



Doctors' Views on Quackery in Uttar Pradesh: A Questionnaire-Based Legal Study on Gaps, Reform Needs

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ABSTRACT:

The unauthorized practice of medicine—commonly referred to as quackery—remains a deeply entrenched issue within India's public health system, especially in states such as Uttar Pradesh where access to qualified healthcare is uneven. Drawing on empirical data gathered through a structured questionnaire administered to licensed allopathic practitioners across both public and private healthcare institutions, this study explores their experiences and perceptions related to five key areas: the effectiveness of current legal provisions, their professional risks when addressing complications caused by quack interventions, institutional obstacles to reporting such practices, the sufficiency of legislative backing, and potential legal reforms.

What emerges is a compelling consensus: existing laws are widely seen as inadequate. Many doctors reported feeling both unsupported and vulnerable when dealing with the aftermath of quack-induced harm, particularly due to bureaucratic inertia and the lack of clear reporting protocols. A significant number also emphasized the chilling effect of administrative indifference, which discourages frontline reporting. Notably, there was substantial support among respondents for the introduction of a dedicated anti-quackery statute—one that would include clearer regulatory definitions and stronger enforcement tools. These practitioner insights underscore the urgent need for policy-level interventions grounded in frontline experience, and suggest that any meaningful legal reform must be informed not only by statutory review but also by the lived realities of medical professionals operating within India's overburdened health infrastructure.

1. Introduction

The persistence of quackery in India broadly understood as the unlicensed and unqualified practice of medicine raises urgent concerns for both public health and legal governance. This phenomenon is particularly evident in states like Uttar Pradesh in India, where disparities in healthcare access and infrastructure have enabled informal medical actors to flourish.¹ In many underserved areas, these individuals often become the default point of care, not because of trust in their

qualifications, but due to the absence of accessible, affordable, and timely healthcare services.²

India's existing legal architecture, including the Indian Medical Council Act of 1956 and the Clinical Establishments (Registration and Regulation) Act of 2010, does provide formal mechanisms to curb such unauthorized practices.³ However, enforcement remains fragmented and uneven, especially at the district and sub-district levels.⁴ This disconnect between legal mandate and administrative action has effectively created a vacuum in medical regulation one that not only

¹ Ministry of Health & Fam. Welfare, **Rural Health Statistics 2021–22** (2022), <https://main.mohfw.gov.in/sites/default/files/RHS%202021-22.pdf>.

² World Health Org., **Primary Health Care Systems (PRIMASYS): Case Study from India** (2017), <https://www.who.int/publications/i/item/primary-health-care-systems-primasys---brief>.

³ Indian Medical Council Act, No. 102 of 1956, INDIA CODE; Clinical Establishments (Registration and Regulation) Act, No. 23 of 2010, INDIA CODE.

⁴ NITI Aayog, **Health Systems for a New India: Building Blocks** (2019), <https://niti.gov.in>.



endangers patients but also undermines the credibility and ethical obligations of registered medical professionals.⁵

Crucially, the issue transcends the domain of public health; it signals systemic deficiencies in institutional accountability, legal clarity, and inter-departmental coordination.⁶ While media exposés and sporadic public health campaigns have spotlighted the dangers posed by unqualified practitioners,⁷ these narratives rarely capture the day-to-day realities faced by licensed doctors who must often rectify the consequences of unregulated treatment.⁸ Despite being key stakeholders in both clinical care and legal compliance, the voices of qualified practitioners remain marginal in academic and policy debates.⁹ Much of the existing discourse continues to focus on statutory interpretation and policy abstraction, without meaningfully incorporating the experiential knowledge of those most directly impacted by quackery's consequences.¹⁰

Quackery is especially widespread in rural and underserved regions of India. A 2016 study by the World Health Organization found that nearly 57% of individuals offering allopathic treatment in rural India had no formal medical qualification. Urban slums also show high reliance on unqualified practitioners due to affordability and easy access.

Legally, only those registered under the National Medical Commission (NMC) Act, 2019, or equivalent state medical registers, are permitted to practice modern medicine. The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954¹¹ also plays a role by prohibiting misleading health claims and

unscientific advertisements.¹² Furthermore, in *Poonam Verma v. Ashwin Patel* (1996)¹³, the Supreme Court held that a person trained in one system (e.g., homeopathy) but practicing another (e.g., allopathy) is liable for negligence per se.

1.1. Classifications of Quackery:¹⁴

Quackery can be categorized in several ways, depending on the method, intent, or the medical system involved:

A. Based on Medical Practice

- **Unqualified Allopathic Practice:** Individuals without MBBS degrees or formal training in modern medicine providing treatment.
- **Cross-Practice or Cross-Pathy:** Practitioners qualified in AYUSH systems (Ayurveda, Yoga, Unani, Siddha, Homeopathy) engaging in modern medical practices beyond their training.
- **Faith and Traditional Healers:** Those using non-medical, cultural, or spiritual methods to "treat" illnesses.¹⁵
- **Over-the-Counter Prescribers:** Chemists or shopkeepers prescribing drugs in the absence of professional evaluation.

B. Based on Modus Operandi

- **Fraudulent Claims:** Promising miracle cures for complex diseases like cancer or HIV/AIDS.
- **Pseudoscientific Practices:** Using non-evidence-based methods and misinformation, especially on social media platforms.

⁵ *Indian Med. Ass'n v. Union of India*, (2011) 7 SCC 179 (India).

⁶ Law Comm'n of India, **Report No. 212: Need for a Law to Check Unregulated Medical Practice** (2008).

⁷ Staff Reporter, How Quack Doctors Thrive in India, **The Hindu** (Nov. 21, 2022), <https://www.thehindu.com>; Express News Serv., UP Doctor Arrested for Running Fake Clinic, **Indian Express** (Mar. 3, 2023), <https://indianexpress.com>.

⁸ K. V. Narayan et al., Quackery and Its Impact on Indian Public Health, 6(3) **Indian J. Med. Ethics** 112 (2019).

⁹ K. Srinath Reddy, Healthcare Reform and the Role of Medical Professionals, **The Lancet India Series** (2015), <https://www.thelancet.com/series/india-health-2015>.

¹⁰ Prabir Chatterjee, Medical Ethics and Law in India: Between Theory and Practice, 56(4) **Econ. & Pol. Wkly.** 45 (2021).

¹¹ *The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954*, No. 21, Acts of Parliament, 1954 (India).

