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Quackery in India

What do you do when you're feeling sick? Chances are you pop a few lozenges, take some cough syrup, and if you're really feeling ill, you visit your local clinic for some answers. The doctor you consult has had eleven years of education and you can trust them to bring you back to good health. However, across the globe, many people are not promised this relationship. An epidemic is arising, especially in India. With over one billion people, India's healthcare administration remains in plight. The federal government can no longer provide and guarantee quality healthcare to every citizen. In early 2016, the Healthcare Federation of India stated that the country was short of six hundred thousand doctors and two million nurses (SCMP). Heeding these dire circumstances, many individuals have risen up in rural areas aiming to satiate the burgeoning dilemma for lower costs. There are reports of these quacks having successfully helped ailing villagers but there are countless more that resulted in wrongful deaths and eternal suffering.

These quack clinics continue to flourish without any government regulation. Due to habituated community acceptance, it is now necessary for state governments to begin training these quacks and utilize their present skills in a beneficial way to reduce harm and improve wellbeing in these underfunded areas.

As reported by the National Medical Commission Bill in August 2019, it was concluded that more than half of all physicians practicing allopathic medicine in India did not have any

medical qualification (NMC). Perceiving this statistic with a contemporary mindset might seem egregious but the proliferation began decades ago. The existence of quack clinics in rural India can be dated back to 1907 when the Indian Medical Gazette published an article centering their argument on the unjustified harm inflicted by people of the Brahmin sub-caste, Vaidyas (Dalshakuram). Vaidyas by occupation were priests, but they were also known for their ostensible insight in spiritual medicine. Their approach would be to target ill illiterates and persuade them to repudiate Western medicine by instilling baseless fears to spread business. Successfully, many obliged and began consulting the vaidyas over the physicians because of fear, proximity and economic sense.

To this day, access and financial burden remain the two reasons why rural inhabitants choose quacks over certified physicians. Such was the case of Aarti Jatav, a villager from the Pura Bhadauriya village in Uttar Pradesh, India (Mishra). Aarti's mother was sick with diarrhea so he contacted his local quack, 62-year-old Kabir Singh, to treat her at his home. Singh was the trusted medical provider in the village for the past forty years, yet his education ended when he completed 12th grade. Medicine ran in Singh's family as his father and forefathers were vaidyas. When asked why Jatav resorted to a quack instead of visiting a hospital, he said "Is the hospital going to come to my house?" Truth lies in his sarcasm as recent statistics show that there is one physician per 8,333 villagers in India and the average distance to the nearest district hospital is 40 kilometers (Joelving). With this sort of detachment, it's impossible for villagers to seek safer medical help in rural areas. Adding fuel to the fire, the average medical expenditure per hospitalization is 15,000 rupees and it has been exponentially growing every year since 1996 (Ghoshal). In comparison, Singh charged Aarti 40 rupees for both the house visit and medicines. Although Aarti was satisfied with his experience, many illegitimate medical practitioners open

up shop every day incompetent of the knowledge required to treat the human body. Sadly, many of these cases end up in wrongful harm and even death, leaving families in turmoil and justice unserved.

Allowing these quacks to practice unchecked is a threat to society. According to statistics from the Center for Research in Rural and Industrial Development in India, 12.6% of the national average of deaths were at the hands of quacks in 2017 (Thakur). As terrifying as these numbers are, it's the personal stories of torn-apart families which are truly despairing. An incident which garnered national media attention was the unjust death of Shanti Bai, a young mother. Her father-in-law, Nagji Lal, expressed to media outlets how the unavailability of legitimate medical infrastructure in his village resulted in the death of his daughter-in-law. Shanti trusted the quack because unlike the nurse, the quack was always available for consultation. The quack gave her an injection meant to relieve the symptoms of her headache. The next morning Shanti did not wake up. The quack murdered her; he left a mother and father childless, a son and daughter motherless, and a husband widowed. Shanti was just thirty years old; her life was inexplicably taken away from her and justice was never served as the quack fled the village (Dugger). With an outside perspective, I may not ever understand how deep this pain runs, but I am personally aware that it exists and continues to affect the lives of many every day.

