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POPMA
PRACTICING ORAL PATHOLOGISTS AND
MICROBIOLOGISTS ASSOCIATION (REGD.)

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Oral Pathology and Microbiology 2025: Changing narratives with fervor and gusto

Theme of oral pathology magazine indicates the change that should happen in our mind to change narrative of oral pathology where from no scope to full scope!

**"It's not the
opportunities we get,
it's the opportunities
we create"**





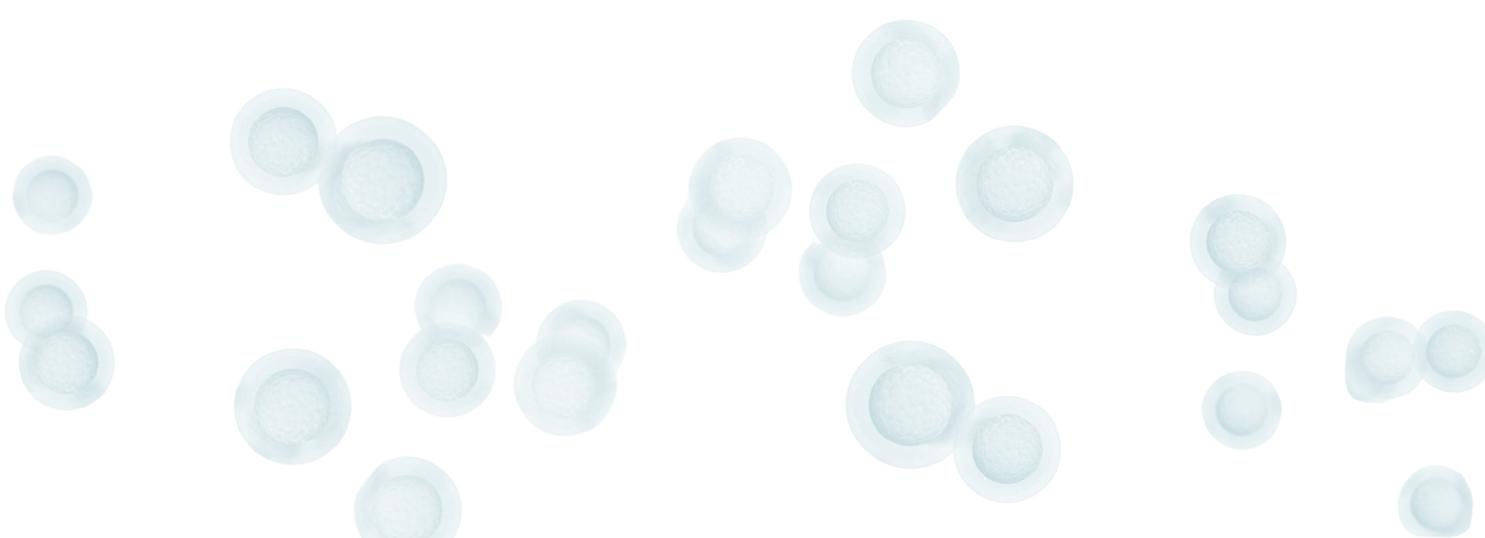
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The Oral PathologistTM

Aim and Scope

The Oral Pathologist Magazine aims to serve as an opportunistic platform to increase the awareness about scope and importance of Oral Pathology in holistic approach towards diagnosing and managing diseases.

The Magazine also focuses to ignite the fire of interest about the field of Oral Pathology among budding dentists, encourage them to pursue the same and build a successful career.

The Magazine caters to diverse areas of Oral Pathology discipline including hematology, biochemistry, immunology, serology, microbiology, oncology, histopathology and cytopathology.

The primary eight segments of Magazine include- All About POPMA, Showcase Your Published Paper, Aspire to Inspire, The Pathology World, Art of Oral Pathology, Book Review, Pride of POPMA and Students' Column.





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From The **EDITOR-IN-CHIEF**

The specialty of Oral and Maxillofacial Pathology stands today at a critical intersection—between the rooted wisdom of histopathological diagnosis and the disruptive allure of artificial intelligence (AI). With advances in computational pathology, digital imaging, and machine learning models, there is a growing belief that AI would redefine diagnostic paradigms. However, amid this optimism, we must take a measured, reality-based view of where our profession truly stands.

Over the last few decades, our field has progressed substantially. The integration of immunohistochemistry, molecular diagnostics, and digital microscopy has elevated both the precision and depth of our interpretations. We have successfully moved beyond mere morphology to incorporate biological behavior and molecular signatures, especially in lesions like oral squamous cell carcinoma, odontogenic tumors, and epithelial dysplasias.

Oral pathologists possess multidisciplinary training—spanning histopathology, cytology, hematology, microbiology, and molecular diagnostics—positioning them to detect early oral signs of systemic diseases like autoimmune, hematologic, and metabolic disorders. This ability to interpret subtle indicators makes them vital to preventive care.

Yet, while other medical disciplines are already piloting AI-assisted workflows in clinical settings, oral pathology remains somewhat on the periphery. Much of the current AI research is concentrated on dermatopathology, breast pathology, and radiology. For our specialty, there remains a significant gap—due in part to limited annotated datasets specific to the oral cavity, inter-observer variability, and the inherent complexity of lesions requiring clinical correlation.

Their role is especially critical in head and neck oncology. India's high burden of oral cancer demands early, accurate diagnosis. Oral pathologists identify premalignant changes, guide biopsy interpretation, and contribute to tumor boards—improving outcomes. Yet, their role remains unaddressed in national diagnostic policies and frameworks.

Concurrently, research in oral and maxillofacial pathology is advancing at a breakneck pace on multiple fronts. Whole slide image analytics, multi-omics data fusion, AI-driven prognostic modeling, and federated learning are opening new windows into tumor microenvironments, early field cancerization, and personalized therapeutics. This expansion is not only generating vast amounts of data but is also enabling the discovery of novel biomarkers, digital diagnostic indicators, and predictive algorithms tailored to oral lesions. However, despite these promising developments in research, the practical, hands-on diagnostic side of the specialty is moving at a snail's pace. The adoption of these innovations into day-to-day clinical workflows, educational curricula, and diagnostic protocols remains inconsistent and often delayed.

AI tools, while promising, cannot operate independently. They require expert oversight. Oral lesions are complex and context-dependent—diagnoses such as epithelial dysplasia or rare tumors still rely on clinical-pathological correlation that AI alone may not deliver.

Collaboration—not replacement—is the future. Oral pathologists must help shape AI by contributing validated datasets, standardizing criteria, and engaging in multi-center research. Technologies like telepathology and AI-assisted screening already show potential in improving rural diagnostic access.

Moreover, AI tools are not standalone solutions. While algorithms may demonstrate high accuracy in controlled studies, real-world application demands interpretative oversight. Oral lesions are often subtle, multifactorial, and embedded in a complex clinical context that no AI system can yet fully comprehend.

Diagnoses such as epithelial dysplasia, early malignancy, or rare odontogenic tumors still rely heavily on intuitive experience, and contextual knowledge.

This is not to dismiss the promise of AI, but to reinforce the need for balance. The future lies in collaboration—not substitution. Pathologists must evolve as digital stewards—guiding, validating, and improving AI systems through shared datasets, diagnostic consensus building, and multi-institutional studies.

Oral pathologists' strength lies in connecting clinical signs with microscopic certainty—supporting predictive and preventive medicine. However, core challenges remain: declining student interest, limited interdisciplinary recognition, and inconsistent training. Official recognition as signatories for pathology reports—already outlined in the DCI curriculum—must be enforced in policy to ensure visibility and legitimacy.

To move forward, we must embrace innovation, advocate for policy inclusion, and reaffirm our central role in diagnostic care.

In parallel, we must address the foundational challenges of our field. The declining interest in oral pathology among students, the limited visibility of our specialty in interdisciplinary forums, and the variability in training standards across institutions remain pressing concerns. Technology alone cannot solve these; they require advocacy, mentorship, and systemic reform.

It is essential that we, as specialists, engage proactively with the ongoing digital revolution. This includes not just adopting technology, but contributing to its design—ensuring that AI models reflect the nuances of oral pathology and are trained with rigorously validated, diverse data.

In conclusion, the journey of oral and maxillofacial pathology has been marked by resilience and adaptability. Artificial intelligence presents a new arena—filled with potential, yet demanding caution and critical engagement. As we look to the future, let us embrace innovation, reaffirm our diagnostic roots, and ensure that progress is guided not just by technology, but by thoughtful, patient-centered care.



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Managing Editor's Note

The field of Oral Pathology has been gaining increasing recognition in the medical community, as it plays a crucial role in the diagnosis and management of various oral and maxillofacial diseases. The rise in oral cancer incidence, coupled with advancements in treatment modalities, has highlighted the importance of specialized dental professionals who can provide comprehensive care to patients.

This issue of our esteemed publication aims to shed light on the evolving role of oral pathologists and the significant impact they have on the overall well-being of patients. The oral cavity is a gateway to the body, and the early detection and accurate diagnosis of oral lesions are essential for effective treatment and improved patient outcomes.

In this issue, we explore the multifaceted responsibilities of oral pathologists, from their involvement in the comprehensive management of oral cancer patients to their contributions in the development of novel diagnostic techniques and the advancement of research in this field.

Through insightful articles and case studies, we have delved into the challenges faced by oral pathologists, the strategies they employ to enhance the quality of life for their patients, and the ongoing efforts to increase awareness and recognition of this vital specialty.

As the editors of this publication, we are committed to fostering a platform that showcases the remarkable work of oral pathologists and their indispensable role in the healthcare system. We hope that this issue will inspire and educate our readers, ultimately leading to a greater appreciation for the expertise and dedication of these professionals.



Managing Editor's Note

As the esteemed editor of 'The Oral Pathologist' Magazine, it is with great pleasure that I present to our readers the first edition, which promises to be a captivating and enlightening exploration of the diverse and ever-evolving field of oral pathology.

Through the carefully curated content within these pages, we aim to provide our valued readers with a comprehensive understanding of the cutting-edge research, innovative technologies, and emerging trends shaping the landscape of oral pathology. As always, we extend our sincere gratitude to the contributors, both established experts and promising young scholars, whose dedication and insights have enriched this edition.

We are confident that this issue of 'The Oral Pathologist' Magazine will captivate and inspire our readers, fostering a deeper appreciation for the art and science of oral pathology.

In our ongoing efforts to elevate the discourse within the field of oral pathology, we are pleased to feature a collection of esteemed authors who have lent their expertise to this issue. We foresee this magazine to become a valuable inspirational tool for oral pathologists and thus aid in the upliftment of this dental speciality.

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Managing Editor's Note

Dear Colleagues,

I celebrate the official launch of the first issue of "The Oral Pathologist" with immense pleasure and humility. I sincerely welcome the readers of this magazine on behalf of the Editorial Team. Additionally, I want to express my gratitude to our pioneer association, The Practicing Oral Pathologists and Microbiologists Association (POPMA), for unwavering support and encouragement in bringing out this issue. I sincerely thank our distinguished editorial board and esteemed contributors for their voluntary efforts to support the magazine's success.

Showcasing and acknowledging the multidimensional facets of Oral Pathology and allied disciplines is our primary objective. This magazine will serve as an ideal forum for addressing new clinical, diagnostic, and therapeutic advancements in Oral Pathology. We genuinely hope that readers will find the scientific compositions engaging, pertinent, and thought-provoking, which will help them develop a variety of perspectives on the current scenario in dentistry.

I hope that this issue will stimulate your curiosity and provide you with valuable insights about recent scientific breakthroughs in the realm of Oral Pathology. I am confident that this periodical would be very beneficial not only for dental professionals but also for undergraduate and postgraduate students. We are dedicated to publishing all results, approaches, resources, and reviews that make a substantial contribution to Oral Pathology. We appreciate your input and hope to hear from you soon!

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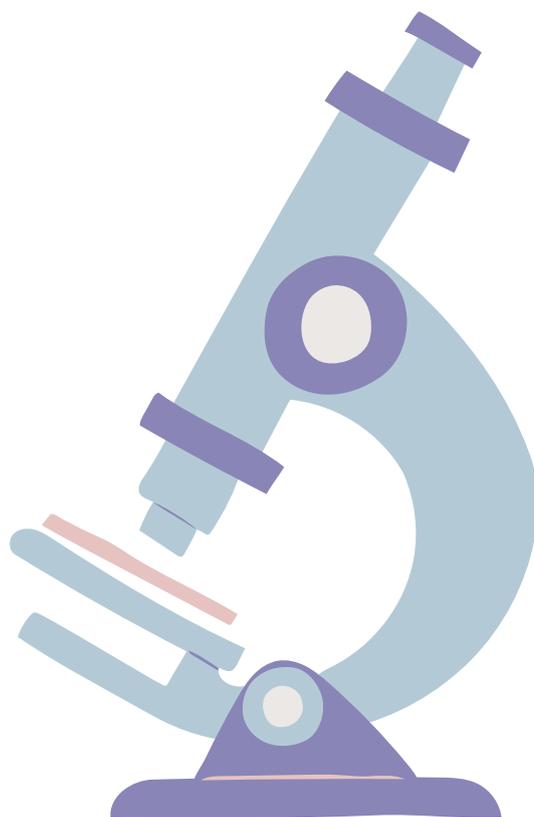
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POPMA

**PRACTICING ORAL PATHOLOGISTS AND
MICROBIOLOGISTS ASSOCIATION (REGD.)**

Oral Pathology and Microbiology

Oral Pathology (also known as oral and maxillofacial pathology/head and neck pathology) is a specialized field of pathology dealing with the diseases of oral cavity and its associated structures (i.e., teeth, tongue; bony tissue [maxilla and mandible]; joint [temporomandibular joint]; lymph nodes; nerves; structures in neck and blood vessels of the ear, nose and throat [pharynx and larynx]).

THE PRACTICE OF ORAL AND MAXILLOFACIAL PATHOLOGY & ORAL MICROBIOLOGY

includes diagnosis of diseases using clinical, radiographic, microscopic, hematological, biochemical, microbiological, immunological, ultrastructural or other molecular/genetic examinations.

According to the Medical Council of India (MCI), dentistry is one of the recognized branches of modern scientific medicine and taught during Phase III of MBBS curriculum as a part of surgery. Dentistry is the 29th broad medical specialty as per National Medical Commission (NMC), Teachers Eligibility Qualifications in Medical Institutions Regulations, 2022. As per the Dental Council of India (DCI), oral pathology and microbiology is one of the nine recognized specialties under dentistry. Therefore, oral pathology is not only a branch of dentistry but also of pathology and, in turn, related to medicine. Like other branches of pathology, oral & maxillofacial pathology is also a recognized international specialty of pathology, and this fact has already been acknowledged by the Royal College of Pathologists, United Kingdom.

VISION AND MISSION OF POPMA

Vision

Uniting And
Empowering
Oral
Pathologists
In India

Mission

- To promote the specialty practice of oral and maxillofacial pathology & oral microbiology.
- To promote oral pathology & microbiology as a career by making MDS Oral pathology & microbiology degree as one of the requisite qualifications to sign the laboratory reports/authorized signatory for lab reports.
- To elevate the scientific and professional status of this specialty of dentistry/medicine/pathology.
- To represent and promote the value of oral pathology & microbiology to other medical and dental organizations, legislative bodies and government agencies.

POPMA MEMBERSHIP

Experience the thrill of becoming a member of POPMA, where your practice and confidence will soar to new heights! By joining our esteemed community, you will unlock a world of opportunities to enhance your professional journey.

ELIGIBILITY CRITERIA

- Candidate must be of Indian origin and should be 21 years or above at the date of enrollment
- Candidate must hold a professional (bachelors or masters or doctoral degree) in any of the below mentioned disciplines:
 1. Oral Pathology & Microbiology
 2. Medicine
 3. Dentistry
 4. Pathology
 5. Biochemistry
 6. Microbiology
 7. Laboratory Medicine
 8. Forensic Medicine & Odontology
 9. Biotechnology
 10. Biomedical & Engineering Sciences
 11. Veterinary Sciences
- (BDS/MDS/MBBS/MD/DCP/MS/DNB/DM/MCh/BVSc /MVSc/BTech/MTech/BSc/MSc/PhD) from recognized universities and respective medical/dental/veterinary councils/AICTE/UGC.
- The candidate must have active interest in the practice/teaching/research of oral and maxillofacial pathology & oral microbiology.
- Candidate must not have been convicted of an offence involving moral turpitude and imprisonment.