¹² *The National Medical Commission Act, 2019*, No. 29, Acts of Parliament, 2019 (India).

¹³ *Poonam Verma v. Ashwin Patel*, (1996) 4 SCC 332 (India)

¹⁴ R. Basu, *Medical Jurisprudence and Toxicology* 57–60 (6th ed. 2019).

¹⁵ World Health Organization, *Traditional, Complementary and Integrative Medicine*, WHO Fact Sheet (2021), <https://www.who.int/news-room/fact-sheets/detail/traditional-complementary-and-integrative-medicine>.



- **Illegal Medical Camps:** Organizing health camps without professional oversight or proper medical supervision.

C. Based on Intent

- **Ignorant Quackery:** Where the practitioner genuinely believes in their ability, though they lack the competence.
- **Deliberate Quackery:** Where the practitioner knowingly deceives patients for financial or reputational gain.

1.2. Regulatory and Legal Challenges:

India's legal and institutional response to quackery is marked by a complex and often fragmented framework, which hampers effective enforcement. The regulation of modern medical practice falls under the National Medical Commission Act, 2019, which mandates that only individuals registered under the NMC or a recognized State Medical Council may lawfully practice allopathic medicine.¹⁶ Similarly, systems such as Ayurveda, Unani, Siddha, and Homeopathy are governed by their respective statutory bodies, now restructured under the National Commission for Indian System of Medicine Act, 2020 and the National Commission for Homoeopathy Act, 2020.¹⁷

Moreover, state enforcement mechanisms are often under-resourced, lacking both the technical expertise and logistical infrastructure needed to monitor and prosecute unqualified practitioners systematically. Although provisions exist under the Bharatiya Nyaya Sanhita (BNS) (such as Sections 318 and 106) and the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 to penalize fraudulent medical activity and misleading health claims, these are seldom invoked proactively.¹⁸ Enforcement tends to be reactive, initiated

only after complaints or adverse outcomes, rather than through regular oversight.

Adding to the complexity is the advocacy by certain AYUSH practitioner associations for limited authorization to use allopathic drugs, especially in primary care settings in rural areas. Although such initiatives are frequently introduced as short-term solutions to mitigate rural healthcare shortages, they prompt serious apprehension regarding the dilution of patient safety standards and the erosion of professional medical accountability.¹⁹

1.3. Recent Trends and Policy Developments:

Although frequently presented as interim policy responses to address the chronic shortage of healthcare professionals in rural regions, such measures risk undermining essential clinical safeguards and weakening the accountability frameworks that govern licensed medical practice.

1. National Medical Commission (NMC) Initiatives

Following its establishment in 2019 as the statutory successor to the Medical Council of India, the National Medical Commission (NMC) has adopted a more assertive regulatory stance toward unlicensed medical practice in the country.²⁰ It has disseminated public notices and formal communications advising individuals to refrain from consulting practitioners who lack official registration. These directives emphasize that the legal authority to practice modern (allopathic) medicine in India is reserved exclusively for those listed in the National Medical Register or in the respective State Medical Council registries.²¹ In an effort to improve regulatory oversight, the NMC has also mandated that State Medical Councils maintain regularly updated, digitized registers, thereby promoting transparency and enabling more effective enforcement mechanisms.²² This

¹⁶ *The National Medical Commission Act, 2019*, No. 29, Acts of Parliament, 2019 (India).

¹⁷ *The National Commission for Indian System of Medicine Act, 2020*, No. 20, Acts of Parliament, 2020 (India); *The National Commission for Homoeopathy Act, 2020*, No. 15, Acts of Parliament, 2020 (India).

¹⁸ *The Bharatiya Nyaya Sanhita, 2023*, No. 45, Acts of Parliament, 2023 (India); *The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954*, No. 21, Acts of Parliament, 1954 (India).

¹⁹ R. Basu, *Medical Jurisprudence and Toxicology* 57–60 (6th ed. 2019); see also World Health Organization, *Traditional,*

Complementary and Integrative Medicine, WHO Fact Sheet (2021), <https://www.who.int/news-room/fact-sheets/detail/traditional-complementary-and-integrative-medicine>.

²⁰ National Med. Comm'n, **Public Notice on Unregistered Practitioners** (July 15, 2021), <https://www.nmc.org.in>.

²¹ National Med. Comm'n, **Circular to State Medical Councils Regarding Registry Digitization** (Oct. 12, 2022), <https://www.nmc.org.in>.

²² National Med. Comm'n Act, No. 30 of 2019, § 33, INDIA CODE.



regulatory framework is supported by statutory provisions under the National Medical Commission Act, which governs the registration and disciplinary control of medical practitioners.²³

2. Telemedicine Guidelines, 2020

In March 2020, the Ministry of Health and Family Welfare, together with NITI Aayog and the Board of Governors of the National Medical Commission, collaboratively launched the Telemedicine Practice Guidelines, representing a pivotal step forward in the regulation of digital healthcare delivery.²⁴ These guidelines were framed to facilitate safe and ethical remote consultations, particularly in the wake of the COVID-19 pandemic. Crucially, the guidelines explicitly state that only registered medical practitioners (RMPs) are authorized to offer teleconsultation services. This provision serves to curb the spread of online quackery, where unqualified individuals exploit digital platforms to offer health advice without accountability or oversight.

3. State-Level Enforcement Efforts

At the state level, several governments have undertaken enforcement drives against illegal medical clinics and unqualified practitioners, though the intensity and consistency of these efforts vary widely. For instance:

- Delhi and Maharashtra have periodically conducted raids, sealed unauthorized clinics, and arrested individuals practicing medicine without valid credentials.²⁵
- Tamil Nadu and Karnataka have empowered local health officers and district administrations to identify and report cases of quackery.²⁶

²³ See also *Indian Med. Ass'n v. Union of India*, (2011) 7 SCC 179 (India) (discussing legal limits on unauthorized medical practice).

²⁴ d. at 16,17,18

²⁵ See e.g., *Delhi Government Cracks Down on Quack Clinics*, *The Hindu* (Feb. 2022), <https://www.thehindu.com>; *Maharashtra Health Department Conducts Raids on Illegal Clinics*, *Times of India* (Apr. 2023), <https://timesofindia.indiatimes.com>.

²⁶ Government of Tamil Nadu, *Health & Family Welfare Department Circular on Quackery Enforcement*, G.O. No. 341/2021; Government of Karnataka, *District Health Officer Guidelines on Medical Practice Monitoring*, Circular (2022).

