

# The role of quacks in the practice of proctology

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**Abstract.** – Most human beings will do almost anything to prolong their existence or to relieve themselves from the suffering of a disease. Others will do anything to exploit these desires by selling what they claim to be magical remedies or panacea for all diseases—even for the incurable ones. Quack is one of the several names used for practitioners or peddlers using supposedly ineffective medicines while it also relates to advertising by doctors.

This article describes the practice of quackery in ano-rectal diseases, their presentations and the complications arising out of such procedures.

*Key Words:*

Quack, Proctology, Medical association, Alternative medicine.

## Introduction

By definition, a quack is one who practices a form of medicinal system without qualification, training and registration from the appropriate council or authority<sup>1</sup>. Some of these practitioners successfully promoted their medical and surgical abilities and their remedies to a gullible public. Although many may have been harmless, a number of them may be considered to be rather dubious and dangerous. Alternative medicine has always had an attraction for some members of the community, and this allurements has even extended into the twenty-first century.

Quacks are practicing in every field of medicine, field of surgery being no exemption. Quackery in surgical field mainly revolves round the treatment of anal canal diseases i.e. piles, fistula-in-ano, fissure-in-ano etc. Quacks in this field are often more popular than the regular practitioners. One can find their advertisements, signboards and offices in every township. They

have neither a recognized degree nor a license to practice medicine and yet a number of quacks are running their “dispensaries” with impunity in every part of the country. Most of them have one-room chambers. They even put up signboards in front of their dispensaries, claiming to be specialized doctors and even handout prescriptions on their letterheads. They even dare to drive away a qualified one from the area of their operations.

A large number of patients from all walks of life and different cross sections of society, visit these quacks for their anal and perianal ailments. Some of them are happy, too, for visiting them and declaring that their ailments were cured. But many of them have to repent for life, mainly because their original problem gets complicated and have to pay a heavy cost for getting out of such complications. Incidentally, most quacks claim to be super-specialists in their fields of expertise. These quacks use the abbreviation RMP as qualification. The letters stand for Rural Medical Practitioner, a camouflaged version of the official title Registered Medical Practitioner. There are also cases in which fraudulent medical practices are passed on from father to son, the father’s MBBS degree being used as an heirloom.

Many of these piles specialists claim to treat piles within an hour with a “magic wand” and people, especially from the lower strata of society, becomes an easy prey to such baits. In the name of providing relief within an hour, these quacks inject various corrosives directly into the piles thereby causing severe inflammation and causing excruciating pain to the patients. At times a single needle is used for injecting medicine in many patients. This can result in higher incidence of blood borne infections like hepatitis and AIDS in patients visiting them. While quacks claiming to treat piles dot every nook and corner of the country, in many cases the Ayurvedic and Homoeopathic practitioners too act as surgeons and treat every kind of anorectal diseases.

The Piles and Fistula quacks set up shops and offer “money back guarantee”. They brazenly display billboards near big hospitals. These quacks claim to practice some traditional herbal medicinal therapy. But in actual, they treat the anal ailments of the patients using various toxic chemicals and acids and then try to correct the resultant infection by strong antibiotics and analgesics used in veterinary practice. Majority of the victims end up with fibrosis and lifetime suffering. The anorectal diseases are considered as some sort of a divine curse and a matter of shame. The victims of the quacks, therefore, suffer without complaining. People even from educated and affluent class clandestinely visit these quacks either because the mainstream treatment has failed to give relief/ cure to the patients with hemorrhoids, fistula, and anal fissure, or they are too shy to discuss the ailment with their family physician or at time even on peer advice.

The possible reasons for the patients visiting quacks could be the attractive publicity gimmicks claiming faster, cheaper and sure cure<sup>2</sup>. In contrast, the general or family practitioners are less enthusiastic in treating these ailments. A misconception also prevails that surgery for anal ailments is followed by too much of pain, incontinence, bleeding and so on. Low cost of treatment, promise of lifetime guarantee by the quacks (some of them even issue a life time guarantee card!) and a false belief that, treatment by quack was just a “treatment” involving no surgical intervention.