POPMA MEMBERSHIP

- Platform of pan India networking with specialty practicing oral pathologists
- Platform where oral pathologists can share their problems/issues faced during their routine specialty practice of oral & general pathology
- Platform for skill enhancement by easy access to fellowship/observership certificate courses offered by the academic body of POPMA
- Guidance regarding establishment of new oral and general pathology lab/diagnostic centre
- Research Grants in Oral & Maxillofacial Pathology and its associated fields
- Preference in Awards for excellence in the field of Oral Pathology and Microbiology for both BDS & MDS students
- Support for advocacy and representation for Oral Pathologists to various government and legislative bodies



The Admission Fee and the Annual Subscription Fees payable by different types of members are: The Membership fee and the annual subscription shall be as under:

Type of Member	Admission Fee	Annual Subscription
1. Life Member	Rs 3100/-	-
2. Ordinary Member	Rs 1100/-	Rs 200/-

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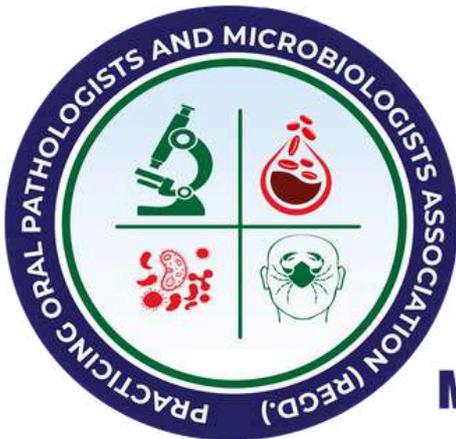


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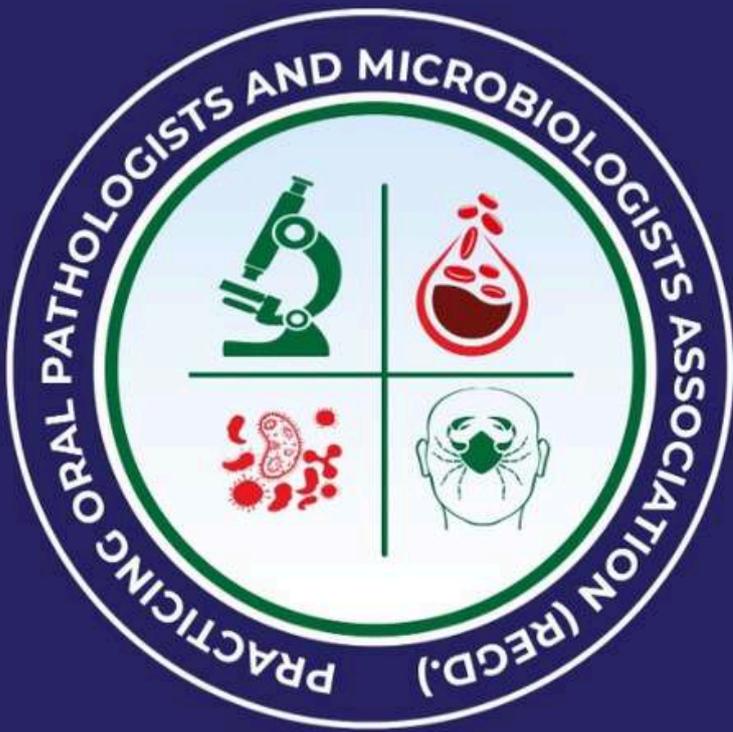
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POPMA

**PRACTICING ORAL PATHOLOGISTS AND
MICROBIOLOGISTS ASSOCIATION (REGD.)**



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Registered under section 9(1) of the Haryana Registration and Regulation of Societies Act, 2012 with Registration no. HR/12/2023/01797 dated 29th September 2023. Academy of Oral Pathology & Laboratory Medicine (Under the aegis of Practising Oral Pathologists & Microbiologists Association)

NGO Unique ID of POPMA - HR/2024/0477820; Dated 19-12-2024

Department of Industries & Commerce, Haryana

Form III
"Certificate of Registration to be issued under Section 9(1) of the Haryana Registration and Regulation of Societies Act, 2012"
(See rule 5 and rule 6)

Certificate of Registration of Society

I hereby certify that a Society bearing the Registration Number and name as undermentioned has been registered in this State on [29] day of [September] 2023 year under the Haryana Registration and Regulation of Societies Act, 2012 (Haryana Act No. 1 of 2012)

State Code	District Code	Year Of Registration	Registration Number
H	R	1 2	0 1 7 9 7

Name Of the Society: Practising Oral Pathologists and Microbiologists Association

Registered Office Address: H.No. 1021, Urban Estate-II, Hisar, Haryana

Issued under my hand at Hisar this [29] day of month [Sep] (Year [2023]) having Unique Identification Number - 2000158371




SOME IMPORTANT PROVISIONS OF THE HRSR ACT 2012 TO BE FOLLOWED :

- One Full time vice.
- Corporation Scheme to be approved from District Registrar if members strength is more than 1000.
- Administrator if appointed will not entail new members, their capacity, expenditure and gross employment in the society.
- Terms of Governing Body not to be more than 3 years.
- Member to be not less than 21 year age.
- Office bearers of society (Three to twenty one).
- General Body and other meeting should be conducted with quorum in 1st meeting - 40%, 2nd meeting - 25% and 3rd meeting - 15% (see entire provisions).
- Submission of mandatory Annual Returns: i. list of members, list of members or colleagues, list of office bearers, Annual Report on working, Balance Sheet & Auditor's Report. Copy of special resolution otherwise shall attract penalties & fines as per provisions of Act.
- In case of joint Apartment owners, 1st owner will be eligible to contest the elections.
- Party going to be dissolved.
- Corporation/ Association comes under Apartment Ownership Act 1985 it to be treated by owners any.
- Election officer may be appointed by District Registrar or on request of Society.

12/19/24, 4:17 AM

NGO Detail

PRACTISING ORAL PATHOLOGISTS AND MICROBIOLOGISTS ASSOCIATION

Unique Id of VO/NGO	HR/2024/0477820
DARPAN Reg. Date	19-12-2024

Registration Details

Registered With	Registrar of Societies
Type of NGO	Registered Societies (Non-Government)
Registration No	HR/12/2023/01797
Act name	Haryana Registration and Regulation of Societies Act, 2012
City of Registration	Hisar
State of Registration	HARYANA
Date of Registration (Society / Trust / Entity)	29-09-2023

Office Bearers

Name	Designation
BHUVAN NAGPAL	President
ABHISHEK B	General Secretary
ANJU KALRA	Treasurer

Sectors

Operational Sectors	Health & Family Welfare
Operational Area-States	HARYANA
Operational Area-District	HARYANA--Hisar

Hisar.ngoportal.gov.in/index.php/search/

AOPLM

ACADEMY OF ORAL PATHOLOGY & LABORATORY MEDICINE

About Academy of Oral Pathology and Laboratory Medicine (AOPLM)

- Oral Pathology (also known as oral and maxillofacial pathology/head and neck pathology) is a specialized field of pathology dealing with the diseases of oral cavity and its associated structures (i.e., teeth, tongue; bony tissue [maxilla and mandible]; joint [temporomandibular joint]; lymph nodes; nerves; structures in neck and blood vessels of the ear, nose and throat [pharynx and larynx]). The practice of oral pathology & microbiology includes diagnosis of oral and systemic diseases using clinical, radiographic, microscopic, hematological biochemical, microbiological, immunological, ultrastructural or other molecular/genetic examinations.
- Laboratory Medicine, is a clinical science and discipline, devoted to the quantitative measurement, or qualitative assessment of any substance that can be assayed in any type of biological fluid of any animal species, thus including humans, for either medical or research purposes. The results of these measurements are translated into actionable information for improving the care and/or maintaining the wellness of both a single individual and an entire population. Laboratory Medicine thus, is the application of 'Medicine' at the laboratory level. It deals with all the necessary investigations required for the diagnosis and management of patients. It includes selection, operation, and interpretation of diagnostic testing that uses primarily the specimens from patients, and contributes in clinical management, in addition to administrative, financial, teaching and research activities of the department.
- Academy of Oral Pathology and Laboratory Medicine (AOPLM) was constituted by Practicing Oral Pathologists and Microbiologists Association (POPMA) in 2023 to impart quality training in oral pathology and laboratory medicine to the members of POPMA. Currently, it's offering observership and fellowship course based on the duration of the course.
- Fellowship course is a module-based distance education programme which includes online modules and contact sessions including lectures, seminars and practical sessions. Fellowship course follows a detailed curriculum and provides extensive theoretical knowledge (mostly distance education) and specific practical skills (laboratory hands-on) in oral pathology and laboratory medicine along with basic knowledge required in associated subjects.
- AOPLM Fellowship certification requires assessment and theoretical knowledge through conduct of practical examination on completion of the training and, if found proficient, shall award enrolled candidates with the Fellowship/Observership by the Academy of Oral Pathology and Laboratory Medicine.

The vision of the academy is:

- To impart training of qualified professionals in niche areas of diagnostic oral pathology and laboratory medicine.
- To support excellence in oral pathology and laboratory medicine and in doing so, enhance patient outcomes.
- Improving oral and general health of the community through specialized training of oral pathology professionals, translational research and improving quality of diagnostic centres.

Our Training Centres



TOHANA MANGLAM DIAGNOSTICS

Near RMC Hospital, Kainchi Chowk,
Chandigarh Road, Tohana, Dist. Fatehabad - 125120
Web: www.tohanamanglamdiagnostics.com

MG DIAGNOSTICS

Sapra Multispecialty Hospital,
Sector - 15, Rajgarh Road, Hisar

MANGLAM DIAGNOSTICS HANSI

Opp. Bus Stand, Delhi Road,
Hansi, Dist. Hisar - 125033

POPMA Committees, their Chair Person & Co-Chair Persons' List

1. Academic committee:

Chairperson – Dr. Bhuvan Nagpal
Co-ChairPerson: Dr. Ketki Kalele

2. Scientific Research Committee and Interview Board:

Chairperson – Dr. Bhuvan Nagpal
Co-ChairPerson – Dr. Ketki Kalele

3. Magazine Committee:

Chairperson – Dr. Abhishek Bhadranna
Co-ChairPerson – Dr. Arushi Pandey & Dr. Swapnita Patil

4. Letter Drafting Committee:

Chairperson – Dr. Abhishek Bhadranna
Co-ChairPerson – Dr. Bhuvan Nagpal

5. Oral pathology Advocacy Committee:

Chairperson – Dr. Bhuvan Nagpal
Co-ChairPerson – Dr. Ketki Kalele

6. Membership committee:

Chairperson – Dr. Shivani Mungala
Co-ChairPerson – Dr. Piyush Asnani

7. International Collaboration Committee:

Chairperson – Dr. Ketki Kalele
Co-ChairPerson – Dr. Bhuvan Nagpal

8. Conference Committee:

Chairperson – Dr. Abhishek Banerjee
Co-ChairPerson – Dr. Saikat Chakraborty
Dr. Shailja Chatterjee

9. Grievance Redressal committee:

Chairperson – Dr. Saikat Chakraborty
Co-ChairPerson – Divya Uppala

10. Career Counselling committee:

Chairperson – Dr. Bhuvan Nagpal
Co-ChairPerson – Dr. Swapnita Patil

11. Digital Library Committee:

Chairperson – Dr. Arushi Pandey
Co-ChairPerson – Dr. Vandana Shah

12. Constitutional Amendment Committee:

Chairperson – Dr. Saikat Chakraborty
Co-ChairPerson – Dr. Bhuvan Nagpal

13. Award Committee:

Chairperson – Dr. Abhishek Bhadranna
Co-ChairPerson – Dr. Bhuvan Nagpal

14. IT Assistance Committee:

Chairperson – Dr. Piyush Sharma
Co-ChairPerson – Dr. Shivani M

15. Finance Committee:

Chairperson – Dr. Anuj Kalra
Co-ChairPerson – Dr. Bhuvan Nagpal

POPMA WhatsApp Groups and Committees

To ensure effective communication and seamless sharing of updates, we have organized the following WhatsApp groups for each POPMA committee:

1. POPMA Members Notifications Only – For general updates and announcements to all members.
2. POPMA Governing Body (2024-2027) – For discussions and updates specific to the governing body.
3. POPMA Committees Chairpersons and Co-Chairpersons – For coordination among committee leaders.
4. POPMA Magazine Committee – For updates and discussions related to The Oral Pathologist™.
5. POPMA Conference Committee – For planning and updates on conferences.
6. POPMA Digital Library Committee – For initiatives and updates related to the digital library.
7. POPMA Career Counseling Committee – For discussions and updates on career guidance initiatives.
8. General Group – For informal discussions and updates open to all.
9. POPMA Oral Pathology Advocacy Committee – For updates on advocacy activities and initiatives.
10. POPMA Awards Committee – For discussions and updates on awards and recognitions.
11. POPMA State Representatives – For coordination with state-level representatives.
12. POPMA Scientific Research and Interview Board – For updates on research and interviews.
13. POPMA Academic Committee – For academic initiatives and discussions.
14. POPMA International Collaborations Committee – For updates on global collaborations.
15. POPMA Membership Committee – For updates on membership-related matters.
16. POPMA Constitution Amendment Committee – For discussions on constitution amendments.
17. POPMA IT Assistance Committee – For updates and support on IT-related initiatives.
18. POPMA Grievance Redressal Committee – For addressing member grievances effectively.
19. POPMA Financial Committee – For updates on financial matters and budget planning.

These groups have been created to facilitate updates and ensure smooth communication among all committee members.

Warm regards,
Dr. Bhuvan Nagpal
Founder and President, POPMA

Scientific Research Committee

The role of Scientific Research Committee (SRC) and Interview Board (IB) of POPMA is:

- Scientific Research Committee (SRC) will scrutinize the individual applications for POPMA Research Grant for MDS students and POPMA Gold Medal.
- Interview Board (IB) will conduct interviews for fellowship course and observership program of AOPLM.
- Out of all the constituent members of SRC and IB of POPMA, an interview panel of 5 members will be created who will conduct interview for the candidates who have applied for fellowship course, observership program, POPMA Research Grant and POPMA Gold Medal. Everytime, whenever an interview will be scheduled, the set of interviewers in an interview panel will be different but will be chosen from the constituent members of SRC & IB of POPMA on volunteer and rotational basis.

Specialists In POPMA (Multi-Disciplinary Board)

1. Oral Pathologist & Microbiologist
2. General Pathologist
3. General Microbiologist
4. General Biochemist
5. General Anatomist
6. General Radiologist
7. Oral Medicine & Radiologist
8. Oral & Maxillofacial Surgeon
9. Periodontologist
10. Forensic Odontologist
11. Biotechnologist
12. Nutritionist
13. Dermatologist
14. Anesthesiologist
15. Gynecologist & Obstetrician
16. Healthcare Administrator
17. IT/ Artificial Intelligence/ Digital Imaging

Legal Cell

1. Adv. Mrinmoi Chatterjee
2. Adv. Varun Dev Mishra
3. Dr. Bhuvan Nagpal
4. Dr. Divya Uppala

IT CELL

1. Dr. Piyush Sharma
2. Dr. Anuj Kalra
3. Dr. Srishti Arora
4. Dr. Nikita Mungala
5. Dr. Shivani Mungala

POPMA GOLD MEDAL

MERIT SCHOLARSHIP AWARD FOR MDS ORAL PATHOLOGY STUDENTS
“POPMA GOLD MEDAL FOR EXCELLENCE IN ORAL PATHOLOGY”

- POPMA endeavors to recognize & reward MDS students for their meritorious achievements in the specialty of Oral Pathology & Microbiology.
- The Merit Scholarship Award is an incentive as well as encouragement to the meritorious students who have achieved highest marks in Oral Pathology postgraduation.
- The purpose of this award is to support MDS students who have demonstrated academic excellence in oral pathology and microbiology.

Eligibility

Students desirous of getting the Scholarship should be a postgraduate student of Oral Pathology & Microbiology and, more importantly, a POPMA Member.

Documents Required:

- Attested copy of the marksheet and provisional degree certificate.
- Letter from the Dean/Principal stating the rank of the student on College letterhead in the department of Oral Pathology.
- Candidate's Profile/Resume.
- POPMA Membership Card and Certificate.

POPMA GOLD MEDAL

MERIT SCHOLARSHIP AWARD FOR MDS ORAL PATHOLOGY STUDENTS
“POPMA GOLD MEDAL FOR EXCELLENCE IN ORAL PATHOLOGY”



Rules and Regulations:

- This scholarship will be termed as “POPMA Gold Medal for Excellence in Oral Pathology”.
- Merit Certificate, a Medal of Honor and Scholarship of Rs. 5000/- will be awarded annually to MDS student members of POPMA securing highest aggregate marks in MDS University Examination.
- The Merit Award will be awarded to only those Students who are the members of POPMA.
- The students who have cleared the academic examination in the first attempt will only be eligible for this award.
- Applications/Nominations filed by MDS students will be scrutinized by Scientific Research Committee
- In case, there are no deserving candidates who are eligible according to the mentioned conditions, the award may not be given. POPMA will have the final authority to decide on the grant of award.
- The award will be sent directly to the student winner.
- Any violation of the above regulations will automatically disqualify the student



APPLICATIONS ARE INVITED FOR POPMA
RESEARCH GRANT
FOR MDS ORAL PATHOLOGY STUDENTS
LAST DATE : 30TH APRIL 2024

Apply Now

More Info
www.popma.in
M. 7027038190



- **POPMA Research grant Scheme** for MDS students, primarily aiming at promoting good quality research in department of Oral Pathology & Microbiology.
- This Scheme is to encourage, nurture and support ideas, innovations and novel projects in the subject.
- One Research project for MDS Student with grant in aid up to **15,000** rupees each for project period with an observation not less than 12 months.
- One receipt of the application will be evaluated by “ **Scientific Research Committee of POPMA**” constituted by governing body of POPMA

ACHIEVEMENTS OF POPMA



Medium

Empowering Oral Pathologists: The Mission of POPMA in India

Borok Times · Follow
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Empowering Oral Pathologists: The Mission of POPMA in India

by Shivam Madaan — February 8, 2024



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Dr. Bhuvan Nagpal

Dr. Mandana Donoghue

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Empowering Oral Pathologists: The Mission of POPMA in India

written by • February 8, 2024 • 0 comment

POPMA IN ACTION

Letters sent by POPMA to Government authorities and legislative bodies

1. 1st August 2024

To: Shri J. P. Nadda ji (Hon. Health Minister)

Subject: Recognition of M.D.S. Degree Holders.

Brief: Requests M.D.S. (Oral Pathology) inclusion in Clinical Establishment Rules for authorized signatories and recruitment.

2. 1st August 2024

To: Shri Narendra Modi ji (Hon. Prime Minister)

Subject: Recognition of M.D.S. Degree Holders.

Brief: Requests M.D.S. (Oral Pathology) inclusion in Clinical Establishment Rules for authorized signatories and recruitment

3. 14th August 2024

To: Hon. Health Minister, Sh. J.P. Nadda ji

Subject: Condemnation of Doctor's Murder in Kolkata.

Brief: POPMA condemns the tragic incident and urges safety measures for healthcare professionals.

4. 14th August 2024

To: Hon. Home Minister, Sh. Amit Shah ji

Subject: Condemnation of Doctor's Murder in Kolkata.

Brief: POPMA condemns the tragic incident and urges safety measures for healthcare professionals.

5. 14th August 2024

To: Hon. Prime Minister, Sh. Narendra Modi ji

Subject: Condemnation of Doctor's Murder in Kolkata.

Brief: POPMA condemns the tragic incident and urges safety measures for healthcare professionals.

6. 20th September 2024

To: Dr. Pilar Gándara Vila (IbAOPM President)

Subject: Endorsement for IbAOPM Scientific Meeting.

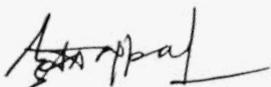
Brief: POPMA supports the XIX Scientific Meeting in Argentina (2025).

7. 28th November 2024

To: Dental Council of India (DCI)

Subject: Inclusion of M.D.S. (Oral Pathology) in Recruitment Criteria.

Brief: Advocates for M.D.S. degree holders' eligibility in pathology labs, cancer centers, and medical institutions.



Dr Bhuvan Nagpal

Founder - President, POPMA

POPMA IN ACTION

8. 28th November 2024

To: Dr. Ashok Dhoble (Secretary General, IDA)

Subject: Support for Promoting Oral Pathology.

