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Quackery: A Case Report

Dr. Vishal Bansal, Dr. Apoorva Mowar, Dr. Nitika Malik
Department of Oral and Maxillofacial Surgery, Subharti Dental College, Meerut, U.P, India
Corresponding Author: Dr. Vishal Bansal

Abstract: *Dental disease being one of the most prevalent diseases in the community has been overlooked by the population for long. Dental treatment & profession has developed & modernized significantly in the last 2 to 3 decades. From being a family based business performed by unskilled and untrained profession al it has evolved to highly specialized & skilled profession performed by skilled and specialized dental professionals. Huge mismatch in dentist to population ratio especially in rural area together with high dental treatment cost, illiteracy, absence of any form of health insurance has led to increased number of dental quacks performing dental treatment in most unhygienic, unsterilized and unconventional manner. They are easily available and low treatment cost draws the innocent and illiterate patients to them. The government has to intervene and take measures to make dental treatment more affordable and accessible to the rural population in particular.*

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I. Introduction

Dental disease though being one of the most prevalent diseases in the community has been neglected for long by the general population. But since last two to three decades with increased awareness, literacy, emphasis on esthetics, advanced &sophisticated dental treatment and equipments and economic development has led to complete turnaround in the field of dentistry in India.[1]

Quack is defined as "one who misrepresents their ability and experience in diagnosis and treatment of disease". "Quackery" derives from the word quacksalver (someone who boasts about his salves).[2]

The most common cause of quackery is the short supply of competent and trained dental practitioners and costly dental treatment. Despite having more than 300 dental college and dentist to population ratio of 1:10,000[3] there is massive shortage of trained dental professional specially in rural area due to mismatch in the distribution of manpower. As against the dentist to population ratio of 1: 10,000 in urban area, the ratio is 1:2.5 lac in rural area[4] which has led the dental quacks to have flourishing business specially in rural & semi urban area. 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.[5] Reduced treatment time and low cost draws the population to these quacks for treatment.

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, 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 , Removal partial denture made and fixed to the adjacent teeth with the help of self-curing acrylic resin. 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 prothesis to gingiva with the help of self curing acrylic.

II. Case Report

A 45 year old female came to the department with complains of pain in her right side of face and reduced mouth opening since 15 days. H/O of extraction of right lower back tooth 15 days back by any quack. OPG revealed an angle fracture with a tooth root that was present on lower border of mandible (Figure 1). O.T was planned under General Anesthesia.

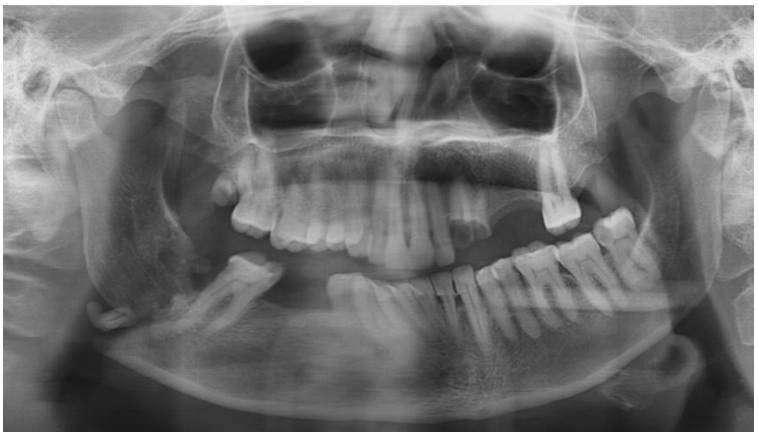


Figure: 1

SURGICAL PROCEDURE

Patient was shifted to major O.T and intubated. Under aseptic conditions, patient was anesthetized with 2% Lidocaine with epinephrine, 1:80,000. Skin incision was given 2-3 cm below the inferior border of the mandible(Figure 2). Incision of skin and subcutaneous tissues exposes the underlying platysma muscle.

