STREET DENTISTRY: THE "ROOT" PROBLEM

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Street dentistry, a form of quackery, is a very prevalent practice in rural India. These street dentists often visit villages on their bicycle with a bag consisting of some pliers, screwdrivers, dividers, self-acrylic materials, etc. Quackery is a derogatory term used to describe the fraudulent misrepresentation of the diagnosis and treatment of disease. It is the practice of unproven, ineffective medicine, usually in order to make money or to maintain a position of power. Random House Dictionary describes a 'quack' 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; a charlatan".

India is predominantly a rural nation, as over 72% of its people continue to live in rural areas. Rural health infrastructure has been well designed to cover rural population through 136,815 subcenters (SCs), 26,952 primary health centers (PHCs), and 3708 community health centers (CHCs). Oral healthcare delivered through primary health care infrastructure is of limited resources and dental manpower. The country is presently producing 12,000 dentists per annum with a dentist to population ratio of 1:15713, in contrast to the WHO recommended dentist to population ratio of 1:7500. The distribution of dentists is grossly uneven with more than 90% of doctors available in urban settings and only 10% available for 72% of rural population. There are no dentists posted at the level of CHC and PHC in most of the states. Besides this, there is an acute shortage of equipment and material and other essential facilities to run the minimal curative services for such a vast population. Dentistry faces serious problems regarding accessibility of its services to all. The major missing link causing this unfortunate situation in a country like India is the absence of a primary health care approach in dentistry. Due to significant geographic imbalance in the distribution of dental colleges, a great variation in the dentist to population ratio in the rural and the urban areas is seen.

At present, India has one dentist for 10,000 persons in urban areas and for about 2.5 lakh persons in rural areas. It is often difficult for the poor urban and the rural population to get access to emergency care. Community oriented oral health programs are seldom found.

For years, the Indian Government has waged an unsuccessful war against people such as 'unqualified medical practitioners', otherwise known as quacks. Reports suggest that there

are about one million unqualified providers, or 'quacks', in India. They have long been blamed for misdiagnosing and mistreating. Various factors attribute to this practice like - lack of qualified dentist in the rural areas, increase in the cost of professional dental treatments, illiteracy, lack of awareness, immediate treatment, availability, etc.

Many of the quacks claim to have learnt the art of dentistry from their ancestors, but there are some quacks who are practicing dentistry after seeing a professional work in a dental clinic or who have learnt some basic procedures while working as assistants in dental offices. The procedures carried out by these quacks are very undesirable, harmful, and sometimes dangerous to the patients. They remove tooth without any asepsis, fill tooth with self curing acrylic. For replacement many a times they use the extracted tooth, trim the root, and fix it with the adjacent tooth using self-curing acrylic. Sometimes they also use wires to stabilize the tooth or denture with the support of adjacent teeth. These types of replacements are called fixed dentures. These procedures are very harmful to the patients as they can lead to bone loss and adjacent tooth loss.

On medical side, there are many policy matters discussed to give quacks formal training and absorb them in the healthcare system. Former director of School of Tropical Medicine, Kolkota, PK Sarkar, argues that these ideas need serious thought, particularly, when Government healthcare centers in villages have collapsed and qualified doctors are unwilling to go to the villages. So why not train quacks, who can at least ensure basic facilities to the villagers? Even the Government of India through National Rural Health Mission seeks to train quacks and permit them to perform a limited medical practice.

On the dental side, these matters have to be carefully analyzed. Whether these quacks can be legally trained with minor first-aid procedures should be given a serious thought.

The World Health Organization suggests of having New Dental Auxiliaries like dental aid, dental licentiate, and frontier auxiliaries with little training to work in rural remote areas. Until the Government intervenes, takes them into the health system, and provides a stable means of income, there are more chances that the quacks may thrive to earn money by practicing quackery.

The other ways of increasing the accessibility to quality professional care for the rural areas should also be seen upon. The Government should urge fresh graduates to practice in rural areas and provide more incentives to them. The public health dentists should take the initiative of adopting more community oriented oral health programs to increase the awareness among rural population.

Dental colleges can have peripheral centers in the rural areas and even adopt some villages or PHCs where they can visit regularly to provide care to the needy and educate rural masses. A compulsory rural posting of around three to six months for the interns would certainly benefit millions of deprived people in rural areas

In the end, the future of quackery depends on how deep and strong is the symbiosis of quacks and qualified practitioners. The earlier that symbiosis is broken and the earlier rational care can be made universally available, the earlier will quackery recedes. The Government and dental council should put forward a strong policy to culminate this unethical practice of harming the population.