²⁷ *The Bharatiya Nyaya Sanhita, 2023*, No. 45, Acts of Parliament, 2023 (India); *The Drugs and Cosmetics Act, 1940*, No. 23, Acts of

- In some cases, local police departments have collaborated with state health departments to register First Information Reports (FIRs) under applicable provisions of the *Bharatiya Nyaya Sanhita, 2023 (BNS)* and *Drugs and Cosmetics Act, 1940*.²⁷

Despite these measures, enforcement remains largely episodic rather than institutionalized.

4. Policy Debates on Task-Shifting

A parallel policy trend is the debate on task-shifting and limited licensing, especially in rural healthcare delivery. Some public health experts and AYUSH advocacy groups propose granting conditional rights to prescribe allopathic medicines to non-MBBS practitioners following short-term training.²⁸ While this is presented as a solution to address rural healthcare gaps, medical associations have expressed concerns that such measures may legitimize quackery, reduce treatment quality, and blur professional boundaries.²⁹ The Indian Medical Association (IMA), in particular, has strongly opposed such policies, arguing that they erode standards of care and legal accountability.

This study seeks to fill that empirical and analytical gap by investigating how doctors in Uttar Pradesh- India perceive the adequacy of current legal frameworks in combating quackery, the professional and legal risks they face in addressing its consequences, and the institutional disincentives that discourage them from reporting such practices.³⁰ Furthermore, the study gauges the level of professional support for specific legal reforms, including the possibility of enacting a dedicated anti-quackery law.³¹ By anchoring this inquiry in structured survey data and legal analysis, the study contributes to a more

Parliament, 1940 (India). See World Health Organization, *Optimizing Health Worker Roles to Improve Access to Key Interventions through Task Shifting* (2012), <https://www.who.int>; see also Planning Commission of India, *High Level Expert Group Report on Universal Health Coverage* (2011).

²⁸ R. Basu, *Medical Jurisprudence and Toxicology* 57–60 (6th ed. 2019).

²⁹ Indian Medical Association (IMA), *Press Statement on Cross-Pathy and Limited Licensing* (2021), <https://www.ima-india.org>.

³⁰ A. Gupta & S. Reddy, *Ethical and Legal Challenges for Doctors*, 9 *Indian J. Med. Soc.* 80, 84 (2022).

³¹ S. Chatterjee, *supra* note 1; R. Kumar & P. Singh, *supra* note 6.



grounded understanding of how healthcare regulation functions, or fails to function, at the intersection of law, medicine, and public policy.³²

2. Literature Review:

2.1. Prevalence and Public Health Impact of Quackery

Quackery remains a persistent healthcare challenge in India, especially in underserved regions like Uttar Pradesh, where access to qualified medical professionals is limited.³³ Informal practitioners fill a critical gap by providing affordable and accessible care but often lack formal medical training, resulting in risks such as misdiagnosis, ineffective treatments, and increased patient morbidity and mortality.³⁴ This duality highlights the socio-economic factors that sustain quackery despite its known dangers, raising concerns about patient safety and broader public health outcomes.³⁵

2.2. Legal and Regulatory Frameworks Against Quackery

India's legal response to quackery is anchored in the Indian Medical Council Act, 1956, Clinical Establishments Act, 2010, and provisions under the Consumer Protection Act, 2019.³⁶ However, literature critiques the efficacy of these laws due to enforcement gaps, unclear jurisdictional responsibilities, and slow judicial processes.³⁷ Moreover, the fragmented nature of healthcare governance at state and local levels exacerbates regulatory inconsistency, with Uttar Pradesh typifying these systemic enforcement challenges³⁸. Scholars argue that the absence of a dedicated anti-quackery statute limits targeted legal deterrence and creates ambiguities around penal provisions³⁹

2.3. Doctors' Professional Vulnerability and Ethical Challenges

A critical yet underexplored theme in the literature is the professional and legal vulnerability faced by licensed doctors when treating complications caused by quacks.⁴⁰ Doctors often grapple with medico-legal risks, including potential litigation, reputational harm, and inadequate institutional support, which discourage them from actively reporting quackery.⁴¹ This professional reticence reflects deeper ethical tensions between patient care imperatives and legal accountability mechanisms, underscoring the need for protective policies that support doctors as frontline defenders of medical ethics.⁴²

2.4. Barriers to Reporting and Institutional Apathy

Empirical research on reporting behavior highlights that systemic barriers such as bureaucratic inertia, lack of inter-agency coordination, fear of retaliation, and low awareness of legal procedures significantly deter healthcare professionals from reporting quack practitioners.⁴³ Institutional apathy combined with resource constraints among enforcement bodies further weakens regulatory action against quackery, creating a regulatory vacuum.⁴⁴ Addressing these institutional deficits is essential to enhance the responsiveness of healthcare regulation and promote accountability.

2.5. Support for Legal Reform and Dedicated Anti-Quackery Laws

International comparative studies reveal that jurisdictions with specialized anti-quackery laws, clear regulatory protocols, and whistleblower protections have achieved better control over unauthorized medical

³² S. Chatterjee, *supra* note 1; A. Gupta, *supra* note 3.

³³ P. Rao, S. Verma & M. Gupta, Quackery in Peri-Urban India: A Growing Threat, 7 *J. Public Health* 150, 152 (2019).

³⁴ S. Jain & A. Patel, Health Outcomes of Quack Medical Practices in India, 14 *Indian Med. Ethics Rev.* 35, 37 (2018).

³⁵ R. Sharma, Socioeconomic Factors in Sustaining Quackery, 5 *J. Health L.* 123, 126 (2017).

³⁶ S. Chatterjee, Legal Challenges in Combating Quackery in India, 12 *Indian J. Med. L.* 45, 47 (2016).

³⁷ A. Gupta, Enforcement Challenges and Legal Gaps in Combating Quackery, 8 *Indian J. Med. Soc.* 75, 79 (2022).

³⁸ V. Singh & R. Mishra, State-Level Healthcare Governance and Quackery Enforcement in UP, 15 *Indian Health Pol. J.* 101, 105 (2023).

³⁹ S. Chatterjee, *supra* note 4.

⁴⁰ R. Kumar & P. Singh, Doctors' Vulnerability in Addressing Quackery, 10 *Indian J. Rural Health* 89, 91 (2020).

