



A Study to Verify the Efficacy of *Fragaria Vesca* in Removing the Tartar in Teeth

Roshan Vinayak CS*, Bino A, Chandraja CV, Sisir PR, Mohan CK, Sugathan NV and Chandra Sekhara Nair K

Sarada Krishna Homoeopathic Medical College Hospital, Kulasekharam, Kanyakumari District, India

*Corresponding author: Vinayak CSR, Sarada Krishna Homoeopathic Medical College Hospital, Kulasekharam Kanyakumari District, Tamilnadu, India; E-mail: [chandrajarathish \(at\) gmail \(dot\) com](mailto:chandrajarathish@gmail.com)

Abstract

Dental calculus or tartar is a form of hardened dental plate. Dental calculus develops when non mineralized biofilms, extremely rich in oral bacteria, become mineralized with calcium phosphate mineral salts. These mineralized biofilms form both supragingivally and subgingivally. *Fragaria vesca*, commonly called wild strawberry, has the property of removing tartar from teeth. When compared using size scales, dental calculus before and after treatment was considerably reduced between two treatments. Similarly stain has also showed significant reduction. Comparative study with control group increased the transparency of effect of *Fragaria vesca*. Homoeopathic therapeutics is a concealed goldmine in field of Dentistry which should be fetched out.

Keywords: Dental calculus; *Fragaria vesca*

Introduction

In dentistry, calculus or tartar is a form of hardened dental plaque. It is caused by precipitation of minerals from saliva and gingival reticular fluid (GCF) in plaque on the teeth. This process of precipitation kills the bacterial cells within dental plaque, but the rough and hardened surface that is formed provides an ideal surface for further plaque formation. This leads to calculus build up, which compromises the health of the gingiva (gums). Calculus can form both along the gum line, where it is referred to as supra gingival ("above the gum"), and within the narrow sulcus that exists between the teeth and the gingiva, where it is referred to as sub gingival ("below the gum"). Calculus formation is associated with a number of clinical manifestations, including bad breath, receding gums and chronically inflamed gingiva. Brushing and flossing can remove plaque from which calculus forms; however, once formed, calculus is too hard (firmly attached) to be removed with a toothbrush. Calculus build-up can be removed with ultrasonic tools or dental hand instruments (such as a periodontal scalar). Dental calculus develops when non mineralized biofilms, extremely rich in oral bacteria, become

mineralized with calcium phosphate mineral salts (23). These mineralized biofilms form both supragingivally and subgingivally (20). No mineralized dental biofilm entraps particles from the oral cavity, including large amounts of oral bacteria, human proteins, viruses and food remnants, and preserves their DNA. *Fragaria vesca*, commonly called wild strawberry, is a perennial herbaceous plant in the Rose family that grows naturally throughout much of the Northern Hemisphere and that produces edible fruits. *F. vesca* contains the ellagitannin agrimoniin which is an isomer of sanguin H-6. Acts on digestion and mesenteric glands. Prevents formation of calculi. Removes tartar from teeth and prevents attacks of gout. The fruit has refrigerant properties, strawberries produce symptoms of poisoning in certain susceptible individuals such as urticarial rashes here give *Fragaria* high potency. Part used: Ripped fruits and roots.

Materials and Methods

Source of data

Received date: 28 December 2020; **Accepted date:** 08 January 2021; **Published date:** 15 January 2021

Citation: Vinayak CSR, Bino A, Chandraja CV, Sisir PR, Mohan CK, Sugathan NV, et al. (2021). A Study to Verify the Efficacy of *Fragaria Vesca* in Removing the Tartar in Teeth. *SunText Rev Med Clin Res* 2(1): 122.

DOI: <https://doi.org/10.51737/2766-4813.2021.022>

Copyright: © 2021 Vinayak CSR, et al., This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Citation: Vinayak CSR, Bino A, Chandraja CV, Sisir PR, Mohan CK, Sugathan NV, et al. (2021). A Study to Verify the Efficacy of *Fragaria Vesca* in Removing the Tartar in Teeth. *SunText Rev Med Clin Res* 2(1): 122.

Cases visiting our collegiate OPDs. POPULATION: 30 cases of dental calculus treated in OPDs of our collegiate hospital has been taken for detailed study.

Sampling

Judgemental sampling

Method of data collection

Data concerning the variation of dental calculus is assessed through a tool, visual analogue scale (VAS) for staining and calculating the calculus grading scale. Calculus grading scale is 5 points (0-4) numerical rating scales performs best to analyse the calculus intensity than descriptive method therefore VAS was preferred and staining scale is 14 point (1-14) numerical rating scale. The cases were recorded on our collegiate case record format. Patients were examined to qualify the calculus intensity in visual analogue scale and it was noted down and compared on second visit. Improvement criterions were mainly done on the basis of comparison of photographs. Follow-ups were done for a month. The inferences were drawn by analysing outcome. The method used in the study was clinical method and results obtained were scientifically analysed and evaluated.

