



Full Length Research Article

THE ANODYNE NECKLACE: DENTAL QUACKERY- A CHALLENGE TO DENTISTRY: A REVIEW

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ABSTRACT

Quackery is prevalent in Dentistry from the last many decades. Modern Dental quacks are super salesmen. They play on fear. They cater to hope and once they have you, they'll keep you coming back for more and more. Seldom do their victims realize how often or how skillfully they are cheated. Many quacks are practicing on roadside as Denturists and making money by fixing artificial teeth or extracted teeth as such on edentulous sites. It is high time for the Dentists to tackle quackery both for the health of patients and save this prestigious profession. Quackery is a derogatory term used to describe the fraudulent misinterpretation of the diagnosis and treatment of the disease. Quackery is prevalent in Dentistry due to lack of awareness about Dentistry, high charges or unequal distribution of Dentists. A Quack could be a self styled expert, making himself out to be the director or president of an important sounding scientific society. But the quack differs from the ethical practitioner in that the quack's basic tools are incompetence and fraud. The treatment provided by them is often far below the normal set standards for sterilization and therefore the chances of a patient being exposed to life threatening conditions such as Hepatitis B, C and AIDS at their end is far more than at the hands of a qualified Dental practitioner. The main aim was to evaluate problems related to practice of quack Dentistry and professionalism.

Key words: Malpractice, dentures, Professional healers, Quack dentistry, Roadside denturists, Street Dentistry, Unconventional dentists, Unethical.

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). Some unconventional practices may be viewed as "the continuity of traditions, religious beliefs, and even quackery that non-specialists practice." (Oumeish, 1998) 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 (Ring, 1998). The Oxford English Dictionary (Ring, 1998) defines quack: "abbreviation of quacksalver.

- An ignorant pretender to Medical skill; one who boasts to have a knowledge of wonderful remedies; an empiric or impostor in Medicine.

- One who professes a knowledge or skill concerning subjects of which he is ignorant?

"Quack" is also the harsh cry of a duck, and the term may have been used to denote something noisy or boastful (Dorland's, 1994). Quackery is generally equated with charlatanism: it is said that one Latin, a famous quack, used to go about Paris in a splendid Charabanc, in which he had a traveling dispensary. A man with a horn announced the approach of this magnate, and the delighted sightseers used to cry out "Voila le Char de Latan!" In Italian, the term is Ciarlatano, a babler or quack (Mandel, 1994; Sandesh, 2009) and "mountebank"? This was the bank or bench on which shopkeepers of your displayed their goods - street vendors used to mount on their bank to patter to the public.

Quackery can be classified in following manifestations (Jago, 1984)

- Medical treatment by Indigenous practitioners of Medicines-mostly un-registered.
- Performance of Surgeries by those having no formal training and/or qualifications-mostly un-registered.
- Para Medical/Allied Health Professionals practicing Medicine and Surgery who are not qualified to treat in that particular field of specialty.
- Dispensing and Sale of drugs to patients without prescription and without license.

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Historical perspective

The history of Dental quackery parallels that of medical quackery. This menace in practice dates back to the Indus Valley Civilization (IVC). The IVC has yielded evidence of Dentistry being practiced as far back as 7000 BC. It is said that the 17th-century French physician Pierre Fauchard started Dentistry science as it is known today (Ring, 1998); Shashank Puroshottam *et al.*, 2013). Dental quackery was abundant in the 19th century in Colonial America and British colonies such as Italy (Ring, 1998). The quackery practice has been the choice of the lower socio-economic group even in the modern scientific world of today. India, Pakistan, China, Sri Lanka are few countries faced with the dilemma of quacks (Shashank *et al.*, 2013). India has been witnessing a sharp rise in the number of these so called street Dentists who have been creating havoc by means of their unlawful practice especially in rural areas. Parts of Uttar Pradesh, Bihar, Haryana and Tamil Nadu are few states notorious for street Dentistry. These quacks open roadside clinics and perform procedures on the footpaths amidst the highly pathogenic environment (Shashank *et al.*, 2013).

