

The World of Quacks: A Parallel Health Care System in Rural West Bengal

Runi Datta

Assistant Professor, Department of Political Science, Rishi Bankim Chandra College, Naihati, State University of West Bengal, West Bengal, India.

Abstract: Health as a matter of right is recognized throughout the world for its intrinsic value. India as a signatory to the Alma Ata Declaration is committed to provide 'Health for All' irrespective of any discrimination on the grounds of rich or poor and urban or rural. The National Health Policies are formed on the basis of this principle. But inequality of opportunities, the gross mismatch between the stated objectives and the resources available and the inability of the state to bring quality health care within the reach of all has increased the vulnerability of the people particularly the rural segment and led to the emergence of a new tier of physicians, running a parallel health care system and playing a formidable role in the rural health care market as rural health providers. This group of self-styled practitioners called quacks, despite in expertise is doing a good business in the villages taking advantage of the lacunae in the public health care system. As testimony to their legitimacy, they manage certificates from unauthorized and unrecognized institutions. Against this backdrop the present write up attempts to highlight the mode of operation of quacks in the villages in West Bengal and also to explore the nature of functioning of institutions that create quacks

Key Words: Health, Rural West Bengal, Quacks, Parallel Health Care, Training of Quacks

I. Introduction

Health is one of those pertinent factors which can either help or hinder the process of national development. Adequate and efficient health care services are vital to the enhancement of the physical and mental wellbeing of people. Therefore providing proper health care facilities respecting the factor of equality of opportunities irrespective of any discrimination of rich-poor, urban-rural should be in the policy priority of the think tanks of our planning bodies. The most prudent task before the nation is not only to eradicate poverty, unemployment, ignorance but to besiege any kind of inequality [1]. Rural development has always been a desired and cherished goal of our planning process [2] and the cause of democracy and social justice has always been honoured by our erudite policy makers [3]. The Alma Ata Declaration on Primary Health Care based on the principle of justice propounded a "humanistic ideology" and expressed 'unbounded optimism', with special regard to 'Health for All' [4]. The credit and repute of any health care system depends on the quality of service it renders to the beneficiaries. But this quality of care received by the villagers is questionable as majority are perforce to depend and rely on a group of unqualified self-styled rural practitioners called quacks who runs a parallel health care system along with the government health care system and the private qualified doctors.

"Have quacks become the lifeline for the millions in India? That is what the scenario looks like particularly in rural India. It is an open secret that most government hospitals in India function only in name and that serves as a lacuna that is automatically filled in by con-men who take advantage of hapless patients" [5]. The present chapter is an endeavour to delineate the formidable and all pervasive role played by the quacks or rural medical practitioners or as they are now called rural health care providers in the rural health care system, and also to explore the nature of injudicious and unbridled functioning of the institutions which beget quacks.

II. Definition of Quackery and a Quack

The word quackery "derives from the word quacksalver (someone who boasts about his salves)". Quack is seen as a pretender a fraud, a charlatan who is not well versed in medical science but pretends so [6].

The Supreme Court defines quack as "a person who does not have knowledge of a particular system of medicine but practices in that system" [7]. Quackery is also defined "as the promotion of unsubstantiated methods that lack a scientifically plausible rationale" [8]. They "include those who have not received formally recognised training and have informal training through seminars, workshops. They are not registered with any government regulatory body and operate outside of the purview of regulation" [9]. Barun Kanjilal, a renewed scholar in his article 'Harnessing the underground health market : the case of Indian Rural Medical Practitioners in Indian Sundarbans rightly points out that "the rural medical practitioners who practice modern medicine without any formal training or legal sanction represent the dominant group. The market is underground in the technical sense (since there is no legal sanction) but open in all practical grounds" [10]. To prevent malpractices

and maintain quality of health care, rules and regulations defining a code of conduct for the doctors is provided by acts such as Medical Council Act 1956” [11], the Consumer Protection Act of 1986 [12] Under the Medical Council Act the doctors are forbidden to indulge in any sort of advertisements of their dispensaries or professional qualifications, accept any gifts and must display their registration certificates and prescribe generic names of medicine rather than branded names [13]. The Consumer Protection Act is supposed to give protection to people who suffer from any inconvenience or discomfort caused by poor quality of medical care [14]. But the quacks do not follow any rule relating to medical ethics and indulge in improper practices [15].

III. Allegations against Quackery and Quack

A quack can be a part of the health market any day [16] at any time, thus transgressing the regulation under the Medical Council Act that a person cannot practice anywhere in India who is not registered under the Act. Sometimes quackery is described as a very lucrative business for unemployed youth, who lacks any systematic training and unremittingly maltreats patients [17] They are blamed for employing irrational practices misinforming people and instigating people against qualified doctors thus making their relationship more strained [18] “They have neither MBBS degree nor a license to practice medicine and yet a number of quacks are running their dispensaries [19]. Quacks are also portrayed as “double-edged” swords who deceive people by charging high fees for the treatment they offer which in most cases is erroneous [20]. Many of them do not even possess the minimum educational qualification but practices without resistance [21]. “Innocent rural population is falling prey to the ‘magic pills’ prepared by quacks to get rid of their ailment.” Resorting to publicity and advertisement and administering steroids and incomplete courses of antibiotics add to the problem and vitiates the situation [22]. A very imprudent act is the use of name boards of qualified practitioners to flourish their business [23]. Professor Amartya Sen says the care that is provided by private sector comes from quacks. “The modern quacks are no more effective than Ojhas and are very expensive” [24]

Despite so many allegations a profuse number of self-acclaimed practitioners are functioning unconcealed in every nook and corner of the villages, without any resistance either from the community or the authority. It would not be redundant here to reflect on how do these people are indomitably functioning as part of the rural health care market along with the other providers of health care.