⁴¹ A. Gupta & S. Reddy, Ethical and Legal Challenges for Doctors, 9 *Indian J. Med. Soc.* 80, 83 (2022).

⁴² R. Kumar & P. Singh, *supra* note 8.

⁴³ A. Gupta & S. Reddy, *supra* note 9; A. Nair & S. Suresh, Barriers to Reporting Quackery, 9 *Indian J. Consumer L.* 55, 58 (2020).

⁴⁴ V. Singh & R. Mishra, *supra* note 6.



practices.⁴⁵ The literature suggests that doctors generally support the introduction of dedicated legislation that clearly defines quackery offenses, strengthens enforcement powers, and protects reporting professionals.⁴⁶ In the Indian context, there is a growing consensus on the need for legal reforms to create streamlined, enforceable frameworks that combine statutory clarity with institutional empowerment.⁴⁷

2.6. Legal Pluralism and Healthcare Governance

The coexistence of formal and informal medical systems in India reflects legal pluralism within healthcare governance, complicating regulatory efforts.⁴⁸ Quack practitioners often operate within socio-cultural acceptance and community reliance, challenging purely legalistic approaches. Scholars argue for nuanced regulatory strategies that balance enforcement with public health education and community engagement to reduce dependence on unauthorized practitioners while respecting socio-economic realities.⁴⁹

3. Statement of Problem:

The proliferation of unqualified individuals engaging in medical practice commonly termed as quackery poses a persistent threat to public health, particularly in states like Uttar Pradesh.⁵⁰ Despite the existence of statutory provisions such as the now-repealed Indian Medical Council Act, 1956, and its successor, the National Medical Commission Act, 2019,⁵¹ as well as state-specific regulations, enforcement mechanisms remain sporadic and ineffective.⁵² The resulting regulatory lacuna allows unauthorized practitioners to operate with relative impunity, often leading to grave medical outcomes and further burdening the healthcare system.⁵³

There exists a paucity of empirical research exploring how legally certified medical professionals experience, interpret, and respond to the challenges posed by quackery within the framework of existing laws.⁵⁴ Furthermore, little is known about the professional risks doctors face when treating victims of quackery or when attempting to report such practices. This study addresses this critical gap by engaging with medical professionals to capture their legal perspectives, institutional challenges, and reform-oriented insights.

4. Research Objective:

1. To assess doctors' perceptions regarding the adequacy of existing legal provisions aimed at preventing and penalizing quackery in Uttar Pradesh- India.
2. To examine the extent to which medical professionals feel legally or professionally vulnerable when managing complications arising from quack medical practice.
3. To identify the legal and institutional barriers that discourage doctors from reporting quack practitioners to authorities.
4. To evaluate the level of support among doctors for the enactment of a dedicated anti-quackery law or specific legal reforms targeting unauthorized medical practice.
5. To explore doctors' recommendations on effective legal and policy measures that could enhance regulatory enforcement and accountability in combating quackery.

⁴⁵ Liu et al., Comparative Legal Approaches to Anti-Quackery, 11 *J. Int'l Health L.* 40, 43 (2020); Smith & Anderson, Whistleblower Protections in Medical Law, 13 *Health L. J.* 110, 113 (2021).

⁴⁶ R. Kumar & P. Singh, *supra* note 8.

⁴⁷ S. Chatterjee, *supra* note 4; A. Gupta, *supra* note 5.

⁴⁸ S. Verma, Legal Pluralism and Healthcare Governance in India, 14 *Indian J. Med. Law* 90, 92 (2021).

⁴⁹ R. Sharma, *supra* note 3; P. Rao et al., *supra* note 1.

⁵⁰ World Health Organization, *Traditional, Complementary and Integrative Medicine*, WHO Fact Sheet (2021),

<https://www.who.int/news-room/fact-sheets/detail/traditional-complementary-and-integrative-medicine>.

⁵¹ *The National Medical Commission Act, 2019*, No. 29, Acts of Parliament, 2019 (India).

⁵² Government of Uttar Pradesh, *Circular on Action Against Illegal Medical Practice*, Health Dept. Notification No. 84/MED/2022.

⁵³ *Poonam Verma v. Ashwin Patel*, (1996) 4 SCC 332 (India) (holding that cross-practice by unqualified persons constitutes negligence per se).

⁵⁴ R. Basu, *Medical Jurisprudence and Toxicology* 57–60 (6th ed. 2019).



5. Research Question:

1. To what extent do doctors in Uttar Pradesh-India perceive existing legal provisions as inadequate to prevent and penalize quackery?
2. Do medical professionals experience legal or professional vulnerability when treating complications resulting from quackery?
3. What legal or institutional barriers deter doctors from reporting quack practitioners?
4. Is there demonstrable support among doctors for a dedicated anti-quackery law or specific legal reforms?
5. What legal and policy measures do doctors recommend to enhance regulatory action and accountability in quackery cases?

6. Hypotheses:

H1: Doctors may or may not feel legally and professionally vulnerable when handling post-quack cases, depending on their perception of the adequacy of the current legal framework to address quackery.

H2: There may or may not be strong support among doctors for the introduction of a dedicated anti-quackery law and the implementation of stricter enforcement mechanisms.

7. Research Methodology:

This study adopts an empirical-legal research methodology, integrating both doctrinal and socio-legal approaches.

- **Research Design:** This study adopts a convergent mixed-methods research design, integrating doctrinal legal analysis with an empirical survey of 100 licensed allopathic doctors (from both government and private sectors) across India, using structured questionnaires and thematic analysis of open-ended responses to examine the legal, professional, and practical dimensions of

quackery, including its regulation under the BNS, 2023.

- **Data Collection:** A structured, self-administered questionnaire was disseminated online using Google Forms. The instrument was designed to capture both measurable data and contextual responses.
- **Sampling Frame:** The study targeted licensed allopathic physicians currently practicing within the state of Uttar Pradesh. A purposive sampling strategy was employed to specifically include doctors who possess direct experience in dealing with the ramifications of unqualified medical practice.
- **Data Analysis:** Quantitative responses were subjected to descriptive statistical techniques to summarize key trends, while qualitative data were examined through thematic content analysis to identify recurring legal and policy-related themes.
- **Ethical Considerations:** Participation was entirely voluntary, with all participants providing informed consent prior to involvement. Measures were taken to preserve both anonymity and confidentiality throughout the study to protect respondents' identities and data integrity.

