

# Is Quackery still a Parallel World of Dentistry- A Case Report

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## ABSTRACT

The practice of fraud dentistry worldwide is a challenge to the profession as it undermines the trust of the public and places the patients at unnecessary risks through their illegal practices. Most commonly dental quacks are the self-styled experts, whose basic tools are very incompetent and also pretentious. These imposters are seen practicing on the roadside as denturists and making wealth by fixing artificial teeth or extracted teeth as such on edentulous sites. It is about time for the dental professionals to tackle quackery both for the health of patients and to save this esteemed profession.

**KEYWORDS:** Quackery, Dentistry, Self-cure acrylic

## INTRODUCTION

The profession of dentistry is under threat due to the increase in the practice of quacks worldwide and so is a challenge to the profession as it daunts the trust of the public and it makes the patients undergo unnecessary risks through illegal practices.<sup>1</sup> These quacks are self-proclaimed experts, who are incompetent and fraud.<sup>2</sup>

Random House Dictionary describes a quack as a “fraudulent or ignorant claimant of medical skill or a person who pretends professionally or publicly to have skill, knowledge, or qualifications he or she does not possess”; a charlatan.

Most of these frauds are seen practicing on the roadside as denturists and making money by fixing artificial teeth or extracted natural teeth as such on edentulous ridges. It is about time for the dentists to tackle menace of quackery both for the health of patients and to save this celebrated profession.<sup>3</sup>

The history of dental quackery runs parallel to that of quackery in the field of medicine.<sup>4,5</sup> This nuisance 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. IVC sites in Pakistan indicate that the most primitive form of dentistry involved curing tooth related disorders with bow drills operated perhaps by able bead craftsmen. It is said that the 17th-century French physician *Pierre Fauchard* started the art and science of dentistry as known today.<sup>5</sup> Dental quackery was plentiful in the 19th century in Colonial America and British colonies such as Italy.<sup>6</sup>

This practice has been the preference of the lower socio-economic group even in the contemporary scientific world of today. India has been witnessing a sharp escalation in the number of these so-called street dentists

who have been creating chaos by means of their illegitimate practice, especially in rural areas. Parts of Uttar Pradesh, Bihar, Haryana and Tamil Nadu are few states tarnished by the presence of street dentistry. These itinerants open roadside clinics and perform procedures on pavements amidst a highly pathogenic environment.<sup>7</sup> Practicing under such aseptic conditions leads to various complications, one of which we have tried to cover here under our case presentation.

## CASE REPORT

A 49-year-old male patient presented to our department complaining of gnawing pain in the left lower back region along with bad odor in his breath since one month. The patient gave a history of having visited a doctor in a major metro city of India where he was provided with fixed denture prosthesis of both upper and lower jaw. The patient had initially visited the Prosthodontics Department of our Institution where the upper denture was removed which was found to be suspended with the help of stainless steel wire to the only remaining central incisor of the maxilla as seen the patients orthopantogram (fig 1).

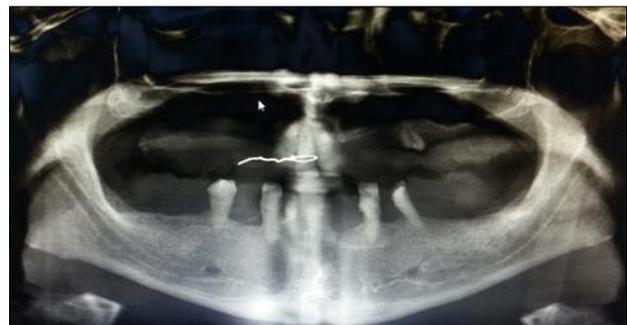


Figure 1 : Patients Ortho-pantogram

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Following which removal of the lower denture was attempted but due to severe undercuts the acrylic was stuck around the remaining natural teeth, it could not be retrieved, hence the patient was referred to the Department of Oral and Maxillofacial Surgery for further course of action. After taking the history and on careful intra-oral examination we found that the doctor the patient was referring to had placed self cure acrylic (fig 2) directly over the soft tissue and around the natural teeth telling the patient that it was a fixed denture nine months back.



Figure 2: Acrylic placed around natural teeth

The patient also had severe halitosis along with tissue overgrowth (fig 3) with inflammatory changes along the margins of the existing denture. The natural teeth around which the acrylic was placed were completely decayed and were tender on percussion. On radiographic examination of Ortho-pantogram all the existing natural teeth showed severe bone loss along with generalized periodontitis.



Figure 3: Tissue overgrowth around the periphery of denture.

The patient also showed us the visiting card (fig 9) of the doctor which gave us an indication that it was a case of classical quackery. The patient also told us that the complete set of denture was provided to him at a meager payment of 200 rupees.

The patient was informed that this denture was given to him by a fraud dentist, it was needed to be removed along with the extraction of his remaining natural teeth, followed by a complete denture placement.

After removing the denture surgically (fig 4, 5, 6 and 7) we noted severe tissue damage along with the erosion of the gingiva in the anterior region with severe recession (fig 8) and mobility of all remaining natural teeth, which were extracted subsequently.