Common quackery practices in India (Shashank *et al.*, 2013; Dictionary of Phrases and Fables, 1894)

1. *Quackery in Prosthetic Dentistry*: A big world of quackery is seen in the field of Prosthodontics. Various Faulty Prosthesis.

Suction Disc

Dentures are fabricated with suction discs if the dentures did not provide sufficient retention and stability. These suction discs provide needed retention by inducing negative pressure on the tissue surface. This negative pressure induces harmful effect on tissues of the contact area by reducing blood circulation, which produces hypoxic state in the affected area and necrosis of tissue. The underlying bony part also affected by this leading to tissues perforation.

Wire Retained Fixed Partial Dentures.

Sometimes they also use wires to stabilize the tooth or denture with the support of adjacent teeth. These types of replacements are called fixed dentures. Neither are these fixed, nor are they dentures; these are just oral health spoilers, which just damage the remaining healthy teeth. These procedures are very harmful to the patients as they can lead to bone loss and adjacent tooth loss.

Self Cure Acrylic Retained Fixed Partial Denture.

For replacement many a times they use the extracted tooth, trim the root, and fix it with the adjacent tooth using self-curing acrylic or artificial teeth are taken and fixed in the edentulous area with self-cure acrylic directly in the mouth.

Tecni Gold Fixed Partial Dentures

Some quack Dentists open their own Dental clinics and provide all Dental services in cheaper costs than conventional Dental treatment. They fix a tooth in the edentulous area with the help of ring plating with tecni gold on the adjacent teeth.

These gold plating destroys the adjacent tooth along with sore spots below the artificial teeth

Other Faulty Prosthesis

Acrylic dentures fixed on to the mucosa with commercial glues Filling of midline diastema and other gaps between the teeth with artificial teeth retained with self-cure acrylic. Such prosthesis worsens the condition and creates more spaces between the teeth. Standard complete dentures given to every patient

Oral Pathology

Half baked knowledge of the technician can risk lives when he reads a slide of Hematology or Histopathology. Inappropriate Histopathology sections and faulty choice of stains can lead to faulty diagnosis. Pathology technician run laboratories without proper license. Toothpastes or tooth cleaning powder used in rural areas contain tobacco, coal etc.

Orthodontics

Fixed orthodontic treatments by non licensed practioners. Retainers are not prescribed post fixed Orthodontic treatment.

Pedodontics

Extraction of carious first molar which leads to spaces loss in children.

Periodontics

Flap surgeries without following norms of plaque control can lead to loss of attachment
Unsterilized instruments can lead to iatrogenic infections.

Endodontics

Adjacent class II cavities restored together as a single one. Incomplete cleaning and shaping canals during root canal treatments (RCT), lead to periapical lesions.

Oral surgery

Transfusion without screening of blood. Unsterilized syringes lead to spread of Hepatitis B, HIV.

DISCUSSION

Quack' is the German word for mercury or quicksilver (quack salber). The term was applied to Paracelsus, a Swiss physician & alchemist and his followers because of their extensive use of this metal. Originally the word quack was applied to those who poisoned their patients with mercury (Oumeish, 1998; Ring, 1998). Dentistry faces serious problems regarding accessibility of its services to all. The major missing link causing this unfortunate situation in a country like India is the absence of a primary healthcare approach in Dentistry. 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 (Sangeeta Goyal, 2013; Sandesh, 2009; Dunning, 1986). Many Dental quacks actually believe in the techniques they promote. Many of the quacks claim to have learned the art of Dentistry from their ancestors;

but there are some quacks who are practicing Dentistry after seeing a professional work in the Dental clinic or who have learnt some basic procedures, which work as assistants in Dental office. The procedures carried out by these quacks are very undesirable, harmful, and sometimes dangerous to the people (Dunning, 1986).