Brief: Seeks IDA's support for the recognition of oral pathology and its importance in diagnostics.

9. 28th November 2024

To: President, Indian Dental Association (IDA)

Subject: Advocacy for Oral Pathology.

Brief: Requests promotion of oral pathology within the broader dental healthcare system.

10. 19th December 2024

To: Dental Council of India (DCI)

Subject: Violation of DCI Guidelines and Neglect of Oral Pathology.

Brief: Highlights absence of oral pathologists in government dental colleges in Patiala and Amritsar.

11. 19th December 2024

To: Ministry of Health and Family Welfare

Subject: Violation of DCI Guidelines.

Brief: Seeks intervention for non-compliance with DCI guidelines in government dental colleges.

12. 19th December 2024

To: IDA President and Secretary General

Subject: Advocacy for Oral Pathologists' Role.

Brief: Requests IDA's support for the inclusion and recognition of oral pathologists.

13. 19th December 2024

To: National Tobacco Control Cell (NTCC)

Subject: Proposal for Collaboration.

Brief: Proposes partnership to address tobacco-related oral diseases and promote early detection.

14. 28th November 2024

To: President, Indian Dental Association (IDA)

Subject: Endorsement of Oral Pathology.

Brief: Advocates for more awareness and educational initiatives for oral pathology in clinical and academic spaces.



Dr Bhuvan Nagpal

Founder - President, POPMA

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**Global Conclave
on Oral Health
Innovation & Research**

**Global Conclave on Oral Health
Innovation & Research**

Indian Dental Association Initiative
15-16 February, 2025 | Dr. Ambedkar International Centre, New Delhi
www.gcohir.org.in | info@gcohir.org.in

Date: 11-12-2024

To,

Dr Bhuvan Nagpal,
President, Practicing Oral Pathologists & Microbiologists Association.
Dr Abhishek Bhadrana,
Secretary, Practicing Oral Pathologists & Microbiologists Association.

Subject: Official Letter of Invite for the Global Conclave on Oral Health Innovation & Research, New Delhi, 15th & 16th February 2025.

Respected Delegate,

The Indian Dental Association (IDA) is a distinguished, independent, and reputable organization representing dental professionals in India. As an authoritative voice in the field, we are dedicated to advancing public oral health, upholding ethical standards, promoting scientific research, and fostering the professional development of dental practitioners. With 75 years of service, IDA has a vast network of 31 state branches, 600+ local branches, and 90,000+ registered dentists.

Seeking your valuable delegation at the event:

It gives us immense delight to announce that as a continuation of the successfully conducted previous Oral Health Innovation Conclave at Manekshaw Centre, New Delhi on 25th-26th March 2023, IDA will be organizing the Global Conclave on Oral Health Innovation & Research (GCOHIR) at Dr. Ambedkar International Centre, New Delhi on 15th & 16th February 2025.

Innovation drives economic growth and employment within the dental industry. It fosters the growth of the dental sector, creating new markets and opportunities for businesses. Additionally, the introduction of new technologies and approaches can lead to the creation of new jobs and professional roles within the dental field, contributing to the overall economic development of the country.

The Global Conclave on Oral Health Innovation & Research is set to be a groundbreaking event, focusing on **Innovations, Entrepreneurship, and Research** in oral healthcare. We envision making this conclave that sets new benchmarks in the field of dentistry. This event aims to provide an inclusive environment

for dental colleges, students, professors, practitioners, and industry experts to interact and exchange insights. We are confident that the event will impart valuable knowledge and guidance to budding dentist, entrepreneurs and young minds who aspire to excel in the competitive global market.

Sharing valuable insights through our Scientific Programme:

This mega event will feature a **comprehensive agenda, including keynote lectures, round table and Panel discussions, Scientific presentations and interactive sessions** by renowned leaders, academicians, researchers, innovators, and experts from India and abroad.

- We are keen to have your 10-15 minutes **oration/presentation** we request you to share your expert insights on the **latest Innovations in your Speciality** with the diverse audience.
- The scientific committee also looks forward to engaging you in the scientific programme as a **Panellist of the session** which will have your area of expertise as its core focus.

We request you to **mutually decide & nominate an office bearer** (President or Secretary) who would represent your Specialty Association in the Conclave.

Given your expertise and contributions to Pathology & Microbiology, we believe your leadership would be essential in fostering discussions on emerging innovations, research, and strategies and will directly impact an upward growth of the dental profession. **A kind word of confirmation** from your end at the earliest would be highly appreciated so that more updates to follow can be timely apprised from the organising team.

Thank you.

Sincerely,

Dr Ashok Dhoble

Dr D P Kharbanda

Dr Rajiv Chugh

Dr Parvesh Mehra

Hon. Secretary General

Chief Patron

Conference Chairperson

HOD, DMFS

Indian Dental Association

GCOHIR

GCOHIR

Lady Hardinge Medical College

Proud Moment for POPMA

2024

It's with immense pride and gratitude that we share a major milestone for POPMA. The Indian Dental Association (IDA)—the authoritative voice for dental surgeons in India—has officially recognized our association and invited us to represent at the Global Conclave on Oral Health Innovation & Research, February 2025.

This incredible achievement reflects the trust, dedication, and collective efforts of every member. Together, we are shaping the future of Oral Pathology and Microbiology and gaining the recognition we deserve.

Congratulations to each one of you for being part of this journey! Let's continue striving for excellence and making meaningful contributions to oral healthcare in India.

POPMA STUDY CLUB 2025

- One session every two months
- March, June, September, December of each year from January till December
- Any member can volunteer for taking up a topic of teaching
- Guest lecture will be conducted from eminent speakers
- It can be either a good case presentation, research article, seminar
- The topic should be of practical importance
- Time duration: 1 hour
- Only the crisp and important points should be highlighted, which are of practical importance



1st Academic Session Under POPMA
STUDY CLUB 2025

DATE: 23rd JAN, 2025
TIME: 3:00 PM- 4:00PM

TOPIC: CLINICO-PATHOLOGIC
CORRELATIONS OF ORAL LESIONS:
A DIAGNOSTIC WORKFLOW

Dr. Saikat Chakraborty
MDS Oral Pathology & Microbiology
Director & Consultant
Oral Pathologist, Dentoscope,
Panchkula

Moderator: Dr. Nidhi Jadhav, MDS
Host: Dr. Bhuvan Nagpal, MDS

CONTACT US ↓

70270-38190 | www.popma.in



POPMA Study Club
ORAL PATHOLOGY
STALWART SERIES

WEDNESDAY
29TH JANUARY 2025
03:00PM-04:00PM

**PRIORITISATION OF
ORAL PRECANCER**

Dr. Dinesh K. Daftary
MDS, FDS RCPS (Glasgow)
Specialist in Oral Pathology- Oral Medicine- Dental Surgeon
Former Professor, Mair Hospital Dental College, Mumbai
Former Consultant, Tata Institute Of Fundamental Research, Mumbai

Wednesday | 03:00PM - 04:00PM | 29TH JAN

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POPMA STUDY CLUB

Topic: The Biology of Cancer - Mechanisms
Evolution and Emerging Insights

Date:- 27th Feb 2025
Time: 04:00PM - 05:00PM

Guest:- Dr. Sherin James
MDS, Fellowship in Head & Neck Pathology
Ph.D Fellow - University of Alabama at Birmingham.

Host- Dr. Bhuvan Nagpal, MDS
President, POPMA
Chairperson, POPMA Oral Pathology Advocacy Committee

Dr. Ketki Kalele, MDS
Vice President, POPMA
Co-Chairperson, POPMA Oral Pathology Advocacy Committee (2025)

Moderator: Dr. Nidhi Jadhav, MDS

zoom

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REGISTER TODAY



POPMA STUDY CLUB

GLOBAL SYNERGY SERIES

FEBRUARY 28, 2025
FRIDAY
3:30 PM - 4:30 PM

**"Pulp Regeneration: Novel
Perspectives in Dental Repair"**

GUEST
Dr. Shelly Arora, MDS, Ph.D
Senior Lecturer, Department of
Oral Pathology, School of Dentistry,
International Medical University,
Malaysia

HOST
Dr. Bhuvan Nagpal
President, POPMA

zoom

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REGISTER TODAY

POPMA STUDY CLUB 2025

POPMA
PRACTISING ORAL PATHOLOGISTS AND
MICROBIOLOGISTS ASSOCIATION

POPMA STUDY CLUB
ORAL PATHOLOGY
STALWART SERIES

THURSDAY
MARCH 6, 2025
3:00 PM- 4:00 PM

**"OSF & PVL- UNDERSTANDING
DUAL PATHOLOGY"**

Guest
The living legend
Dr. Vinay Hazarey
Ex Professor and Dean,
Govt. Dental College Nagpur

Host
Dr. Bhuvan Nagpal
President, POPMA
Chairperson, POPMA Oral
Pathology Advocacy Committee

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POPMA STUDY CLUB

MARCH 28, 2025
FRIDAY
3:00 PM- 4:00 PM

**"A standardised Approach to
reporting of Neck Dissections & Nodal
Excision for Head & Neck Tumors"**

GUEST
Dr. Nidhi Jadhav, MDS
Consultant Oral Pathologist,
Kanak Dental Clinic & Diagnostic Centre for
Oral Maxillofacial Pathologies, Sangli
Associate Professor, VPDC, Sangli

HOST
Dr. Bhuvan Nagpal
President, POPMA

MODERATOR
Dr. Ketki Kalele
Vice President, POPMA

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POPMA
PRACTISING ORAL PATHOLOGISTS AND
MICROBIOLOGISTS ASSOCIATION

POPMA STUDY CLUB (Regular Series)

19th April 2025
Saturday
3PM - 4PM

**'Surgical Margins in Head
and Neck Cancers'**

Moderator
Dr. Ketki Kalele
Vice President, POPMA

Host
Dr. Bhuvan Nagpal
President, POPMA

Guest Speaker
Dr. Shailaja Chatterjee
(MDS, Ph.D)
Director and Sr. Oral Pathologist,
Oral Cancer Screening and Dental Center, Saharanpur (U.P.),
Professor and Head,
Yamuna Institute of Dental Sciences,
Yamunanagar, Haryana

Register Today

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POPMA
PRACTISING ORAL PATHOLOGISTS AND
MICROBIOLOGISTS ASSOCIATION

POPMA STUDY CLUB (Research Series)

10th May 2025
Saturday
3PM - 4PM

**'How to plan a systematic review
and publish it'**

Moderator
Dr. Nidhi Jadhav
Member, POPMA

Host
Dr. Bhuvan Nagpal
President, POPMA

Guest Speaker
Dr. Betsy Joseph
MDS, Ph.D., MRD RCPS (Glas), FICD, FFFA
Professor, Saveetha Dental College and Hospital,
SIMATS, India.
Researcher, University of Helsinki, Finland.
Director, ResearchKraft Consulting

Register Today

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POPMA
PRACTISING ORAL PATHOLOGISTS AND
MICROBIOLOGISTS ASSOCIATION

POPMA STUDY CLUB (Regular Series)

17th May 2025
Saturday
3PM - 4PM

**'Algorithm for Diagnosis of
Cysts of Maxillofacial Region'**

Moderator
Dr. Nidhi Jadhav
Member, POPMA

Host
Dr. Bhuvan Nagpal
President, POPMA

Guest Speaker
Dr. Abhishek Bhadranna
BDS, MDS (Oral Pathology and Microbiology)
General Secretary, Practising Oral Pathologists and
Microbiologists Association (POPMA)
Consultant Oral Pathologist, Dr Bhadranna's Oral Pathology
Partner & Chief Clinician, Adi's Dentalaya
Director & Co-founder, ST Dants Research and Product
Development Pvt. Ltd.

Register Today

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POPMA
PRACTISING ORAL PATHOLOGISTS AND
MICROBIOLOGISTS ASSOCIATION

POPMA STUDY CLUB (Multidisciplinary Series)

21st June 2025
Saturday
3PM - 4PM

**'From Scalpel to Slide: Aligning
Surgical Oncologist Needs with
Oral Pathology Expertise'**

Moderator
Dr. Nidhi Jadhav
Member, POPMA

Host
Dr. Bhuvan Nagpal
President, POPMA

Guest Speaker
Dr. Deepak Nain
MBBS, MS, DNB (Surgical Oncology)
Senior Surgical Oncologist,
SMS Hospital, Hisar

Register Today

70270-38190 | www.popma.in

POPMA STUDY CLUB 2025

POPMA STUDY CLUB (Regular Series)

12th June 2025
Thursday
3PM - 4PM



'From Order to Invasion: EMT as seen in Oral Cancer via Light Microscopy'
A Novel Discovery from our Study to the Scientific World

Moderator
Dr. Nidhi Jadhav
Member, POPMA

Host
Dr. Bhuvan Nagpal
President, POPMA

Guest Speaker
Dr. Ketki Kalele
MD, Warkas Research and Innovations Pvt Ltd
Founder Director, Neuron Institute of Applied Research (NIAR)
Director, Dent-O-Path (Histopathology Services)
Vice-President, POPMA

Register Today
70270-38190 | www.popma.in



POPMA STUDY CLUB (Regular Series)

15th July 2025
Tuesday
3PM - 4PM



'Unravelling the mystery: A comprehensive exploration of Neck swellings'

Moderator
Dr. Nidhi Jadhav
Member, POPMA

Host
Dr. Bhuvan Nagpal
President, POPMA

Guest Speaker
Dr. Shivani Mungala
Assistant professor and
Lead Oral Pathologist - Healthcare Company

First Practicing Oral Pathologists Conference (POPCON 2025) – An Initiative by POPMA™

4th and 5th October (Online Mode)
Theme: Atmanirbhar Oral Pathologist – Making Oral Pathologists Self-Sufficient

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POPMA STUDY CLUB (Multidisciplinary Series)

26th July 2025
Saturday
3PM - 4PM



'Management of Systemic Emergencies in Dental Practice'

Moderator
Dr. Nidhi Jadhav
Member, POPMA

Host
Dr. Bhuvan Nagpal
President, POPMA

Guest Speaker
Dr. Nageshwar Iyer
Consultant Oral and Maxillofacial Surgeon,
Savitri Krishan Memorial Smile Centre,
Yamunanagar

First Practicing Oral Pathologists Conference (POPCON 2025) – An Initiative by POPMA™

4th and 5th October (Online Mode)
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POPMA STUDY CLUB (Motivational Series)

7th August 2025
Thursday
3PM - 4PM



'Chalkboards to World Stages - The Rise of an Everyday Dreamer'

Moderator
Dr. Nidhi Jadhav
Member, POPMA

Host
Dr. Bhuvan Nagpal
President, POPMA

Guest Speaker
Dr. Usha Hegde
MDS, PGDHHM, Professor,
Dept. of Oral Pathology and Microbiology,
JSS Dental College & Hospital, Mysuru

First Practicing Oral Pathologists Conference (POPCON 2025) – An Initiative by POPMA™

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- One lecture each month will follow a structured academic schedule, covering advanced topics in oral pathology and microbiology.
- A second monthly lecture, part of the Senior Stalwarts Series, will feature eminent oral pathologists sharing their career journeys, practical experiences, and advanced diagnostic insights.
- These sessions are designed to inspire and mentor MDS oral pathologists while bridging the gap between academic learning and real-world applications.
- New Initiative for BDS students. In addition to empowering MDS professionals, the POPMA Study Club is proud to introduce a special lecture series for BDS students.

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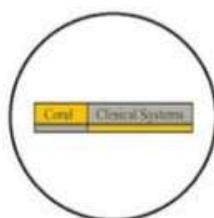
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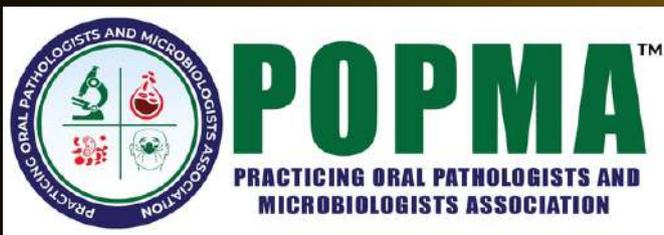


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CHAMPIONING ORAL PATHOLOGISTS: POPMA'S JOURNEY TOWARD RECOGNITION



Introduction: A Voice Long Silenced, Now Roars

In the annals of Indian dental specialties, Oral Pathology & Microbiology has long stood as an unsung pillar—essential in theory, overlooked in practice. Despite its integration of diagnostic sciences, histopathology, hematology, microbiology, and even molecular diagnostics, the field had historically been relegated to academic confines, its clinical potential underestimated.

In 2023, this began to change.

The formation of the Practicing Oral Pathologists and Microbiologists Association (POPMA) catalyzed a paradigm shift. Emerging as the first and only national platform exclusively for practicing oral pathologists, POPMA launched an unwavering campaign to secure statutory, professional, and institutional recognition of MDS Oral Pathology specialists in diagnostic roles across India.

This article documents that journey—of advocacy, resilience, and a vision where oral pathologists stand as rightful stakeholders in India's diagnostic and clinical ecosystem.

1. Foundations of Competence: The Curriculum Speaks

POPMA's advocacy is not based on aspiration—it is rooted in evidence, competency, and curriculum.

According to the Dental Council of India's Revised MDS Course Regulations (2007, updated 2017), an MDS in Oral Pathology is:

“Trained in diagnosis of oral and maxillofacial diseases through histopathology, cytology, hematology, clinical pathology, microbiology, serology, and clinical biochemistry.”

This curriculum arms oral pathologists with:

- Microscopic diagnostic skills (routine, special, and immunohistochemical stains)
- Competency in hematology and clinical pathology
- Proficiency in microbiological and biochemical diagnostics relevant to oral/systemic diseases
- Understanding of lab quality assurance, biosafety, and reporting standards

Thus, the MDS program produces comprehensive diagnostic professionals who are trained to function as laboratory consultants and signatories, especially in dental, head-and-neck, cancer, and infectious disease domains.

Yet, despite this formal training, regulatory frameworks often fail to list MDS (Oral Pathology) in recruitment or lab signatory rules—a gap POPMA was determined to close.

2. Early National-Level Recognition: The NABL Breakthrough (2018)

The first institutional breakthrough came in 2018, when the National Accreditation Board for Testing and Calibration Laboratories (NABL) issued a landmark notification:

MDS in Oral Pathology is recognized as a qualified category for authorized signatory in defined areas.

