

Quackery in Dental Field: A Review

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Abstract

In health care, genuineness is not the major issue. Many quacks are dedicated where a many lost their lives and their families using their own remedies. The language of quackery is often very much the same. Quackery is existed in dental field because of high treatment charges, lack of awareness and unbalanced presence of dentists in the area. They can be easily differentiated by incompetence. Many quacks are doing treatment on the street like fitting denture or removing teeth. Also, quacks functioned alongside of the orthodox practitioners in many areas. The orthodox practices were hardly more effective than the peripheral, given the limited scientific basis for medical and dental treatment. Disagreements over the most effective procedures and advertisement and flamboyance, however, were common even among dentists who served in India. It is the right time to fight against quacks for the benefit of patients and the medical and dental profession.

Keywords: Dental Malpractice; Dental Professionals; Quackery; Quacks Street Dentists; Roadside Denturists

Introduction

Quackery become the professional emergency due to innocence of the public. It's important to keep the dentist population at rural areas so that there will be a less chance for such incidence. Dental profession evolves procedures with incidence risks and complications; hence, quackery may be risky for physical, psychological, emotional, and financial of the patient due to treatment procedure or due to failure of the treatment or due to treatment plan [1]. More dental quacks were found in nineteenth in Colonial America and British colonies like Italy [2-4].

Quackery is means misuse of one's ability, knowledge and experience in the medical and dental field for treating disease [5]. Quacks are person who self learnt a few method either by observation or by assisting dentist or developed skill from their families and practicing as their profession [6]. Dental quacks are persons who are ineligible and practicing for their personal profit by doing dental procedures without any degree or training [5].

Quackery is due to inadequate and incompetent practitioners or when the treatment cost looks difficult to pay for a band of population. Then, the untrained person goes to provide the genuine need. The practice of quackery makes a mockery of dentists and dentistry. Quackery is a derogatory terminology used to mentioned the malpractice of diagnosis and treatment of the disease. A quack is a self-styled expert, making himself as an important person in the dental society. They can be easily differentiated by their competence and fraud in using the devices for treatment [4]. The way it is affecting the oral health of the patients which might destroy the strong pillars of dental quackery. Quackery in dentistry is an issue due to the problems being faced by the patients during dental treatment [7].

History

The history of dental quackery similar to medical quackery [1,5]. This menace in practice dates back to the Indus Valley Civilization (IVC). The IVC has showed the evidence of dental practice in 7000 BC. Pierre Fauchard is a French physician practiced dentistry in 17th-century.

The quackery is the choice of the low-income people even in the modern world. Pakistan, China, Sri Lanka are few countries faced with the dilemma of quacks. In India, there is evidence of steep increase in the number of street dentists by means of their unlawful practice in the rural areas like Uttar Pradesh, Bihar, Haryana and Tamil Nādu. These open roadside clinics and perform procedures on the footpaths amidst the highly pathogenic environment [8]. From the society level the quacks are the choice for to the lower middle class. Many people visit these quacks only in the case of pain, with low budget, and are not quality concern [9].

The reasons for the patient go to quacks in the society

When trained and efficient dental practitioners are in low in number and their charges appear high to a group of population, low literacy rate, lack of exposure, treatment charges and knowledge in the society to identify the dentist or quacks and dentist ratio [10] low economic status, less accessibility to dentist and more appointments [8].

Anti-quackery laws

In India, under Chapter V, Section 49 of the Dentist Act of 1948 insisted that the dentists, dental mechanics, and dental hygienists to be registered in anyone of the governing body. The quacks to be punished under the dentist act like imprisonment and penalty and the laws to be implemented [11]. However, the idle way to face this issue is to provide then affordable treatment to the rural people. It is must to have a dentist in each primary health centre. A comprehensive oral health program should be prepared and reinforced under national rural health mission to provide oral health care more affordable and accessible to the society [12].

Common quackery practices in India [8,12-14]

Prosthodontics and crown and bridge

Acrylic dentures fitted over the ridge with glues, single crowns fixed with auto polymerized resin on the adjacent teeth, conventional complete dentures with extracted tooth or the extracted teeth refixed into the alveolar socket with auto polymerized resin, stainless steel wires used to fix the dentures and dentures are made with suction discs.

Oral pathology and oral biology

Pathology technician run laboratories without proper license, in knowledgeable technician may risk the lives of many by doing

haematology or inappropriate histopathology and improper stains may lead to wrong diagnosis. With the raw materials like tobacco, coal etc making dentifrices in rural areas.

Orthodontics

Fixed orthodontic treatments by unqualified practitioners.

Pedodontics

Extraction of carious young permanent first molar may lead to loss of space in children

Periodontics

Flap surgeries without proper plaque control may lead to loss of gingival attachment and unsterilized instruments may lead to iatrogenic infections.

Endodontics

Class II cavities restored without separators and incomplete cleaning and shaping of canals during root canal treatments (RCT) may lead to infection at the periapical area.