Observations and experience in this field has shown that quacks treating fissures and sentinel piles often get away without many complications. Problems indeed arise when they embark on treating fistulae, hemorrhoids or ano-rectal neoplasms. The complications are created due to lack of scientific knowledge and lack of scrupulous asepsis. Most of these quacks are probably former employees or relatives of a senior quack proctologist. After observing the proctological surgery from their seniors, they mimic the technique, but for want of formal medical education, they remain technicians & create complications by mishandling the cases or handling the wrong cases. In the following paragraphs, a brief treatise from the Author’s personal experience is given about the various methods adapted by the quacks to deal with ano-rectal diseases and the resultant complications arising out of them.

### ***Wrong Injections in Wrong Place***

Injection sclerotherapy is popular in most parts of the world to treat first and second degree hemorrhoids by creating fibrous reaction in the submucosa of the hemorrhoidal tissue. The use of injection sclerotherapy started over a century ago and throughout its development different sclerosants has been used. The most acceptable sclerosant used is 5% phenol solution in oil. The low cost of injection sclerotherapy and the ease with which it can be administered by a single operator in an outpatient setting have contributed to its popularity. The procedure is generally considered to be safe.

However, the technique of injection needs knowledge of anatomy of the region and the skill to inject the medication in the dose, depth and direction of the affected anatomy. Ideally, the injection is given in the submucosa to create an aseptic inflammation which when heals, gives rise to fibrosis, which obscures the pathological vascular enlargement of the hemorrhoid, that is responsible for most hemorrhoidal symptoms.

But the quacks know little about these anatomical facts and thus instill the solution in places other than where it is needed. Misapplication of this injection results in its being either too superficial, i.e. in the mucosa causing ulceration and bleeding, or too deep in the muscles or underlying tissue to create various septic complications. Such complications include severe pain, injection site hemorrhage and ulceration.

Urological complications also are likely to result from an anteriorly misdirected injection into the substance of the prostate, urethra or the periprostatic venous plexus. The complications include hematuria, oliguria, urinary retention, urethral stricture, epididymitis, prostatic abscess and impotence. As the most commonly found hemorrhoidal place is in right anterior position (11’O clock positions), the chances of occurrence of this complication are relatively high.

Similarly, the phenol in oil solution is to be prepared under strict aseptic conditions and should be injected with all aseptic precautions. The patient is to be tested for HIV and Australia antigen before being so treated. Immunologically compromised patients pose an additional risk in such situations. The quantity of phenol to be injected has to be scrupulously measured, as there is a potential for phenol to be absorbed systemically with severe consequences.

Chances of a subsequent necrosis of the underlying tissues producing rectal perforation and retroperitoneal abscess necessitating emergency laparotomy and defunctioning colostomy looms large. Excessive local reactions, necrosis followed by hemorrhage and allergic reactions, external hemorrhoid thrombosis and delayed hemorrhage are few other complications. However, the quacks hardly take any such precautions before injecting the hemorrhoids.

### ***Quacks and the Fistulous Tract***

Quacks inject various corrosives in the fistula tract, which creates severe inflammation and necrosis, which when heals by fibrosis leads to closure of the fistula tract. Most of the patients however, are not lucky enough to reach to this happy ending and land up with various complications like necrotizing fasciitis of the anorectum, perianal region, and scrotum, which necessitate emergency debridement and defunctioning colostomy. Septicemia and renal failure can occur due to absorption of the toxic material and will require costly treatment and an extended hospital stay.

For treating anal fistula, the “KsharaSutra therapy” (medicated seton treatment) that has its origin in the age old Ayurveda appears to have gained popularity. In this technique, the physician uses a medicated thread, the “KsharaSutra” to cut through the tract of anal fistula. A sterilized thread is repeatedly soaked in a medicated solution and allowed to dry up. One of ends of this thread is inserted from the external opening to bring it out of the internal opening in the anal canal using a probe with an eye. The two ends of this thread are tied and then tightened at the external opening with three knots. This procedure is repeated every week, ranging between 15 to 50 sittings till it cuts through the fistulous tract. This simultaneous process of cutting through the tract towards periphery, and healing in the opposite direction, eventually ends up in slitting open the whole tract while simultaneously healing the wound.