Specifically, NABL allowed Oral Pathologists to sign reports for:

- Histopathology & Cytopathology of oral and maxillofacial specimens
- Basic hematological investigations relevant to dental and maxillofacial care (e.g., hemoglobin, CBC, ESR, BT/CT)

This notification—dated 7th May 2018—validated the clinical role of oral pathologists for the first time in India's laboratory regulatory ecosystem. It set a precedent for further regulatory recognition, later reinforced by DCI's RTI replies confirming that:

A dentist with MDS in Oral Pathology can perform all procedures listed in the curriculum.

3. POPMA's Formal Constitution and Strategic Mission (2023 Onwards)

POPMA was born in 2023, amidst growing frustration among oral pathologists over limited opportunities and lack of formal recognition.

Its foundational aims included:

- Statutory recognition of MDS Oral Pathology as an eligible qualification for reporting and signatory status.
- Inclusion in recruitment norms across government/private pathology labs, hospitals, research centers, and cancer registries.
- Professional dignity for oral pathologists as equivalent contributors in diagnostics and lab governance.
- Pan-India unification of practicing professionals under one legal platform.

POPMA was registered under the Haryana Registration and Regulation of Societies Act, 2012 and applied for national recognition through NGO Darpan (Govt. of India), ISO-9001 Certification, and PAN/TAN under Indian taxation laws.

4. The National Advocacy Movement: MoHFW and DCI Engagement (2024-2025)

Between July 2024 and March 2025, POPMA initiated formal representations to the Ministry of Health & Family Welfare (MoHFW), Government of India, enclosing:

- Curriculum excerpts and DCI notifications
- NABL signatory approvals
- RTI responses from dental colleges and government labs
- Case examples of oral pathologists already signing histopathology, microbiology, and hematology reports
- Comparative charts showing international models (e.g., USA, Australia) where oral pathologists serve as lab consultants

In February 2025, POPMA received an official communication from MoHFW:

✓ Recognition under Review

The National Council for Clinical Establishments (NCCE) is now actively reviewing POPMA's request to include MDS Oral Pathologists as authorized signatories under the Clinical Establishments (Central Government) Rules, 2012.

✓ DCI Referral for Recruitment Norms

POPMA's representation was also forwarded to the Dental Council of India (DCI) for framing guidelines to include MDS (Oral Pathology) in recruitment eligibility for lab and research posts.

This is the first-ever formal acknowledgment by the Union Government of the collective representation by oral pathologists—a moment of historic importance.

5. Parallel State-Level Action: Haryana's Transformative Leadership

While national processes moved forward, POPMA pursued simultaneous state-level engagement, starting with Haryana.

Key actions included:

- Representations to the Chief Minister, Health Minister, and Directorate of Health Services
- Formal request for recognition of MDS Oral Pathologists under State Clinical Establishments Rules
- Submission of RTI proof of oral pathologists already signing reports in PGI Rohtak and state dental colleges

👏 Support from APP Haryana

The Association of Practicing Pathologists (APP Haryana) responded with rare solidarity. In an official communication, they:

Supported the inclusion of MDS (Oral Pathology & Microbiology) as signatories for oral and maxillofacial investigations.

This collaboration marked a significant interdisciplinary consensus between MD (Pathology) and MDS (Oral Pathology) professionals—eliminating any perceived “turf war” narrative.

Discussions are underway to include oral pathologists in State Lab Licensing Rules, potentially making Haryana the first state to implement clinical parity.

6. Building Awareness and Institutional Presence

POPMA's mission extends beyond legal recognition. It aims to educate, empower, and unify oral pathologists across India.

Key initiatives include:

- Regular webinars on clinical diagnostics, reporting protocols, and lab compliance
- POPCON 2025 – India's First National Conference of Practicing Oral Pathologists (Oct 4–5, 2025)
- Launch of POPMA e-magazine (The Oral Pathologist™)
- YouTube lectures, Zoom study clubs, and Telegram/WhatsApp forums
- Membership drives across over 20 Indian states with structured committees

Through these platforms, POPMA promotes quality standards, CPD, and interdisciplinary collaboration, especially in oral cancer diagnostics, salivary biomarkers, and infection pathology.

7. Vision 2026: What Lies Ahead

POPMA envisions:

- Statutory amendments in both Central and State Clinical Establishment Rules to explicitly list MDS Oral Pathology as eligible for lab signatory.
- Recruitment parity in public service commissions, AIIMS/JIPMER/PGIMER-type institutions, ICMR labs, cancer boards, and ESIC setups
- ISO, NABL, and DCI synergy for streamlined lab licensing involving oral pathologists
- Establishment of Centre for Oral Pathology & Maxillofacial Diagnostics (C-OPMD) as national excellence hubs
- Policy inputs to FSSAI, MoHFW, NMC, and DCI on diagnostic roles and public health integration

Conclusion: From Margins to Mandates

What started as a frustrated whisper in faculty rooms and WhatsApp groups has become a national campaign for justice, parity, and professional identity.

POPMA's strategic, evidence-driven, and legally sound approach has transformed the narrative—oral pathologists are no longer pleading for opportunities; they are claiming their rightful space in India's diagnostic ecosystem.

This article salutes every oral pathologist who stood up, spoke out, and stayed united. The movement is real. The progress is visible. And the future—where oral pathologists are acknowledged as clinicians, diagnosticians, and thought leaders—is now within grasp.

Let us remember: The microscope is our tool, but advocacy is our voice. And POPMA is our collective will to be heard.



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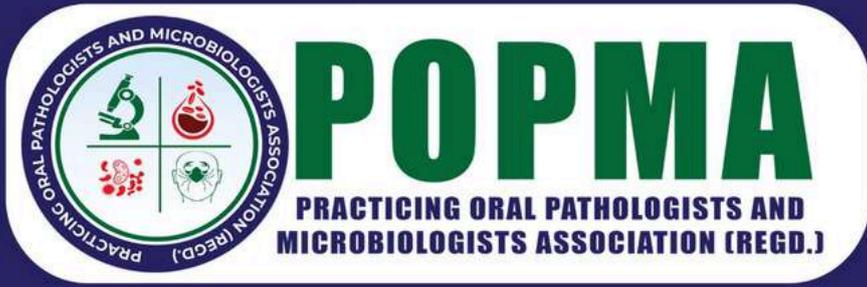
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Poster Presentation



RULES FOR SCIENTIFIC PRESENTATION (E-POSTER)

- Registration for the conference is mandatory for all presenters and co-presenters.
- E-poster submissions should clearly align with the theme “The Occult Versatility Of Oral Pathology” and must be categorized under one of the following scholarly formats: Original Research, Case Report(s)/Case Series, Reviews, Systematic Reviews, Innovations and Recent advancements relevant to diagnostic practices.
- Abstracts and the E- Poster are to be submitted online only at POPCON-2025 Presentation after creating and logging into the individual’s profile.
- Scientific posters will be presented 1 day prior to the conference on 3/10/2025. Posters adhering to the guidelines shall only be considered for the presentation.
- Best 5 Scientific posters will be selected by the jury for presentation at the POPCON 2025 Conference Scientific poster session and will be awarded certificates.
- All presenters and co-presenters will be presented certificates for their Scientific Presentations. Individual attendance is mandatory to obtain certificates.
- The time and schedule of the presentations will be announced after the last date of submission of abstracts.
- Any queries regarding Poster Presentation will be answered through E-mail: firstpopcon2025@gmail.com

NOTE: The Scientific Committee of the Conference will have the sole discretion to accept / decline a poster and this shall be communicated to the lead presenter.

*All abstracts for posters will be the exclusive property of the Scientific Committee.

ESSENTIALS FOR AN E-POSTER CREATION

- E-poster should be prepared in Microsoft Power point, in 1 slide only and its Orientation should be horizontal/portrait. Font style- Times New Roman / Arial
- Figures (graphs, tables, photographs, illustrations, or diagrams) must have title and legends.
- Presenter should be able to fully explain the poster in 3 minutes, followed by discussion for 2 minutes. The presenter should strictly adhere to the time schedule enforced by the Session Chair.
- A maximum of 2 presenters can present an E-poster. Both the presenters should be present at the time of presentation.

SUBMISSION GUIDELINES

- Last date for Abstract and E-poster submission is **5th September, 2025**.
- Abstracts should follow IMRAD pattern. The maximum word limit is 250 (all inclusive). No tables, graphs or images are to be given in the abstract.
- Abstracts should be in Times New Roman 16 (heading), 14 (body) with single line spacing.
- The lead presenter can upload the abstract and the Poster, with the names and registration details of 1st and 2nd presenter being mentioned in the abstract only.
- Abstract (in PDF format) and the Poster (in PDF format) less than 5MB each should be submitted.

Beyond The Operating Room: The Unsung Role of Oral Pathologists in Maxillofacial Surgery

Dr. Veeravalli John Jims
Oral and Maxillofacial Surgeon

Hello and greetings to all my fellow oral pathologists. I'm Dr John, maxillofacial surgeon, wanted to share my insights into how big of a role a pathologist plays in my day to day practise.

As a surgeon, we often find ourselves in the spotlight—scrubbed in, instruments in hand, performing surgeries and trying to be heroic, sometimes quite dramatic too. But those of us who've been in this field long enough know that real decision-making often begins long before we put on our gloves and at the heart of that decision-making process, behind every incision, every excision, and every complex reconstruction, there's an essential, and often underappreciated, figure: **THE ORAL PATHOLOGIST**

Your work doesn't take place under the OT lights. It happens quietly, behind a microscope, often in silence—but the impact is loud and clear in the outcomes we achieve.



Every successful surgery begins with a proper diagnosis and meticulous treatment planning. And in cases of lesions, tumors, or unique presentation of pathologies, that diagnosis comes from you. Whether it's confirming a benign fibroma or diagnosing an aggressive malignancy, your interpretation of tissue dictates everything from the extent of surgery to the urgency of intervention.

Every lesion I excise has a story, but it's often your interpretation that tells me how the story began and how it might end. I can palpate, scan, and observe all I want, but without your microscopic perspective, I'm only seeing just one side of coin. There have been countless moments in my practice where your keen eye has changed the course of treatment. A clinically innocent lesion turns out to be dysplastic. A cystic lesion reveals a neoplastic nature. I still remember a case from a couple of years ago—a seemingly straightforward radiolucency in the posterior mandible. Clinically and radiographically, it looked like a dentigerous cyst. Routine enucleation, I thought. But your histopathology report revealed an early-stage unicystic ameloblastoma. That diagnosis completely shifted my approach—from a conservative curettage to a resection with long-term follow-up. That's just one example of many where your role literally changed the outcome. In each case, your insight prevents us from under or overtreatment and ensures that our surgical interventions are timely, justified and targeted.



It's easy to forget how much time and thought goes into each diagnosis. I've seen the back and forth discussions you have with colleagues over ambiguous slides, the time you spend reviewing stains and comparing pattern. That level of dedication gives us the confidence to move forward

Beyond Just diagnosis, you guys shape prognosis. Margins, differentiation, mitotic rates—these histological insights are not just academic; they determine follow-up protocols, adjuvant therapy, and sometimes even the necessity for re-intervention.

I'm a big believer that pathology and surgery shouldn't exist in solo. Whether it's through multidisciplinary OOO meets(Oral medicine, Oral pathology, Oral surgery) or informal chats about complex lesions, there's so much value in mutual feedback. I've learned a lot by simply listening to how you interpret cellular architecture and various patterns.

With the pace at which things are evolving—AI diagnostics, digital pathology, teleconsults—our fields are bound to become even more closer. Imagine a workflow where intraoperative frozen sections can be analyzed instantly by remote pathologists, or where 3D reconstructions can be overlaid with histological maps for surgical planning. This is not science fiction—it's where we're heading. If we lean into that collaboration, we'll be able to provide faster, more accurate, and more personalized care.

To all oral pathologists, this is just a thank you. For the late night reports, for double checking that odd biopsy, for the honest second opinions, the carefully documented reports, and the tireless hours behind the microscope and for catching things I have missed. Your work may be unseen by patients, but it is deeply felt by those of us who rely on it. Our surgeries may leave visible marks of healing, but your contributions are the unseen stitches that hold the outcome together. You may not be in the operating room, but your impact is in every patient we treat. Every margin we clear. Every pathology we catch early.

We often talk about the “surgical team,” but that team isn’t complete without pathology. From the moment a slide is examined to the moment the scalpel is lifted, we’re part of the same process. It’s a continuum. From slide to scalpel and beyond

You are very much part of the healing process and I hope you know how much we appreciate it.

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They say in this world, change is the only constant! Keep evolving and keep upgrading!

“The oak fought the wind and was broken, the willow bent when it must and survived.” It reminds me that resilience isn't about being unyielding, but about adapting and enduring through life's storms.

Resilience and a committed dedication towards one's goal will always sail you through the ups and downs of life.



VARUN JAIN

Director
MB Plastic Industries

Can you tell us about your journey into healthcare/MedTech? What inspired you to choose this path?

MB started its humble beginning in the late 1980s, turning revenue by renting out injection moulding machines to FMCG and automobile industries. It started as a cottage industry with just two machines with

lendings from bank. It was not until 2004 that an entry into the diagnostic industry happened with petridish as product. That's how the company's logo and brand was formed!

What were the key milestones in your career that shaped your vision for healthcare?

MB started by producing 2000 petridishes a day in 2004. By 2006 new machines were added and test tubes were added into the profile. In 2009, we started the production of blood collection tubes, producing approximately 4000 tubes a day. Since that day, the company has never looked back. Producing over 6 lac BCTs a day under the brand Hemo Tube And Hemovac plus, and with an array of products such as centrifuge tubes, histopathology cassettes, specimen containers, cold transport solutions etc being produced on over 20 moulding machines. MB now produces approximately 2 million units of diagnostic products a day!

The growth hasn't stopped. Being a bootstrap company, MB now has over 350 distributors in India with inhouse facilities such as ultrasonic welding, rapid prototyping, sterilisation, printing and other facilities and exports to over 9 countries worldwide.

Having an in-depth knowledge in plastics, innovation has always been an upfront focus for us. Being educated with a degree of Mechanical engineering and a masters in polymers, the vision to shape the healthcare industry by providing a rich balance of price to quality as always been the driving force behind the success.

How has your leadership style evolved over the years, and what key lessons have you learned?

When I joined the family business, the focus was always being hands on. The hands on approach gave me an opportunity of working with my employees. This gave me valuable insights of working with the employees rather than just getting work done from them. With a team of about 200 employees and a very low employee

turnover, we at MB work together as a family with a common goal. A goal to do the best and to be the best. The last 25 years have evolved for us to be more inclusive, and a much more accommodating organisation focussing on skill development rather than just skilled hiring.

What specific leadership strategies or decisions set you apart in the healthcare landscape this year, and how do you envision continuing this momentum into 2025?

Giving a free hand to the employees to let them make decisions. To nurture the habit of new idea formation by way of encouraging thoughts and taking calculated risks. To try and inculcate the habit of deploying innovative and out of the box initiatives have been a few leadership strategies.

As the company grows, we will keep these above approach to be the few of the indispensable core qualities around which our journey will span.

Can you share any groundbreaking research, products, or policy changes you spearheaded that have gained widespread attention or adoption?

India sees a huge shortcoming in the transport of samples from one place to another. Being one of the largest countries to have adopted the system of home collection of samples and paired with extreme climatic conditions, a proper system of transporting samples should be in place. To fill this gap we at MB have introduced an innovative product Hemo Porter, that's a combination of cooling plus securing the blood samples while being transported. It adds to the aesthetics of the transportation while keeping the sample cool and secure. The product also includes an optional data logging with temperature and position logging system for added control. Many more such products will be added to this vertical soon.

Can you share a quote or mantra that has guided you through challenges and successes?

"The oak fought the wind and was broken, the willow bent when it must and survived."

It reminds me that resilience isn't about being unyielding, but about adapting and enduring through life's storms.

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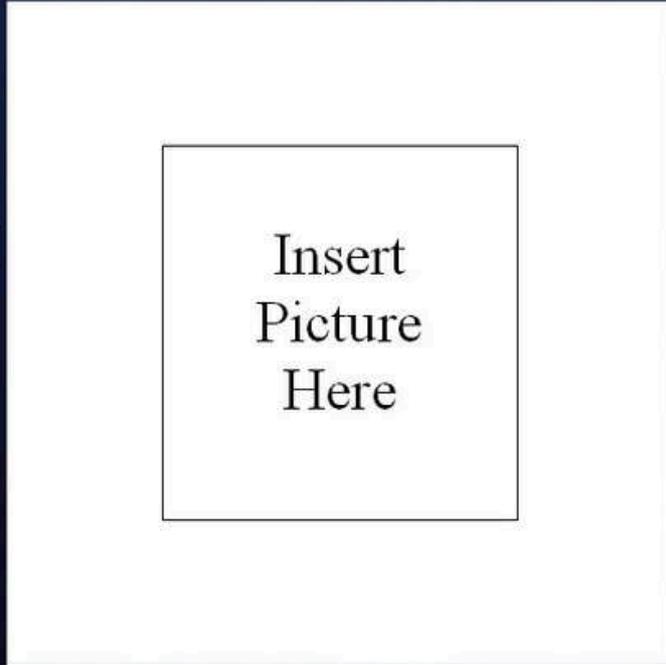
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Good Histopathological Practice: A Guide for Specialists in Oral Pathology

Dr. Bhuvan Nagpal

Founder and President, POPMA

Histopathology plays a critical role in the diagnosis and management of oral diseases, serving as the backbone of evidence-based patient care. Oral pathologists, unlike clinicians who directly interact with patients, often work behind the scenes, providing indispensable insights that shape treatment decisions. The Good Histopathological Practice guidelines offer a structured approach to maintaining professional competence, ethical integrity, and collaborative efficiency in this specialized field. This review article summarizes the key tenets of good histopathological practice, emphasizing their impact on patient care, professional ethics, and interdisciplinary collaboration.

Core Principles of Good Histopathological Practice

1. Ensuring Diagnostic Accuracy and Timely Reporting

At the heart of oral pathology lies diagnostic precision. Every histopathological assessment should be based on:

- Adequate clinical information supporting the biopsy specimen.
- Thorough microscopic examination with consideration of pathological features.
- Appropriate use of adjunct techniques (e.g., immunohistochemistry, molecular pathology).
- Consultation with colleagues when encountering ambiguous or complex cases.