Factors Contributing to Quackery (Goldstein, 2000; Jago, 1984; Lal *et al.*, 2004; Naidu *et al.*, 2003)

System level

- a) Inadequate infrastructure, health care delivery & qualified/trained human resources.
- b) Lack of coordination among various stakeholders.
- c) Large population leading to high demands in Health/ Medical care.
- d) Long & tedious Law enforcement procedures.
- e) Poor monitoring & vigilance on a regular basis.

Individual level

- a) Counter prescription.
- b) Lack of awareness & consciousness among general public.
- c) Self Medication.
- d) Shortcut to quick & easy money on the part of 'quacks'.

Others

- a) Absence of primary health care approach in dentistry.
- b) Advertising.
- c) Diminished dental education in the methods of science.
- d) Expensive treatment plans provided by licensed dentists .
- e) Failure of organized dentistry to develop guidelines and policies for combating quackery.
- f) Higher costs for education and for opening a practice
- g) Increased competition
- h) Lower incidence of tooth decay due to fluoridation and better oral hygiene

How to tackle Quackery? (Sangeeta Goyal, 2013; Dictionary of Phrases and Fables, 1894; Naidu *et al.*, 2003; Young, 1985) In the end, the future of quackery depends on how deep and strong is the symbiosis of quacks and qualified practitioners. Most people think that quackery is easy to spot. 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 Government and Dental council should put forward a strong policy to culminate this unethical practice of harming the population.

The best defense against quackery is an understanding of how scientific knowledge is developed and verified. 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. 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. Dental education should include instruction on the scientific method and the detection of quackery. 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. A compulsory rural posting of around three to six months for the interns would certainly benefit millions of deprived people in rural areas.

Other measures are Improvisation of infrastructure and sanctioning of funds in government hospitals, Mobilization of qualified doctors to rural areas, Constant surveillance Stringent anti quackery laws, Improving & strengthening the Health Infrastructure & facilities, Improving the public health delivery system, outreach & coverage, Increasing public awareness and consciousness, Reporting quackery & malpractices, Ensured implementation of the Acts/ Rules, Active participation of Medical & Health Professional Bodies/Association. Anti Quackery Laws: In India, under Chapter V, Section 49 of the Dentist Act of 1948 requires dentists, Dental mechanics, and Dental hygienists to be licensed. These street doctors can be penalized under The Dentist Act leading to imprisonment & penalty but strict laws need to be reinforced and implemented.

Complications (Shashank Puroshottam, 2013; Shashank *et al.*, 2013; Sangeeta Goyal, 2013)

These unwarranted procedures can lead to bone loss, adjacent tooth loss, infections and septicaemia. The other major complications that arise from procedures carried out by these untrained unethical personnel are oral cancer, space infections and even death due to widespread infections. These can also serve as a possible portal of transmission of Hepatitis B, C, and HIV/AIDS which are blood borne diseases and a major risk factor with unsterilized methods they practice. Quacks had been administering high doses of drugs with no knowledge about them and had been more active during epidemic outbreaks.

Conclusion

Quackery is practicing Dental treatment from the last many decades. Nowadays, modern quacks are the salesman and they play on fear. Many of the quacks are doing their procedures by roadside and making money from the Dental treatments, which are harmful for the patients. Thus it is high time for the dental practitioners to fight against the quackery for the health of the patients and also importantly to save this prestigious profession. The market niche for quacks is getting saturated and quacks are not substitutes but competitors, for qualified Dentists. The future of quackery depends on the symbiosis of quacks and Dental practitioners.

The quicker the symbiosis is halted and the quicker rational quality care be made universally available, the faster will the address be issued. Dentistry has come a long way in the last century and a half, to the point where today it is ranked as one of the most respected of professions. It is incumbent upon Dentists everywhere to protect that hard-earned reputation by weeding out quacks from among them, and to consign to the dustbin of history the shady and nefarious practices of the past. From the above discussion, it is clear that quacks have become indispensable part of the rural health care system. There are variegated allegations against quacks but it seems that their eradication would lead to further dilapidation of the rural health care system.

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