



DENTAL QUACKERY- CHALLENGE TO DENTISTRY: A REVIEW

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Article Received on 20/10/2014

Article Revised on 10/11/2014

Article Accepted on 02/12/2014

ABSTRACT

Quackery is a derogatory term used to describe the fraudulent misinterpretation of the diagnosis and treatment of the disease. Quackery is a problem in dentistry since many decades, which has many harmful effects on the patient's quality of life. Quacks basic tools are incompetence and fraud. It is thus a challenge to the dentists to fight against dental quackery to save this prestigious profession and also for the patient's health.

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Keywords: Dentistry, Quackery, Health.

INTRODUCTION

Dental diseases are one of the most prevalent diseases in the community. Though, they are rarely life threatening, they have impact on the person's quality of life. Dentistry, like medicine, is a traditional, science-based, highly regulated health care profession that serves increasingly sophisticated and demanding clients. Today, dentistry sometimes faces challenges from unconventional dentistry or quackery. [1-3]

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). [4]

Quackery is defined as “the promotion of false or unproven methods for profit”. Quackery can also be 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.” [2,5]

Reasons for developing dental quackery: Probable reasons of developing dental quackery are short supply of trained practitioners, rural population is not able to pay the charges of a professional dentist or the failure of organized dentistry to develop guidelines and policies for combating quackery. [2,4]

Illiteracy, lack of awareness, poor accessibility to dental clinics and repeated dental appointments can lead to increasing population to reach dental quack. [6] Also there is a great variation in the dentist to population ratio in the rural and the urban areas, as most of the dental surgeon prefer urban areas for practicing than rural. [3,5,7]

Quackery in dentistry: The dental quackery can be in the form of removal of tooth by unsterilized instruments, use of self cure acrylic to stabilize or replace the missing teeth (Fig. 1), use of wires to stabilize the tooth or denture with the support of adjacent teeth (these are called as fixed dentures) [2,5] use of suction disc in denture [2], self-styled prosthesis [8], etc.

Harmful effects of dental quackery: Dental quack is characterized by a lack of sufficient documentation and effectiveness for diagnosis, treatment or prevention. Also, a lack of a valid scientific base. [2] Thus the dental quackery can lead to various harmful effects like:

- Fixed denture with self cure acrylic can lead to erosion of the gingiva, bone loss or loss of adjacent tooth. [5]
- It can result in unnecessary root canal treatment of the involved teeth. [9]
- Placement of suction disc can lead to erosion of the palatal mucosa. [6]
- Some dental quacks advices the use of direct application of 30% hydrogen peroxide to remove stains on teeth, which has harmful effect on pulp tissue like obliteration of odontoblasts, hemorrhage, resorption and inflammatory infiltration. [10]
- The use of unsterilized instruments can lead to transmission of life threatening infections. [2,5]
- It can lead to misdiagnosis and/or incorrect treatment for serious and potentially life-threatening disease. [2,5]

How to fight dental quackery

Following measures can be taken to decrease the population reaching to dental quack:-

- Increasing the availability of quality professional dentists for the rural population.⁵
- New Dental Auxiliaries like dental aid, dental licentiate, and frontier auxiliaries can be trained to practice in rural areas till the accessibility to the professional dentist.⁵
- Community based oral health programs should be increased to increase the awareness among rural population. ^[5,6]
- Dental colleges can also have peripheral centers in the rural areas or even adopt some villages, where they can 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 people in rural areas. ^[5]
- Educating rural people about the consequences of quackery through different methods like role-plays. ^[6]
- Dental education should include the detection of quackery. ^[2]

CONCLUSION

Availability and the cost of the dental treatment are identified as the major reasons for the rural population to approach the dental quack. As there are many disadvantages and harmful effects of dental quackery on the patient's quality of life, government and dental council should take serious action to decrease this unethical practice.

REFERENCES

1. Goldstein BH. Unconventional Dentistry: Part I. Introduction. *J Can Dent Assoc*, 2000; 66:323-6.
2. Goyal S, Kansal G, Deepika. Quackery in dentistry: An overview. *Journal of Dental Peers* 2013; 1(2):150-7.
3. Ahuja NK, Parmar R. Demographics & current scenario with respect to dentists, dental institutions & dental practices in India. *Indian Journal of Dental Sciences*, 2011; 3(2):8-11.
4. De Silva D, Gamage NT. Unqualified dental practitioners or quacks in Sri Lanka. *Sri Lanka Dental Journal*, 2011; 41(03):46-51.
5. Nagarajappa S, Mohapatra AK. Street dentistry: Time to tackle quackery. *Indian J Dent Res*, 2009; 20(1):1-2.

6. Hans M, Hans R, Nagpal A. Quackery: a major loophole in dental practice in India. *Journal of Clinical and Diagnostic Research*, 2014; 8(2):283.
7. Naidu RS, Gobin I, Newton JT. Perceptions and use of dental quacks (unqualified dental practitioners) and self rated oral health in Trinidad. *International Dental Journal*, 2003; 53(6):447-54.
8. Tewari RK, Mishra SK, Sharma S, Kharade P. Nonsurgical endodontic retreatment: a case of dental quackery. *International Journal of Experimental Dental Sciences*, 2012; 1(1):34-6.
9. Arigbede AO, Adesuwa AA. A case of quackery and obsession for diastema resulting in avoidable endodontic therapy. *African Health Sciences*, 2012; 12(1):77-80.
10. Chaudhary A. Foothpath Quacks. *British Dental Journal*, 2013; 214(9):429.