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CASE REPORT

DENTAL CHARLATANISM IN INDIA: A RARE CASE REPORT

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ABSTRACT

Dental diseases are the most prevalent diseases in human being. However, the dentist to population ratio is ill-assorted in India especially in the rural area. Paucity of dental clinics in rural areas and high cost of any dental treatment has lead to increase in the number of charlatan i.e. "quack" who provide immediate services to the patient which are unhygienic, non-scientific and done in an unconventional manner under the guise of being their benefactor. Here we are presenting a case in which teeth were extracted and the extraction socket was filled with plaster of Paris by a quack, leading to severe pain, trismus and complete restriction of mouth opening.

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INTRODUCTION

Charlatanism, also known as quackery, is an act that is being practiced in our country since decades. It can be described as a fraudulent claim to medical knowledge; treating the sick without knowledge of medicine or authority to practice medicine. It is promotion of fraudulent or ignorant medical or dental practice (Divia, Arpan, 2015). Dental quack is usually a person who is either a dental assistant, dental hygienist or a dental mechanic who has acquired some knowledge by observation without any scientific knowledge (Hans, 2014). Although the quacks provide immediate treatment that is acceptable by the patient because of less treatment fees but the service provided by them are unhygienic, lacking proper sterilization, detrimental to health of patient and without any scientific base (Hans, 2014).

Reasons for charlatanism: In India, the dentist to population ratio is ill-congruous in rural areas.

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Currently, the dentist to population ratio is 1: 10,000 in urban areas but the ratio is 1: 2.5 lakh in rural area (Hans MK 2014). This has led to dental quacks having flourishing business specifically in rural and semi urban area. Limited accessibility to dental clinics draws rural and illiterate people towards them. These quacks provide symptomatic treatment using low cost alternative materials, causing long term harm to the patient under the guise of a doctor.

Common Charlatanism: The most common malpractice is the use of stainless steel wires to stabilize and support the artificial prosthesis with the help of natural tooth leading to trauma to natural teeth and mucosa (Lal S 2004). During partial replacement of teeth, self-cure acrylic resins directly sticks to the mucosa and adjacent teeth to satisfy the patients need of fixed appliance, which in long run lead to mucositis, resorption of alveolar bone and in chronic cases may lead to oral cancer. Self-cure acrylic is also used by many quacks for restoration of decayed tooth which lead to pulpal inflammation, periapical pathology and in advance cases orofacial abscess. Quacks use various retention devices for complete denture like suction rings or discs, since they fabricate the denture by making only one impression (Lal, 2004).

Closure of inter dental spaces by cold cure acrylic resins leads to retention of plaque and calculus and severe periodontal damage. Sharing of needles with multiple patients exposes them to a high risk of transmission of dreadful diseases like hepatitis or HIV. Extraction of permanent teeth in children due to lack of knowledge about the anatomy and chronology of teeth may lead to loss of permanent teeth early in life (Bhushan et al., 2016; Oberoi, 2015).

Case report: A 30 year old male patient reported with chief complaint of completely restricted mouth opening (0 mm) and pain in lower right posterior region since last 4-5 days. (Fig-1) The patient had undergone extraction of the teeth 47 and 48 by a private practitioner 2 months ago. Post-extraction patient experienced pain in the same region and reported to the same practitioner. To ease the pain, the practitioner filled the extraction socket with some material which was white in color, after which the patient felt an immediate rise in temperature in the same region. The patient was prescribed medicines by the practitioner and was relieved of pain. After 3 weeks patient noticed gradual reduction of mouth opening and severe pain in the same region.

This time the patient reported to a dental hospital with the chief complaint of reduced mouth opening and pain in lower right posterior region. Clinically, 0 mm mouth opening was seen. Orthopantomogram (OGP) revealed a radio opaque filled material in the extraction socket of the tooth 48. (Fig-2) Under local anesthesia incision was made and the material was removed from the socket. The filling material was stony hard and resembles plaster of Paris. After 2 weeks there was considerable increase in mouth opening (24mm) and the pain had subsided. (Fig-3) Follow-up OPG after 3 months showed complete bone healing of extraction socket and the patient was completely asymptomatic. (Fig-4) The plaster sets by exothermic reaction and the temperature is equal to that temperature that is required for the process of calcinations (Prombonas, 1994). High temperature causes severe pain and dry socket and necrosis.

