

Case report

# Quackery in Dentistry: A Case Report of Two Cases

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## ABSTRACT

Dental diseases are one of the most prevalent diseases and yet most neglected. However, increased awareness in past few decades led to rise in need of dental treatment. As dental health personnel are limited in government hospitals and treatment is very expensive in private sector, the underprivileged people of community go to unqualified and unskilled persons (quacks). These roadside practitioners do unethical practice and thus hamper patient's oral health.

**Keywords:** Dental health, Quacks, malpractice.

## INTRODUCTION

A quack is described as 'a fraudulent or ignorant pretender to medical skill or a person who pretends, professionally or publicly to have skill, knowledge, or qualifications he or she does not possess'. The term "quackery" is derived from the word quacksalver, i.e., the person who boasts his slaves.<sup>[1]</sup> Illiteracy, lack of awareness, high cost of dental treatment, poor accessibility to dental clinics and repeated dental appointments are the reasons for relying on these quacks.<sup>[2]</sup> Treatment given by these quacks provide short term relief but it is harmful to patients on long term basis.

This case report presents patients who unknowingly became victim of such unethical practice

## CASE REPORT

### Case 1

A 50 year old female reported to Primary Health Centre, Jassur, H.P. with chief

complaint of pain in upper anterior region of mouth since 15 days. Intraoral examination revealed a cold cure acrylic prosthesis in upper jaw replacing 11, 12, 13 and 21 (fig...1 & 2). Past dental History revealed that prosthesis was given by a quack around one month back. The prosthesis was extended and fixed to natural teeth using undercuts and wires.

Food lodgement in prosthesis led to plaque deposition, which further resulted in halitosis and mucositis. Prosthesis was removed by cutting the acrylic in undercuts using air rotor. After removal, putrefied food was found on the inner surface of prosthesis and alveolar mucosa was found severely inflamed. Wires used for the prosthesis led to cervical caries in 22.

Patient was advised antibiotics, analgesics, mouth washes and warm saline rinses and recalled for follow up but she did not reported.



Fig.1 Cold cure acrylic prosthesis made



Fig.2 Palatal aspect of prosthesis by a quack

## Case 2

A 40 year old male patient reported with chief complaint of pain in lower right back teeth region since 5 days. Past dental History revealed tooth restoration in the same region by a quack one week back. Intraoral examination revealed class II restoration in 47 tooth, performed using

cold cure acrylic resin and extended in undercuts (fig.3). After removal of resin from the cavity, pain was relieved (fig.4). An intraoral periapical radiograph was advised, as there was sensitivity to cold. Patient was recalled for follow up and indirect pulp capping was done.



Fig.3 Acrylic restoration in class II



Fig.4 Cavity after removal of restoration  
(by quack)

## DISCUSSION

Few reasons for implementation and booming of quackery in the society are poor patient: dentist ratio in population, lack of awareness among masses regarding who is a qualified dentist and who is not, cost for dental treatment appear prohibitive to a segment of population and limited supply of competent practitioners in rural areas.<sup>[3,4]</sup>

In India, under chapter V, section 49 of the dentist act of 1948 dentists, dental mechanics, and dental hygienists need to be licensed. Dental quacks can be penalized under this act leading to imprisonment but strict laws are needed to be reinforced.<sup>[5]</sup>

Quackery practices like acrylic resin restorations, fixing of removable partial dentures using wires and undercuts, use of suction discs on palate. These malpractices not only lead to damage of adjacent structures and underlying mucosa but can also lead to malignancy and septicemia.

Organization of awareness camps especially in rural areas, use of social media, and most importantly government intervention are some of the measures to prevent such unethical practice. DCI should take steps and implement some policies to stop quackery in dentistry.

One of the best ways to prevent this malpractice is to provide accessible and affordable dental treatment in rural areas.

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