Timely reporting is essential, especially for urgent diagnoses that can significantly influence treatment outcomes. Delays in histopathological reporting may hinder patient management, emphasizing the need for efficient workflow and communication with treating clinicians.

2. Professionalism and Ethical Conduct

Oral pathologists are entrusted with high ethical responsibilities to ensure the accuracy of diagnoses and the integrity of professional conduct. Key ethical principles include:

- Recognizing personal limitations and seeking second opinions when necessary.
- Communicating clear and accurate reports, providing an objective diagnosis with a stated level of confidence.
- Maintaining confidentiality of patient data, only sharing information when clinically or legally justified.
- Refraining from biased decision-making based on a patient's social or economic background.

These ethical standards reinforce public trust in the profession and ensure that patients receive objective, fair, and unbiased care.

3. The Role of Clinical Audits and Self-Assessment

To maintain high standards of histopathological service, specialists must regularly monitor their performance. This includes:

- Participating in clinical audits to assess diagnostic accuracy.
- Responding constructively to peer assessments and appraisals.
- Addressing errors and discrepancies through reflective learning.
- Updating skills through continuing dental or medical education (CDE/CME) and specialized training.

Adhering to these quality measures ensures that oral pathologists remain at the forefront of diagnostic advancements and best practices.

4. Legal and Regulatory Compliance

In addition to professional standards, oral pathologists must comply with:

- National healthcare regulations governing medical and dental practice.
- Laws on patient confidentiality and consent, particularly in research and clinical trials.
- Institutional policies on handling biopsies, data storage, and reporting procedures.

By staying informed about legal frameworks, oral pathologists can protect themselves from liability while ensuring compliance with ethical obligations.

5. Addressing Diagnostic Errors

Despite best efforts, diagnostic errors may occur due to specimen limitations, ambiguous pathology, or human oversight. The guidelines emphasize the following steps in such situations:

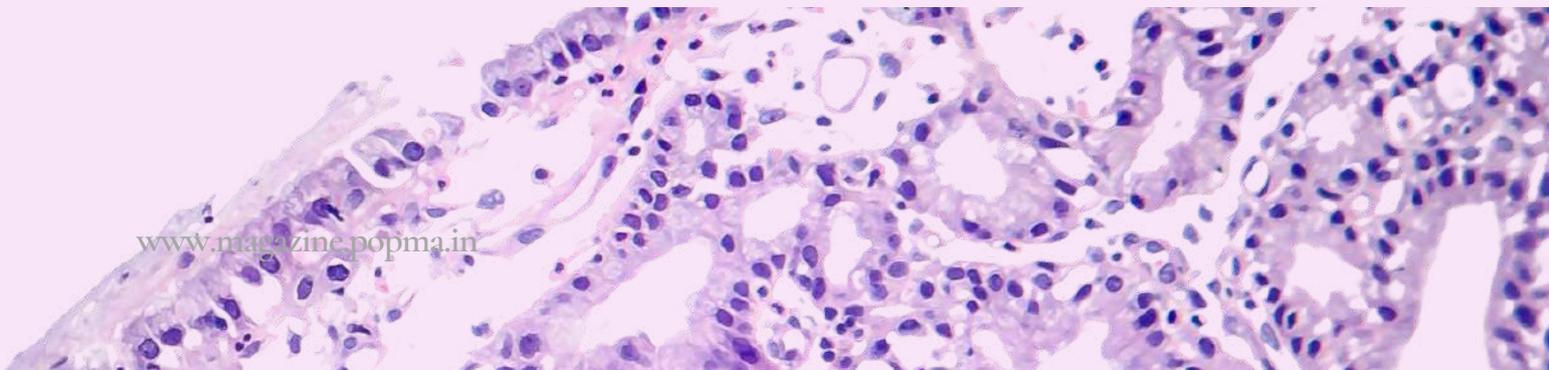
- Prompt disclosure of errors to the treating clinician.
- Providing corrective measures, such as further testing or expert consultation.
- Offering apologies when appropriate while maintaining professionalism.
- Implementing strategies to prevent recurrence, such as modifying protocols or enhancing training.

6. Responding to Patient Complaints

Patients have the right to question and challenge medical diagnoses. When faced with complaints, oral pathologists must:

- Address concerns openly and transparently.
- Cooperate with formal investigations while maintaining professional integrity.
- Ensure that patient care remains unaffected by any disputes.

Proactive error management and open communication help uphold trust and confidence in oral pathology services.



7. Working in Multidisciplinary Teams

Oral pathologists often collaborate with dentists, maxillofacial surgeons, oncologists, and radiologists to provide integrated patient care. Effective teamwork requires:

- Clear communication about histopathological findings.
- Respecting the expertise of other healthcare professionals.
- Ensuring timely reporting and prioritization of urgent cases.

For those leading histopathology departments, strong leadership skills are necessary to ensure smooth workflow, resource management, and effective delegation of responsibilities.

8. The Role of Teaching and Mentorship

As specialists in their field, oral pathologists have a responsibility to train junior colleagues and students. This involves:

- Providing structured guidance to trainees.
- Ensuring honest and objective evaluations of performance.
- Encouraging ethically responsible research and scientific integrity.

Mentorship fosters a culture of excellence and accountability in the field of oral pathology.

9. Avoiding Conflicts of Interest

Oral pathologists must remain unbiased in their professional decisions by avoiding:

- Recommending unnecessary investigations for personal financial gain.
- Accepting gifts or inducements that could influence professional judgment.
- Referring cases to commercially affiliated laboratories without transparency.

10. Transparency in Financial Dealings

Oral Pathologists who manage laboratory finances should:

- Use funds exclusively for intended purposes.
- Declare any financial interests that may affect their practice.
- Avoid involvement in fraudulent activities or unethical business transactions.

Maintaining financial integrity helps preserve the credibility of the profession and prevents compromised patient care.

11. Conducting Ethical Research

Oral pathologists involved in research must adhere to strict ethical guidelines, including:

- Obtaining informed consent from participants.
- Ensuring research is not harmful or exploitative.
- Reporting results truthfully without data manipulation.
- Avoiding conflicts of interest when receiving funding or sponsorships.

These measures protect scientific credibility and patient welfare in histopathological research.

The Good Histopathological Practice guidelines provide a structured framework for oral pathologists to deliver high-quality, ethical, and legally compliant care. By emphasizing professional competence, interdisciplinary collaboration, ethical integrity, and lifelong learning, these standards ensure that oral pathology remains a trustworthy and indispensable discipline in modern healthcare.

As oral pathology continues to evolve with technological advancements and precision diagnostics, adhering to these principles can help specialists maintain excellence in patient care and research.

By implementing these best practices, oral pathologists can enhance diagnostic accuracy, uphold ethical standards, and contribute to a safer and more efficient healthcare system.



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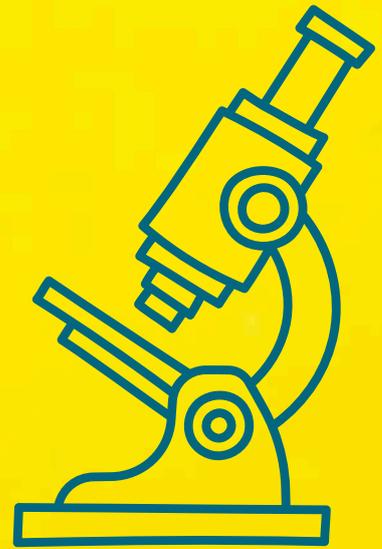
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ART OF



ORAL PATHOLOGY



Rangoli Art

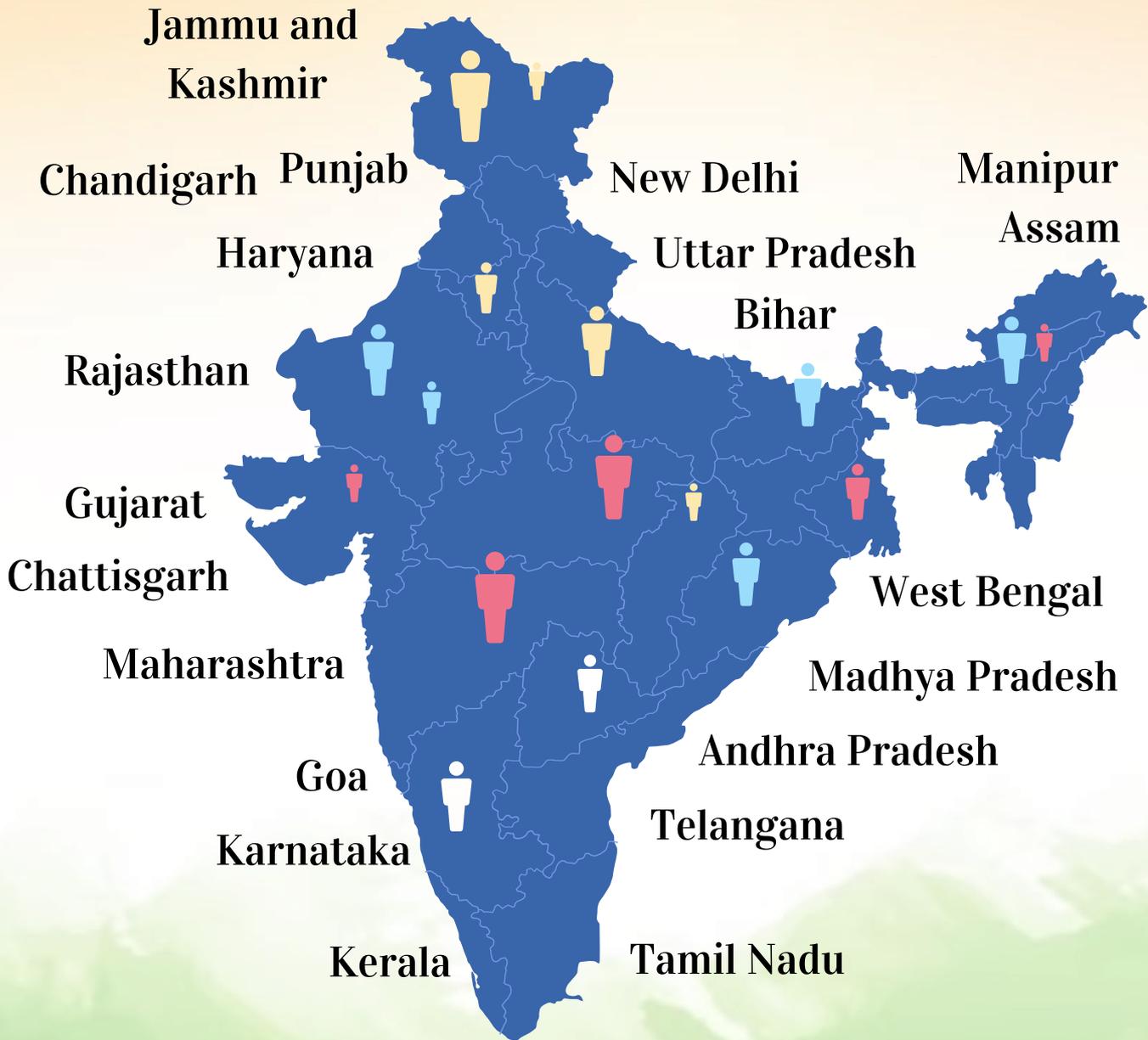


Stains and Stories

In black and white, the slides begin,
A canvas brushed with hematoxylin.
Eosin follows, soft and bright,
Together they reveal the fight.
Each slide—a tale, so finely spun,
Of battles lost, and sometimes won.
Special stains, like whispered clues,
Paint secrets in forgotten hues.
Untold stories trapped in cells,
Where dysplasia or healing dwells.
Each observer, a different gaze,
Yet the same truth through the haze.

By: *Dr. Buddha Harika Varshita*
III MDS Postgraduate student,
GITAM Dental College & Hospital,
Visakhapatnam.

19 POPMA State Representatives



Duties of POPMA State Representatives

- To represent POPMA at their state level.
- To promote the vision & mission of POPMA.
- To impart training and education in the field of oral pathology practice to the freshers along with our fellow colleagues who desire to learn.
- To address the problems faced by the Oral Pathologists of that particular state.
- To make new members based on merit along with the bylaws of POPMA.
- To motivate and encourage BDS students to pursue PG in Oral Pathology & Microbiology.
- To write letters (authorized by POPMA) to the government and legislative agencies of that particular state.
- To make representations to the government bodies, if needed.



HOPE

Helpline of Oral Pathology Enquiries

POPMA has created Helpline of Oral Pathology Enquiries (HOPE): +91-7027038190

Timings: 9 am to 7 pm (Monday to Saturday)

Any oral pathologist can call on the helpline no. for his queries related only to the specialty practice of Oral & Maxillofacial Pathology and its allied aspects (histopathology, cytopathology & FNAC, hematology, clinical biochemistry, clinical pathology, infectious disease serology, immunology, microbiology, molecular pathology and genetic testing). Queries may include medico-legal aspects, establishment of new oral and general pathology lab/diagnostic centre, lab management and economics, etc.

Helpline

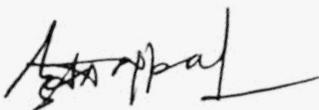
+91-7027038190

Mail - popma01797@gmail.com

MOU'S/ DISCOUNT AGREEMENT

MOU'S and Discount Agreement was signed between POPMA and companies for benefit of POPMA members:

- **Meswox India** (especially for histopathology lab equipments and microscopes)
- **Bharti Sales Corporation** (for routine lab reagents and equipments, auth. Dealer of many good companies)
- **Star Biomed Pvt Ltd** (for hematology analysers, biochemistry analysers, coagulation analysers, immunoassay/hormones machine, microbiology)
- **CQUAL** (educational institute that provides training for NABL internatl auditor; ISO 15189:2022)
- **Ease care** (a company that helps your lab achieve NABL accreditation through their services)
- **Ansh Diginfoways Pvt Ltd** (an IT company for support in website development and digital marketing services with special work experience for laboratories and dental clinics)
- **Warkas Research and Innovations Pvt Ltd** (a company dedicated for research guidance and publication assistance)
- **Tohana Manglam Diagnostics** for training of AOPLM students/candidates
- **Manglam Diagnostics** Hansi for training of AOPLM students/candidates
- **MG Diagnostics** Hisar for training of AOPLM students/candidates
- **Apex Insurance Consultants ltd**
- Dr. Rujuta Patil, **Director of Comprehensive Oral Systemic Healthcare Program**



Dr Bhuvan Nagpal
Founder and President, POPMA

POPMA ELECTIONS 2024-2027

These elections mark a pivotal step in fostering a democratic and structured leadership for the association.

1. Posts Open for Elections: Vice President, Secretary, Joint Secretary, Two Executive Members.

2. Eligibility Criteria: Only MDS Oral Pathologists are eligible for posts like President, Vice President, Secretary, and Joint Secretary.

Specialists from allied fields can apply for Treasurer and Executive Member roles.

1. Nomination Insights: A transparent nomination process was conducted, with several candidates stepping forward for the roles.

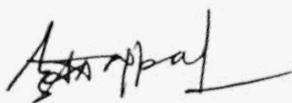
Withdrawals and ineligibility due to procedural lapses (like non-filing of forms) have streamlined the final list of nominees.

Female representation has been encouraged through reserved seats for specific posts.

4. Returning Officer: Dr. Saikat Chakraborty has been appointed as the Returning Officer to oversee the electoral process and ensure a smooth and impartial election

5. Code of Conduct: A detailed code of conduct has been shared to ensure ethical and professional campaigning. Candidates are expected to adhere to principles of integrity, avoiding personal criticism and misuse of influence or resources.

6. Decision on Key Leadership Posts: The posts of President and Treasurer have been excluded from this term's elections to maintain continuity in financial and administrative functions during the association's formative phase



Dr Bhuvan Nagpal

Founder and President, POPMA

WOMEN

POPMA stands to be the proud association to provide 29% reservation to women in its Governing Body

The posts of the Vice President and Executive member will be reserved for females only (29% reservation) and only nominations for female members will be accepted for the same

MEDICAL JOUSTING: A SILENT THREAT TO PROFESSIONAL INTEGRITY IN HEALTHCARE

Dr. Bhuvan Nagpal
Founder and President, POPMA

Introduction

The healthcare profession is built on pillars of trust, teamwork, and respect. However, an alarming practice known as medical jousting—the act of making derogatory remarks about a colleague's work—threatens these fundamental values. While constructive criticism and second opinions are essential to medical practice, the use of dismissive or competitive remarks can damage reputations, lower morale, and ultimately impact patient care. This article explores the causes, implications, and preventative measures surrounding medical jousting, advocating for professionalism and unity in the medical field.

What is Medical Jousting?

Historically, jousting referred to a medieval sport where knights engaged in combat to demonstrate their superiority. In modern healthcare, medical jousting has evolved into verbal combat—where doctors criticize or undermine the competence of their colleagues, often in front of patients, hospital staff, or the public. This practice can manifest as casual remarks, skeptical questioning, or outright disparagement of another physician's diagnosis, treatment plan, or clinical judgment.

Why Does Medical Jousting Occur?

Medical jousting is often driven by:

- Professional jealousy – Some physicians may feel threatened by a colleague's success or patient volume.
- Differences in medical approach – Variations in training, experience, or specialty may lead to criticism of different treatment modalities.
- Ego and competition – The highly competitive nature of medicine can sometimes foster an environment where individuals attempt to elevate themselves by diminishing others.
- Lack of awareness – Some practitioners may not realize the negative impact of their words and assume they are merely offering a valid critique.

How Does It Manifest?

Medical jousting can be both subtle and overt. It often takes the form of rhetorical questions or dismissive remarks such as:

- "Why wasn't an X-ray taken?"
- "Did the attending doctor get a second opinion before proceeding?"
- "If I had handled this case, I would have done things differently."
- "This scar could have been avoided with a better surgical technique."

Such comments not only undermine trust in the original physician but can also create anxiety for the patient and family, leading them to doubt their care team unnecessarily.

Consequences of Medical Jousting

The repercussions of medical jousting extend beyond professional relationships and can have serious ethical and legal consequences:

1. Erosion of Patient Trust – Patients rely on their healthcare providers to work collaboratively. Disparaging remarks about another physician can lead to uncertainty, hesitation, and an erosion of confidence in medical decisions.
2. Disruption of Teamwork – Healthcare is a multidisciplinary effort requiring seamless coordination. Persistent criticism can lead to workplace toxicity and reluctance to collaborate.
3. Ethical Violations – The Medical Council of India (MCI) and other global medical ethics guidelines emphasize mutual respect among practitioners. Conducting consultations with rivalry, insincerity, or criticism violates professional codes of conduct.
4. Legal Implications – Physicians engaging in medical jousting may find their remarks used as evidence in malpractice lawsuits. In some cases, such statements can be perceived as defamation or misconduct.

