

Treatment Without Doctor- It Needs An Emergency Surgical Excision!

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The findings and communication of Steyn, Mia et al¹ (The Lancet, Volume 391, Issue 10138, 2411) on the practice of treatment by quacks in India was a key element for the authorities of Indian public health system to open their eyes and stop being silent and ignorant to the profiteering practices of a large quantum of unqualified health practitioners in India. They open their so called 'clinic' in an under constructed room or even on the garbage filled foot path in every nook and corner, especially in northern states of India (Figure 1).



Figure 1. A board outside SK Vishwas' clinic, who has gone to school only up to class ten, in Sector 16 of Noida. (Right) Inside SK Vishwas' clinic, who claims to be a Registered Medical Practitioner (RMP).

Photo Source: <http://www.dnaindia.com/health/report-on-the-quack-track-2289951>

WHO report on Composition and distribution of the health workforce in India based on data from the National Sample Survey reveals that overall, there are 1.4 million unqualified health workers in India, representing 56.4% of the health workforce². In addition to that, the report reveals Kerala (31.6 per 10 000) had the highest density of qualified health workers in India, which was 20 times higher than for Bihar (1.5 per 10 000), the state with the lowest density². Most of the quacks are on duty on the road, without having a nurse, disinfectants, a chair or a table, but people with broken limbs, ruptured muscles, cervical pain and back problems line up to be treated by them. It is a crime in India to practice medicine without a registration in any of the state's medical council. Health authorities say they act against such practitioners, but only a negligible number cases have been reported so far.

Indian Medical Association (IMA) has distinguished the types of quacks and mentioned in their website as, *Quacks can be divided amongst three basic categories as under:*

- (i) Quacks with no qualification whatsoever.
- (ii) Practitioners of Indian Medicine (Ayurvedic, Sidha, Tibb, Unani), Homeopathy, Naturopathy, commonly called Ayush, who are not qualified to practice Modern Medicine (Allopathy) but are practicing Modern Medicine.
- (iii) Practitioners of so called integrated Medicine, Alternative System of Medicine, electro-homeopathy, Indo-allopathy etc. terms which do not exist in any Act.

To counterfeit the menace of quacks practicing illegally in India, and by considering the magnitude of illness complications and spread of infection from one patient to another the Government of India have framed Act & Rules which lay down distinct area of practice of each system of medicine ^(Table 1).

Central Medical Acts	Indian Medical Council Act 1956	Central Council of Indian Medicine Act 1970	Central Council of Homeopathic Medicine Act 1973
State Register Person register thereunder and	State Medical Register Practitioners	State Register of Indian Medicine Register practitioners of Indian Medicine	State register of Homeopathic Medicine Practitioners & Homeopathic Medicine
Area of Practice	Modern Medicine (Allopathic)	Indian Medicine (Ayurveda, Sidha, Unani & Tibb)	Homeopathic
Minimum Qualification	MBBS	BAMS/BUMS	BHMS
Practitioners are called as	Register Medical Practitioner	Registered Practitioner of Indian Medicine	Register practitioner of Homeopathic Medicine

Table 1. Act & Rules in India which lay down distinct area of practice of each system of medicine.

Practitioners of Indian Medicine are allowed to practice modern medicine. They are deliberately misguiding the Govt. authorities and courts so that confusion may continue. Many at times they have misled the prosecutors themselves who then start advocating on their behalf. Misled by them, State Governments under Drug and Cosmetic Rules keep issuing notifications under 2(cc)iii & *Cosmetic Rules 45* which appear to allow practitioners of Indian Medicine to practice modern medicine. Back they have elicited many court orders in their favour by misleading the courts. Neither para-medics nor quacks are allowed to use prefix of Doctor, however, CCIM has persuaded the courts to rule to the contrary. These endeavours of CCIM is simultaneously harming the Indian System of Medicine and defaming Modern Scientific Medicine ³.

Numerous tents have been set up on footpaths, streets and under bridges where micro-clinics offer so-called "cure" for a variety of sexual conditions, mostly with their own herbal version of Viagra. And it is not only the quacks who are giving the authorities a tough time, people well versed in one system of medicine, like Ayurvedic medicine, are also practicing other forms of medicine. Many Ayurveda doctors in the city are openly practicing the allopathic system of medicine. As per the 1998 Supreme Court ruling in the Mukhtiar Chand case, no doctor can practice a system of medicine that he or she is not well-versed in. As per the rules of Medical Council of India (MCI), the punishment for quackery is a fine of Rs 1,000 and one year imprisonment. But as per the Indian Penal Code, quackery is a non-cognizable offence, and hence the police cannot arrest the quacks. The court has passed various judgements against quacks but they have not been incorporated in law, the importance of eradication of quack doctors (the so called RMP & PMPs) who, without any medical qualification doing allopathic practice nonchalantly and putting the lives of gullible public in jeopardy in the mask of providing health care to rural people. For that matter these quacks are everywhere. Not only in rural areas but also in towns & cities ^(Figure 2).



Figure 2. Advertisement displayed by a Quack in front of his foot path 'Clinic', claiming that he treats 'all types of diseases with guarantee'.