In my occasional visits to India, I've witnessed dozens of quack clinics with so-called "dentists" and "doctors" providing procedures roadside. As an outsider in that environment, I could even tell how acclimated people were to consulting quacks over certified physicians. As pessimistic as it may sound, there is simply no hope for a nationwide overhaul in the healthcare sector any time soon. With an annual budget focused on tightening agricultural and industrial infrastructure, India's government brushes over its entire healthcare sector spending a mere 2.3%

of its budget on health (BBC). Therefore, the only way to settle the issue of quackery is by training established quacks so they can reduce the harm inflicted on their patients and instead provide urgent care if distant from a district hospital.

We can look to the improvement of quacks made in the state of West Bengal as a model of how to implement this preemptive training. Recently, a statewide survey was taken to gauge the preference of quacks over physicians and the results weren't surprising. Over 29.3% of the participants stated that they would visit a quack for primary care over a physician. These figures engaged the Liver Foundation, a nongovernmental organization bent on spreading awareness and supporting research for liver health. As research plays a large role in the Liver Foundation's efforts, the organization was quick to test a potential solution by conducting a study on how formal basic medical education can improve a quack's ability to treat a patient. With subsidies from the National Rural Health Mission, the study was notably funded with support from a state-government organization. The study consisted of over 150 quacks being provided a 72-session medical course in which participants were trained in human anatomy, side-effects of pharmaceutical drugs, and recognition of common illnesses (Das & Barnwal). The study proved that there was a direct increase in knowledge and skill when put to the test in a designed patient simulation. Many converted quacks were taught to align their work with a set of guidelines that would cap their level of providing care to a minimum.

An example student, Aditya Bandyopadhyay, was a quack competent in providing antibiotics before attending the Liver Foundation's training course. As a part of the program, Bandyopadhyay was taught to lower his set of expertise when treating patients, which inhibited him from providing patients with prescribed drugs and halting any medications given via injection. He also had to drop the "Dr" from his advertising in order to stay as transparent as

possible (Pulla). As the course produced positive results, the National Rural Health Mission announced that they would continue to fund the program while scaling up to 3,000 quacks in training. In fact, after these results were published nationwide by media outlets, many community leaders were interested to experiment with this revolutionary idea in their villages.

Across West Bengal lives Dr. Pijus Sarkar, a certified physician who also believes in the need to train quacks. Sarkar, who once taught at the reputable Kolkata Institute of Post Graduate Medical Education, quit his profession to support his vision of inserting quacks back into the nation's healthcare force. Sarkar began his nongovernmental organization, Foundation for Health Action, by pouring his retirement funds into building Amader Hospital, which doubles as a school for training quacks. As a quack who completed the course, Dharanidhar Bera believes that this training is necessary for every unregistered practitioner as he was able to cut his spending on medicines by half, not only improving the health of his patients but also the financial investment he must make (PRI). With support from the state government and various grassroots initiatives, quacks in West Bengal will be in the right path to providing quality healthcare.

In present day, if state governments begin to individually enforce the requirement of quacks to be trained by either funding or providing basic medical courses, the harm done by quacks could be eradicated. Currently, there are no other efforts being made to reduce quackery or promote the improvement of quackery by the federal government. The Liver Foundation study conducted was the first successful approach to regulating quackery, that too state-funded. Regulating quackery by training is the most cost-effective proposal because any other way would involve authorities which dents government spending perpetually. In terms of running government hospitals where physicians are salaried by state governments, the cost of compensating 11 physicians is equivalent to training 360 quacks per year for just about the same

level of primary service. By placing trained quacks as the first line of defense, India's burning issue could soon become its own solution.

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