Preventing Medical Jousting: A Call for Professionalism

To foster a culture of respect and professionalism, the medical fraternity must take deliberate steps to curb medical jousting:

- Encourage Constructive Feedback – Criticism should be evidence-based, respectful, and conducted in a private, professional setting. Disagreements should be addressed through appropriate channels rather than in front of patients.
- Promote Ethical Training – Medical ethics and professional decorum should be integral parts of medical education and training. Physicians must be reminded that colleagues are allies, not adversaries.
- Strengthen Team Collaboration – Encouraging open discussions, interdepartmental meetings, and peer reviews can help physicians understand different perspectives without resorting to criticism.
- Focus on Patient-Centered Care – Physicians must prioritize patient well-being over personal rivalries. Unity within the medical community ensures better outcomes and fosters trust.

Conclusion

Medical jousting is an avoidable yet harmful practice that threatens the integrity of the healthcare profession. While open discussions and second opinions are crucial, they must be conducted ethically and professionally to maintain trust, collaboration, and excellence in patient care. The medical community must recognize the long-term consequences of internal conflicts and collectively strive for an environment of respect, teamwork, and continuous learning.

By fostering a culture of mutual support and ethical dialogue, the medical profession can uphold its highest standards and ensure that patients receive the best possible care—free from bias, rivalry, or unnecessary doubt.





Dr. Aruna K M

BDS, MDS (Oral and Maxillofacial Pathology)

Oral Pathologist at LifeScanners HealthCare Private Limited
VELscope and DNA Ploidy specialist

Q1. Please tell us about your academic background.

Dreams often evolve with the journey. What began as an aspiration to become a doctor took shape through dentistry. While I intended to pursue post-graduation from a clinical specialty, my journey led me to Oral Pathology – a specialty often termed non-clinical, yet deeply clinical in its essence. My academic path through BDS and MDS at the esteemed Tamil Nadu Dr. M.G.R. Medical University, guided by remarkable mentors, has been a foundation of strength and inspiration.

Q2. Why did you choose to study oral pathology?

Oral Pathology happened by chance and not by choice. But sometimes, the best things in life come unplanned. Once I stepped into my postgraduate journey, everything shifted. With the guidance of inspiring mentors who helped me build a strong foundation in the subject, I discovered a genuine passion for Oral Pathology. While others treat what's visible, we, as Oral Pathologists, interpret what lies beneath, that's where the real diagnosis begins.

What started by chance, soon became a purposeful journey of growth and discovery.

ASPIRE TO INSPIRE





Q3. Please tell us about your journey to your current role after earning your MDS degree.

My Journey After MDS: From Challenges to Fulfilment

Post-MDS, the uncertainty was palpable. I had several questions, including “How would I integrate Oral Pathology into mainstream clinical practice?” and “Would opportunities exist?” Most of the clinicians asked, “Why did you choose Oral Pathology?” until they needed a consultation and sought an opinion on the management of oral lesions.

I kept looking for every opportunity that came my way. The real turning point came when I joined LifeScanners HealthCare, an organization committed to early cancer detection and saving lives.

Working for a mission-driven organization that strives to “Save Lives” has given me a sense of purpose that transcends conventional practice.

Q4. Kindly give a detailed description of your current position.

My Current Role: Blending Clinical Excellence with Diagnostics

In my current profile, as an Oral Pathologist, VELscope, and DNA Ploidy specialist at LifeScanners HealthCare Private Limited, I am privileged to

- Sign reports of DNA Ploidy test, a technology developed by the British Columbia Cancer Agency, Canada

- Participate actively in screening camps to detect oral pre-cancerous conditions and cancers early using VELscope and DNA ploidy test

- Train other healthcare professionals on our technologies

Here, I experienced the actual scope of Oral Pathology – from signing reports of DNA Ploidy tests to participating in clinical camps as a dentist and a lifelong learner in this process.

Q5. Any take-home messages for Oral & Maxillofacial Pathology graduates?

- Opportunities don’t come to those who wait—they come to those who keep trying, learning, and pushing forward. The best opportunities come when you least expect them—but only if you stay passionate and keep looking for them.
- As new graduates in Oral Pathology, you’re stepping into a field that may not always be in the spotlight but plays a very important role in healthcare. Oral Pathology is something beyond the microscope. Be proud of the work you do—it truly makes a difference.

PAN MASALA

SPECIAL SECTION

July 2025

Photo Courtesy- Dr. Bhuvan Nagpal



• INGREDIENTS IN PAN MASALA •



• KEY POINTS •

- Both tobacco and betel nut are in pan masala can cause cancer.
- Tobacco-free pan masala is also harmful since it still contains betel nut.
- Celebrities endorsements in advertisements makes it even more difficult to curb the use of pan masala.

• INGREDIENTS •



TOBACCO

Hindi - Tambaku

Prepared from the cured leaves of the tobacco plant.



BETEL LEAF

Hindi - Pan

A leaf of the betel plant.



BETEL NUT

Hindi - Supari

A seed of the areca catechu tree.



SLAKED LIME

Hindi - Chuna

A substance used in construction to make plaster and mortar.

Image Courtesy: <https://elementnutri.com/education/is-pan-masala-harmful-for-health/>



Please read ingredients carefully,

It Contains **CARCINOGENS!**



Bhaggubhai of Bhavnagar: A Case Study in Primary Intervention

DR. DINESH K. DAFTARY,

M.D.S, FDS-RCPS (Glasgow)

Specialist in Oral Pathology- Oral Medicine- Dental Surgeon

Former Professor, Nair Hospital Dental College, Mumbai

Former Consultant, Tata Institute of Fundamental Research, Mumbai

It is always an experience to work in India, particularly in villages those days of 1970s or so. We were following patients with oral precancer lesions on a yearly basis in a house to house survey.

I vividly remember, amongst many experiences, the one that stands out, and the repertoire that goes on and is exchanged in villages with 'native intellect' and the so called 'learned intellect' of ours, where one does get dumbfounded with the kind of questions that come up.

One such incident of my life took place in Bhavnagar district.

It was around 1972, when I was given to understand by our team leader Dr.Sinor that one of the villagers had a definite lesion suspicious for malignancy, and this particular man was the Sarpanch (head) of that village, where his word held highest power. He was refusing to stop his tobacco habit, leave alone agreeing for treatment or intervention of any kind. I, of course, assigned myself to go see this 'patient'.

Picture the scenario.

In the vast open farm in Bhavnagar district, a tall moustached man with a bright turban on his head- Bhaggubhai, the village Sarpanch, standing with a dramatic flair of power as the Head of village. There he was, throwing gems of knowledge in the typical Gujarati dialect to all. Yet he had within him a certain innocence and love.

I went up to him and said "Please give up your tobacco habit. If you do it right now, probably you will be free from cancer." Bhaggubhai, in his inimitable style spoke to me in Gujarati in his loud strong voice, in a confronting tone, "Doctor Saheb, why are you wasting your time and my time on this? Saheb, it is the 'khel of naseeb' (play of luck/destiny) in this world. If cancer is written in my 'naseeb' what can you possibly do about it, what is your capacity?"

Now all of this was happening in front of a large crowd of villagers who had gathered (as is typical in India) and everyone was waiting to see how I would respond.

I said, "Bhaggubhai, I came all the way to this place to meet this Bhaggubhai. It was a struggle for me to get here. I woke up at 3.30am, caught a flight to reach Bhavnagar at 6.30am, drove one and a half hours through these uneven roads to reach this village and meet Bhaggubhai.

I was born in Rangoon, Burma and I came to India. I studied oral pathology and oral cancer. We all know that our government has no money to save lives in this case, so I went to 'vilayat' (abroad) to study. America gave us the research money and our Tatas gave me a place to work. So Bhaggubhai, you realise now that I come here with all this background, to tell you that if you give up your tobacco habit, you will be saved, but if you continue you will get cancer and suffer also, as there is no treatment for this. I have never known you; we are meeting for the first time. Why is it that I am meeting you? Can you answer that question Bhaggubhai?"

The suspense was now getting built. People watching were waiting to see how things would unfold. Bhaggubhai had no expression on his face.

I only said, "It was written in my naseeb (destiny) that I had to go through all this and come from Rangoon, Burma to this village in Bhavnagar in India just so that Bhaggubhai's life can be saved. God's designs are never understood and this is my naseeb versus your naseeb- you can choose. This is a play of destiny and I am lucky to have fulfilled mine, now it is up to you. If you do give up tobacco as a leader, you will not only save your life but also the lives of so many of your villagers as they will follow you."

This logic came to me at the spur of the moment.

Scientifically, it has been shown in our study that, among all measures like TV, ads, cinema, videos etc. personal communication is the best intervention procedure.

As soon as I completed my statement, Bhaggubhai threw his bidi to the ground with a flourish as he said, "Doctor Saheb, aa lo bidi feki (I am now throwing my bidi), aaj thi (from today) no bidi no tobacco" and saying this he emptied all his tobacco on the ground, crushed it with his typical shoes in a very dramatic manner. It was impressive.

The best was that all of this action was immediately supported by spontaneous applause of the people who had gathered around and had been watching throughout. It truly was a sight.

I smiled and said, "Our destinies came together today, Bhaggubhai; not only have you improved your life, but mine also, as well as those all the people standing here."

P.s- It is noteworthy that this was the same village where we documented the largest number of people giving up tobacco habits, all due to the personality and charismatic character called Bhaggubhai!

PREVALENCE OF TOBACCO USE IN INDIA

Dr. Shailja Chatterjee

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Professor and Head, Department of Oral and Maxillofacial

Pathology, Yamuna Institute of Dental Sciences and research,

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Across the globe, smoked and smokeless tobacco consumption constitutes a significant health threat. Tobacco is a leading cause of 8 million deaths each year. ¹ Over 2/3rds deaths in developing nations have been attributed to non-communicable diseases of which deaths due to tobacco use is preventable factor. ^{2,3} Tobacco, alcohol along with smoking has been associated with impairment of cognition among aging individuals. Tobacco is a readily and legally available and can be easily accessed. ⁴ Numerous policies to regulate use of tobacco all around the world have been put into place. In spite of this, no reversal in consumption of tobacco consumption has been observed. ² India has ranked 3rd in tobacco agriculture out of which half of tobacco produced is consumed within the country. ⁶

Global Adult Tobacco Survey (GATS) constitutes nationwide surveys by means of standard protocol in various countries. This survey uses monitoring as well as tracking of tobacco (both smoked as well as smokeless forms) all across the world. ⁷

Global Adult Tobacco Survey (GATS) constitutes nationwide surveys by means of a standard protocol in various countries. This survey uses monitoring as well as tracking of tobacco (both smoked as well as smokeless forms) all across the world. ⁷

Prevalence of tobacco use in any form has been found to increase in developing nations which including India. ⁸ As per GATS reports (2016-17), approximately 30% adult Indians use any form of tobacco. ⁹ It has been estimated that on average, twenty million adult individuals, of which 29.6% were males and 12.8% were females, consume smokeless tobacco in any form. ¹⁰

21.4% adults consume smokeless types of tobacco, while 10.7% have a habit of smoking. However, smokeless tobacco use has also been reported among women, children, as well as teenagers. ¹¹ This is partly attributed to the misconception that smokeless tobacco is relatively safe when compared to smoking. ¹²



Kulothangan et al (2024) in their meta-analysis reported that tobacco in smoked as well as smokefree form has been linked with significant cancer risk among Indians whereas site-specific analysis demonstrated greater risk of respiratory system and head and neck carcinoma development.¹³

Addiction due to tobacco

Nicotine is the main constituent responsible for addiction of tobacco. Nicotine functions by binding with nicotine cholinergic receptors, thereby causing release of neurotransmitters such as- Dopamine, g-aminobutyric acid, glutamate which are responsible for nicotine dependence. Release of corticotrophin-releasing hormone contributes towards withdrawal symptoms. Dependence on Nicotine is heritable as evident by nicotinic receptor subtypes and genes.

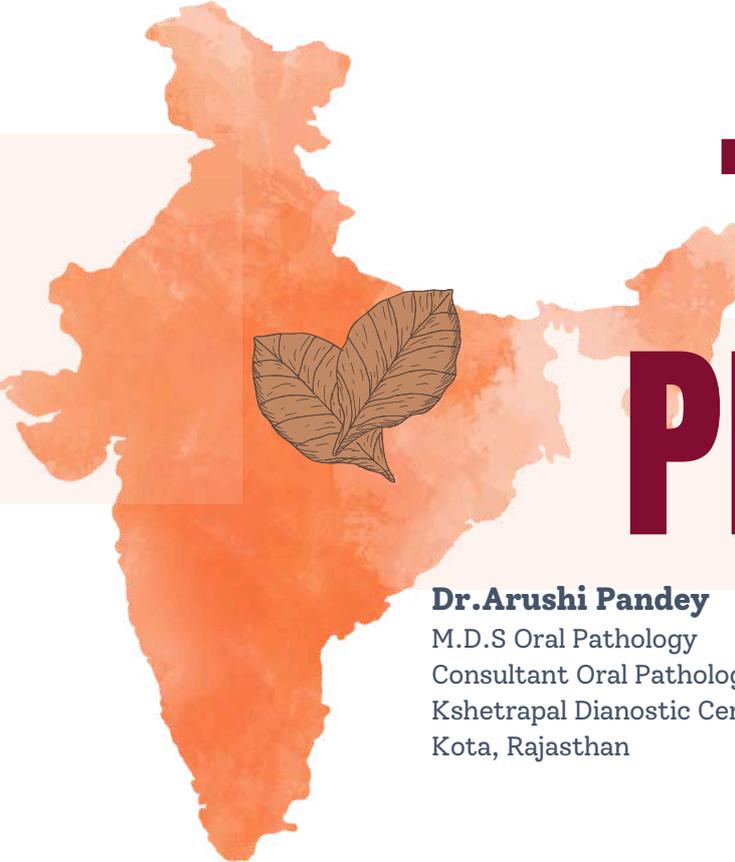
Primary metabolism of nicotine is regulated by CYP2A6 which is responsible for variations in metabolic rate contributing to dependence on tobacco, treatment response towards tobacco cessation and risk of lung cancers.

Pharmacotherapeutic methods to treat addiction of tobacco include- replacement of nicotine, bupropion or varenicline.¹⁴

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TOBACCO PRODUCTS IN INDIA

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Introduction

The word tobacco was originally used to denote a “Y” shaped piece of cone or pipe called Tobago or tobaca that was used by Mexican Indians to inhale powdered leaves of a plant. Later, the plant came to be known by the name of the device, as “tobacco”. The generic name of tobacco plant, Nicotiana, is derived from the name of the French Ambassador to Portugal, Jean Nicot, who introduced tobacco to the French Court in 1560. Nicotiana is one of the 5 large genera of Solanaceae and is represented by about 68 recognized species, of which tabacum and rustica are extremely rare.

Tobacco was introduced to Europe in the late 15th century. Some time later in the 16th or early 17th century, Portuguese traders introduced it to India. Since then, tobacco use has spread rapidly seeping into all sections of society. Initially tobacco was smoked in India but later it was used for chewing and application over teeth and gingiva (smokeless form). In the course of time a spectrum of methods of use were developed.

Harmful Substance in tobacco

Tobacco is addictive, and extremely harmful to health. If tobacco was introduced today it would not be approved for consumption in any part of the world. Both smoked and smokeless tobacco contain an alkaloid nicotine, which is the main addictive agent. Apart from this, tobacco formulations contain thousands of chemical compounds, many of which are not only irritants but also potentially carcinogenic. The most potent carcinogens include tobacco-specific nitrosamines, polycyclic aromatic hydrocarbons, and many others.

Reasons for tobacco use in India

Tobacco habits are practiced in various forms, many of which are specific to certain areas of India. The use of tobacco is a complex issue influenced by a combination of social, cultural, and economic factors. What initially started mainly as peer group influenced practice and tooth-related complaints (cultural, traditional) usage has spread rapidly due to low awareness, lack of education, advertising, and availability of affordable tobacco products, mainly smokeless form.

SMOKING TOBACCO USE

CIGARETTE

About 30% of tobacco grown goes into cigarette production. Cigarette smoking is far more prevalent in urban areas than rural. Indian made cigarettes differ from their foreign counter part in many ways. About 93% American brands are filter tipped as compared to Indian counterparts which is only about 51%. Indian filters trap less nicotine due to their smaller length as compared to their American brands. Cigarette smoking usage is rapidly increasing in the youth of urban areas in both sexes.

BIDI

Bidi is the most popular form of use of tobacco in rural India. Bidis are made by rolling a dried rectangular piece of the temburni leaf into conical form secured by threads. Bidis produce a smaller volume of smoke than cigarette as they contain a small amount of coarsely ground tobacco. Yet bidis deliver more tar and higher concentration of toxic agents and nicotine than cigarettes.

CIGAR/CHEROOT/CHUTTA

These forms of tobacco are popular in certain regions of India. Cigars are made of air-cured, fermented tobacco, usually in factories. Cigars are expensive, and cigar smoking is predominantly an urban habit. Cheroots are small cigars made of heavy bodied tobacco; they have no wrapper and contain a single binder. Chuttas are coarsely prepared cheroots made by rolling a tobacco leaf into cylindrical shape and one end is tied with a thread. This product is widely used in Tamil Nadu, Andhra Pradesh and Orissa.

REVERSE SMOKING

The term reverse smoking is used to describe the habit of smoking with the lighted end inside the mouth. In the coastal regions of Visakhapatnam and Srikakulam districts and parts of Orissa, chutta (pikka in Orissa) is smoked in this fashion. This type of smoking is often practiced by women. A typical smoker lights the chutta and draws a few puffs conventionally to ensure it is lit. It is then taken out and reversed and placed in the mouth. The temperatures of the palatal mucosa reach upto 58% in this form of smoking.

DHUMTI

Dhumti smoking is prevalent in Goa, origin of the word dhumti is from Konkani word dhumvor meaning smoke. Dhumti is a kind of conical cigar made by rolling tobacco in the leaf of jackfruit tree, occasionally in the leaf of dried banana plant or hansali plant. Unlike bidi, dhumti is not available at vendors and is prepared by individuals.