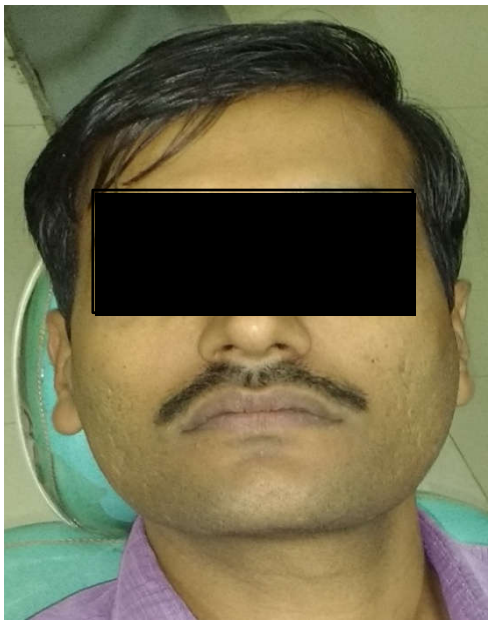

Fig- 1. Pre-operative photograph showing complete restriction of mouth opening

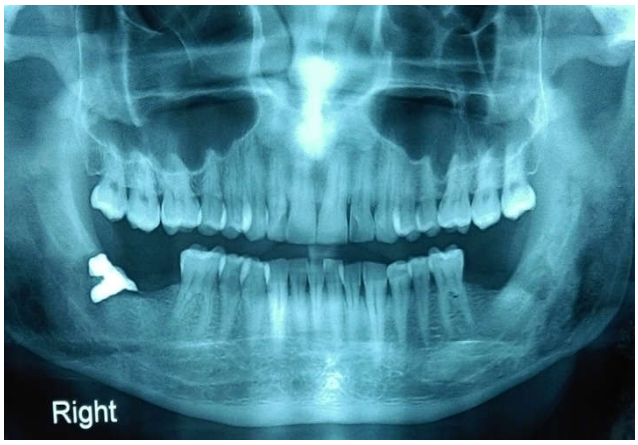

Fig- 2. OPG showing missing 37, 38, 47, 48 and radio-opaque filling material seen in extraction socket of 48 tooth

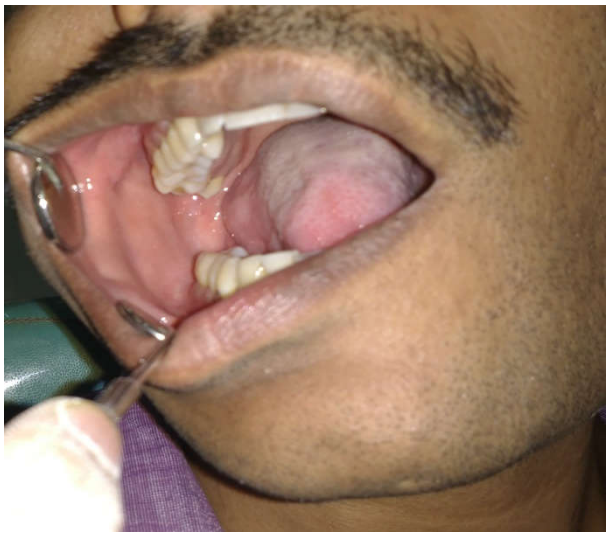

Fig- 3. Post operative photograph showing healed extraction socket of 47, 48 and approx. 24 mm mouth opening.

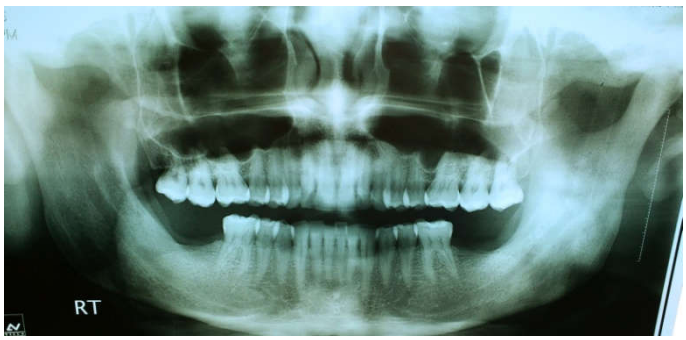

Fig- 4. Post operative OPG showing missing 37, 38, 47, 48 and bony healing in extraction socket of 48 teeth seen.

DISCUSSION

Quacks cater to lower socioeconomic classes who either cannot afford qualified dentist or are illiterate who fall prey to them. Paucity of qualified dentists in remote areas is one of the reasons. One solution to this problem is by increasing accessibility of dental treatment in rural areas, incorporation of dental clinics at PHC level, conducting dental treatment camps and making available affordable dental care (Hans, 2014). Generating public awareness about oral hygiene and harmful effects of visiting quacks will protect patients from getting ill-treated (Oberoi, 2015).

Also, most of the practicing quacks are either dental mechanics or dental assistants or dental hygienists who have acquired knowledge only by observing the doctors, strict actions must be taken so that only doctors registered under Dental Council of India or State Dental Council can practice (Lal et al., 2004). As the dentist to population ratio is ill in rural areas, recruitments must be increased in rural areas for the post of dental surgeons. The cost of the treatments should be reduced so that patients are not drawn towards quacks (Oberoi, 2015).

Conclusion

Quackery or charlatanism can only come to an end by the joint efforts of DCI, Govt. of India and generating awareness amongst the general population against these charlatans or quacks.

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