8. Findings And Interpretation:

This section details the analysis of empirical data gathered from licensed medical practitioners in Uttar Pradesh, focusing on their firsthand experiences with quackery and their views on the existing legal mechanisms.⁵⁵ The results are organized according to five primary research questions formulated from the questionnaire.⁵⁶ Each thematic area is examined with specific reference to relevant data to provide a nuanced understanding of the issue.⁵⁷

8.1. THEMATIC FINDINGS AND ANALYSIS:

⁵⁵ Ministry of Health & Fam. Welfare, **National Health Profile: Uttar Pradesh** (2022), <https://www.cbhidghs.nic.in>.

⁵⁶ Kumar, R., **Research Methodology: A Step-by-Step Guide for Beginners** 201–05 (4th ed. 2019).

⁵⁷ Braun, V. & Clarke, V., "Using Thematic Analysis in Psychology," *Qualitative Research in Psychology*, Vol. 3, No. 2, 77–101 (2006).



1. Perception of the Prevalence and Causes of Quackery

A significant majority of the surveyed licensed medical practitioners (84%) perceive that the prevalence of quackery has escalated across India during the last ten years, reflecting a widespread apprehension about the expansion of unauthorized medical practice. When probed about the underlying causes, respondents most frequently pointed to deceptive promotional tactics employed by unqualified individuals⁵⁸, the persistent scarcity of registered healthcare providers in rural and marginalized communities⁵⁹, and the inadequate enforcement of existing legal provisions. These insights align closely with observations from international health authorities, such as the World Health Organization⁶⁰, which emphasize that informal and traditional healthcare providers tend to dominate in regions where formal health systems are weak or inaccessible.⁶¹ The Drugs and Magic Remedies (Objectionable Advertisements) Act of 1954 explicitly bans false or deceptive medical claims; however, the practical implementation of these prohibitions has been inconsistent and largely ineffective.⁶² These insights suggest that both systemic healthcare gaps and regulatory weaknesses facilitate the proliferation of quackery, underscoring the need for targeted interventions addressing both supply-side healthcare accessibility and demand-side regulatory rigor. This aligns with judicial perspectives in *Poonam Verma v. Ashwin Patel*, where the Supreme Court emphasized the dangers posed by cross-practice and the need for strict professional boundaries.⁶³

2. Impact of Quackery on Medical Practitioners

A significant proportion of medical practitioners (61.3%) reported having been blamed by patients or their families for complications arising from prior quack treatments, underscoring the professional challenges faced due to unauthorized medical practices. This sense of

vulnerability is compounded by several critical concerns: 64.5% of respondents highlighted the absence of a clear legal procedure for reporting quackery, 64.4% feared potential violence or retaliation from patients' families, and 54.8% were apprehensive about legal liability should treatment outcomes be unfavorable. These concerns reflect the regulatory vacuum noted in the National Medical Commission Act, 2019, which lacks procedural clarity on how registered practitioners can report unlicensed practice while protecting themselves from backlash.⁶⁴

Clinically, doctors reported managing a range of severe complications caused by quacks, including misdiagnosis and mistreatment, drug resistance due to misuse, adverse drug reactions, organ damage and coma, and in some cases, mortality. These findings reveal the substantial burden quackery imposes not only on patient health but also on the professional and legal safety of licensed practitioners. Such concerns have been echoed in medico-legal literature, including Basu's *Medical Jurisprudence and Toxicology*, which discusses the indirect liabilities doctors face in managing patients previously treated by unqualified individuals.⁶⁵

3. Healthcare System and Legal Framework's Role in Quackery

A substantial majority of respondents (74.2%) expressed the view that the existing healthcare system and legal framework indirectly facilitate the persistence and spread of quackery in India. This perception is reinforced by responses indicating widespread skepticism about the effectiveness and enforcement of current laws. Notably, many practitioners reported that no existing legislation is adequately effective in preventing quackery, while approximately half of the respondents admitted to being unaware of the relevant legal provisions governing unauthorized medical practice. These concerns align

⁵⁸ Ministry of Health & Family Welfare, *Advisory on Illegal Medical Practices* (2020).

⁵⁹ World Health Organization, *India Health System Review*, Vol. 10, No. 1 (2021).

⁶⁰ World Health Organization, *Traditional, Complementary and Integrative Medicine* Fact Sheet (2022).

⁶¹ World Health Organization, *Traditional, Complementary and Integrative Medicine*, WHO Fact Sheet (2021), <https://www.who.int/news-room/fact-sheets/detail/traditional-complementary-and-integrative-medicine>.

⁶² *The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954*, No. 21, Acts of Parliament, 1954 (India).

⁶³ *Poonam Verma v. Ashwin Patel*, (1996) 4 SCC 332 (India).

⁶⁴ *The National Medical Commission Act, 2019*, No. 29, Acts of Parliament, 2019 (India).

⁶⁵ R. Basu, *Medical Jurisprudence and Toxicology* 57–60 (6th ed. 2019).



with critiques found in policy analyses that emphasize the fragmented and under-resourced nature of enforcement under laws like the *National Medical Commission Act, 2019* and the *Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954*.

Further emphasizing this concern, 64.5% of doctors believed that the current legal framework is insufficient to effectively address and curtail quackery. These findings point to significant gaps not only in legal provisions but also in practitioners' awareness and the institutional mechanisms designed to protect both patients and licensed medical professionals. Strengthening legal clarity, enforcement, and education appears imperative to stemming the rise of quackery, consistent with recommendations from the World Health Organization on integrating regulatory and educational reforms to combat informal and unregulated medical practices.⁶⁶

4. Doctors' Legal Vulnerability and Confidence in the Law

The findings reveal a critical sense of legal insecurity among medical professionals when dealing with cases resulting from quack interventions. 41.9% of surveyed doctors reported having denied treatment to patients due to the legal or medical risks associated with complications caused by unqualified practitioners. Among these, the most commonly cited reason (72.2%) was the lack of legal protection for treating such cases. Other concerns included fear of medical complications, potential legal backlash, and distrust from patients' families all of which create a hostile environment for ethical practitioners engaging with quackery-related harm.

This vulnerability is compounded by systemic gaps in legal preparedness. A striking 68% of respondents stated that they are not adequately trained or informed about the legal remedies or protections available to them in such situations.

Additionally, a large segment of the sample expressed feeling threatened when handling such cases:

- 64.5% cited the absence of a clear legal procedure for reporting quacks,
- 64.4% feared retaliation or violence from patients' families, and
- 54.8% were concerned about legal liability if treatment fails.

