

Quackery in Dentistry

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Dear Madam,

Through your esteemed journal we would like to inform people about quackery; the way it is running and affecting health of patients and measures which can be taken to destroy strong pillars of dental quackery in the city. Quackery in dentistry has always been a subject of discussion because of the problems being faced by the patients. It is defined as swindling and misinterpretation of the diagnosis and treatment of the disease by dental quacks¹. Dental quacks are defined as people who are inept and yet practicing for attaining personal benefits by operating without any qualification or training².

The question which arises is that why patients go to dental quacks when they have qualified dentists in the city? There are certain reasons such as low literacy rate, lack of awareness, poor socio-economic status, shortage of trained practitioners, expensive treatment, duration of treatment, poor accessibility to dental clinics, repeated dental appointments and poor dentist-patient ratio. All these factors contribute to severe complications which are being faced by the patients³.

Common and leading quackery practices in Pakistan are acrylic dentures being fixed to oral mucosa and adjacent tooth with commercial glues, substandard complete dentures with suction disks incorporation, usage of unsterilised instruments

which can lead to blood-borne diseases and lethal cross infections, damage to vessels and nerves e.g. lingual nerve, increase risk of cross-infections, wrong diagnosis, wrong extraction of tooth, filling of cavities of tooth without proper diagnosis, inappropriate administration of anaesthesia which is leading to systemic problems in asthmatic and cardiac patients, periapical lesions and cysts caused by incomplete cleaning and shaping of canals during root canal treatment, malpractice of orthodontic cases, inappropriate guidance of periodontal problems and oral hygiene maintenance etc. Such procedures are giving rise to irreversible bone loss, inadvertent tooth loss, infections and trauma. They can also cause transmission of hepatitis B, C and HIV/AIDS in the community⁴.

According to World Dental Federation (FDI), there are 40,000 non-qualified dental practitioners in Pakistan⁵. It is the responsibility of government officials to efficiently ban quackery practices in the country and to ensure assure hygienic treatment to its citizens by establishing policies for underprivileged areas where quackery has taken strong roots. It is also recommended that more dental colleges are set-up in Pakistan as there are only 4 public and 12 private dental colleges in Punjab, 4 public and 12 private colleges in Sindh, 2 public and 5 private in Khyber Pakhtun-Khuwa (KPK) and only 1 public dental college in Baluchistan. According to statistics of PMDC (Pakistan Medical and Dental Council), dentist to patient ratio in 2016 was 1:10990⁶. Dental colleges should urge fresh graduates to practice in low socio-economic areas and provide better facilities to them. Community oriented oral health programs should be organised by community health works, use of television advertisements, electronic and press media should be used

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for awareness among people. Government should also pass strict laws against dental quackery.

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Answer of Picture Quiz:

Squamous cell carcinoma, as the histopathology slide demonstrates invasive tumour lobules comprising of squamous cells with central keratin pearls.