



## MAHATMA GANDHI MISSION'S DENTAL COLLEGE & HOSPITAL

Accredited by NAAC with "A++" Grade  
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### **AWARNESS ON UNDERSTANDING AND PREVENTING TARTAR BUILD-UP AT SHREE BALLALESHWER CENTRE , PALI**

**Date: 14<sup>TH</sup> December 2025**

**Venue: SNBCT, New Panvel**

**Faculty Incharge: Dr. Vaibhav Thakkar, Dr. Kashmira Kadam**

**Organizing Agency: Department of Public Health Dentistry, MGMDCH, NSS unit of MGMDCH. Shree Narayan Baba Charitable Trust**

**Number of Students attended: 6**

Tartar, also known as dental calculus, is a common yet preventable oral health issue that occurs when plaque is left on the teeth for too long and hardens. Unlike plaque, which is a soft, sticky film of bacteria, tartar is a mineralized deposit that cannot be removed by simple brushing.

MGM Dental College constantly takes efforts in extending oral health care and education to the community. This initiative focuses on educating individuals about how tartar contributes to gum disease (gingivitis) and more severe periodontal issues if left untreated. Proper oral hygiene education is essential to help patients maintain their natural teeth and overall systemic health.

#### **Key Concerns Regarding Tartar Build-up:**

1. **Gingival Inflammation:** Tartar serves as a reservoir for bacteria, causing the gums to become red, swollen, and prone to bleeding.
2. **Periodontal Disease:** If tartar extends below the gum line, it can lead to the destruction of the bone and tissues supporting the teeth.
3. **Halitosis (Bad Breath):** The porous nature of tartar traps food particles and bacteria, leading to persistent bad breath.
4. **Aesthetic Concerns:** Tartar is porous and absorbs stains easily, leading to yellow or brown discoloration on the teeth.

5. **Receding Gums:** The presence of calculus can cause the gum tissue to pull away from the tooth, exposing the sensitive root.

**Aim and objective:**

1. To assess and address the prevalence of dental calculus among participants and provide professional guidance on its removal and prevention.
2. **Identify Clinical Manifestations:** Recognize the signs of tartar-related issues, including gingivitis, calculus deposits, and early signs of periodontitis.
3. **Assess Risk Factors:** Evaluate lifestyle habits, such as tobacco use, diet, and improper brushing techniques, that accelerate plaque mineralization.

**Method :**

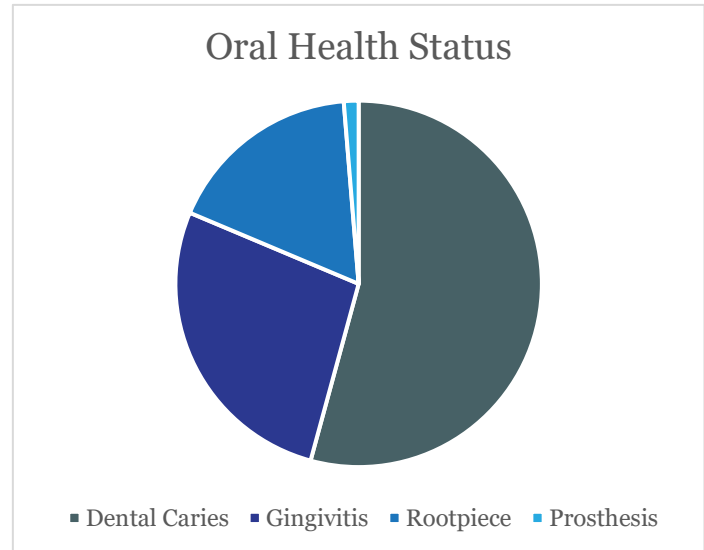
Type III examination was done using mouth mirror and explorer under proper illumination for 12 patients.

1. **Enhance Preventive Strategies:** Promote the "2x2" rule (brushing twice a day for two minutes), the importance of flossing, and the use of anti-tartar toothpastes.
2. **Optimize Dental Treatment:** Refer patients with significant build-up for professional scaling and root planing at MGMDCH.
3. **Educate Patients:** Increase awareness that while plaque can be managed at home, tartar requires professional intervention.

**Observation:**

1. **Dietary and Hygiene Habits:** It was observed that a significant number of patients were unaware of the difference between plaque and tartar. Many reported infrequent flossing, which contributed to heavy interdental deposits.
2. **Clinical Examination:** A total of 12 patients were examined. A high percentage of individuals showed visible supragingival calculus.

Condition	No. of individuals	Percentage %
Dental caries	6	50
Gingivitis	3	25
Root piece	2	16
Prosthesis	1	1



**Interpretation and conclusion:**

Total of 12 patients were examined out of which 50% were dental caries, 25% were gingivitis, 16% were rootpiece ,prosthesis 1%.

The presence of dental tartar is a primary driver for gingival and periodontal diseases within the community. The findings suggest that while most participants brush their teeth, the quality and technique are often insufficient to prevent mineralization.

Effective management requires a combination of patient education on mechanical plaque control and regular professional cleanings. By integrating awareness about tartar prevention into routine healthcare, we can significantly reduce the incidence of tooth loss and systemic inflammation associated with oral bacteria. MGMDCH remains committed to improving community health through these targeted screening and educational camps



Oral examination at the camp site

Sr. No	List of Participants
Name of faculty	

1.	Dr. Vaibhav Thakkar
2.	Dr. Kashmira Kadam
<b>Name of Interns &amp; students</b>	
3	Harshada
4.	Rohit
5	Vaibhavi
6	Jagruti

**LIST OF ATTENDEES**