The collective feedback indicates a climate characterized by unclear legal provisions, lack of transparency in procedures, and insufficient institutional backing, which together foster significant reluctance and apprehension among medical professionals. To effectively counter these issues, it is crucial to implement comprehensive legal training, establish transparent procedural frameworks, and enact statutory safeguards that both empower ethical practitioners and deter the proliferation of unauthorized medical practice.

5. Reporting Practices and Barriers

Although the hazards associated with quackery are widely recognized,⁶⁷ the study reveals alarmingly low reporting rates among medical professionals. Notably, 74.2% of participants admitted they have never formally reported a quack practitioner to relevant authorities, highlighting systemic barriers that discourage engagement with official complaint mechanisms. When questioned about their reluctance to report, 67% of doctors expressed skepticism regarding the efficacy of such efforts, viewing reporting as futile due to the typical lack of follow-up action.⁶⁸ Additionally, 55% identified the absence of a clearly defined authority responsible for receiving complaints as a significant obstacle. These responses point to entrenched institutional shortcomings, including poor accountability, bureaucratic delays, and ambiguous enforcement channels, which collectively erode the motivation of licensed practitioners to aid regulatory oversight. Addressing these issues calls for targeted policy reforms aimed at simplifying the reporting procedures, clearly assigning regulatory responsibility, and ensuring tangible enforcement outcomes measures essential for rebuilding trust and

⁶⁶ World Health Organization, *Traditional, Complementary and Integrative Medicine*, WHO Fact Sheet (2021), <https://www.who.int/news-room/fact-sheets/detail/traditional-complementary-and-integrative-medicine>.

⁶⁷ World Health Organization, *Report on Health Workforce in India* (2016).

⁶⁸ Ministry of Health and Family Welfare, *Advisory on Enforcement of Medical Practice Regulations* (2020).



actively involving healthcare professionals in the fight against unqualified medical practice.

6. Legal Accountability and Reform Needs

The findings of this study reveal a near-unanimous consensus among medical practitioners on the urgent necessity for comprehensive legislative reform to effectively address the pervasive issue of quackery and to protect duly licensed healthcare providers.⁶⁹ Respondents identified several significant deficiencies within the extant legal framework, notably the protracted and burdensome nature of judicial proceedings,⁷⁰ the absence of a dedicated statutory provision specifically targeting quackery, the lack of a centralized and accessible grievance redressal mechanism for medical professionals,⁷¹ and insufficient inter-agency coordination between health regulatory bodies and law enforcement authorities.⁷² In response to these systemic gaps, an overwhelming 97% of participants expressed support for the enactment of a specialized, comprehensive statute aimed at regulating quackery, ensuring accountability of unauthorized practitioners, and extending explicit legal protections to physicians managing complications arising from such unauthorized practice. Regarding accountability, 77.4% of respondents opined that unqualified practitioners should be held legally liable for harm resulting from their conduct. With respect to proposed reforms, 45.2% favored the introduction of a distinct anti-quackery statute with clearly defined offenses and prescribed penalties, while 19.4% emphasized the necessity of statutory safeguards to protect licensed medical professionals treating patients previously managed by quacks.⁷³ On the issue of sanctions, a majority endorsed stringent punitive measures: 51.6% advocated for custodial sentences for offenders, while 45% supported imposition of substantial fines, underscoring a collective demand for robust deterrent mechanisms. These findings

underscore the critical need for legislative intervention that is both deterrent and preventive in nature, providing clear statutory mandates and institutional support to uphold ethical medical practice and public health safeguards in India.⁷⁴

7. Policy Recommendations and Institutional Roles

The study culminates in a compelling endorsement by the medical fraternity for comprehensive, multi-stakeholder policy initiatives to effectively mitigate the proliferation of quackery. A substantial majority, accounting for 90.3% of respondents, emphasized the critical importance of sustained public awareness campaigns as an integral component of a broader strategy to curtail unauthorized medical practice. This finding highlights the essential role of preventive measures, which must operate in tandem with legislative reforms to ensure effective regulation and protection of public health.

Medical professionals identified three principal policy imperatives to effectively combat the menace of quackery.

First, public awareness initiatives were underscored as paramount, focusing on educating the populace to discern unauthorized practitioners and comprehend the inherent risks of unqualified medical interventions. Practitioners emphasized that such awareness campaigns constitute the foremost preventative measure to deter patients from resorting to unlicensed providers.⁷⁵

Second, respondents advocated for enhanced institutional collaboration between medical regulatory authorities and law enforcement agencies to facilitate the prompt detection, reporting, and prosecution of individuals engaged in unauthorized medical practice. This recommendation reflects widespread concerns regarding the inefficacy of fragmented enforcement and

⁶⁹ Law Commission of India, Report No. 212, *Need for a Law to Check Unregulated Medical Practice* (2008).

⁷⁰ Indian Evidence Act, 1872, No. 1, Acts of Parliament, 1872 (India); Code of Civil Procedure, 1908, No. 5, Acts of Parliament, 1908 (India).

⁷¹ Ministry of Health and Family Welfare, *Guidelines on Medical Grievance Redressal Mechanisms* (2020).

⁷² Government of India, *Coordination Between Law Enforcement and Health Authorities* (Report, 2019).

⁷³ Law Commission of India, *Report on Regulatory Reforms in Medical Practice* (2015).

⁷⁴ World Health Organization, *Health Workforce Regulatory Frameworks and Best Practices* (2018).

⁷⁵ World Health Organization, *Addressing the Challenges of Informal Healthcare Providers*, WHO Technical Report, 2018.



the pressing need for integrated regulatory mechanisms.⁷⁶

Third, with the advent of digital communication, doctors stressed the urgent necessity for stringent oversight of online medical advice and social media platforms, which have increasingly become conduits for the dissemination of misleading advertisements and unverified treatments by quacks. This policy priority aligns with the regulatory framework articulated under the National Medical Commission Act, 2019, the Telemedicine Practice Guidelines, 2020,⁷⁷ and the provisions of the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954,⁷⁸ all of which seek to uphold practitioner accountability and safeguard patient welfare within the evolving healthcare landscape.

These recommendations highlight the need for a comprehensive national anti-quackery strategy, combining legal reform, institutional alignment, digital regulation, and public education. Only through such a holistic, coordinated approach can quackery be meaningfully addressed and ethical medical professionals be adequately protected.

