

Quakery or Mockery: Time to Deal and Change the Scenario.

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Abstract

Quackery is prevalent in dentistry from the last many decades and is practised in India since many years. Many dental quacks are practicing skillfully on roadside as denturists and making money by fixing artificial teeth or extracting teeth in an unscientific way of poor people at low cost. It is high time for the dentists and other general dental bodies to tackle quackery both for the health of patients and save this prestigious profession.

Introduction

Before the 20th century, dentistry was largely unregulated. In Europe during the Middle Ages, it was often practiced by monks, who were the most educated of the period. Barbers and blacksmiths, too, performed dental services[1].

Street dentistry was practised in rural areas of India where the dental quacks (street dentists) carried the dental equipments such as screw drivers, dividers and self cure acrylic materials on their bicycles. It is still practised in some of the rural areas of India[1]. Their boards display the words RIMP, which stands for Registered Indian Medical Practitioners when in reality there is no such degree. This article highlights the practices done by the street dentists in India and the steps to be taken to overcome these malpractises[2].

Scenario of Dentistry & factors contributing to Dental Quakery in India-

The major missing link causing this unfortunate situation in a country like India is the absence of a primary health care 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[3]. At present, India has one dentist for 10,000 persons in urban areas and for about 2.5 lakh persons in rural areas. It is often difficult for the poor urban and the rural population to get access to emergency care. Community oriented oral health programs are seldom found in India. A number of factors have contributed to quackery in India. These include: increased competition; higher costs for education and for opening a practice; diminished dental education in the methods of science; majority of the elderly population residing in rural is illiterate about dental treatment and the failure of organized dentistry to develop guidelines and policies for combating quackery[3,4].

Practices of Street Dentists in India

Street dentists practice dentistry in the form of dental extractions, fixing of teeth, filling of teeth, dental bleaching, excavation of dental caries with crude instruments. Dental extractions which are carried out at a low costs in their clinics are done very occasionally under local anesthesia and with the instruments which are not autoclaved or cleaned properly. Dental extractions carried out without local anesthesia are supposed to be the most painful extractions. These extractions are usually never followed with an analgesic[4].

These fake dentists are also well versed in the technique of fixing low-cost dentures. They use self cure acrylic directly intra-orally to fix the teeth over the gums. The unset freshly mixed self cure acrylic when comes in contact with oral tissues causes severe burning sensation

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and it is carcinogenic as well. The acrylic plate with fixed teeth are suspended with stainless steel wire which is tied around the adjacent teeth to support the denture. This threading of denture with the wire to the adjacent sound teeth results in untoward forces, excessive Dental Biofilm formation, thereby weakening the supporting structures of the tooth/teeth and resulting in early loss of sound teeth[5].

Street dentists fabricate the complete dentures 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 gets affected leading to tissues perforation[6].

For replacement in the edentulous areas, quack dentists use the extracted tooth, trim the root and fix it with the adjacent tooth using self-curing acrylic. The self cure acrylic added on the natural tooth results in chipping of enamel & dentine resulting in dentinal hypersensitivity [3,4,5].

Some quack dentists open their own dental clinics and provide all dental services in cheaper costs than conventional dental treatment. Midline diastema and other gaps between the teeth are filled with artificial teeth which are retained with self-cure acrylic. Such prosthesis worsens the condition and creates more spaces between the teeth[5].

Call For Action

Most people think that quackery is easy to spot. In the field of dentistry, quackery needs to be carefully analyzed. Whether these street dentists can be legally trained with minor first-aid procedures should be given a serious thought[3,4]. 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 instructions on the scientific method and the detection of quackery. The Government should urge fresh graduates to practice in rural areas and

provide more incentives to them[7]. The public health dentist should take an initiative of adopting more community oriented oral health programs to increase the awareness among rural population. Dental colleges should have peripheral centers in the rural areas and even adopt some villages or PHCs where they should visit regularly to provide care to the needy and educate rural masses. A compulsory rural posting of around three to six months for the interns would certainly benefit millions of deprived people in rural areas. Patients from poor and low-income facilities should be supplied with free or reasonably priced treatment through public-private partnership[3,4,7].

Conclusion

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. By looking at the past, analyzing strategies that are currently working and planning for the future, we, as dental professionals, should strive for a healthier generation of Indians.

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