Preparation of mouth wash

Mouth wash was prepared thoroughly mixing 2 parts of Fragaria Vesca Q with 8 parts of water (Figure 1).



Figure 1: 7 Medicated mouth wash.

Preparation of tooth powder

Tooth powder was prepared by thoroughly mixing 2 parts of Fragaria Vesca Q with 8 parts of charcoal powder (Figure 2).



Figure 2: 8 Medicated tooth powder.

Steps of Administration

Group 1

Step 1: Mouth is rinsed with water.

Step 2: Then rinsing is done with Fragaria Vesca mouth wash for 2 minutes.

Step 3: Usual cleaning is done. The above steps will be repeated twice a day.

Group 2

Step 1: Mouth is rinsed with water.

Step 2: Then cleaning is done with Fragaria Vesca tooth powder for 2 minutes.

Step 3: Usual cleaning is done. The above steps will be repeated twice a day. Patients are advised to visit the collegiate dental OP for cleaning purpose once in a week where cleaning will be done by the Dental Surgeon with Fragaria Vesca Q.

Assessment of Effectiveness

It was based on following criterion:

- Clinical assessment: disappearance or improvement of tartar
- Scoring chart based on the improvement criterion was formulated to access the efficacy of treatment. The pre and post treatment intensity scores were then statistically evaluated.

Selection of tools

- SKHMC case record format

Inclusion criteria

- Age between 19-59
- Both sexes.

Exclusion criteria

- Patients with other dental problems like dental carries

I selected 28 participants by judgemental sampling and respectively divided them into 2 groups. In first group, medicine was administered with mouth wash where water is used as vehicle while the second group was administered with tooth powder with charcoal powder as vehicle, with 14 participants in each group. Here 7 participants from each group is control group with single blinding.

Data Collection

Case

Name: Mr. X; Age: 26 yrs; Sex: Male; Address: Trivandrum (Figure 3,4).



Figure 3: Evaluation using calculus grading scale.

Result

The outcome of the study conducted in 28 cases of dental calculus is recorded here. These cases were followed for a minimum period of 1 month and results are mentioned below. Statistical analyses were done in order to test the significance of the pre-test and post-test scores (Table 1).

Table 1: Data showing difference in the grade of calculus and stain, before and after in participants administered with medicine.

GROUP IN MEDICINE IS ADMINISTERED				
Sl.No	Calculus before	Calculus after	Stain before	Stain after
1.	4	3	9	5
2.	3	2	6	4
3.	3	2	7	3
4.	4	3	8	4
5.	3	2	10	6
6.	2	2	8	4
7.	3	2	7	5
8.	4	2	10	4
9.	4	2	11	5
10.	3	2	9	4
11.	4	3	10	5
12.	3	2	8	4
13.	3	2	9	4
14.	2	2	7	3

Table 2: Aetiology and comparison of calculus before and after and the results.

SL NUMBER	T Test Of Unusual Variable	T TEST	PVALUE
1	Case Calculus	4.570037845	8.32E-05
2	Case Stain	9.428981782	2.68E-09
3	Control Calculus	0	0.5*
4	Control Stain	0	0.5*

Medicine was administered, and there was marked improvement in the patients administered with medicine as compared to the control group. The data were interrupted according to vehicle used, from aetiology and comparison of calculus before and after and the results are presented in tables and figures. The values of the test are given below (Table 2).

The p value of the t-test for dental calculus before and after treatment was 0.00000832 which is extremely smaller than 0.001; which shows that there is considerable difference between two treatments at more than 99% level. Similarly p value of stain in tooth is 0.00000000268 which is smaller than 0.001 which shows the values are more significant.

Testing of Hypothesis

For testing of hypothesis t-test for unequal variables is done. Here the P value for the group administered with medicine is <0.0001 for both calculus and stain, which implies the test is highly significant. While the P value of control group is 0.5, thus the null hypothesis is rejected and alternative hypothesis is accepted here.

Discussion

Among the 28 cases taken most of the participants were from the age group 18- 30. Generally it is found that the use of tobacco has been a major factor in the incident of dental calculus. The rate of calculus formation and the amount of calculus formed depends on multiple factors, including diet, especially alkaline foods and sugars, genetic variations in the salivary content and other factors, such as age, race, gender, and presence of disease and the bacterial load of the subject. 18 participants were confirmed

smokers and the remaining 10 had an affinity towards caffeinated beverages, however the incidents of dental calculus was even worse in smokers than in tea coffee drinkers. It's a known fact that people who smoke are more prone to dental problems as compared to others, but how severe and long lasting is it? Which is exactly the point of the research.