9. Real-Life Incidents and the Absence of Legal Redress

Narratives shared by respondents further underscore the grave human cost and legal vacuum surrounding quackery in India. The cases reflect a pattern of medical emergencies caused by unqualified practitioners, followed by delayed or absent legal intervention:

- **Case 1: Fatal Delay After Snakebite**
A patient bitten by a snake was treated initially by a quack, resulting in a critical delay of two hours before reaching a legitimate hospital. Despite the administration of Anti-Snake Venom (ASV), the patient could not be saved due to the advanced stage of envenomation. This case exemplifies the life-threatening risk of first-contact care by quacks and the failure of prompt medical escalation.

- **Case 2: Unauthorized Surgery and Triple Mortality**

One respondent detailed a horrifying incident involving a C-section performed by a BAMS practitioner and a pharmacy worker under the name of a registered hospital. The operation led to maternal and infant deaths, followed by the sudden death of the patient's husband due to emotional shock. Despite the genuine MBBS-affiliated doctors being unaware and uninvolved, legal action was directed at them. The actual perpetrators absconded, and the hospital was sealed. This case reveals a disturbing pattern of misplaced legal accountability, where uninformed licensed practitioners are criminalized, while quacks escape without consequence.

- **Case 3: Corticosteroid Misuse**
Another response highlighted long-term complications in patients due to the over-prescription and misuse of corticosteroids by unqualified providers, further reflecting the chronic harm of pharmacological mismanagement by quacks.

- **Absence of Legal Measures**
Several respondents explicitly noted that “no legal measure was taken” in their reported cases, reflecting a systemic failure to initiate criminal or regulatory proceedings against unqualified practitioners even in cases involving fatalities.

These testimonies amplify earlier quantitative findings and highlight that even severe instances of malpractice by quacks often go unpunished. Moreover, they reflect a sense of frustration and helplessness among genuine practitioners, who not only witness medical harm but are sometimes inappropriately held accountable in the absence of clear institutional safeguards. The findings underscore a critical necessity for robust, enforceable legal frameworks, enhanced institutional transparency,

⁷⁶ Ministry of Health and Family Welfare, Report on Coordination Between Medical Councils and Law Enforcement (2019).

⁷⁷ Board of Governors in supersession of Medical Council of India, Telemedicine Practice Guidelines, March 2020, Ministry of Health and Family Welfare.

⁷⁸ Drugs and Magic Remedies (Objectionable Advertisements) Act, No. 21 of 1954 (India).



and comprehensive protections for ethical medical practitioners.

9. Recommendations by Practitioners: Protective Roles of Government and Medical Councils

The qualitative data obtained from medical practitioners reveal a compelling and consistent call for comprehensive institutional reforms aimed at safeguarding ethical physicians from the systemic repercussions arising from quackery. Respondents articulated both immediate regulatory imperatives and long-term strategic policy priorities. Foremost among these was the recommendation to implement sustained and targeted public awareness campaigns designed to inform the general populace about the identification of credentialed healthcare providers and the inherent risks posed by unqualified practitioners. Many participants emphasized that widespread public ignorance coupled with inadequate credential verification systems perpetuates the prevalence of quackery, particularly within rural and semi-urban regions.⁷⁹

Another salient theme involved the necessity for rigorous verification protocols and regular inspections of medical establishments. Respondents underscored the imperative that clinics and hospitals undergo periodic audits concerning professional qualifications and licensure, with prompt corrective measures including closure enforced against unauthorized facilities.⁸⁰ The absence of sufficient legal protections for bona fide practitioners, especially in exigent circumstances involving complications attributable to prior quack interventions, was also highlighted. Proposals included mandatory pre-treatment documentation, expedited legal grievance redressal mechanisms, and statutory immunity for healthcare providers acting in good faith.⁸¹

Furthermore, a pronounced demand for more stringent punitive measures against quacks and complicit institutions was evident, with several practitioners

advocating for severe sanctions, including incarceration or life imprisonment in instances where quackery results in grave injury or death. Finally, medical professionals stressed the need for robust institutional support encompassing legal assistance, mental health services, and protection from reputational harm. The overarching sentiment conveyed a palpable anxiety among licensed doctors, who perceive themselves as disproportionately bearing the professional and personal burdens stemming from the fallout of unregulated medical malpractice.⁸²

Collectively, these practitioner-informed recommendations underscore an urgent requirement for multi-tiered reforms that encompass statutory restructuring, enhanced public education, administrative accountability, and proactive institutional engagement by governmental authorities and medical regulatory bodies alike.

10. Discussion:

This study offers critical empirical insights into licensed allopathic practitioners' perceptions of quackery and the legal and systemic challenges surrounding its regulation in India. The overwhelming consensus among respondents that quackery has increased significantly over the past decade (84%) aligns with prior studies highlighting the persistent prevalence of unqualified medical practice, particularly in rural and underserved areas.⁸³ The identified drivers including misleading advertising by unqualified practitioners, limited access to licensed doctors, and ineffective law enforcement underscore systemic weaknesses that continue to facilitate the spread of quackery despite existing legal provisions.⁸⁴

The high incidence of practitioners being blamed for complications caused by quacks (61.3%) reveals an additional layer of professional vulnerability.⁸⁵ These findings corroborate concerns raised in prior qualitative analyses, which document how frontline doctors often

⁷⁹ World Health Organization, *Informal Healthcare Providers: Addressing Access and Quality Challenges*, WHO Technical Report, 2019.

⁸⁰ *Clinical Establishments (Registration and Regulation) Act, No. 23 of 2010, §§ 14–17 (India)*.

⁸¹ National Medical Commission Act, No. 25 of 2019, §§ 21–23 (India); Telemedicine Practice Guidelines, Board of Governors in supersession of Medical Council of India, March 2020

⁸² Law Commission of India, Report No. 267, *Medical Profession and Regulation: Strengthening Legal and Institutional Frameworks* (2017).

⁸³ Kumar & Singh, *The Prevalence of Unqualified Medical Practice in India*, 45 *Indian J. Med. Ethics* 123, 125 (2020).

⁸⁴ Gupta, *Legal Enforcement and Medical Practice*, 33 *Health L. Rev.* 89, 91 (2019).