Oral surgery

Usage of unsterilised instruments may lead to cross infections and damage to vessels and nerves e.g. lingual nerve, wrong diagnosis, wrong extraction of tooth, transfusion without screening of blood may lead to spread of hepatitis B and HIV.

Complications

The unlawful procedures may lead to bone loss, tooth loss, and septicaemia and the other major complications are oral cancer, space infections and even death. Also, disease like Hepatitis B, C, and HIV/AIDS are a major risk factor due to unsterilized method of practice [12].

In a survey mentioned that the number of practicing quacks goes beyond the doctors in our India. Even a quack causes the death of a patient in 1 year approximately 2.5 million silent killing happened in India. Quacks had been administering high doses of drugs with no knowledge about them and had been more active during epidemic outbreaks [15]. A huge number of Indian people still depends upon quacks for satisfying their health. The quacks usually prescribes unlabelled medications in the form of powders and they prepare medicines using the chemicals like sildenafil, testosterone, betamethasone, theophylline and amphetamines to opioids [16].

Classification of oral healthcare providers

In table 1, the author has classified OHCP in India depending on their authorisation to provide dental services, as well as on their training to do so (Table 1). According to FDI World Dental Federation, only those with the specific education, training and qualifications, which is recognised in each country, can be entrusted with the practice of dentistry [17].

Class	Oral healthcare providers (OHCP)	Description
Class I	OHCP who is neither authorised nor trained to provide dental services	These are roadside dental quacks who claim to have learnt the art of dentistry from their ancestors
Class II	OHCP who is not authorised but is partially trained to provide dental services	These are dental quacks who are practicing dentistry after observing a professional work in dental clinic(s) or have learnt some basic procedures while working as assistants in dental offices
Class III	OHCP who is neither authorised nor trained to provide dental services but is authorised only to perform dental laboratory work	These are dental technicians who also provide dental services unethically
Class IV	OHCP who is neither authorised nor trained to provide dental services but is authorised only to provide medical services	These are professional medical practitioners also providing dental services, mostly in rural areas
Class V	OHCP who is authorised, as well as trained, to provide dental services	These are registered professional dental practitioners/dentists

Table 1: Classification of oral healthcare providers in India.

Measures to be undertaken [8]

Improvement in infrastructure and sanction of funds in government hospitals, shifting of qualified doctors to rural areas, constant surveillance and implementation of anti-quackery laws (Figure 1). Quackery need to be carefully analysed in dentistry. Whether these street dentists can be legally trained with minor first-aid procedures to solve this serious issue. The World Health Organization suggested that the dental auxiliaries with little training is required to work in remote villages [18]. Until the government takes action against them and made arrangements for a stable income, more

chances for these quacks in the world [19]. The best way go against quackery is that the dental education must include the instruction on the scientific method and the detection of quackery [20,21].

Also increase the accessibility to quality care in rural areas and the government must insist the fresh graduates to practice in rural areas and recommend provide more incentives. The public health dentists should conduct more community dental programs to increase the awareness among rural people. Dental colleges must have peripheral centers in rural areas and adopt some villages or PHCs to provide quality care to the needy. A compulsory rural posting of for three to six months for the interns would benefit millions of public in rural areas [22].

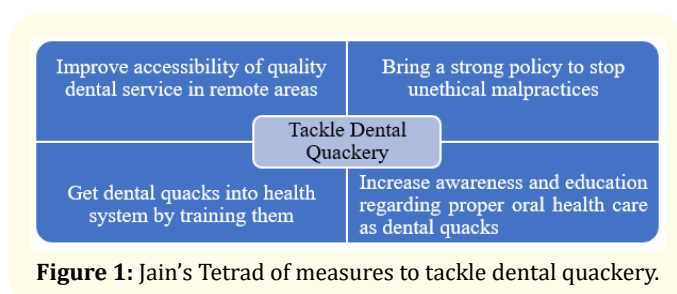


Figure 1: Jain's Tetrad of measures to tackle dental quackery.

Responsibility of dental academician

Dental colleges should urge fresh graduates to practice in low socio-economic areas and provide better facilities to them. Community oriented oral health programs should be organised by community health works, use of television advertisements, electronic and press media should be used for awareness among people. Government should also pass strict laws against dental quackery. A law should be made to tackle these quacks and to increase the number of trained dentists to provide basic dental care in the rural area for the benefit of dentist and the rural population [23].

Conclusion

A large gap in dentist to population ratio in rural area with high dental treatment cost and illiteracy. The government must take action to make dental treatment more affordable and accessible to the rural area. Even though the number of dentists increased over the years, the number of dental quacks has been also increased in the rural areas. It is thus the duty of every dental surgeon of the country to protect the reputation of our prestigious profession and to protect the oral health and well-being of patients. Organization

of awareness camps especially in rural areas, use of social media, and most importantly government intervention are some of the measures to prevent such unethical practice.

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