IV. Interview with the rural health care providers or quacks and major findings

India has two kinds of health services which incorporates the Public Health Service and the Private Health Service. Public Health Services are offered by qualified government doctors and health workers at different levels—primary, secondary and tertiary. On the other hand private health care is delivered by private qualified medical practitioners, private clinics, private nursing homes and private unqualified medical practitioners or quacks. Quacks are rampant throughout West Bengal and India. Anti Quackery Bill to stop them tabled in the State Assembly in 1997 could not be implemented” [25] The natural corollary to the urban concentration of qualified practitioners and facilities... is the rise of unqualified rural medical practitioners” [26]

For the purpose of the investigation, quacks were selected from four Gram Panchayets namely Birohi II and Fahtepur from Haringhata Block and Silinda II and Sarati from Chakdaha Block. Qualitative interview was held with twenty quacks to elicit informations and datas, related to their background, educational qualifications, professional skill and mechanism of their operation, relation with the private qualified sector. The study was confined to unqualified practitioners in allopathic medicine.

The main findings of the interview with Rural Health Care providers are—

1. Most of the providers are in the field for more than ten years. Unemployment money and social security are the trio factors which invigorated them to pursue this profession. Many of them have agriculture as supplementary occupation.
2. Out of the 20 quacks interviewed six said that they have qualified Madhyamik, seven said that they have qualified Higher Secondary and six of them are graduates. One of them could not even reach the level of Madhyamik.
3. All of them are practicing allopathic medicine.
4. Out of the 20 quacks, fourteen are reported to have certificates from institutions offering different paramedical courses and six are without any institutional training. They exhibited their ignorance when asked whether these institutions are registered under the government of West Bengal. Some of them displayed certificates they obtained from various institutions. On the certificates it was written that the institution named Indian council of Alternative Medicine, was affiliated to the open International University and registered by the Government of West Bengal based on Central Government Act. Some showed their RMP certificates which mentioned that the person concerned is registered under the Bye-Laws of Indian Council of Alternative Medicines as a Registered Medical Practitioner in Indo-Allopathy System of Medicine. Some showed certificates in Community Medical Service. One thing which is common among

these institutions is the similar or alike syllabus they follow. The quacks informed that the minimum qualification required for studying such courses is Madhyamik with no entrance examination. Usually the duration of the course varies but subjects taught remain the same. They learn Anatomy, Physiology, application of medicine or use of drugs and techniques of measuring pressure and injecting saline and injections.

5. Diseases these quacks have been healing included fever, diarrhoea, cough, cold, accidental cases, joint pains, minor surgeries, seasonal diseases, asthma, arthritis, chronic obstructive pulmonary disease, vomiting, headache, swelling of glands. They were found to administer antibiotics like Azithromycin, Doxycycline, Ciprofloxacin, Ofloxacin, Cefixime, Aceclofenac, Metronidazole, Ampicillin, Amoxicillin. Steroids are also prescribed which they did not want to unfold. But these antibiotics are not given in doses and duration according to standard treatment protocols.
6. The Quacks are said to provide treatment at a cheaper price. But it may not be so always because they charge fees per visit which embodies injection, tablets and consultation fees. Usually their fee ranges between Rs. 10 to 50/- depending upon the capacity of the patient. All the quacks interviewed are doing good business. Some write prescriptions in white paper while some use padded prescriptions just like a qualified doctor. Even they dare to write 'Dr.' before their names. Such venture by inexpert in medical science is undesirable and inconceivable and impairs the sanctity of the profession.
7. Medicines are usually purchased from wholesalers at 10% to 15% discount. Physician sample medicines are also supplied by medical representatives from different pharmaceutical companies who like to patronize quacks to facilitate marketing of their products. One quack reported that there is a group of people who buys physician samples from qualified doctors and supply them to the quacks.
8. All of them boastfully said that, although they are capable enough to handle complicated cases yet they keep their treatment restricted to minor ailments and do not handle complicated cases. The complicated cases are send to qualified medical practitioners with whom most of the quacks nurture 'dadabhai' relations. They reported that when surgical cases are referred a cut of money is given to them as commission. However they never indulge in doing any abortion case but definitely suggest tablets when such cases come to them in the initial stage.
9. Quacks maintain close ties with government doctors as well as private qualified practitioners. Quacks are utilized in various health related programmes of the government and in awareness building of mother for care and institutional delivery. They are engaged in RNTCP, Pulse Polio Immunization.

One of the medical officers in Birohi PHC clearly stated that quacks act as eye-openers to motivate people

Meeting with quacks are held to create awareness among them so that they can channelise patients. He also said that Pulse Polio is such a huge task that government staff is not sufficient to undertake it. Here quacks play a vital role. Quacks also help in Blindness control Programme by identifying people in the families who need cataract operation. Quacks can detect the areas which are disease prone and thus help the government doctors in taking appropriate steps in combating them. "Quacks act as primary guard and "first line of defence". According to him since the doctor-population ratio is huge quacks are of great help in offering initial management. They know the 'alarming signs' and can refer patients to proper places. He also asserted that "if quack-level health practitioners are not there in the rural sector, the entire system will collapse, because government cannot provide infrastructural facilities. What is needed is to train them" [27]

