Indian Journal of Clinical Dentistry, Jan-June 2020
Volume 1; Issue1:Pg. 14-16

Case Report

Quackery in Dentistry—a serious concern

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Abstract

Quackery/street dentistry in dental profession has been an issue for quite a long time. It emerges when there are deficient quantities of capable and prepared specialists or when their charges seem restrictive to a portion of the population. Inadequately instructed individuals frequently become prey to quacks who perform dental treatment, which is destructive to patients and the quality of life is compromised. The time has come to take measures to stop such exploitative practices.

Keywords: Quackery, street dentistry, Quacks, complete denture.

Introduction

Dental profession has advanced both scientifically and technologically starting from Digital X-RAYS, Intra Oral Cameras, dental implants, CAD-CAM, and recently with nanomaterial etc. which are decreasing the mortality, morbidity and overall improving the quality of life. Increase in dental treatment needs in the society, dental profession faces serious problem regarding its accessibility to all, as there are very few primary dental health care professionals. This deficiency is creating an unfortunate situation like Quackery /Street dentistry in developing countries like India.

Quackery is a derogatory term used to describe the fraudulent misrepresentation of the diagnosis and treatment of a disease. It is the practice of unproven, ineffective medicine, usually in order to make money or to maintain a position of power [1]. Random House Dictionary describes a 'quack' as a "fraudulent or ignorant pretender to medical skill" or "a person who pretends, professionally or publicly, to have skill, knowledge, or qualifications he or she does not possess; a charlatan"[2].

The “Dentist Act 1948” says that all Dentists, Dental Mechanics and the Hygienist should be licensed to practice dentistry [3]. This act is not completely followed and there is plenty quacks or street services in India taking place and the harmful effect of such treatment are borne by our own poor uneducated patients.

This is a case report of 65 year old patient who was the victim of such service and its management under the professional dental care experts.

Case Report

A male patient of 65year old visited the department of prosthodontics with a history of pain with swelling in the upper front teeth region and also tooth loss due to mobility for which he visited a nearby local dentist (as stated by the patient) for rehabilitation. Prosthesis was fabricated made of acrylic with four teeth and was inserted at the edentulous space with the help of an orthodontic wire claiming it as a fixed prosthesis (fig-1a). Grooves were made onto the adjacent teeth and prosthesis was fixed using wire and cold cure acrylic resin. No preoperative or postoperative radiographic assessments were neither taken nor the pulp vitality test were considered at the time of making grooves in regard to the vicinity of the preparation with the pulp chamber by the local dentist.

Oral examination: After the removal of faulty prosthesis on intraoral examination only 11, 21, 23 and 24 was seen in the maxillary arch with gingival inflammation around 21 and 23. Mandibular arch was completely edentulous (fig-1b).

Investigations: Radiographic examination revealed the wire in close approximation to the pulp in both the adjoining teeth (fig-2).

Diagnosis: Based on clinical and radiological assessment it was diagnosed as Kennedy’s class 1 partially edentulous maxillary arch.

Before starting the treatment patient was explained and

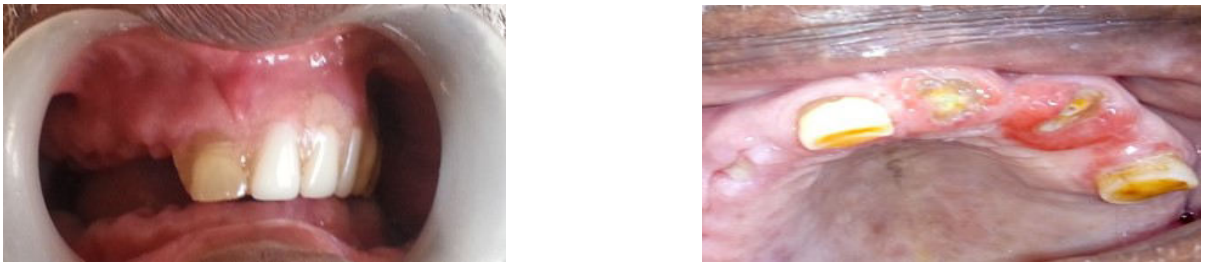

Fig: 1-Preoperative photograph showing fixed prosthesis (a) and inflamed tissue around teeth (b)