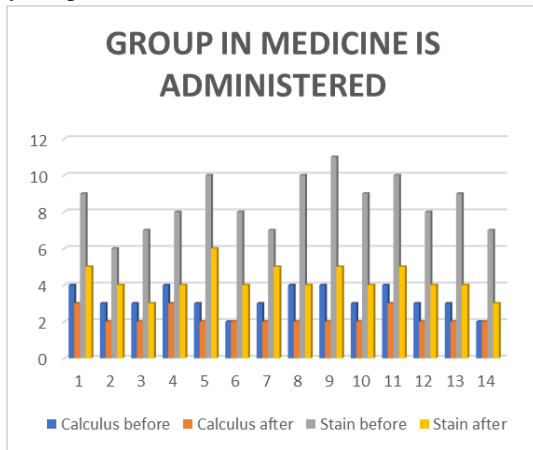


Figure 4: Showing difference in the grade of calculus and stain, before and after in participants administered with medicine.

Mineralised biofilms penetrated by crystals of various calcium phosphates, develop above or below the free gingival margin as moderately hard deposits that are white or yellow in colour. Most of the patients who took treatment never opted for homoeopathy in initial stage of disease as revealed by the deposition of calculus, so there is need to spread awareness about the potential of homoeopathy in treating such cases. *Fragaria vesca*, commonly called wild strawberry, woodland strawberry, Alpine strawberry, etc. is a perennial herbaceous plant in the Rose family that grows naturally throughout much of the Northern Hemisphere and that produces edible fruits. *F vesca* contains the ellagitannin agrimoniin which is an isomer of sanguin H-6. Acts on digestion and mesenteric glands. Prevents formation of calculi. Removes tartar from teeth and prevents attacks of gout. The fruit has refrigerant properties, strawberries produce symptoms of poisoning in certain susceptible individuals such as urticarial rashes here give *Fragaria* high potency. While our research point out the efficacy of *Fragaria Vesca* in removing dental calculus. Studies have also made the superiority of charcoal powder over the other vehicle used in the study. Participants who used tooth powder showed faster improvement based on calculus grading scale and scale of staining.

Conclusion

Among the 28 participants with dental calculus, sub gingival calculus deposits were found to be common. Out of which 18

were tobacco users and rest 10 were affected by over use of caffeinated beverages. Most of the cases were challenging due to the old dated deposition. Comparative study with control group increased the transparency of effect of *Fragaria Vesca*. Homoeopathic therapeutics is a concealed goldmine in field of Dentistry which should be fetched out.

References

- Allen DL, Kerr DA. Tissue response in the guinea pig to sterile and non-sterile calculus. *J Periodontol.* 1965; 36: 121-126.
- Armitage PL. The extraction and identification of opal phytoliths from the teeth of ungulates. *J Archaeol Sci.* 1975; 2: 187-197.
- Bosshardt DD, Lang NP. Dental calculus. *Clinical periodontol implant dentistry.* Oxford, Wiley Blackwell. 2015; 183-189.
- Fuente CDL, Flores S, Moraga M. DNA from human ancient bacteria: a novel source of genetic evidence from archaeological dental calculus. *Archaeometry.* 2012; 55: 767-778.
- Dobney K, Brothwell D. A scanning electron microscope study of archaeological dental calculus. *Scanning electron microscopy in archaeology. British archaeological reports international series.* Oxford Archaeopress. 1988; 372-385.
- Dobney K. Study of the dental calculus. *The Jewish burial ground at Jew bury.* York Archaeological Trust. Council British Archaeol. 1994; 12: 507-521.
- Draus F, Leung SW, Miklos F. Modified apparatus for the formation of synthetic calculus. *J Dent Res.* 1960; 39: 857.
- Friskopp J, Isacson G. Mineral content of supragingival and subgingival dental calculus. A quantitative microradiographic study. *Scand J Dent Res.* 1984; 92: 417-423.
- Friskopp J, Hammarstrom L. An enzyme histochemical study of dental plaque and calculus. *Acta Odontol Scand.* 1982; 40: 459-466.
- Hansen PH, Meldgaard J, Nordqvist J. *The Greenland mummies.* Smithsonian Institution Press. 1991.
- Hazen SP. Supragingival dental calculus. *Periodontol.* 1995; 58: 125-136.
- Jenkins GN. *The biochemistry of plaque and caries with special reference to fluoride. Metabolism cariogenicity dental plaque.* 1974.
- Jenkins GN. *The chemistry of plaque.* Ann N Y Acad Sci. 1965; 131: 786-794.
- Jin Y, Yip HK. Supragingival calculus: formation and control. *Crit Rev Oral Biol Med.* 2002; 13: 426-441.
- Lieverse AR. Diet and the etiology of dental calculus. *Int J Osteoarchaeol.* 1999; 9: 219-232.