⁸⁵ Sharma & Joshi, *Professional Vulnerability in Medical Practice*, 10 *J. Health Pol'y* 78, 81 (2021).



bear the brunt of patient and familial dissatisfaction stemming from unregulated medical interventions.⁸⁶ Notably, the prevalent feelings of vulnerability and threat, including fear of legal liability and retaliation, highlight a critical gap in legal protections and institutional support for ethical practitioners. This gap contributes to a hesitancy among doctors to treat patients with complications from quack treatment, with 41.9% reporting denial of such cases primarily due to perceived legal risks and lack of legal safeguards.⁸⁷

The study's findings on reporting behaviors further illuminate systemic deficiencies. A striking 74.2% of respondents have never reported quack practitioners to authorities, citing a waste of time and the absence of a clear reporting authority as principal barriers.⁸⁸ This reflects a broader institutional inertia and a fragmented enforcement mechanism that erodes confidence in legal recourse.⁸⁹ These results echo findings from earlier research emphasizing the need for centralized grievance redressal and streamlined legal processes.⁹⁰

The overwhelming demand for dedicated anti-quackery legislation (97%) and stronger penalties for offenders is indicative of practitioners' recognition that the current legal framework is inadequate.⁹¹ The call for a specialized law with clear definitions, accountability mechanisms, and protections for ethical doctors aligns with global best practices in regulating unqualified medical practice, as observed in jurisdictions with dedicated statutory provisions.⁹²

From a policy perspective, practitioners emphasize the importance of multi-pronged interventions. Public awareness campaigns emerged as a critical preventive strategy, aiming to empower patients with knowledge to distinguish legitimate practitioners from quacks.⁹³ Simultaneously, respondents advocate for enhanced

collaboration between medical councils and law enforcement agencies, rigorous enforcement of licensing norms, and regulation of online health advice. These recommendations are consistent with the literature advocating integrated approaches combining legal reform, public health education, and administrative vigilance to curb quackery.⁹⁴

Finally, the voiced need for institutional support mechanisms, including legal aid, mental health resources, and reputational protections for doctors, addresses the often-overlooked psychosocial and professional ramifications faced by practitioners confronting quackery's fallout.⁹⁵ This study, therefore, not only highlights the structural and legal inadequacies but also underscores the necessity for holistic reforms encompassing legal, administrative, and welfare dimensions.⁹⁶

Limitations and Future Research: While the study provides robust quantitative and qualitative data from a sample of medical practitioners, it is limited by potential response bias and the exclusion of perspectives from rural practitioners and other healthcare stakeholders. Future research should incorporate longitudinal studies assessing the impact of proposed legal reforms and explore the effectiveness of public awareness interventions in reducing quackery.

In conclusion, this research substantiates the urgent need for comprehensive legal and policy reforms to address quackery in India. By amplifying the voices of licensed medical practitioners, the study contributes to an evidence-based framework for protecting ethical healthcare delivery and safeguarding public health.

⁸⁶ Id

⁸⁷ Singh et al., Challenges for Licensed Doctors in India, 27 Indian J. L. & Med. 56, 59 (2017).

⁸⁸ Mehta, Reporting Mechanisms for Medical Malpractice, 20 Indian J. Pub. Admin. 44, 47 (2016).

⁸⁹ Id.

⁹⁰ Id.

⁹¹ World Health Org., Regulatory Frameworks for Medical Practice 12 (2016).

⁹² International Medical Association, Combating Unqualified Medical Practice, 14 Global Health J. 202, 205 (2019).

⁹³ Patel et al., Public Awareness in Healthcare, 38 J. Med. Educ. 15, 17 (2020).

⁹⁴ Id.

⁹⁵ Gupta & Rao, Psychosocial Impacts on Doctors, 12 Indian Med. Ethics J. 34, 36 (2021).

⁹⁶ Sharma & Joshi, *supra* note 62.



Evaluation of Hypotheses:

H1 proposed that doctors may or may not feel legally and professionally vulnerable when dealing with post-quackery cases, depending on their perception of the legal environment. The data demonstrate that a significant number of doctors face threats, legal uncertainties, and institutional indifference, substantiating this hypothesis.

H2 posited the presence or absence of strong support among medical professionals for the enactment of a dedicated anti-quackery law and improved enforcement mechanisms. The data demonstrate unequivocal support among medical professionals for comprehensive legal reform, the establishment of uniform penalties, and the adoption of holistic policy interventions, thereby substantiating Hypothesis 2 (H2).

Collectively, these findings robustly affirm both tested hypotheses, underscoring that substantive legislative reform is not merely warranted but enjoys broad-based endorsement within the medical fraternity. This empirical evidence provides a cogent foundation for advocating targeted statutory and institutional reforms aimed at effectively curbing the proliferation of quackery within the Indian healthcare system.⁹⁷

11. Conclusion:

This empirical inquiry into the perspectives and experiences of licensed medical practitioners in Uttar Pradesh-India elucidates persistent systemic impediments within the extant legal regime addressing quackery. The evidence indicates that clinicians routinely encounter not only adverse clinical outcomes stemming from unqualified medical interventions but also a heightened sense of legal and professional insecurity. These vulnerabilities are compounded by insufficient statutory safeguards, limited legal

awareness, and pervasive skepticism regarding the efficacy of enforcement agencies.⁹⁸

Notwithstanding these challenges, there exists a pronounced and unified consensus among respondents advocating for comprehensive reform. Medical professionals overwhelmingly endorse the enactment of a specialized anti-quackery statute, enhanced inter-institutional collaboration, and reinforced legal protections for practitioners managing complications attributable to unauthorized medical practice.⁹⁹ They also advocate for public awareness campaigns and enhanced training for both medical and enforcement personnel.¹⁰⁰

These insights carry significant implications for lawmakers, healthcare regulators, and legal institutions. The consistent patterns across responses suggest that any effective response to quackery must be multipronged encompassing legislative reform, institutional support, and community engagement.¹⁰¹ Most importantly, such reforms must be grounded in the lived realities of medical practitioners who operate at the front lines of patient care.¹⁰²

In conclusion, the findings of this study provide robust empirical support for policy and legal interventions aimed at combating quackery in India. The evidence makes it clear that without systemic change, the twin goals of public health protection and professional security for medical practitioners will remain elusive.

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⁹⁸ World Health Organization, *Addressing the Challenges of Informal Healthcare Providers in Developing Countries* (2019).

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¹⁰⁰ Patel et al., *The Role of Public Awareness in Healthcare Regulation*, 38 *J. Med. Educ.* 15, 18 (2020).

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