Dr. Mohammad KhursheedAlam reports that dental quackery is a powerhouse of contagious infections and a huge population is being fooled, due to lack of structural integrity and poor health safety education. He also points out that the disease transmission through unsafe practices of quacks can result in a pandemic of contagious diseases and needs to be dealt with to ensure disease prevention. He reiterates in his study that 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 problems⁴. The extent of problem in India about quacks practicing dentistry, handling periodontics, orthodontics and prosthodontics at road side is also under reported. The exact number of quack dentists are yet to be known. But the quack differs from the ethical practitioner in that the quack's basic tools are incompetence and fraud. Many quacks are practicing on roadside as denturists and making money by fixing artificial teeth or extracted teeth as such on edentulous⁵ (Figure 3).



Figure 3. A quack dentist treating a patient on road side, in a very contagious and high risky environment in Bengaluru Metro City, Southern India.

The Constitution of India clearly proclaims that the quackery is a cognizable offence. And so many acts clearly stating, “*That only qualified doctors should do allopathic practice*”. Some medico-legal experts says, “*Anybody who impersonates as a doctor is a quack and that even includes a chemist who gives prescription drugs.*” So it's the high time to implement the existing acts and if necessary we need to have more stringent laws to curb quackery. The following sections are very trivial and they have no sufficient teeth to control the quackery.

IPC SECTIONS applicable to book cases against the quacks⁶.

1. VI.IPC: 416---- CHEATING BY IMPERSONATION.
2. XVII.IPC:417---- PUNISHMENT FOR CHEATING.
3. XVIII. IPC: 418- CHEATING WITH KNOWLEDGE.
4. XIX. IPC: 419 PUNISHMENTS FOR CHEATING.
5. XX. IPC: 471- USING AS GENUINE AS FORGED DOCUMENT.
6. XXI. IPC: 23,24,25 --WRONGFUL GAIN, DISHONESTY, FRAUDULENCY
7. XXV. IPC: 44--INJURY.
8. XXVI. IPC: 269, 270---NEGLIGENCE ACT & MALIGNANT ACT.(LIKELY TO SPREAD INFECTION OF DANGEROUS DISEASE).
9. XXVIII. IPC: 336,337,338- Act endangering life or personal safety,causing hurt and causing grievous hurt.
10. Indian Medical Council Act1956- section 15 & section 25.
11. Indian Medical Degrees Act-section 6-A (1).
12. DRUGS AND COSMETICS ACT 1940- SECTION 27.

The country ranks 139th in per capita GDP (nominal) with \$2,134 and 122nd in per capita GDP (PPP) with \$7,783 as of 2018^{3,4}. When Fortis Hospital in Gurgaon billed the family of a seven-year-old girl who died of dengue in September a sum of over Rs 16 lakh, outrage ensued over allegations of ‘overcharging’ by private hospitals in India. data from the National Health Accounts (NHA) published by the Union health ministry reveals that medicines are the biggest financial burden on Indian households. Of more than three lakh crore rupees that households spent on health in 2014-15, around 42% of the total out-of-pocket spending (OOP) went in buying medicines. In private hospitals, households spent around 28% of the OOP spending. Experts say that high OOP for health brings a financial burden on families and discourages people from seeking timely care. India has one of the highest private OOP expenditures in the world⁷.

“*OOP, when catastrophic, results in seven crore people falling back into poverty line,*” former Union health secretary CK Mishra said at a conference organised by the National Institute of Public Finance and Policy (NIPFP). As a proportion of GDP, Indian government spends just 1.1% on health. The 2017 National Health Policy set a goal of raising this figure to 2.5% of GDP by 2025⁸, which has a long way to go still.

The Government of India estimates that, it needs another 600,000 doctors and 1 million nurses to reach an acceptable level of health care for the nation's 1.1 billion citizens. According to a recent government report,

there are only 60 doctors per 100,000 people in India in contrast to 256 per 100,000 in the United States and 106 per 100,000 in China⁹. India's public health spending is among the lowest in the world - \$4 annually per person, less than 1 percent of the nation's gross domestic product. In contrast, the United States spends \$2,000 per person, or about 6 percent of GDP, according to the United Nations Development Program. The shortage of doctors is most acutely felt in rural villages and urban slums in India's largest cities¹⁰.

The Acts & Laws are plenty enough in India, for safeguarding the public against medical malpractices and unauthorized medical practices. The lack of government's initiation to impart national level awareness campaigns and enrol people in the social health insurance systems and the escalating cost of treatment in booming private health care business definitely add burden on the shoulder of an average Indian, on the contrary, population estimation shows that more than 75 percentage of Indians live in the villages where majority of them are still deprived of basic education, transportation and other vital infrastructure. It is estimated that only 4 percentage of Indians are covered under various insurance schemes and the remaining 86 percentage of people are still spending OOP for their health care needs. As long as the deficiencies of the prevailing system continues to be in place, and the lenient attitude of government authorities towards the illegal practice of quackery in the health care system does not get wiped off, we should expect yet more strong chemical compositions in the finger rolled pills "*prescribed*" by quacks to patients with common cold to various types of cancers or emerging endemics like Nipah.

"We are treating the sick and injured since centuries, and billions of people are cured by us", a quack swears somewhere on road side in India, awaiting for his next hapless customer.

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