There is a close nexus between the quacks and the private qualified practitioners. Both are benefited by each other's companionship. The quacks reported that staying in this profession is not very simple or easy. For this they need to cultivate relationship with qualified doctors both public and private. With private doctors they maintain referral arrangements. They receive profuse help in form of suggestions, consultations and training from these qualified doctors. Quacks try to study prescriptions of qualified doctors to learn treatment protocols and diagnosis. Some have reported to manage authorisation letter from qualified doctors to practice in the vicinity. This information is also found in the article "Quacks in India Claim Majority written by Dr. Lawrence Kindo [28]. The practitioners reported that the close adherence with the qualified doctors enrich their knowledge and add to their adroitness. Infact many of them have remained assistants to doctors for many years. Quacks reported that Public officials engage them in public health campaigns and family welfare programmes' and provide them with certificates of participation. In the article "The unqualified Medical Practitioners written by K. V. Narayana the author refers to a dichotomy that exists in the relation between qualified doctors and the quacks. While the Indian Medical Association reprehends quackery and fights to mitigate quackery, on the other hand these people are utilised by the doctors for channelising people, for surgeries and visiting diagnostic centres on the basis of commission. "Most of he doctors have active referral arrangements based on commissions and consider the RMPs the pillars of private sector providing first aid in medical emergencies, referral and escort services and supervising the follow-up treatment. RMPs have client-patron relationship with qualified doctors" [29]. Interview with the quacks revealed the same fact. One of the doctors in Srinagar PHC also admitted of the nexus between private practitioners and quacks. Actually competiton among qualified

private practitioners for mobilising and attracting patients is too acute [30]. These doctors cannot spend much time in the village because they have so many chambers to visit. Therefore, they need some middle-men who would enable them to continue their practice. Quacks act as these middle-men who send patients to these doctors and in return gets a commission. Quacks reported that this profession is not so profitable as people think. Therefore some other sources are required to subsist. This source is found in the commission they receive from nursing homes or qualified private practitioners. One qualified doctor maintains more than one or two quacks. "There is an arrangement among RMPs, doctors, diagnostic centres in case of payment of commission." "The nexus is actually between RMPs and specialists.... RMPs sometimes do negative campaigns against qualified doctors. It is alleged that RMPs refuse to treat the villagers in emergency if they go to qualified doctors, who have no referral arrangements with them. The nexus has adverse impact on the quality of private medical care which results in unnecessary tests, surgeries and treatments" [31].

Apart from cultivating relationship with public and private health practitioners, the quacks keep themselves acquainted with various medical journals and books to sustain their practice. They showed these journals and books to the researcher, which include Current Index of Medicine Specialities (journal), Dr. S. N.

Pandey's book on Modern Allopathic Treatment, Dr. Asoke Kumar Rai's Adhunik Allopathic Chikitsya O Kemotherapeutic Medicine, Asoke Kumar Rai and Panna Lal Rai's Adhunik Allopathic Metiria Medica, Drug Today (journal), Dr. B. D. Chaurasia's Book and Dr. A. K. Chakladar's book entitled Handbook of Anatomy and Physiology.

10. The quacks interviewed have one chamber which are either made of bamboo or rented rooms hired for the purpose. Many of them run medical shops. The quacks are quite aware of their short coming and the fact that what they are doing is illegal and try to conceal by saying that they are serving society through their welfare functions to fill the lacuna of the public health care service. They are the only panacea to the villagers suffering from various ailments, as they provide most of the outpatient services to them for twenty four hours. They display their signboards outside their chambers. Medicines including antibiotics, stethoscope apparatus to measure blood pressure are found in their chambers.
11. The Quacks reported that the villagers have unfathomable faith on them as they are incessantly serving the villagers at times of need. The villagers are benefited in variegated ways. Firstly, the lacuna of the public health service is being filled up by them which proves a boon to the government and to the people, 2ndly, they refer the patients to qualified doctors when they themselves cannot tackle the case and thus helps in healing of ailments, 3rdly, physically accompanying the patients to visit hospitals or nursing homes, 4thly, do the follow-up service to the patients after they visit qualified doctors and 5thly, help in understanding and administering the prescription that is given by the qualified doctor, 6thly, at times complete courses of injection prescribed by the qualified doctor.
12. It is evident that such a group, practicing without following any 'treatment protocols and regulatory standards [32] should stand united in case of any difficulty they face from any sector. The two main organisations of the quacks in Kalyani sub-division are Kalyani sub-division Palli Swasthya Unnayan Samiti and Rural Medical Practitioners Association. These organisations run under the aegis of Sanjukta Sangram Samiti, situated in Kolkata. These organisations, actively organise various seminars, free camps for the villagers and training programmes for the quacks. K.V Narayan have shown in his study that "They cultivate relationship with political parties, the police and government doctors, establishing referral arrangements with qualified doctors and settlement of various treatment related problems" [33]. These training programmes, camps, seminars are being glorified and illuminated by the presence of eminent doctors who give their valuable time here. The organisation is run by the financial contribution of the members themselves. The organisation sets some treatment rules for the quacks which they should abide by. These embody, not to claim any degree, not to undertake surgeries and should not use "Dr." before their names. The most formidable demand of the quacks is sanctification of their profession, for which, they specified two things which are urgently required—recognition by government as rural doctors and extensive training to enable them to overcome their shortcoming. They often feel encumbered due to the illegality of their profession. The government should consider this matter, as they are indirectly helping the government in discharging its duties towards the people. They vehemently opposed to the idea of calling them 'quacks' and some of them reported that sometimes this lack of formal training and recognition by government often handicaps them in dispensing medicines to patients who urgently require them at that very moment. They feel humiliated by 'dekho dekhe' attitude of the government. Two of the twenty quacks suggested that there should be a filter mechanism which can act as a sieve to especially select those, from among the quacks, who are worthy of receiving any training because maximum number of quacks operating as rural health care providers are illiterate, with no idea of the doses in which medicines should be administered. The most ominous part of it is the unrestricted use of steroids for quick results, thus endangering the vulnerable people, physically and economically.