REVERSE DHUMTI SMOKING

Dhumtis are occasionally smoked in reverse generally by women in Goa.

HOKLI SMOKING

Hookli is a clay pipe commonly used in Bhavnagar district, Gujarat. It has a stem 7 to 10cm long with a mouthpiece and bowl. The stem can be wooded with detachable bowl to reduce heat. Prior to inserting tobacco to the bowl a stone is kept to block tobacco from entering the stem. Few grams of sun dried tobacco flakes/powder are moistened with molasses in the palm and stuffed in the bowl and lit. Pie is smoked intermittently. This habit is seen solely in men.

CHILLUM

It is a straight 10-14cm long conical pipe made of clay. The chillum is held vertically, and to prevent tobacco from entering the mouth a pebble is placed. It is packed with coarsely cut tobacco and a glowing charcoal is kept on the top. The narrower end serves as the mouthpiece, wrapped in damp cloth to prevent mouth from heat and from tobacco entering the mouth. Chillum smoking is practiced in northern and eastern states of India.

HOKKAH

It is an Indian water pipe, the origin of it corresponds with the introduction of tobacco in India. It is said the Emperor Akbar received gift of tobacco and a pipe. He took a few puffs out of curiosity and courtesy. His physician forbade him from inhaling the smoke from tobacco which was an unknown substance. He suggested that if the smoke was passed through water it might become safer and hence the invention of hookah. Coarse tobacco packed in the bowl is lit by charcoal and smoke is drawn through water which cools and filters it. Mainly prevalent practice in villages.

VAPE/ELECTRONIC CIGARETTE

An electronic cigarette (e-cigarette), or vape, is a device that simulates smoking. It consists of an atomizer, a power source such as a battery, and a container such as a cartridge or tank. Instead of smoke, the user inhales vapor. As such, using an e-cigarette is often called "vaping". This form has become very popular in the newer generations. The atomizer is a heating element that vaporizes a liquid solution called e-liquid that cools into an aerosol of tiny droplets, vapor and air. The vapor mainly comprises propylene glycol and/or glycerin, usually with nicotine and flavoring. Its exact composition varies, and depends on matters such as user behavior. E-cigarettes are activated by taking a puff or pressing a button. Some look like traditional cigarettes, and most kinds are reusable.

SMOKELESS TOBACCO USE

These forms are prepared, chewed or sucked over the time then either swallowed or spitted out once it becomes bland. Smokeless forms are extremely popular among females too.

PAN (betel quid) with tobacco

Pan chewing is an ancient habit dating more than 2000 years. It has four main ingredients: betel leaf, areca nut, slaked lime and catechu. After its introduction in the 16th century, tobacco became an important part of the quid. A variety of commercially available forms of tobacco are available for this purpose. Both tobacco and areca nut are potential carcinogens here.

PAN MASALA/GUTKHA

Chief ingredients are areca nut, slaked lime, catechu, and condiments, several brands have tobacco in them. It is essentially all the elements of quid in a non perishable form, which can be kept and carried along for days. Available in attractive pouches/tins of varying weights and price. Extremely popular in India among masses.

MAINPURI TOBACCO

Components are tobacco, slaked lime, finely cut areca nut, camphor and cloves. Prevalent in parts of Uttar Pradesh.

MAWA

It is sold by vendors in cellophane paper tied like a small ball contains areca nut, tobacco, slaked lime and few drops of water. At the time of use the packets are taken in the palm, rubbed vigorously to homogenize the contents, then opened and flakes of unmixed tobacco are removed and mixture is chewed, then transferred to the mandible vestibule and sucked for 10 - 20 minutes till it becomes bland.

KHAINI

Two ingredients tobacco and slaked lime are carried separately in double ended or dual joint steel containers. Every use small amount of both taken in the palm are rubbed vigorously by thumb to make mixture alkaline and then place in mouth either in vestibule near premolars (Maharashtra/Gujarat) or near lower incisor (Bihar, UP) or dorsum of tongue (Bihar) . It is not chewed but sucked till bland.

PRODUCTS FOR APPLICATION

Several smokeless tobacco preparations like misri, gudhaku, bazaar, lal dant manjan, kala dant manjan and creamy snuff are intended primarily as dentifrices. However their use soon becomes addiction. Interestingly most of these products are used by females.

BOLO ZUBAAN CANCERY



— *Is Pan Masala Harmful for Health?* —

YES OFCOURSE

PAN MASALA

IS HARMFUL



Pan Masala—it's more than just a mouth freshener!

Containing world's fourth most addictive substance—areca nut—it is the leading cause of oral submucous fibrosis that often leads to oral cancer.

FROM ZUBA KESARI TO ZUBA CANCER: STRENGTHENING ARECA NUT REGULATION IN INDIA

Dr. Bhuvan Nagpal

Founder and President, POPMA

Areca nut (supari) holds deep cultural and social significance in India, but it also poses an escalating public health crisis. Now classified as a Group 1 carcinogen by the International Agency for Research on Cancer (IARC), the habitual use of areca nut—especially in processed, flavored forms like pan masala and gutkha—has been directly linked to oral submucous fibrosis (OSMF), oral cancers, and other systemic diseases.

India, despite commendable progress in tobacco regulation, lacks a coherent legal framework for areca nut control. This gap undermines efforts to reduce the burden of oral cancer, especially among youth and rural populations, where areca nut use is rampant and awareness is low.

This policy brief compares existing Indian laws with international models and scientific evidence to propose comprehensive legal, regulatory, and communication reforms.

1. The Hidden Epidemic: Scientific & Social Realities

- **Carcinogenic Evidence:** Areca nut contains arecoline, a mutagenic alkaloid that promotes fibrosis, dysplasia, and cancer. Chronic use is strongly associated with OSMF, which carries a 7–13% risk of transformation into oral cancer.
- **Low Awareness & Youth Initiation:** Studies in urban India show that adolescents consider areca nuts “safe”, compared to alcohol or cigarettes. Flavored variants, colorful packaging, and celebrity endorsements increase their susceptibility.
- **Disease Burden:** India has the highest global burden of oral cancer, and areca nut use is endemic in high-risk states like Uttar Pradesh, Bihar, West Bengal, and Maharashtra.



Current Legal Landscape: Fragmented & Insufficient Evidence

Law / Guidelines	Scope	Limitations
FSSA, 2006	Prohibits tobacco in food	Does not classify areca nuts as
COTPA, 2003	Regulates tobacco	Does not include pan masala or
State Notifications	Temporary bans on	Inconsistent, often overturned
ASCI Guidelines	Discourage surrogate ads	Non-enforceable and lacks legal
Plastic Waste Rules	Control packaging	Does not regulate content or

2. Innate Gaps & Challenges

Surrogate & Celebrity Advertising

Luxury-brand campaigns use mouth fresheners as proxies for tobacco-related pan masala. Ads often feature Bollywood icons, building false trust and glamorization.

No Central Product Registry

Unlike tobacco, areca nut products lack barcode tracking, standard formulation regulations, or manufacturer registration.

Loose and Unregulated Sales

Small, unbranded sachets are sold in unlabeled plastic wraps, often near schools and public transit hubs.

No Pictorial Health Warnings

Current packaging does not display graphic or textual health warnings, even though the product is carcinogenic.

3. Recommendations for Comprehensive Reform

Legal & Institutional Reforms

1. Amend FSSA (2006)
2. → Classify processed/flavored areca nut as hazardous, especially when marketed for chewing.
3. Introduce Areca Nut Regulation Rules
4. → Under COTPA or as standalone legislation, covering:
 - Age and point-of-sale restrictions
 - Graphic health warnings
 - Vendor licensing and packaging norms
5. Ban Surrogate Advertising
6. Amend Advertising Law to:
 - Criminalize deceptive advertising
 - Prohibit celebrity endorsements of supari and pan masala

Technology & Enforcement Innovations

- Implement QR-coded packaging linked to national product registries
- Enable mobile PHW verification for inspectors and consumers
- Geo-tag SLT/supari vendors via a centralized monitoring portal

Health System & Community Interventions

- Integrate oral lesion screening for OSMF/oral cancer into primary health programs (Ayushman Bharat, NPCDCS)
- Train ASHA and ANM workers in areca nut harm education
- Launch visual storytelling campaigns for low-literacy audiences



Mass Awareness Campaigns

- Use TV, radio, OTT, YouTube, and school-based programs to educate young consumers
- Promote real-life oral cancer survivor stories to create emotional resonance
- Work with regional influencers, especially in high-consumption states

Global Best Practices

Country	Policy Action	Results
<i>Taiwan</i>	Public betel nut cessation clinics	22% decline in habitual chewing
<i>Guam</i>	A legal ban on public chewing	Normalization reduced,
<i>UK/US</i>	Diaspora-focused campaigns	Awareness among South Asians

These corporations dominate the pan masala industry and have a history of surrogate marketing, regulatory circumvention, and brand mimicry.

Areca nut has transformed from a cultural artifact to a carcinogenic commodity, stealthily causing India's oral cancer crisis. The current regulatory vacuum, coupled with aggressive advertising and public ignorance, enables a silent epidemic to flourish. India now stands at a crossroads. A multi-sectoral, evidence-based, enforceable regulatory framework is essential, not to destroy tradition, but to safeguard generations from preventable harm.

Global Best Practices

Brands	Group	Characteristics
<i>RMD, Baba Elaichi</i>	Manikchand	Among the top 3 gutkha brands;
<i>Rajnigandha, Pass Pass</i>	DS Group	Premium branding; luxury
<i>Pan Bahar</i>	Pan Bahar Ltd.	Aggressive celebrity-backed
<i>Kamla Pasand</i>	Dharmani Group	Deep rural penetration;

“Zuba Kesari is now becoming Zuba Canceri.”

Public Perspectives ...About Tobacco And Tobacco-related Products.... My Experiences

Dr. Kshipra Deshpande

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I, Dr. Kshipra Deshpande, am currently pursuing my Ph.D and for that, I am working on one project. In this study project, I am giving training to PHC (Primary Health Centers) workers for early detection of oral cancer and Precancer. I gained a lot of experience during this tutoring. I became cognizant of the viewpoint of PHC employees and common people with respect to tobacco and tobacco-related habits. Few people have misconceptions or opinions about the causes of their different tobacco use behaviors. Many are aware of the detrimental consequences of their tobacco-related deleterious habits on their health, however, they are still not seriously bothered about it.

Quit Tobacco Chewing



My aim is to demonstrate that oral cancer is the only cancer that can be 90% prevented by ceasing the usage of tobacco and tobacco-related products. People indulge in various habits, due to underlying different psychological problems. During these surveys conducted at PHCs, I came across different types of people. Some were educated with higher qualifications while some were illiterate. In the end, I observed that they had given numerous reasons about why they have these harmful habits. I have listed some public opinions here: -

I will start with PHC jobholders as I am giving training to them for early detection of oral cancer and precancer. Interestingly, I found that most of the PHC associates are tobacco users themselves. I was trying my ability to train these individuals at this point. A handful of PHC workers said they are aware of the unfavorable ramifications of using tobacco and tobacco-related products, but they justified their maladaptive behavior by saying that not every one of them would suffer from cancer so they wanted to relish the present without worrying about the future. I was momentarily stunned after witnessing their careless approach. For these educated people, who are already in the health profession, I had to make more efforts by explaining to them the genetic effects that they will carry forward to their upcoming generations.

After spending so much time and effort, I noticed an improvement in one of the medical staff members. As I taught them during training, one of the workers (having a smokeless tobacco chewing habit for more than 10 years) who had done the OSE (Oral Self Examination- which was part of my training module), found that he had developed reduced mouth opening. He consulted the oral surgeon at the higher center and was diagnosed with Gr III OSMF (Oral Submucous Fibrosis). He got operated and now he is fine. This event set a live example for all other PHC workers who are overindulged in various forms of tobacco habits.

After visiting many PHCs and giving training to all PHC workers; many of the PHC Medical Officers conveyed to me by messaging that this is a very good training you are giving to our health workers, which is also a need of hour in today's scenario.

I came across many laypeople, with tobacco habits with whom I discussed the ill effects of tobacco on health. Some were so reckless that they said "If we have to die one day then why bother to change now" (ek din to marna hi hain; to kyun na kha - pike mare); others asserted "Many of our antecedents, neighbors also had such habits but nothing serious happened to them, they all were fit and fine till their death which occurred due to old age" (hamara padosi/relative jis ko tambaku ke sath daru ki bhi aadat thi, puri zindagi bhar use kuch bhi nahi hua puri Zindagi kha-pike budha ho ke mar gaya wo...).

One day a lady was eating Kharra (one form of smokeless tobacco) in front of me and I shouted at her showing her the mouth cancer picture on the packet. When I turned to throw the packet, she exclaimed that the packet cost her 10 rupees, so I should not throw it away.

I angrily replied to her that she was concerned about the 10 rupees of this packet but this same thing might give her a grievous disease which would take lakhs to get cured. Additionally, the damage done to your health would also give you tremendous pain. She replied by saying, "The Government pays for our hospital bills, (hamara sara kharcha sarkar uthati hain) so we have no tension of financial loss." About her deteriorating health she said "I am very strong and nothing would happen to me that can give me pain" (konsi bhi bimari sahanе ki takat hain muzme, main bahut kadak hoon).

I was speechless. From that day; I am asking myself

*Is it the system's fault?
Or is it the government's
policy?
Or should the blame be
on the individuals
themselves?*

Our government is spending supplementary money on tobacco cessation programs and various policies for tobacco cessation, rather than whatever revenue the government is generating from the sale of tobacco and tobacco-related products. But what fruitful are these policies if the mindset of common people will not change and if they are not utterly aware of the deleterious effects of various forms of tobacco on health?

I had conducted a FGD on Tobacco Awareness in one of the summer youth camps. Thankfully in that camp, I did not find any youth indulged in counterproductive tendencies. Their perspective regarding laws and policies by the government to curb all types of tobacco products was that although the government is introducing policies, they are not operationalized in accordance with the protocols. They suggested that the government should properly implement these policies and take strict actions against violators.

Our younger cohort needs to be safeguarded from addiction to tobacco and tobacco products as later these regimens might prove dangerous for such individuals as well as for the growth of the nation.

To avert this from happening, stringent laws and directives should be enforced by the Indian government.





Public Awareness of Oral Potentially Malignant Disorders (Oral Precancer) in Bengaluru, India: A Pilot Study

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Background

To overcome/limit any disease or problem, public awareness is the key. Oral Leukoplakia (OLK) and Oral Submucous Fibrosis (OSMF) are the common oral potentially malignant disorders that have the potential to transform into Oral Squamous Cell Carcinoma (OSCC)¹, which is the 6th most common malignant tumor in the world.² Morbidity and mortality associated with this disease are very high. Identifying OLK and OSMF would lead to a decrease in the prevalence of OSCC. Diagnosing the disease at its initial stage will prevent the morbidity and mortality associated with it. Awareness of these potentially malignant disorders should be high among the public for the patients to recognize them and report to the clinicians at the earliest for treatment and prevention of OSCC. This pilot study aims to emphasize the lack of awareness among the population and encourage private and government organizations to spread awareness among the public.

Objective

The objective of this study was to assess the awareness of OLK and OSMF in the general public.

Methodology

There was no attempt to sample the population, 102 consecutive people in and around Banashankari bus stop, Bengaluru, were interviewed on a one-to-one basis and were asked whether they were aware of OSMF and OLK. The questions were in the local language, Kannada. There were no attempts to stratify the sample according to education and economic status.

Results

I. Total Number of Respondents- 102

I. Age of Participants: Average age 36.2 years

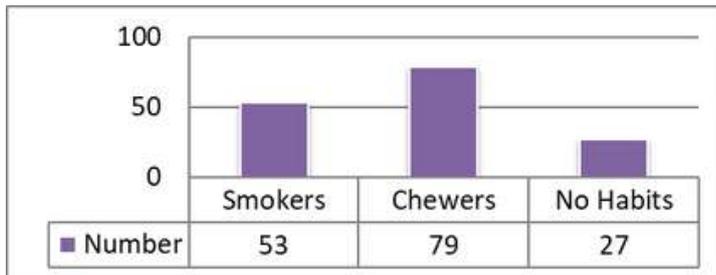
Age Range 18-72 years

About 60% of respondents were less than 35 years of age

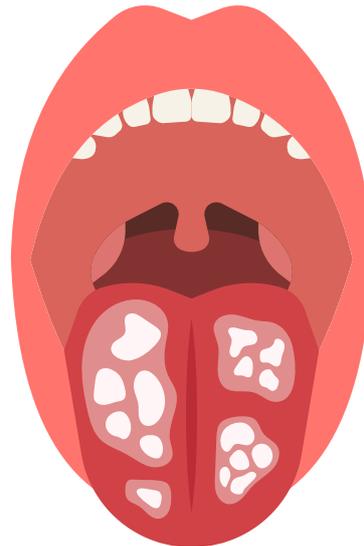
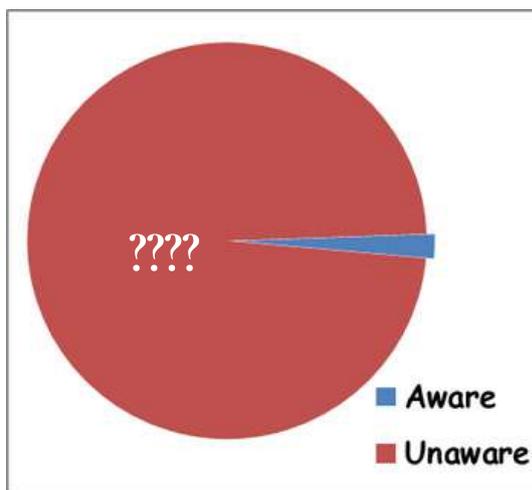
II. Gender of Participants: Respondents were predominantly male. (Only two females were among the respondents)

III. Tobacco consumption among respondents

Respondents with both smoking and chewing habits: 35



IV. Awareness of Precancer among respondents



98.04% of the participants were unaware of these lesions.

Conclusion:

There is a high level of ignorance regarding potentially malignant disorders among the general public, especially tobacco users. The government and the private sectors should work hand in hand in spreading awareness of these potentially malignant disorders among the general public, which in turn would help in reducing the incidence of OSCC and reduce the burden of this disease on the individual and society.

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Knowledge Bank

In this, any member of POPMA who wants to contribute their knowledge and study material (in terms of any unique article, slide, books, any instrument, Advocacy material etc.) to POPMA.