16. Mandel I. Biochemical aspects of calculus formation. *J Periodontal Res.* 1969; 4: 7-8.
17. Nancollas GH, Johnsson MA. Calculus formation and inhibition. *Adv Dent Res.* 1994; 8: 307-311.
18. Scheie AA. Mechanisms of dental plaque formation. *Adv Dent Res.* 1994; 8: 246-253.
19. Schroeder H. Inorganic content and histology of early dental calculus in man. *Helv Odontol Acta.* 1963; 7: 17.
20. Schroeder HE. Formation and inhibition of dental calculus. Berne, Hans Huber. 1969.
21. Sharawy AM, Sabharwal K, Socransky SS, Lobene RR. A quantitative study of plaque and calculus formation in normal and periodontal involved mouths. *J Periodontol.* 1966; 37: 495-501.
22. Shirato M, Kamishikiryo K, Itoh A, Kado H, Maeda Y, Sekiguchi T, et al. Observations of the surface of dental calculus using scanning electron microscopy. *J Nihon UnivSch Dent.* 1981; 23: 179-187.
23. Socransky SS, Haffajee AD. Dental biofilms: difficult therapeutic targets. *Periodontol.* 2002; 28: 12-55.
24. Sundberg JR, Friskopp J. Crystallography of supragingival and subgingival human dental calculus. *Scand J Dent Res.* 1985; 93: 30-38.
25. Turesky S, Renstrup G, Glickman I. Effects of changing the salivary environment on progress of calculus formation. *J Periodontol.* 1962; 33: 45.
26. White DJ. Dental calculus: recent insights into occurrence, formation, prevention, removal and oral health effects of supragingival and subgingival deposits. *Eur J Oral Sci.* 1997; 105: 508-522.
27. MazzoCchi A. Observational study of the use of the symptom SCH in the management of pain and swelling after dental implant surgery. *Homoeopathy.*
28. A11 Aver, Why dentist love homoeopathy and why you will too, A Centre for dental healing Glenvicwsmiles.
29. American medical college of homoeopath "transforming lives" homoeopathic approach to trigeminal neuralgia.
30. Khatn A, Kalru N. Comparison of two pain scales in the assessment of the dental pain. 2012.
31. Anon. Outcomes from homoeopathic PW scribing in dental practice is a prospective, research targeted, pilot study. *Homoeopathy.* 2007; 96: 74-81.
32. Bhat SS. Dentistry and homoeopathy an overview. 2005; 32: 486-491.
33. Burton H, Goldstein H, Epstein JB. Unconventional dentistry, part IV unconventional dental practices and products. *Canadian Dental Assoc.* 2000.
34. Raak C. A Systematic review and Meta-analysis on the use of *Hypericum perforatum* for painful conditions in dental practice. *Homoeopathy.* 2012.
35. Eames S. Homoeopathy and its ethical use in dentistry. *British dental J.* 2011; 210: 299-301.
36. Fclldhaus HW. Cost effectiveness of Homoeopathic treatment in a dental practice. *British homoeopathic J.* 1993; 82: 22-28.
37. Kent JT. Discrimination as to maintaining external causes and surgical cases. *Lectures Homeopathic philosophy.* 2010; 45-53.
38. Luyk NH. Visual analogue scale for assessing dental anxiety. 1988.
39. Luthare N. Homoeopathy for all. 2011; 12: 16-23.
40. Thakur N. Holistic dentistry -Natural approaches to oral health. *J int oral health.* 2011; 3.
41. Richard D, Ischcrs F. Dentistry and Homoeopathy. An overview. 1985.
42. Hahnemann S. Organon of medicine. B Jain publishers Pvt Ltd.
43. Show, Unethical aspects of homoeopathic dentistry. *British dental J.* 2010.
44. Tanwar. Homoeopathy in dentistry -A view avenue visited. *Indian J public health res develop.* 2014; 1: 80-84.
45. Azarpazhooh A, Chong V, Chuk M. The Dental utility of pain-assessment tools: An evidence based report.
46. Homoeopathy for toothache. *Hopathy.* 2014.
47. Ronald D, Mamtani RW. Complementary and integrative medicine, Pain management, Homoeopathy. Springer publishing. 2008.
48. Jain S. Homoeopathy for children, *Homoeopathy for all.* 2001; 3: 33-36.
49. Sarkar BK. Hahnemann's organon of medicine. 2011; 410-411.