

A REVIEW OF QUACKERY IN DENTAL PRACTICE

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Abstract

One of the most common stigmas prevalent in dental practice is quackery. This targets the practice from both the ends; the service provider and patient population. This article aims to assess and review various studies that have already been published with this regard along with a list of factors that allow quackery in the society. Also reviewed in this article are various hazards that are a caused due to non dental professionals practicing dentistry. This study reviews 40 articles based on these trends.

Key Words: Rpd, FPD, quacks, dentistry

INTRODUCTION

The stigma of dental quacks in Dental practice is prevalent in India since many decades not only in rural areas but also the urban crowd. The poor people who cannot afford for specialty dental treatment prefer to go to unregistered cheap dental practitioners. Before the 20th century, dentistry was largely unregulated. In Europe during the Middle age it was often practiced by monks, barbers, blacksmiths, etc., This article reviews factors contributing to existence of quackery and the outcome of this effecting the profession. Studies analyzing this topic published in general and specialty journals were thoroughly reviewed to provide better facts and examples in this regard.

MATERIALS AND METHODS

A total of 40 articles published in the period between 1995 to 2015 were reviewed with their methods of study, statistical analysis, discussion with a comparative evaluation along with the conclusions in various literature. These articles included studies that analyzed the practice of quack dentistry in various parts of the world including India both the rural and metropolitan areas. These were collected from various search engines like Science direct, Pub med, Wiley online library, etc., the search included studies in English literature on humans published in various reputed journals pertaining to non professional dental practice. In addition, the reference lists of retrieved articles on the subject were reviewed and more recent articles were retrieved via correspondence with content excerpts.

RESULTS

The articles were reviewed after screening the titles and abstracts which met the inclusion criteria. All these studies conducted in these articles involved the prevalence of quackery in dental practice. These studies were done in various parts of the world along with rural and urban population. Statistical analysis and critical evaluation shows that quacks and frauds in dental practice has proved to be a major hindrance in the dentists strive to provide quality care to the patient damaging the patient's overall oral health and well being, undermining the public's trust in dentistry as a profession, or breaking applicable laws.

In the interest of the individual patient's oral health and the reputation of the profession, strict actions should be taken against those practicing fraud procedures knowingly performed that do not meet the standard of care or those procedures that the patient, qualified dentists or society would not choose if well informed. One of the many reasons for the prevalence of such quackery these days is the failure of to take reasonable steps both against such practitioners and their practice. The best approach towards this is would be working towards creating awareness about the need for a healthy and efficient practice.

DISCUSSION

Quackery in dentistry can be synonymously called many terms like "unconventional dentistry", "holistic dentistry" or "biologic dentistry".⁽¹⁾ At present, India has 1 qualified dental professional for around 10,000 persons in urban areas and for about 2.5 lakh persons in rural areas. Various factors contributing to the prevalence of quackery in dentistry include increase in competition, higher costs for education and for opening a practice, diminished dental education in the methods of science, failure of organized dentistry to develop guidelines and policies for combating quackery.⁽²⁾ Unconventional dentistry practiced on the streets range from extraction of teeth with or without local anesthesia without the proper protocol for sterilization being followed to the use of self cure acrylic to fix partial dentures over the soft tissue. Acrylic plates are suspended with stainless steel wire to support denture avoiding the discomfort of maintaining removable partial denture. One of the many procedures done by quacks is the use of self cure acrylic as a restorative material in cavities. Padmini Sivaraiah in a article for the Times of India published Dec 19, 2012 writes dental quacks are playing havoc with oral hygiene in rural population of Tamil Nadu Southern Districts against which plan to file a petition against such practice in the state government for appropriate action.⁽⁹⁾

Practices followed by non-qualified dental professionals attributes to major health hazards pertaining to oral and maxillofacial tissues. Fixation of the removable partial dentures to teeth with the help of stainless steel wires compromises the periodontal status of the adjacent teeth. The polymethylmethacrylate in the self cure acrylic plate carries

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high carcinogenic potential when in contact with soft tissues for over a long period of time. Rajendra Kumar Tewari *et al* in a case report of dental quackery reported single cone obturation and radio-opaque wire like structure found extending from maxillary left central to lateral incisor leading to peri-apical pathology post treatment, needing surgical endodontic therapy.⁽⁴⁾ Untrained placement of suction device causes erosion of the palatal mucosa.

How do they know what to do? These quacks observe the professional working in the dental clinic as they work as assistants under them. They are able to acquire a meager knowledge by simple observation of the dental procedures without scientific know-how and then start off their own practice in the rural areas at a low cost without using any technology and modalities. Sterilization of the instruments being used and the technical application of those instruments intra orally is of least concern to them.

Dental practice ethically followed should meet standards that the quackery and fraud fail to meet. 1. Informed consent acquired wherein the patient makes choice among the alternatives that are explained impartially in the patient own language. 2. The net expected benefit to patients must outweigh the anticipated risks. 3. Healthy competition among the practitioners to produce results that meet the standard of care and the expectations created by dentists. 4. Professional integrity that maintains the trust between the patients and society placed in profession. 5. A qualified professional should be able to give reasons for their actions that are acceptable to their peers.

Since quack dentistry damages both the patient's trust and dentist's reputation, specific actions need to be taken by the dental professionals. It ought to be the responsibility of the qualified dentist to encourage a broad understanding of risk of such practice along with promotion of quality care and create awareness of benefits of good oral care. According to the Board of Regents of the American College of Dentists, practitioners should combine scientific evidence with systematic outcomes data from their own practices to form accurate estimates of risk their patients are exposed to.⁽⁵⁾

CONCLUSION

A major contributing factor causing the unfortunate flourishing of quackery in dental practice in a country like India is the absence of a primary health care approach in dentistry.^(12,13) A geographic imbalance in the distribution of dental colleges, a great variation in the dentist to population ratio in the rural and urban areas is seen. Community oriented oral health programs are seldom found in India. Dentistry one of the respected professions in patient care has been practiced since a long time.

Hence it is essential to protect the reputation by weeding out the quacks from the society. Keeping the past and the current situation of quackery in mind along with strategic analysis, qualified dental professionals should work and plan for a healthier generation of patient population.

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