

Quackery - A Professional Emergency

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ABSTRACT

Quackery has become a dark cloud in the field of dental sciences. Being in the 21st century in spite of having advanced modes of treatment, yet these quacks have sustained to do unethical means of practice. Cost of dental treatment could have been the main reason for this, but lack of knowledge about the consequences has become the cause for this never-ending curse in the field of dentistry.

Key words: Dental malpractice, quackery, quacks, dental professionals, removable partial denture

INTRODUCTION

Dentistry involves physical procedures with inherent risks of complications. In light of this fact, quackery can be harmful physically, psychologically, emotionally, and financially due to the treatment itself or due to the failure to get the treatment that might be helpful, or due to the resultant confusion.^[1] Dental quackery was abundant in the 19th century in Colonial America and British colonies such as Italy.^[2-4] It's still evident that in India, major cities have been the victim of quackery. Herein, we report a case where a removable partial denture was fixed to the alveolar ridge using a synthetic glue.

CASE REPORT

A 30-year-old male patient reported to the department of oral medicine and radiology with pain in upper front teeth since a week. Medical history was not contributory. The patient had been to the dentist 3 years ago for removal of teeth and replacement of missing upper front teeth, for which a denture was placed in his hometown by a practitioner who claimed to be a dentist and was assured that it was the best treatment possible for the missing teeth. The patient chews pan twice daily for 5 years.

Extraoral examination revealed no significant abnormalities. Moderate amount of stains and calculus was seen on the teeth. On examination of the denture, it was evident that acrylic denture was never removed by the patient, on questioning in detail regarding the treatment given; the patient said that the dentist he had visited told him it was a fixed prosthesis.

In Figure 1a and b, intraoral examination further revealed the complete adherence of the acrylic denture to the oral mucosa, which confirmed the usage of synthetic glue to fix the denture. Considering the need of cure for the pain, fixed acrylic denture was removed and evaluated.

In Figure 1c, interdental papilla was inflamed with reddish erythema and was tender on palpation [Figure 1d]. The patient was prescribed candid mouth paint and mouthwash for a week. The patient was also referred to the department of periodontics for scaling and the department of prosthodontics for replacement of missing teeth. The patient was also explained about the faulty treatment which was the cause of pain and was advised to take necessary precautions in future and also to educate the neighborhood about the personal experience with quacks and the complications of treatment.

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Figure 1: (a) Acrylic denture in relation to 11, (b) Extension of acrylic plate palatally, (c) Acrylic denture removed, (d) Inflamed oral mucosa

DISCUSSION

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.^[5] From a public health standpoint, quacks cater to the lower middle and lower socioeconomic class. A large number of people visiting these quacks seek care only in pain, have a restricted budget, and are not very quality conscious.^[6]

There are numerous reasons for the implement of the quacks in the society such as follows:^[7]

- When trained and competent practitioners are in short supply.
- When their charges appear high to a segment of the population.
- Lack of awareness and knowledge among the people regarding who is a dentist and who is not.
- Less patient and dentist ratio in the rural parts of the country.

In India, under Chapter V, Section 49 of the Dentist Act of 1948 requires dentists, dental mechanics, and dental hygienists to be licensed. These quacks can be penalized under The Dentist Act, leading to imprisonment and penalty, but stricter laws need to be reinforced and implemented. However, the best way to tackle this menace is to provide affordable and accessible treatment option to the rural

population, in particular, which will be highly beneficial. It is mandatory to have dental clinic for basic treatment at each primary health care center, run by government, and dental professionals can be recruited for the same. A comprehensive oral health program should be formulated and implemented under National Rural Health Mission to make dental care more accessible and affordable to the public.^[8]

CONCLUSION

Quackery remains to be a professional emergency due to unawareness of the people. It's of utmost importance to maintain the dentist population at rural places of the country so that there will be a reduction of such incidence. A law should be reformulated to tackle these quacks and government should increase the number of trained dental professional and provide basic dental clinic for rural area for the betterment of both the profession and the rural population so that a permanent pause for this phase of dental profession can be attained.

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