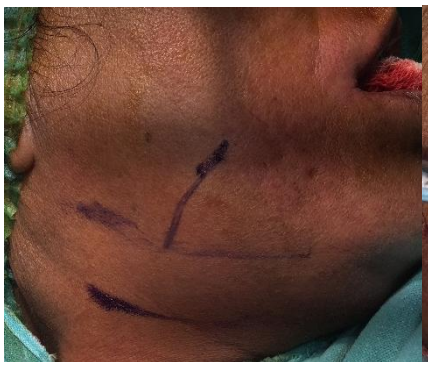


Figure: 2

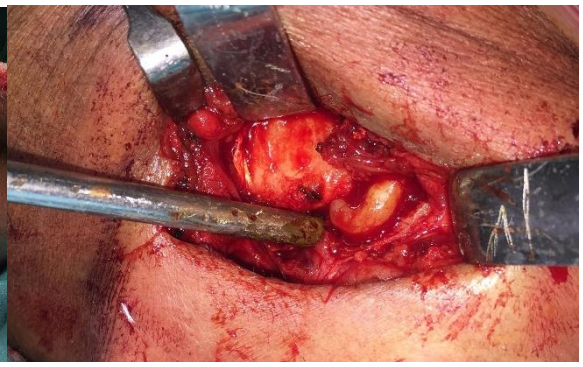


Figure: 3

Superior subplatysmal dissection was done and expose the underlying marginal mandibular branch of the facial nerve (CN VII). The facial artery and vein were ligated and then retracted the vessels superiorly, the marginal mandibular branch of the facial nerve included in the superior flap and is thus protected. The pterygomasseteric sling was divided and incised the periosteum at the inferior border to expose the fractured site. After exposing the fracture site, root was removed (Figure 4, 5) and fracture site was fixed with 4 hole with gap 2.5mm titanium plate at lower border and 2 hole with gap 2mm titanium plate at upper border(Figure 6). The wound is closed in layers to realign the anatomic structures and eliminate dead space. First platysma muscle was closed, then subcutaneous and skin layers were closed. Pressure dressing was placed to reduced the chances of haematoma. Patient was healed with no post operative complications.

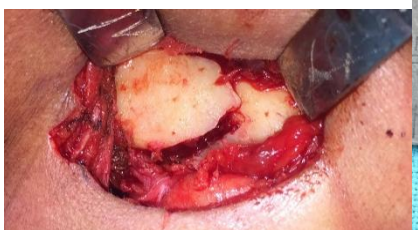
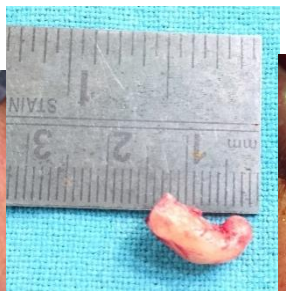


Figure: 4



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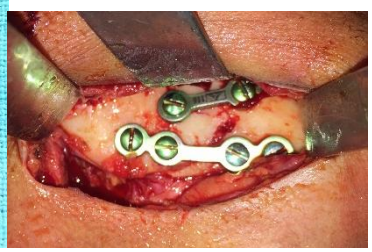

Figure: 6

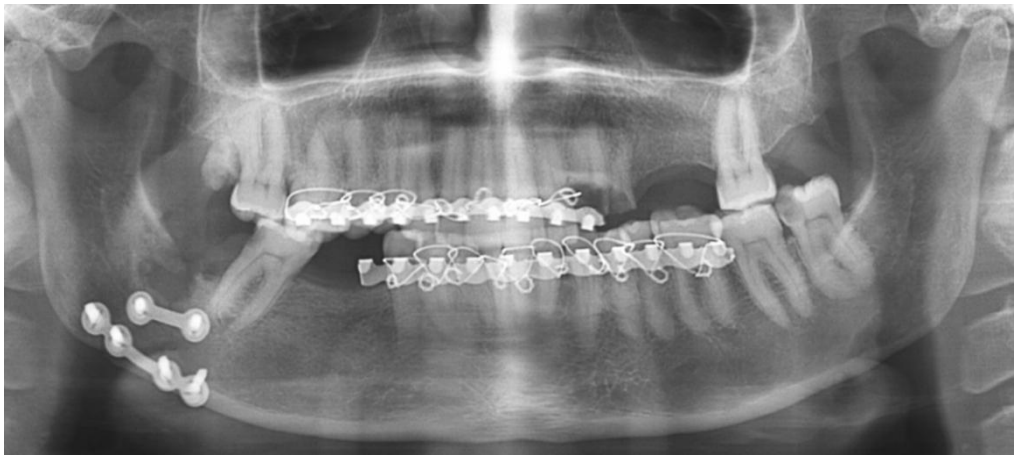

Figure:7 Post Operative OPG

III. Discussion

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 & penalty but stricter laws need to be reinforced and implemented.[6] However the best way to tackle this menace is to provide affordable and accessible treatment option to the rural population in particular. It will be highly beneficial to have one basic dental clinic for basic treatment at each PHC being run by government and dental professionals can be recruited for the same. A comprehensive oral health programme should be formulated and implemented under National Rural Health Mission to make dental care more accessible. Together with this these quacks may be given some form of formal dental training and allowed to perform basic dental treatment under registration. 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.[7] 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.[8] There is urgent need of relocation of dental colleges. Some cities within a state has number of colleges leading to under utilization whereas the other cities in the same state is deprived of dental college &hospital and the population has to rely on private practitioners & quacks for dental treatment.

IV. Conclusion

Decade after decade, dentistry today has transformed into a rapidly growing field and is ranked as one of the most respected professions in the country. On the flip side, despite an increase in the number of dentists over the years, the count of dental quacks practicing dental treatment has also been on the rise, especially in the rural areas. It is thus the duty of every dental surgeon of the country to protect the reputation of our prestigious profession being tarnished by the unqualified unauthorized dental quacks and to protect the oral health and well-being of patients.Furthermore, there is an urgent need to fill the gap between the availability of trained dental professional for the urban and especially the rural population, for which the government must intervene and take necessary steps. An urgent need to address this thriving issue is not only that it hampers the work, livelihood, and credentials of the dentist but also can severely affect the health of the patient due to their nescience and unethical means of practice.

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