V. Institutions manufacturing quacks

Quacks are being manufactured by various institutions functioning in different parts of the districts in West Bengal. These institutions are without any legal sanction to offer courses that they do but are astonishingly functioning in front of the law givers. In our state we have the State Medical Faculty of West Bengal, an autonomous body formed by the government of West Bengal and entrusted with the authority to offer various paramedical courses, conduct examination and award certificates or diplomas to successful students. Subjects taught here are Radio Therapy, Physiotherapy, Optometry, Neuro Electro Physiology, Laboratory Technician,, ECG Technician, Operation Theatre Technology, Diabetes Care Technology. The course commences for 2 to 3 years. Eligibility criteria is higher secondary with qualifying marks in science subjects. These courses and certificates or diplomas offered are acknowledged in different states in matters of employment. There are twenty nine institutes operating under State Medical Faculty [34]. But the story does not end here as there are many other institutions which are providing training in paramedical courses and offering unrecognised certificate/diplomas which can be challenged in matters of employment. One of the members of State Medical Faculty reported that certificates of candidates who had received training from such institutes come for verification.

History reveals that five people were arrested for awarding fake medical degrees in Kolkata. Indian Medical Association's ex president Subir Ganguly said that "these institutes should have stopped from venturing into modern medicine without necessary expertise and permission. They are deliberately trying to pass off such degrees to confuse people" [35] But such ventures could not be stopped as such institutions are still running with full vigour. One of them initially refused to utter a single word about his profession, but some informations could be obtained. His card manifested that he is a MD, although the subject was not specified. He was highly annoyed when asked from where do you get approval and whether the institute has government recognition? He stated that he is not bound to answer any question and is too busy. He informed that he has not yet completed MD which he is pursuing from Patna University. He claimed that his organisations registered under the Society Act and other branches are operating successfully in various other districts. He reiterated that although there is no assurance that the passed out candidates will get jobs but at least they can eke out their livelihood through such training. Students are taught Anatomy, Physiology, Physiotherapy, ECG and either certificates or diplomas are awarded. Courses commence for 6 months, held twice a week for 3 to 4 hours.

Although he claimed that classes are being taken by experts in the field, one can raise doubts about the quality of such teaching as difficult areas are taught within a short span. This institution also offers OPD services to patients [36]

Other institutes of similar nature are functioning in central Kolkata one, they claim is affiliated to Institute of Medical and Technological Research for almost thirty years and the other to West Bengal State Council of Technical Education, recognised by the government of West Bengal [37]. Actually both these institutes are registered under the Society Act[38]. They have campuses in other places like Rajarhat Barasat, South Calcutta, and offer various paramedical courses in subjects like Physiotherapy, Medical Laboratory Technology, Medical Radiographic Technology, Optometry Electro Cardiographic Technology, Operation Theatre Technology, Ultrasonography, Dental Technology, CT Scan and MRI Technology, X-Ray technician, Hospital Care, ECG technician, Laboratory assistant. The Institutes themselves provide certificates to the candidates after completion of their courses. Some courses are for 6 months, some for 1 years and some for 2 years. M. Phil and Ph.D degrees and also offered on the basis of a very high charge. Such an institute can be opened by anybody who wishes to do so. The representative of this institute offered commission to the researcher in order to send candidates to the Institute. Qualified doctors of repute and fame are claimed to take classes here.

Another institute [39] functioning from 1984 offers similar courses like Anatomy, Physiology, Pathology. Lab Technician, Classes are taken by doctors who did their graduation in Homeopathy. This institute is also registered under the Society Act. Thirty lecturers are training students in various subjects as reported by the head of the institution. Classes are held once in a week. Seven periods are taken in one day. Both practical and theoretical classes are held. Registration certificates offered are renewed at an interval of 3 years. The course content, the duration of the courses, the expertise of the faculty is highly questionable. The presence and functioning of these institutes manifests, that there is a demand for such courses. The question is whether people are falling prey to such institutions consciously or unconsciously and whether they are getting quality teaching? Many of the quacks interviewed referred to such institutes from where they sought training. The unyielding presence of such institutes raises a question as to what is the reaction of the state towards them! Directorate of Medical Education Dr. Susanta Bandhpadhyay said that "it is a matter of police and law and order. It is not a matter of health department. We are not responsible for what these institutes are secretly doing. We cannot monitor. We have over own regulations. When complains are launched we can deal [40]". Dr. Jana, secretary of Society for Social Pharmacology said actually students who pass out from here really cannot eke out their livelihood only through such training. So what they do is resort to quackery and utilise these certificates they

obtain from these institutes for legitimacy of their profession. Dr. Jana further says that state compromises to some extent and remains indifferent because it sees that interests of society are being served and some unemployed youth get a source of income [41].

VI. Training of the Quacks by eminent doctors and organisations

Non availability of doctors compel the villagers to depend on the quacks “as their first port of call when accessing health services [42]”. “A high percent of RMPs are from deprived social groups. Lack of employment opportunity acted as the driving force to opt this profession. They work on the basis of experience and have no medical degree or professional qualification to do so. They display unrecognised certificates [43]. It is unthinkable that health care will be delivered by such unskilled class of people. But the villagers are left with no other alternative. Therefore to train the quacks a team of doctors with non medical personnel like school teachers, social activists got united under the banner of Society for Social Pharmacology and formed Rural Medical Practitioners Association, West Bengal. The main purpose of the former is to communicate to the people about the science of drug and its practical application. One way to communicate was through the quacks or rural health care providers. Dr. Swapan Jana, one of the founder members stated that quacks use medicines which is illegal as per the Drug and Cosmetics Act of 1940 [44]. They also violate the Clinical Establishment Act of 1950 [45]. Dr. Jana informed that the quacks pursue this profession to gain some form of social, cultural, economic security and in some cases political advantages. The most vulnerable section, the rural population is bereft of modern health care, Quacks are the main salvation for the ruralites. Government health centres are inadequate and lack necessary facilities, manpower and drugs. Many people opt for daily wages. Therefore going to government hospitals means dedicating the entire day which costs them financial loss. Travelling is also troublesome and expensive. Therefore quacks are the exclusive choice of the ruralites. Private qualified doctors are neither always available neither affordable. Such an illegal practice is allowed to continue and the government does not intervene due to its inability to render services.