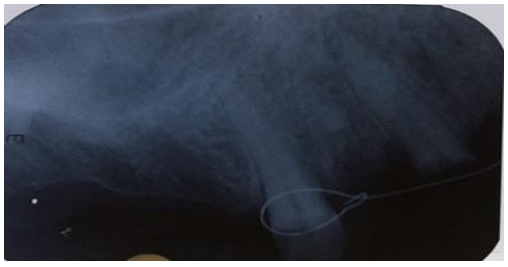

Fig: 2 - Wire placed near to pulp

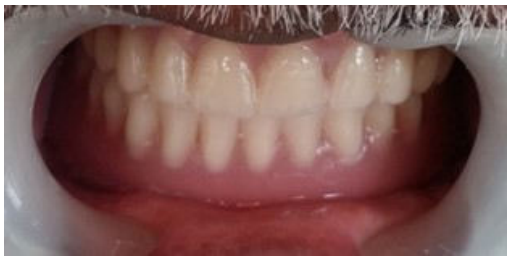

Fig3: Complete denture prosthesis

made aware about the previous treatment done with complications associated by visiting the quacks.

Treatment Plan:

The remaining teeth were extracted and the patient was reviewed after 3 months for the morphology and architecture of alveolar bone. Conventional dentures were fabricated and post insertion instructions were given (fig-3).

DISCUSSION:

Inaccessibility of dental care services to all either due to the cost incurred or unavailability of trained dentists could be considered as the concern in dental profession. As per the data available, India has one dentist for 10,000 people in urban areas and for about 2.5 lakh population in rural areas [4]. It is often difficult for the poor in urban and the rural population to get access to dental care [5]. This situation has become an advantage for the 'unqualified dental practitioners'. or quacks.

Though, the Indian Government has waged an unsuccessful war against people such as 'unqualified medical practitioners' - otherwise known as quacks, reports suggest that there are about one million unqualified providers, or 'quacks', in India [6].

Various factors that attribute to this practice are[7] –

- Lack of qualified dentist in the rural areas,
- Increase in the cost of professional dental treatments,
- Illiteracy,
- Lack of awareness,
- Immediate treatment,

As reported these quacks carry out harmful and dangerous procedures to the patient example [7].

1. They remove tooth without any asepsis,
2. Fill tooth with self-curing acrylic.
3. For replacement many a times they use the extracted tooth, trim the root, and fix it with the adjacent tooth using self-curing acrylic.
4. They also use wires to stabilize the tooth or denture with the support of adjacent teeth. These types of replacements are called fixed dentures.

In our case the position of the wires was verified by radiograph so that the proximity to the pulp was analyzed. All these negligence has caused pain, swelling and misery to the patient.

How to tackle quackery to improve the future

As a licensed dental practioners one must carefully analyze the situation and report the same to the higher authorities for the benefit of society.

Suggestion by WHO: The World Health Organization suggested to have New Dental Auxiliaries like dental aid, dental licentiate, and frontier auxiliaries with little training to work in rural remote areas [8].

Sandesh et al and other have suggested [7,9,10].

1. The Government should intervene, take them into the health system, and provide a stable means of income, there are more chances that the quacks may thrive to earn money by practicing quackery.
2. The public health dentists should take the initiative of adopting more community oriented oral health

programs to increase the awareness among rural population.

3. 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.

4. A compulsory rural posting of around three to six months for the interns would certainly benefit millions of deprived people in rural areas.

Conclusion:

Every dental practioner in coordination with the Government and Dental council must make aware of dental problems in the public and also complications associated with treatment done by the quacks or non licensed dental practioners. Dental Council of India must take sincere and stringent action on quacks to remove the unethical practice and shall support the future of dentistry.

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How to cite: *Sowmya S, Sushma R. Tackle the Quackery. Ind J Clin Dent 2020;1(1):14-16*