

## **Abstract**

In current era all countries are concentrating on quality of human life and health is a fundamental element in quality life. The populations of developed countries enjoy free, equal and advanced health facilities with qualified doctors and paramedical staff but unfortunately populations of developing countries particularly countries of South Asia are facing so many problems regarding health. Quackery is a social and health problem on one side and a cost effective, easy access for patients on other hand. No doubt, it facilitates but it also becomes dangerous for patients.

The present study is an effort to know that, quackery is dangerous or not for public health. The main focus of the study is rural area of Punjab with special focus upon district Mianwali. The main factor behind choosing area is that majority of people are residing rural areas and the major part of quackery is also working in rural areas because there is lack of advanced health facilities and qualified doctors as compared to urban areas.

A conceptual frame work for the study is comprised on opportunities and challenges of quackery for residents of rural area and how demographic back ground of patients effect the quackery like age, education, income, profession, gender status and marital status of patients. There are opportunities or merits for patients but challenges or demerits very often become fatal for patients.

A quantitative study is undertaken to know about the dangerousness of quackery through survey. For the matter, a sample of 150 respondents has been tested after completion the survey with the help of Special Package for Social Sciences (SPSS) software. The survey was consisted of 18 x independent variables and these independent variables were further distributed in seven factors according to the research objectives.

The thesis is consists of Introduction of the topic under study, statement of the problem, hypothesis, research questions, research objectives and Research methodology, literature review of the relevant material for the study, conceptual frame work and brief history of quackery, different perspectives of quackery like, historical, cultural, religious

and legal perspective, statistical overview of national, provincial and district health care system, data analysis and discussion, conclusion and some faithful recommendations. In the last, a model is also suggested to tackle the issue of quackery in rural areas of Punjab. It also presents suggestions to transform the quacks into basic health workers.