Figure 4: Cutting the acrylic using carbide bur



Figure 5: Removing the denture in segments



Figure 6: Removing the denture

The patient was placed on oral antibiotics and analgesics for a period of five days and was followed up by two weeks, wound healing (fig 10) was found to be satisfactory, the patient was then referred back to the Department of Prosthodontics for further management.



Figure 7 : Removed acrylic denture with extracted teeth



Figure 8: Severe tissue loss with granulation tissue

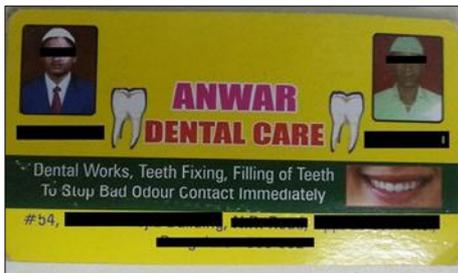


Figure 9: Visiting card of the quack shown to us by patient



Figure 10: Wound healing

## DISCUSSION

The case presented above is just one among the many which may have been taking place all throughout the country and hence calls for desperate measures to be taken up to tackle the same. But in order to address the problem we need to identify the reasons which are causing it.

India is the world's largest democracy with a population of 1.25 billion of which only 30% constitute the urban population group. With more than 70% of Indian population 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.<sup>8</sup>

The high cost of dental treatment, illiteracy, lack of awareness, poor accessibility to dental clinics, repeated dental appointments along with uneven geographical distribution of dental colleges (figure 11) in the country are few of the many reasons for which most patients rely on these quacks.<sup>9</sup>

State	Colleges	State	Collages
Karnataka	43	Himachal Pradesh	5
Maharashtra	28	Bihar	7
Uttar Pradesh	28	Chhattisgarh	5
Andhra Pradesh	20	West Bengal	3
Tamil Nadu	17	Pondicherry	2
Haryana	11	Delhi	3
Rajasthan	11	Goa	1
Punjab	12	Orissa	4
Madhya Pradesh	11	Assam	1
Kerala	17	Uttaranchal	2
Gujarat	9	Jammu and Kashmir	2

Figure 11

Most of the quacks learn some dental work while working as an assistant in dental clinics. They are able to acquire little knowledge just by 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.<sup>10</sup>

Quacks guarantee their patients of painless and immediate treatment. Dental quacks cater to the lower-middle and lower socioeconomic classes that cannot afford qualified dental practitioners. The rural people go blindly for such treatments with immense faith in these unqualified medical healers. The problem also arises because these quacks or otherwise also known as street dentists display on their boards "RIMP", which stands for Registered Indian Medical Practioner when in reality there is no such degree. This makes them more real to the common man.<sup>11</sup>

These street dentists are known to perform procedures as extractions, filling of teeth, making fixed and partial dentures etc. They are often also known to make use of self-cure acrylic directly intra-orally to fix the teeth over gums which causes severe burning sensation and is known to have carcinogenic potential as well.

This is because the acrylic contains Methyl methacrylate (MMA), a widely used monomer in dentistry and medicine which has been reported to cause abnormalities or lesions in several organs. Experimental and clinical studies have documented that monomers may cause a wide range of adverse health effects such as irritation to skin, eyes, and mucous membranes, allergic dermatitis, stomatitis, asthma, neuropathy, disturbances of the central nervous system, liver toxicity, and fertility disturbances.<sup>12</sup>

They are also seen to fix the teeth suspended in stainless steel wire which they tie around adjacent teeth to support the denture. This leads to formation of untoward and excessive forces which act on the periodontium causing more harm to the adjacent teeth as well.

Hence it is the need of the hour to tackle this menace at the earliest, which can be done only by the collaboration of the government and various dental colleges spread through the nation.

What we need is to spread more awareness amongst the population more so towards the rural area. Such as about:-

**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.<sup>3</sup>

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.<sup>3,13</sup> 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.<sup>3,14</sup> The best defense against quackery is an understanding of how scientific knowledge is developed and verified. Dental education should include instruction on the scientific method and the detection of quackery.<sup>3,15</sup>

Also Government should urge fresh graduates to practice in rural areas and provide more incentives to them. The public health dentists should take the initiative of adopting more community oriented oral health programs to increase the awareness among rural population. 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.<sup>16</sup> They should also regularly host and conduct awareness programmes in rural and urban areas on a periodic schedule so as to educate the masses about these unlawful practioners and the health hazards caused by their ill doing.

## CONCLUSION

Dentistry faces serious problems regarding accessibility of its services to all in India. The major missing link is the absence of a primary health care approach. Reports suggest that there are about more than one million unqualified dental health-care providers, or 'quacks', in India. They have long been blamed for misdiagnosing and mistreating.

The Government and dental council should put forward a strong policy to culminate this unethical practice of harming the population. There is also a need to implement a long pending national oral health policy, which should propose the posting of a dental officer, and a specialized dental officer at Peripheral Healthcare Centers and Community Healthcare Centers, making dental health more realistically accessible to the poor and needy rural population.

Dentistry has come a long way in the last century and a half, to the point where it is ranked as one of the most respected professions. With nearly 290 dental colleges exist in our country producing over 25,000 dentists each year, It is incumbent upon dentists everywhere to protect the hard earned reputation by weeding out quacks from among them. By looking at the past, analyzing strategies that are currently working and planning for the future, we, as dental professionals, should strive for healthier generation of Indians.

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