Dr. Jana reported that the Rural Medical Practitioners association (RMPA) was established in 1985 in a remote village in Arambagh. At present the organisation embodies 10,000 members from all over the state. Some members are from outside the state like Jharkhand, Uttaranchal, Delhi, Madhya Pradesh. District committees are functioning in Hooghly, Howra, Nadia, Paschim Midnapur, Bankura and Murshidabad [46].

The objectives of the organisation are

- 1) to organise the RMPs under one head, and to develop a democratic health care system with the help of the government and welfare organisation
- 2) to give priority to peoples' health
- 3) to improve the educational standard or quality of the RMPs and arrange for regular training.

The major demands of the RMPA includes legal empowerment of quacks, regular training arranged by the government, priority in getting jobs in health institutions, grant-in-aid to be provided for instruments and medicines required in their personal chambers, reduction in prices of medicines, supply of medicines in generic names [47].

Dr. Jana intimates that RMPA has a two-pronged programme strategy—one for its own and the other for the people. For their own they demanded government recognition which is practically not feasible in the present situation because various acts have to be changed like Indian Medical Council Act, Drug Cosmetics Act, and Consumer Protection Act. So they emphasize more on training to give better services to their clients.

For the people the RMPA demands discontinuation of the production and sell of non essential drug formulations. In Indian market we have more than 1 lakh drug formulations out of which 80% are non-essential drugs. Health today has become a purchasable commodity. Doctor patient relationship is based on Consumer Protection Act whereby the patients are the consumers and doctors are the sellers. But RMPA views patients not as just consumers but friends and relatives.

RMPA during its last 28 years of struggle succeeded in establishing its own medical library at Khanakul Block under Arambagh sub-division. He further stated that West Bengal has 40 thousand villages in which some 2 lakh quacks are functioning to provide 50–70% of primary health care. They can be of great help in awareness building. The RMPA members are refrained by the organisation to manifest fake degrees or use ‘Dr.’ before their names. However, in reality some quacks are found to infringe these rules set by the parent organisation.

Dr. Jana referred to two journals, namely the ‘Asuke Bisuke’ and the ‘Annadatar Chikitshyadal’, the former being published by RMPA and the latter by Society for Social Pharmacology which according to him would enkindle the country's health movement and organise and inspire the rural practitioners.

RMPA organises various training programmes attended by qualified practitioners. Dr. Jana talked about Mr. Fong, a Chinese shepherd who with the help and guidance of Chinese communist party became ‘Dr.

Fong’ and the most trusted disciple of Dr. Bethune. Dr. Jana raised some significant points at this juncture. He uttered that are all prescriptions of qualified doctors scientific and rational? Do all qualified doctors

write their registration number on their padded prescriptions? Do all nursing homes abide by the rules of Clinical Establishment Act. He also laments that what a tragedy it is that 2nd October is celebrated by Indian Medical Association as 'Quack hostile Day', but some members of the same association utilise the quacks for their bread and butter. He also referred to two articles entitled 'Hature Daktar + Rogi = Roger barabari' written by Dr. Koushik Sarkar which appeared in the 'Arogya' magazine and the editorial letter written by Swarajit Mitra, secretary of the Rural Medical Practitioners Association in counter argument. Dr. Sarkar expressed his opposition to the functioning of quacks in the villages as he believes that there is no dearth of doctors or hospitals. Mr. Mitra counter argued that definitely there is a dearth of doctors as these qualified doctors are busy in their private chambers, and have little time for the villagers. This view is also shared by Dr. Jana. Such a situation compels the poor to depend on quacks who are their only salvation at times of need. Dr. Jana said that sometimes there is an allegation that 40% of the quacks have not crossed the boundary of primary education. But this is incorrect as, data reveals that 37% have qualified secondary, 28% higher secondary and 29% are graduates. He holds the state responsible for the growth of quacks [48].

Dr. Jana was also critical of the editorial written by Dr. Ghanashyam Omri in the Journal of the Indian Medical Association where he expressed his view that quacks are bogus doctors who are practicing in India and have no respect for the law of the land.

Apart from people like Dr. Jana, organisations like Liver Foundation [49] have taken the task of 'mainstreaming of Rural Health Care Providers'. The organisation believes "the inefficiency of the public health care create a situation where trained formal health care human resources are considered as alien. The villagers rely much more on these local youths who provide curative care to the villagers on the basis of experience gained as assistants to doctors. Fake certificates are also collected by them. Others try to learn by following prescription of doctors. Trained doctors and Rural Health care providers maintain a commercial relationship. They are primary ambulatory care providers. Their availability in times of need and physical proximity makes them acceptable to the people."

To bring these Rural Health care providers to the mainstream, the only way is to train them through a structured programme which will enable them to increase their knowledge as well as to gain social recognition.

They can be utilised in creating Hepatitis awareness, and the organisation has arranged for training programmes in various districts, like Nadia. The duration of the training course continues for 1 year and embodies 3 phases—"preparatory phase, consolidation phase and enrichment phase." Eligibility criteria is Madhyamik and selection is made on the basis of a test. Those candidates who could secure 20 in selection test is called for an interview. Then the final list is prepared of selected candidates who are then trained under the guidance and supervision of experts in the field. The subjects include Anatomy, adverse effect of drug, Obstetric Care, Physiology, Medicine and Child Care. Theoretical and practical classes are taken and there is also a provision for quarterly exam. When the results were analysed they revealed that there was a significant improvement in the candidates after training. In this way attempt has been made to transform the quacks into rural health care providers through empowerment by knowledge. "The quacks should at least know the basics of health care so that they can help villagers rather than endanger their lives [50]"

