



Together Towards Eradicating Dental Quackery in India

Harsha SK^{1*} and Hridya M Menon²

¹Department of Private Practitioner, Pediatric Dentist, Dr. Mittal's Kids and Family Dental Care, Bengaluru, India

²Assistant Professor, Department of Pediatric and Preventive Dentistry, Subbaiah Dental College Hospital and Research Center, Shimoga, Karnataka, India

*Corresponding Author: Harsha SK, Department of Private Practitioner, Pediatric Dentist, Dr. Mittal's Kids and Family Dental Care, Bengaluru, India.

DOI: 10.31080/ASDS.2022.06.1479

Received: August 24, 2022

Published: September 30, 2022

© All rights are reserved by Harsha SK and Hridya M Menon.

Abstract

The history of dental and medical quackery has been hand in hand with tremendous peak of concern these days around the world including India. Quackery is 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. Eliminating quackery is a major and vital topic. To halt it at its source, actions should be made in groups. Every dentist has a duty to participate in the mission.

Keywords: Dental Quacks; Tackling Measures; Companies and Startups; Rural India

Introduction

Quackery has 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 [1]. The history of dental and medical quackery, becoming a major concern in many countries around the world, including India [2]. The Indian high court stated that, 'a person who does not have knowledge of a particular system of medicine but practices in that system is a quack and mere pretender to medical knowledge or skill' [3]. Although mostly practiced in rural and remote areas, urban areas are not, in fact, less targeted. According to one of the published reports, there are about 2,500-3,000 quacks practicing illegal dentistry in the capital of India alone, pretending to have skill, knowledge or qualifications which they do not actually possess [4].

There will be no dental student/dentists who are possibly being unaware of quackery. Most likely, we are aware at the time and later ignore it. We learn of their existence without considering what may be done to end quackery in dentistry. We are aware that

there are some regions in the states of Uttar Pradesh, Bihar, Haryana, and Tamil Nadu that are infamous for their street dentistry. These quacks practice on roadside chairs and perform procedures on the footpaths in the highly pathogenic environment [5].

The first time when we knew that quacks exist most of the states when we were practicing dentistry in Kerala, we got to know that there is a quack nearby who owns a dental setup and does most of the procedures. Moreover, he has few dentists hired for treating special cases.

We recently had a conversation with a dental assistant from Binauli, UP. Had called him since he had been posting regarding job vacancy on Facebook continuously for months. Questioned him about why he hadn't had a job offer in months. He replied of not receiving what he wants. As the debate dragged on, he finally admitted that he wanted a job performing simple dental operations like scaling and extraction (removal of tooth) because he was familiar with them. We were surprised for a split second. Later on, he claimed that he had acquired it from a quack, adding that there

are 4-5 quacks that practice dentistry in his village who treat more patients and make good money. He also mentioned that there are no BDS doctors in his village.

Eliminating quackery is a major and vital topic. To halt it at its source, actions should be made in groups. Every dentist has a duty to participate in the mission.

Discussion

The reasons behind quackery include

Causes

- Disproportionate allocation of dental professionals
- No national health policy or national health programme
- Only mode of payment for dental care services is fees from patients' own pockets
- High cost of dental treatment
- Illiteracy
- Poor accessibility to dental clinics and
- Repeated dental appointments

Adverse effects of quackery

- Usage of the same needle on multiple patients,
- No sterilization protocol,
- No usage of asepsis while undertaking procedures,
- Usage of self-curing acrylic for replace a missing tooth
- Spread of life-threatening diseases like HIV, Hepatitis B and C, Malignancy etc.

Measures to tackle quackery

- Improving the accessibility of quality dental services in rural areas,
- Spreading awareness and educating people regarding the potential ill effects of visiting a dental quack
- Getting quacks into the health system may also help in reducing unethical malpractices,
- Implementing a strong policy to eradicate the unethical practice of dental quacks,
- Providing dental insurances.

Improving the accessibility of quality dental services in rural areas

- Infrastructure facilities,

- Primary health care sectors (Govt. authorized)
- Allocating dentist postings in rural and remote areas,
- Providing dental assistants,
- Dental home visits.

Spreading awareness and educating people regarding the potential ill effects of visiting a dental quack

- Oral health awareness campaigns,
- Free dental checkup camps,
- Preventive dentistry practices,
- Use of social media such as newspapers, local televisions channels and smartphones.

Getting quacks into the health system may also help in reducing unethical malpractices

- Certified dental assistant training programs,
- Mental health programs.

Implementing a strong policy to eradicate the unethical practice of dental quacks

India has neither an oral health policy nor a planned oral health care delivery system. Oral health policy was drafted by the DCI way back in 1985, which is not included as a part of the National Health Policy. The draft of the National Oral Health Policy (1985) recommends dentists to be appointed at primary and community health centers. Neither has the policy has been accepted as a part of the National Health Policy nor has anything been done for the implementation of the policy and so, the appointment of the dentists is out of question [6].

Providing dental insurances

Only 15-20% of people in India are able to get dental services through national schemes and 80-85% are spending money from their pockets [7]. Implementing more of subsidy policies and insurances can lessen the burden of cost of the treatments.

Role of dental companies and startups in India

Dental companies who can play an important part in tackling quackery are as follows

- **My dental:** Platform that provides dental care packages and services
- **Dental dost:** Oral wellness healthcare company that provides holistic approach to improve oral health,

- **Dental Mitra:** Platform that brings dental services to people's doorstep.
 - **Mobi Dent:** Portable dental clinic in a suitcase and delivers dental care at doorsteps
 - **Dial Dent:** Provides on-site dental care to corporate organizations and individuals at homes or in offices
 - **Healthlancing.com:** Platform to enhance the reach and practice of doctors.
 - **Dental clinic chains:** Clove dental, Sabka dentist, Partha dental, Orthosquare, Toothsi etc.
6. Lal S., et al. "National Oral Health Care Programme (NOHCP) implementation strategies". *Indian Journal of Community Medicine* 29 (2004): 3-10.
 7. Ministry of Health and Family Welfare. Government of India. Report of the National Commission on Macroeconomics and Health (2005).

Conclusion

Dentistry has evolved over the years into a rapidly expanding industry and is now one of the most reputable professions in the nation. On the other hand, despite an increase of dentists over time, the number of quack dentists providing dental care has also increased, particularly in rural areas. Therefore, it is the responsibility of every dental surgeon in the nation to safeguard patient oral health and prevent our esteemed profession's name from being damaged by unlicensed, unauthorized dentists. Additionally, there is a pressing need to close the gap between the supply of qualified dental professionals and the population in rural areas. An urgent need to address this thriving issue is not only that it hampers the work, livelihood, and credentials of the dentist but also can severely affect the health of the patient due to their nescience and unethical means of practice.

Conflict of Interest

No conflict of interest.

Bibliography

1. Dorland WAN. "Dorland's Illustrated Medical Dictionary. 32nd edition". Philadelphia: Saunders (2011).
2. Mandel ID. "Dental quackery: a retrospective view". *Journal of the American Dental Association* 125 (1994): 153-160.
3. Kumar S. "Victory for traditional practitioners in India". *Lancet* 352 (1998): 1367.
4. India Today. No efforts to curb growing numbers of illegal doctors in Delhi.
5. Shashank Puroshottam., et al. "*Indian Journal of Contemporary Dentistry* 4.2 (2013): 6-8.