This is an established and proven therapy provided the treating doctor is well versed with the anatomy and basics of anal fistula pathology.

The quacks unfortunately lack both these primary essentials and they just put the thread either creating a false passage, or keep the thread too loose to achieve slitting of the tract. The process

of changing the thread is singularly painful. Often the patient would not allow the doctor to insert the thread in proper position and with required tension due to the excruciating pain. A lot of patients are seen reporting to the proctologists with the threads in place in their fistula tract with foul smelling discharge, infected wound with excoriated skin, severe pain and induration in that region.

In case of multiple fistulae, the proximal opening which is close to the anal verge and can be threaded with relative ease is treated, while the distally placed opening (which ideally should be dealt first) is left unattended. Thus, the tract persists in spite of long duration of therapy and suffering for months together.

In such situations, it is better to remove the offending thread and clean the wound thoroughly. If any necrotic or suppurative cavity is found, it should be debrided. Antibiotics and anti inflammatory medication would help in relieving the pain and discharge. Once the acute stage is over, appropriate surgical options could be adapted to treat such fistula.

### ***Throttling Hemorrhoids or the Patient?***

The way quacks treat large prolapsing or internal-external hemorrhoids is based on simple principle, throttle the mass to obscure the blood supply, create necrosis and eventual sloughing of the pile mass from its place. Various threads, ligatures and banding materials are used to carry out this maneuver. But the patient has to pass through a nightmare of severe pain, huge thrombotic lump at their bottom, bleeding and other septic symptoms. Few may get relieved once the mass is sloughed off, but it leaves behind a large wound, which takes month to heal with eventual anal stenosis or stricture.

The complications of such as mass hemorrhoidal ligation include bacterial septicemia or toxemia, bleeding and thrombosis, supralelevator abscess, delayed massive rectal bleeding, perianal abscess, perianal fistula, and painful priapism. Many patients have reported with pelvic cellulitis with progression to shock and death.

### ***The Problem of Quackery in India***

According to a study, there are around 1.5 million quacks in India, i.e. the number of quacks in our country exceeds the number of qualified doctors<sup>3</sup>. If it is presumed that one

quack causes death of one patient in one year due to wrong diagnosis and treatment, nearly 1.5 million silent killings take place across the country. Although a modern quack still mouths the same old promises, his manner and style have changed. He has become more sophisticated in his approach to fooling people. He quotes or misquotes scientific references and he sprinkles his conversation with medical terms in dealing with prospective patients. Indeed, modern quackery has become so high-tech that many are deceived in the process. Nonetheless, the quacks hardly have any guilt about their medical practice. In fact, they tout it as one of the way of social service<sup>4</sup>.

Lot of patients visits quacks for anal canal ailment in the hope of low cost, operation less cure. Most of them face incomplete, irrational treatment and suffer from prolonged morbidity. They are shy to come forward to tell about these complications and to consult appropriate experts until when they are in miserable situation<sup>5</sup>.

It is unfortunate that people approach quacks for their low charges, but ultimately end up paying more because of the wrong treatment they undergo. The innocent patient is easily taken for a ride due to an easy access to such quacks and the promise of early relief. There is a need to educate the masses about the dangers of being treated by the quacks. The Medical Associations and law enforcing agencies are required to deal with these pretentious charlatans, offering quack remedies with iron hands<sup>6</sup>.

## Conclusions

Lack of awareness among the public, and apathy on the part of enforcement agencies, has brought about a situation where quacks are thriving in the country.

To distinguish quacks from registered doctors, doctors should display their certificates in their clinics, abiding by the new ethical code of conduct of MCI. A good deal of public education is necessary to create awareness about anal canal diseases and their scientific treatment and modern short stay, curative, patient friendly surgical options.

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