VII. Conclusion

From the above discussion, it is clear that quacks have become indispensable part of the rural health care system. There are variegated allegations against quacks but it seems that their eradication would lead to further dilapidation of the rural health care system. One of the Medical officers in Srinagar PHC uttered that "Quacks are dangerous because they do not know the subject. They dare to use antibiotics and should not be integrated to the system. They are becoming important because doctors are not staying for 24 hours due to lack of various facilities [51]". A study conducted in three districts of West Bengal namely Malda, Bankura and N-24 Parganas tried to find out answers to the question as to why do rural people prefer to visit quacks rather than government health care institutions given the fact that both are cheap. The study highlighted 2 vital points— 1) the quacks are formidably running parallel health care in the absence of any monitoring and regulatory system. 2) They are playing a positive role and alternative to RMP's service would mean no treatment in villages [52]. A study conducted by the Pratchi Research team in Birbhum in West Bengal and Dumka in Jharkhand highlighted the benumbed state of the public health care delivery system and improper functioning of government health centres resulting in abundance growth of quacks in the areas. The study points out "despite their very low level of knowledge about diseases and their treatment, the interviewed quacks have been doing good business. The main reasons they mentioned for their widespread field were difficulty in accessing the public health system by the suffering folk, poor functioning and consequent unreliability of the public health system & high cost of treatment at the private qualified doctor clinics on the one hand and easy access to the quacks and their comparatively lower cost of treatment on the other [53]". Indian Institute of Health Management Research undertook a study in Sundarbans which manifested that "80% of children were treated by quacks and less than 10% were referred to qualified doctors. The trusted bondage between the RMPs and their clients is strengthened

by bounded rationality and social sanction. The indistinguishability of quality is maintained by mimicking the clinical procedures of treatment followed by the formal providers. They are a formidable market force [54]”.

The importance of quacks as health providers is reflected in these above mentioned investigations. It is a bizarre that despite the fact that these people lack the necessary educational background, expertise, proficiency required for practicing medical science, exhibit fake certificates, cultivate commercial relationship with the qualified doctors and medical representatives, follow faulty treatment protocols, impair the sanctity of the profession, they are resolutely functioning as medical practitioners in different villages in West Bengal and acts as the friend philosopher and guide of the deplorable section i.e the rural poor. It is necessity which is the predominant factor that empowers them in the villages. It is this question of necessity which transgresses the question of legality vs illegality. It is unfortunate that development has remained one sided as basic services are inadequate at the grass root level. The most vulnerable section, our ‘bread givers’ [55] are deprived of quality service to some extent which is a significant exclusion and an inducing factor for the quacks to flourish and the people to depend upon them blindly. The interview with the quacks manifested that they are trying hard to improve knowledge to some extent by reading various medical books and journals and consulting qualified doctors, so as to sustain in profession. Rapport and cordial relationship with the villagers is their trump-card. “It is unlikely that in the near future, the government would be able to provide alternative sources of treatment for the poor in the rural areas. It is therefore necessary to train the educated RMPs in the basic curative care and safeguard the interests of people in rural areas. The training in basic medicine is to discharge unnecessary injections, inappropriate and incomplete doses of antibiotics. They can be trained in treating minor problems and in identifying serious problems for referring. The RMPs can be utilised in follow up treatment of TB, Leprosy under the guidance of qualified doctors [56]”. “Some basic and uncomplicated ailments do not require much expertise and can be tackled by the local RMPs like dysentery, fever, cough and cold [57]”. “Depth of knowledge enables one to do subtle clarifications. The quacks do not know the logic of application. Uniformity should come in their treatment protocol. They cannot be called doctors but can be made to do a condensed course where they can be taught disease protocols [58]”. The Rural Medical Practitioners Association and the Liver Foundation are playing pioneering roles in training the quacks so that they can be equipped to provide services to the poor. Actually they are being utilised both at public and private level by government health officials as well as private qualified doctors, though, formally they are opposed to give them any legitimacy. We have also seen that how some institutions are awarding diplomas and degrees secretly which are unrecognised by the government and also inducing quackery to some extent.

It is the duty of the state to safeguard and protect rights of citizens and primary obligation is to provide basic services. But the state seems to be in a dilemma so far quackery and quacks are concerned. It is the demand of democracy that quacks should continue, irrespective of the fact whether they are qualified or not, legal or illegal. State also seems to compromise with the situation. In its inability to render adequate services, it has some how accepted existence and functioning of a third tier of physician running a parallel health care market—the quacks. There is no proper supervision and monitoring which can stop illegal institutions from functioning. Neither could state provide alternative service nor can ban quackery so what it can do is ‘co-opting’ [59] their services through proper training and ‘capacity building’ [60], programmes. After all ‘ethical practice’ should find its way it is then ‘Health for All becomes a reality’ [61].

Ritu Basu in her article “Docs urge training for Quacks” referred to what Meenakshi Gautam, involved in training of quacks in Uttarakhand and Andhra Pradesh said “There is an obvious supply side shortage in the government health care set up. And this is leading to proliferation of quacks..... There is little doubt that they need training.” The article also highlights the importance given by the panelists on harm reduction mode” in the session that was organised by Liver Foundation in the Alipur Campus of Calcutta university. It is important to make them aware of their limitations and repercussions of ill treatment [62].

