

Dental Quackery as a Powerhouse of Contagious Outbreaks: Orthodontist's Perspective

Abstract

The aim of this short communication is to raise awareness and provide status of dental quackery in developing countries. Dental quackery can be described as perpetrating like a dental practitioner to provide dental healthcare based on previous clinical attempts. Diseases like HIV/AIDS and Hepatitis (B and C) can vastly spread in a matter of few days through cross-infection. Quacks work in poor hygienic conditions and serve as one of the largest sources of infection spread. Developing countries are mostly affected by such type of quacks due to lack of ample health care facilities and general poverty. It can be concluded that public education and awareness coupled with support of health-care governing bodies can promise a safe and healthy future.

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According to the World Health Report 2002, HIV/AIDS and Hepatitis (B and C) are among the leading causes of mortalities resulting from infectious diseases [1]. Cross infection by using and re-using instruments and non-sterile gloves, is the second most common route to transmit such contagious diseases without being noticed [2]. Quackery can be defined as falsely acting like a health practitioner to diagnose and treat patients based on previously experienced arbitrary clinical attempts. Dental quackery is rampantly practiced in areas which have the highest frequency of occurrence of Hepatitis [2]. Moreover, orthodontic quackery can be described as the act of providing specialized dental treatment without proper licensure and certain know-how of the provided orthodontic treatment. Sadly, mostly dental assistants, technicians and even general dentists are doing it. Their lack of clinical judgment and stubbornness leads to extremely lengthy treatment durations, patient incompliance and horrible outcomes leading to further deterioration of malocclusion.

Orthodontic quackery results in unjustifiable extraction of dentition, angulations of dentition beyond normal limits. Patients are unaware of the normal limits beyond which inter-disciplinary management, like orthognathic surgeries, is needed to settle in ideal occlusion. Such conditions result in long term complications like root resorption, bone loss etc. Public awareness regarding the role of an orthodontist should be provided to prevent them

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from being treated through quacks or general dentists, who have a poor knowledge of specialized orthodontic treatments.

Pakistan, Bangladesh and India cover most of the East Asian area and are among the most densely populated countries [3]. Talk about dentist to population ratios in these regions can be considered a joke as the proportions are outrageously unfavorable. Consequently, quackery has increased in number and people are forced to undergo sub-standard treatments.

Apart from using sub-standard protocols these quacks lack any knowledge regarding cross-infection and blood-borne infections. Most of the dental procedures and extractions accompany blood, which comes in contact with the instruments and gloves being used. Then these instruments and protective wear are re-used on the next patient without undergoing any sterilization protocols. Once these instruments are used on contagious disease carrying individual, the infection can be easily spread through the subsequent visitors. At some instances, they provide acrylic dentures that are wire retained and the quacks term it as fixed denture. These kind of dentures are a great source of infection and allergic reaction, occurring as a result of constant physical irritation and food accumulation [4].

We demand the attention of foreign health system governing bodies to help the developing countries protect their people and prevent such potential contagious outbreaks. Tourists or expatriates visiting these places can also contract such diseases which they can carry back to their homes.



Figure 1 A usual set-up of a road side quack to provide instant dental care to the pedestrians.

A huge population is being fooled, due to lack of structural integrity and poor health safety education. This mode of transmission can result in a pandemic of such contagious diseases and needs to be dealt with to ensure disease prevention. There is a great need of documentation of all forms of quackery and malpractices and awareness programs should be aired to educate the society about these health problems. Respective dental associations, social media and health regulatory authorities need to work together, to identify and eradicate these culprits from our societies as these issues lead to unexpected serious health problems and cross infections.

Summary

Awareness programs and camps should be set to educate people about the severity and outcomes of these health issues. As well as the role of these quacks in transmitting, these diseases across populations should be unveiled and these quacks should be exposed and prosecuted. Governing bodies at national and international levels should support the cause and monitor treatment quality and health-care provider's databases to ensure political and influential bias of licensure. Regular health care facility auditing can ensure a better future for this world.

References

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