

Quackery: A Major Loophole in Dental Practice in India

MANOJ KUMAR HANS¹, RINKI HANS², AJAY NAGPAL³

Quackery in dentistry is a problem since decades. Although, mostly practiced in villages, metro cities are not less targeted, at present. Many dental quacks are running their practice successfully compared to qualified dentists. These are usually incompetent and practicing for personal fulfilment by operating without any competent training or qualifications [1].

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 population in urban areas and for about 2.5 lakh persons in rural areas [2]. 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 [3]. 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 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 [Table/Fig-1], 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 [Table/Fig-2], Removal partial denture made and fixed to the adjacent teeth with the help of self-curing acrylic resin [Table/Fig-3]. 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 prosthesis to gingiva with the help of self curing acrylic.



[Table/Fig-1]: Photograph showing Class II acrylic restoration in first Molar

[Table/Fig-2]: Photograph showing removal partial denture fixed with acrylic resin and wires in mandibular arch

[Table/Fig-3]: Photograph showing removal partial denture fixed with acrylic resin in maxillary and mandibular arches

The Government of India and Dental council of India should take initiatives to open new dental colleges in peripheries and there should be one dentist in each Primary Health Centre. Also, we as dentists, can bring about a revolution in dentistry at our own level. We can organize role-plays in local languages educating the rural people about the consequences of quackery. Free dental camps should be organized in remote areas so that people can get the basic dental services at their door-step.

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.

REFERENCES

- [1] Chambers DW. Quackery and fraud: understanding the ethical issues and responding. *J Am Coll Dent.* 2004; Spring; 71(1): 4-5.
- [2] Lal S, Paul D, Pankaj, Vikas, Vashisht BM. National Oral Health Care Programme (NOHCP) implementation strategies. *Indian J Community Med.* 2004; 29: 3-10.
- [3] Sandesh N, Mohapatra A. Street dentistry: time to tackle quackery. *Indian J Dent Res.* 2009; Jan-Mar; 20(1): 1-2.

PARTICULARS OF CONTRIBUTORS:

1. Reader, Department of Conservative Dentistry and Endodontics, Vyas Dental College and Hospital, Jodhpur, Rajasthan, India.
2. Post-Graduate Student, Department of Public Health Dentistry, Vyas Dental College and Hospital, Jodhpur, Rajasthan, India.
3. Assistant Professor, Department of Conservative Dentistry and Endodontics, K.D. Dental College and Hospital, Mathura, Uttar Pradesh, India.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Manoj Kumar Hans,
Vyas Dental College and Hospital, Near Kudi Haud, Pali Road, Jodhpur, Rajasthan-342005, India
Phone: 91-9829779528, E-mail: hansie51@yahoo.com

FINANCIAL OR OTHER COMPETING INTERESTS: None.

Date of Submission: Jun 30, 2013

Date of Peer Review: Oct 23, 2013

Date of Acceptance: Nov 24, 2013

Date of Publishing: Feb 03, 2014