References

- [1]. Rajan S Irudaya and James K. S. (eds.), Demographic change Health Inequality and Human Development in India, Centre for Economic and Social Studies, India, 2004, p.28.
- [2]. Kar Samit, Rural Development in West Bengal A Quest, Chitra De, Calcutta, 1991, p.1
- [3]. Sisodia Singh Yatindra, (ed.), India’s Development Scenario Challenges and prospects, Rawat Publications, Jaipur, India, 2009, p.1
- [4]. Bose Asish and Desai P.B, Studies in Social Dynamics of Primary Healthcare, Hindustan Publishing Corporation India, Delhi, 1983, p.12
- [5]. Kindo Lawrence, “Quacks in India Claim majority” www.medicalisland.net/featured/quacks-in-India-claim-majority Jan. 4, 2012, visited on 14.6.2013
- [6]. Barrett stephen, “Quackery;How should It Be Defined?” Jan 17, 2009 www.quackwatch.com visited on 21. 6.2013
- [7]. Gowhar Imran and Kulkarni Tanu, “Why Quacks Thrive!”, The Hindu, Bangalore, December 4, 2012 www.thehindu.com/news/cities/bangalore/why-quacks-thrive/article4161375.ecc visited on 15.6.13
- [8]. Barrett, Stephen, “Quackery: How Should It Be Defined?” op.cit.
- [9]. Sudhinaraset May, Ingram Matthew, Lofthouse, Heather Kinlaw, Montagu Dominic, “What Is The Role of Informal Healthcare providers in Developing Countries A Systematic Review”, 2013. www.plosone.org/article/info. visited on 14.6.2013

- [10]. Kanjilal Barun, "Harnessing the underground health Market: the case of Indian Rural Medical Practitioners (RMPs) in Indian Sunderbans", Indian Institute Of Health Management Research 2013. www.ihea2013.abstactsubmit.org/presentation/11122 visited on 14.6.2013
- [11]. It is an act to provide for the reconstitution of the Medical Council of India and the maintenance of a Medical Register for India and for matters connected therewith. The Act says where any medical college is established except with the previous permission of the Central Govt. in accordance with the provision of Section 10A, no medical qualification granted to any student of such medical college shall be recognised medical qualification for the purposes of this Act. Save as provided in section 25, no person either than a medical practitioner enrolled on a state Medical Register shall hold office as physician or surgeon in any other office in government or in any institution maintained by a local or other authority; shall practice medicine in any state. www.mcindia.org/ActsandAmendments/TheMedicalCouncilAct1956 visited on 15.6.2013
- [12]. Consumer Protection Act 1986 is an act of parliament of India created in 1986 to protect interests of consumers in India. In order to settle consumer disputes it provides consumer councils. Central and State Consumer Protection Council are functioning. www.wikipedia.org/wiki/consumer-protection-Act-1986 visited on 15.6.2013
- [13]. Majumdar Bappa, "Ethics leash on errort doctors": The Telegraph. Dec. 2, 2002 www.telegraphindio.com/1021202/asp/Calcutta/index.asp visited on 21.6.2013
- [14]. Misra Rajiv, Chatterjee Rachel, Rao Sujatha, India Health Report, Oxford University press, New Delhi, 2003, p. 112
- [15]. The information is obtained from interview with the quacks.
- [16]. Kuruvila A. Thomas "GOD's OWN or QUACK's OWN COUNTRY", Feb 4, 2012 www.similima.com/Kerela-gods-own-or-quacks-own-country visited on 21.6.2013
- [17]. The K. Sanjeev "Quacks galore in Bhagalpore district", May 12, 2004 www.indiatimes.com/2004-05-12/patna visited on 21.6.2013
- [18]. Dhikav Vikas, "Fake medicine but realmoney" www.docstoc.com/does/75041635/Fake-medicin-but-real-moneyMarch_30.2011 visited on 14.6.2013
- [19]. "Business swells for Kolkata quacks" Tuesday, Oct. 28, 2008 www.dniandia.com/india/120/697/report-businessswells visited on 14.6.2013.
- [20]. Bhakoo Shivani, "Quackery thrives, risks lives" Ludniana Tribune, Nov. 22, 2001, Chandigarh India www.tribuneindia.com/2001/20011122/1dh3.ntm visited on 15.6.2013
- [21]. Information obtained from interview with the quacks.
- [22]. Prakash Chander "Quacks play with lives of villagers-Admister steroids under the garb of "magic pills", Tribune News Service, May 11, 2003, Chandigarh, India www.tribuneindia.com/2003/20030511/punjab/htm visited on 14.6.2013
- [23]. Prasad S, "Concern over growth of quacks in Krishnagiri", The Hindu, August 24, 2005, www.hindu.com/2005/08/24/stories/2005082404970300.htm visited on 14.6.2013
- [24]. Sen Amaitya "India's poor need a radical package", The Hindu online edition, Jan. 09, 2005 www.hindu.com/2005/01/09/stores/2005010900161400.htm visited on 21.6.2013
- [25]. Pratichi Research Team, The delivery of primary health Services A study in West Bengal and Jharkhand, TLM Books in association with Pratichi (India) Trust, Delhi, 2005, p-50.
- [26]. Misra Rajiv, Chatterjee Rachel, Rao Sujatha, India Health Report, op.cit., p-106
- [27]. A face-face-interview was held with one of the medical officers in Birohi PHC on 24.6.2013 and his views are highlighted. Name is not disclosed purposely.
- [28]. Kindo Lawrence, "Quacks in India claim majority" op.cit
- [29]. Narayana K.V, "The Unqualified Medical Practitioners", May 2006 www.cess.al.in/cesshome/p-70.paf visited on 22.6.2013. The study was undertaken as part of the project on "Monitoring shifts in Health Sector Policies in South Asia". The study was conducted in Khamma district in AP to examine the socio-economic characteristics of RMPs, the nature of Medical Practice by RMPs and relation between RMP and qualified Medical Practitioners.
- [30]. A face-to-face interview was held with one of the medical officers in Srinagar PHC on 25.6.2013 and his views are highlighted. On his request name is not disclosed.
- [31]. Narayan K. V, "The unqualified Medical Practitioners", op.cit.
- [32]. George Asha, Kanjilal Barun, Ayer Aditi, "Understanding Informal Markets. The roles and perspectives of RMPs in West Bengal and Karnataka." Future Health systems- innovations for Equity. www.slideshare.net/Fits/com visited on 22.6.2013. They work on the role of informal health care providers providing both qualitative and quantitative insights into how and why the poor use poorly trained rural medical practitioners as their first port of call, when accessing health services.
- [33]. Narayan K. V, "The unqualified Medical Practitioners", op.cit.
- [34]. Information obtained from the prospectus of the State Medical Family of West Bengal situated in Belegghata.
- [35]. "Five held for awarding fake medical degrees." Aug. 26, 2003 www.cuticles.timesofindia.indiaties.com visited on 22.6.2013
- [36]. Information received from a conversation with the principal of the Institute (the name of the Institute and the Principal are purposely not disclosed) dated 17.6.2013
- [37]. Information obtained from conversation with the representer of the Institute situated in Central Kolkata dated 26.6.2013 (Names are not disclosed)
- [38]. "A society is defined in the Societies Act as a club, company, partnership or association of 10 or more persons, whatever is nature or object and not already registered under any law." <https://app.res.gov.sq/ui/Index/Index.aspx> visited on 23.6.2013
- [39]. This institute is also situated in Central Kolkata is Surya Sen Street. It was written in the prospective that this institute is registered under Govt. of West Bengal 1984 and legality and validity is being offered by honourable Calcutta High Court. The conversation was held with one of the founder members on 17th June.
- [40]. Views of Dr. Susanta Bandhyapadhy, Directorate of Medical Education, Swasthya Bhavan, obtained on 18.6.2013
- [41]. Talks with Dr. Jana, Secretary society for social pharmacology, ex-member of Rural Medical Practitioners' Association on 26.6.2013
- [42]. George Asha, Kanjilal Barun, Ayer Aditi "Understanding Informal Markets : The roles and perspectives of RMPs in West Bengal and Karnataka", op.cit.
- [43]. Narayan K. V "The unqualified Medical Practitioners", op.cit.
- [44]. Under Drugs and Cosmetics Act 1940, it is said that a drug shall be deemed to be misbranded "if it is so coloured, coated, powdered or polished that damage is concealed" or "if it is made to appear of better or greater therapeutent value than is really is", or "if it is not labeled in the prescribed manner." A drug shall be deemed to be adulterated "if any substance has been mixed therewith so as to reduce its quality or strength or consists of decomposed substance." Spurious drug is one "if it is substituted wholly or in part by

