships with patients and with colleagues, as a profession in dealing with the public and as a research community.

CONCLUSION

Dentistry faces serious problems regarding accessibility of its services to all in India. The major missing link is the absence of a primary health care approach. At present, in rural India one dentist is serving 2.5 lakhs of people whereas; the overall ratio of dentists to population in India is 1: 10,000.12 Due to significant geographic imbalance in the distribution of dental colleges, a great variation in the dentist to population ratio in the rural and the urban areas is seen. Reports suggest that there are about more than one million unqualified dental health-care providers, or 'quacks', in India.13 They have long been blamed for misdiagnosing and mistreating [12]

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