- another drug or substance”, or “ if it is imported under a name which belongs to another drug if it purports to be the product of a manufacturer of whom it is truly not a product” www.cdsc.nic.in/html visited on 15.6.2013
- [45]. “Clinical Establishment Act. has been provided by the Central Government in 2010 to provide registration and regulation of all clinical establishments in the country.” The Act decides the standards of “facilities and services” to be provided by the clinical establishment. www.clinicalestablishments.net.in/ visited on 15.6.2013. All diagnostic centres and doctor clinics both public and private are embodied “across all recognised system of medicine”. The district health officer or Chief Medical Officer is empowered to provide ‘provisional registration’ to clinical establishment. Power of inspection is also given to the authority with prior intimation. The act empowers on “safe reliable and great service system.” www.nabh.co/main_events/conclave2012/press/Anil_Kumar.pdf visited on 15.6.2013
- [46]. Exclusive interview with Dr. Swapan Jana, dated 26.6.2013
- [47]. Bagchi Santiranjan and Jana Swapan, (ed.) “Annadatar Chikitsadal” (Doctors for the bread givers), society for social pharmacology, West Bengal, Kolkata, 2009, 2, 3, 4, 5.
- [48]. Qualitative Interview with Dr. Jana dated 26.6.2013
- [49]. Rural Health Care Providers Training, Activity Reports. For three years. “Hepatitis B Virus Awareness, education and prevention—“Science To The Society: An Eastern Dream and Endeavour”, Liver Foundation, West Bengal 2010. www.liverfoundation.in/activities2/html visited on 23.6.2013.
- [50].“Physician teachers quacks to be rural doctors”, The Telegraph August 25, 2009 www.telegraphindia.com visited on 25.6.2013
- [51]. Qualitative Interview with Medical officer in Srinagar PHC dated 25.6.13
- [52]. Future Health Systems Innovations for equity A Research Initiative by Institute of Health, HMR Management Research “A Parallel Health Care Market: Rural Medical Practitioners in West Bengal, India”, p-2,4 www.futurehealthsystems.org/storage/Indianinformalproviderbrief.pdf visited on 21.6.2013
- [53]. Pratchi Research Team, The delivery of Primary health service A study in West Bengal and Jharkhand, op.cit. p.51
- [54]. Kanjilal Barun “Harnessing the underground healthmarket : the case of Indian Rural Medical Practitioners (RMPs) in Indian Subdearbans”, Indian Institute of Health Management Research, 2013 www.ihea2013.abstactsubmit.org/presentation/11122 visited on 22.6.2013
- [55]. ‘bread givers’ This word is taken from the manuscript “Annadatar Chikitsadal” published by society for social pharmacology.
- [56]. Narayan K. V. “Unqualified Medical Practitioners” op.cit.
- [57]. Interview with Dr. Jana dated 26.6.2013
- [58]. Qualitative Interview with one of the medical officers in Birohi PHC dated 24.6.2013
- [59]. Narayan K. V. “Unqualified Medical Practitioners” op.cit.
- [60].What is the role of Informal Health Care in Developing Countries.op.cit
- [61]. Kindo Lawrence “Quacks in India claim majority.” www.medicalisland.net/featured/quacks-in-India-claim-majority,Jan.4.2012 visited on 14.6.2013
- [62]. Basu Rith “Docs urge training for quacks” The Telegraph, Calcutta, India, Nov. 19, 2012 www.telegraphindia.com visited on 22.6.2013