Contributions By The Following Members To Knowledge Bank

1. Dr Divya Uppala - histopathology slides
2. Dr. Arushi Pandey - oral pathology books
3. Dr Bhuvan Nagpal - FNAC/cytopathology, hematology, sputum and histopathology slides
4. Dr. Anuj Kalra - consent to use their labs/diagnostic centres
5. Dr. Priyanka Mittal - consent to use their labs/diagnostic centres
6. Dr. Raman Mittal - consent to use their labs/diagnostic centres
7. Dr. Amber Agarwal - lectures/talk on Microbiology techniques
8. Dr Arvindha Babu - soft copy of books and histopathology slides
9. Dr Arpan Shah - histopathology slides
10. Dr Abhishek Bannerjee - histopathology slides



PUBLICATION HIGHLIGHTS

ASSOCIATION OF HORMONAL FINGERPRINTS WITH DENTAL CARIES (DMFT), BODY MASS INDEX (BMI), AND HEMOGLOBIN IN 4-12-YEAR-OLD CHILDREN OF RAICHUR

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Introduction: This study aimed to assess the association between hormonal fingerprints, specifically the 2D:4D ratio, and key health indicators such as dental caries (DMFT), body mass index (BMI), and hemoglobin levels in children aged 4–12 years in Raichur, India. The 2D:4D ratio, representing the relative length of the second (index) and fourth (ring) digits, is considered a marker of prenatal androgen exposure and has been linked to various health outcomes.

Methodology: A cross-sectional study was carried out with a sample of 100 children within the designated age range. The study involved assessing the 2D:4D ratio, evaluating dental caries using the DMFT index, measuring BMI, and determining hemoglobin levels. To maintain the accuracy and consistency of the data, standardized procedures were implemented throughout the data collection process.

Results: The study found that lower 2D:4D ratios were significantly associated with higher incidences of dental caries, lower BMI, and reduced hemoglobin levels. A strong correlation was observed between the digit ratio and dental health indicators, suggesting that hormonal influences during early development might impact multiple aspects of child health.

Conclusion: These findings suggest that hormonal fingerprints, indicated by the 2D:4D ratio, could serve as early predictors of dental caries and related health issues in children. This highlights the potential of using simple anthropometric measures for early identification of at-risk populations, enabling timely interventions to improve pediatric dental and overall health outcomes.

KEYWORDS: 2D:4D Ratio, Dental Caries (DMFT), Body Mass Index (BMI), Hemoglobin Levels, Prenatal Androgen Exposure, Child Health Indicators

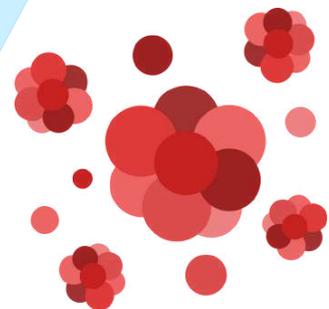
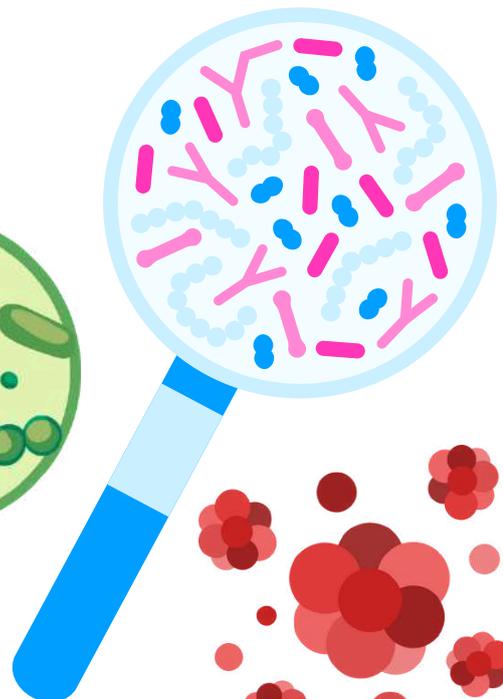
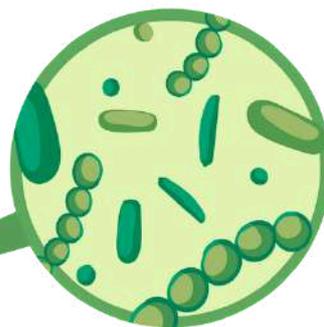
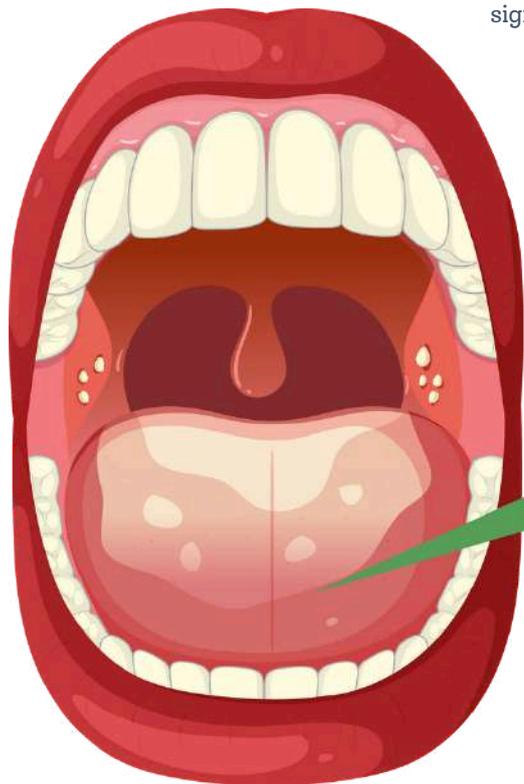


ORAL MICROBIOME PROFILES IN ORAL POTENTIALLY MALIGNANT DISORDERS AND ORAL CANCER - A DIAGNOSTIC PERSPECTIVE

Deo, Priya N.1, #; Deshmukh, Revati S.1; Gaike, Akshay H.2,3,4, #; Christopher, Anu5; Gujare, Mohak2,6; Inamdar, Mitali2.

Journal of Oral and Maxillofacial Pathology 29(1):p 87-97, Jan-Mar 2025.DOI: 10.4103/jomfp.jomfp_140_24

Oral Squamous Cell Carcinoma (OSCC) is a multi-factorial disease linked to conventional risk factors like tobacco, alcohol and betel quid. However, Oral cancer cases are also reported in young adults without any habit history. Therefore, a need arises to investigate other potential risk factors that contribute to oral carcinogenesis, one of which is the oral microbiome. The relationship between oral microbiome and oral cancer is influenced by host genetics, diet, oral hygiene and environmental factors. This study profiled the oral microbiome in Leukoplakia, Oral Submucous Fibrosis and Oral Squamous Cell Carcinoma. Fifty subjects were included in this study, the normal, Leukoplakia, OSMF, and OSCC groups. Bacterial genomic DNA was extracted, and 16S rRNA gene sequencing of the V4 region was carried out using the Illumina MiSeq system followed by Bioinformatics data analysis. This study identified variations in the composition of the oral microbiome across all study groups, and noted significant differences in certain microbial taxa. Certain bacterial taxa were found only in OSCC. The relative abundance of Gram-negative bacteria was found to be increased in OSCC. There are very few studies reported in literature on oral microbiome in oral pre-cancer and cancer. This study generated a baseline data which may provide a guideline for future functional and integrative research on the oral microbiome. The variations in oral microbiome may be used as biomarkers and provide signatures during the progression from normal to pre-cancer to cancer.



TRAUMATIC ULCERATIVE GRANULOMA WITH STROMAL EOSINOPHILIA (TUGSE)-A RARE CASE REPORT OF DIAGNOSTIC DILEMMA

Bhuvan Nagpal, Rujuta Patil, Aparna Pathak, Geetpriya Kaur
and Shivani Ramesh Mungala

DOI: 10.31080/ASDS.2025.09.1969

Abstract

Traumatic ulcerative granuloma with stromal eosinophilia (TUGSE) is a rare, benign, and self-limiting oral mucosal lesion characterized by a persistent, painful, and indolent ulcer. The exact etiology remains unclear, but it is thought to be associated with local trauma or irritation. In this case report, we present the clinical, histopathological, and management aspects of a patient diagnosed with TUGSE. A 70-year-old female patient presented with a chief complaint of a painful ulcer on the left side of the anterolateral aspect of the tongue for the past 10 days. She gave a history of pain being moderate, continuous, and radiating to the cheek. There was no relief post-medication. The histological analysis displayed hyperkeratosis and areas of ulceration with dense inflammatory cells like eosinophils and lymphocytes. There was also evidence of these cells infiltrating tongue musculature. Based on the clinicopathologic features, a diagnosis of Traumatic Ulcerative Granuloma with Stromal Eosinophilia (TUGSE) was rendered. Complete healing was noticed after 1 month. No treatment was required other than regular observation and routine check-ups. The close resemblance of TUGSE to Oral Malignancies makes it challenging to diagnose. Thorough clinical examination and histopathological analysis serve as essential components of the diagnosis of TUGSE. These reactive lesions are self-limiting and respond well to conservative treatment with desired healing

Keywords: Eosinophilia; Reactive Benign Lesion; Ulcerated Epithelium; Tongue

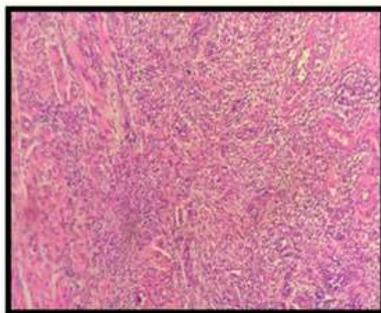
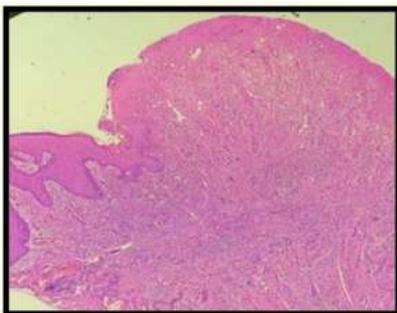


Figure 1: (A) The histopathological photomicrograph exhibited an ulcerated, hyperplastic stratified squamous surface epithelium with hyperkeratosis (H and E, 4x), (B) Dense mixed inflammatory cells, mostly eosinophils, and lymphocytes, were deeply infiltrated into the tongue musculature, exhibiting signs of muscle fiber infiltration (H and E, 10x).

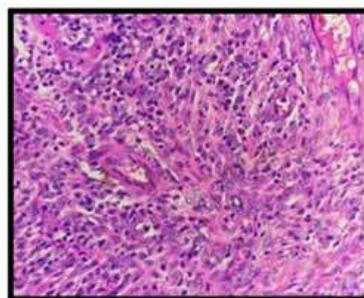
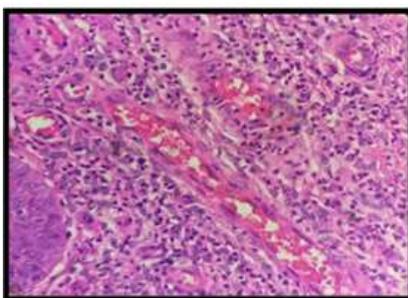


Figure 2A, B: The invaded tissue, which was highly vascularized, did not contain atypical cells (H and E, 40x).

CASE PRESENTATION AND TREATMENT STRATEGY FOR PLASMA CELL GINGIVITIS

Vasu S, Thankappan P, Prabhakar GS, Angelin D. Basaloid squamous cell carcinoma in the mandibular alveolus: A rare case report with differential diagnosis. *J Can Res Ther* 2024;20:1092-6.

Doi: 10.4103/jcrt.jcrt_2091_22

Abstract

Plasma cell gingivitis (PCG) is an oral inflammatory condition of uncertain aetiology that affects the marginal and attached gingiva. While several clinical phenotypes have been described, gingiva in most cases appears edematous and erythematous with a bleeding tendency. Histologically, the connective tissue is densely infiltrated by plasma cells. The non-specific clinical aspects of the disease, together with its rarity, create a diagnostic challenge for the oral physician. Several cases have been attributed to hypersensitivity reactions, but most causative factors remain still unknown, while there is no definitive treatment strategy. We provide a PCG case of undetermined etiology treated with a galenic composition of Tacrolimus gel. While immunomodulators have been shown to be an effective therapeutic choice, we believe this is the first time a tacrolimus formulation designed specifically for oral administration has been recommended. Further studies are required to determine its effectiveness.

Keywords: plasma cell gingivitis, differential diagnosis, tacrolimus, galenic formulation.



Figure 1: Clinical evaluation revealed velvety red, swollen gingiva with bleeding on probing.

Introduction

Plasma cell gingivitis (PCG) is a rare oral inflammatory condition of unknown etiology affecting the marginal and attached gingiva. Historically, PCG has been referred to with various terms such as atypical gingivostomatitis, idiopathic gingivostomatitis, allergic gingivostomatitis or other terms, highlighting its complex and poorly understood nature. Regarding its etiology, PCG is regarded as an immune response to neoplasia, allergens (e.g., herbal dentifrices, chewing gums, mints) or an unidentified cause (1).

The clinical appearance varies and generally includes diffuse and generalized gingival erythema. Less commonly, it manifests as erythematous, keratotic verruciform, or ulcerative lesions. It frequently coexists with cheilitis and glossitis, forming plasma cell gingivostomatitis, with the maxillary gingiva being the most affected site(2).

Histologically, PCG is characterized by dense infiltration of subepithelial connective tissue with plasma cells, presenting a pseudoepithelial hyperplastic pattern with spongiotic epithelium and elongated rete pegs. The infiltrate predominantly consists of CD38+ plasma cells, occasionally accompanied by Russell bodies and eosinophils(3). While signs of neovascularization may occur, dysplasia is rare, and malignant transformation is exceedingly uncommon, with only one reported case linking plasma cell mucositis to squamous cell carcinoma(4).

The nonspecific clinical presentation of PCG can complicate diagnosis, requiring differentiation from conditions like desquamative gingivitis, mucous membrane pemphigoid, erythematous gingival hyperplasia in patients with IBD (particularly Crohn disease), granulomatosis with polyangiitis, lichen planus, discoid lupus erythematosus, leukemia, and Candida-associated lesions in HIV patients(5). The rarity of PCG and its variable clinical manifestations hinder the development of standardized therapeutic protocols, emphasizing the need for further research and clinical reporting.

Clinical case

A 22-year-old male presented with swollen, bleeding gingiva, particularly during brushing, and occasional burning. The documented medical history did not disclose any systemic problems. Initial clinical examination revealed edematous and erythematous gingiva with a smooth, friable texture affecting the free gingiva of teeth 13-23. Periapical radiographs didn't demonstrate alveolar bone loss or other abnormalities. An initial diagnosis of dental plaque-induced chronic gingivitis was made. Treatment included teeth scaling and oral hygiene instructions and a Chlorhexidine 0.12% mouthwash rinse was prescribed twice daily. Symptoms persisted after two weeks, prompting referral to an oral medicine specialist. Due to the similarity to Candida-associated linear gingival erythema, a complete blood count, vitamin C levels and viral testing were requested and a 7-day course of itraconazole (100 mg/day) was initiated. All tests, including for Vitamin C deficiency, HIV, HCV, and VDRL, were negative. A thorough clinical examination didn't reveal coexistence of any other immune-related oral mucosal conditions and there was no history for systemic autoimmune or other diseases. Histological analysis of a gingival biopsy confirmed a diagnosis of plasma cell gingivitis (PCG), showing hyperplastic stratified squamous epithelium with elongated rete ridges and dense plasma cell infiltration in the lamina propria. PAS staining ruled out Candida infection. Immunohistological staining revealed infiltration of IL-17 producing cells and positive CD138 for plasma cells.

The patient was advised to change toothpaste and we prescribed the patient a galenic formula of tacrolimus 0.03% oral gel in order to increase the stability of the medication and optimize its absorption in the oral environment. The formula contained: tacrolimus 0.03% in orabase plus by Chemco and was applied in the lesions by the patient once daily for seven days after careful drying of the lesions. The patient reported immediate symptom relief, with complete resolution of erythema within one week and no recurrence after one month.

Discussion

The diagnosis of PCG remains a matter of exclusion for the oral physician requiring differentiation from conditions such as plaque-induced gingivitis, traumatic lesions, mucous membrane pemphigoid, lichen planus, leukemia and Candida-associated linear erythema. In this case, plaque-induced gingivitis was ruled out due to the absence of improvement following scaling and Chlorhexidine use, while trauma, lichen planus, and immunobullous diseases were excluded based on clinical findings (negative Nikolsky's sign, no ulceration).

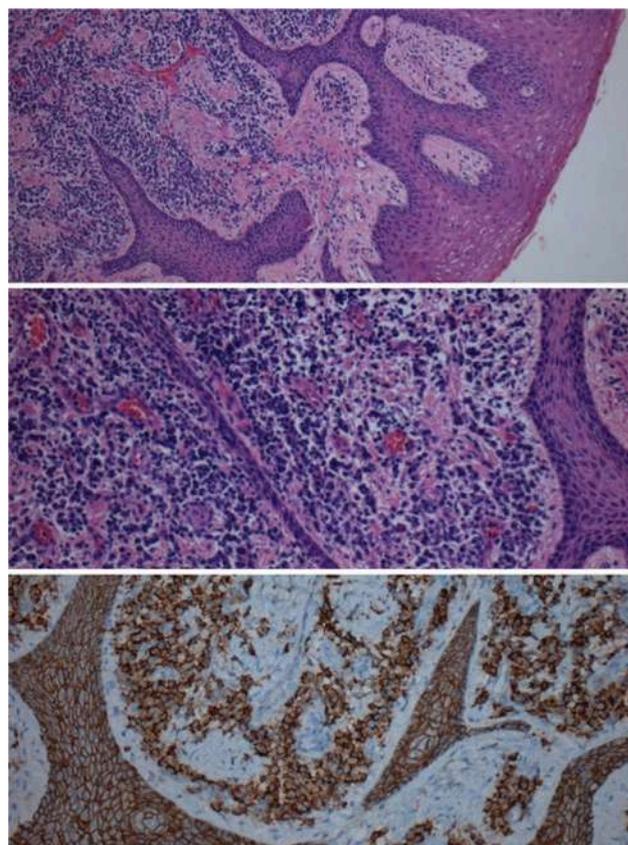


Figure 2:. Histological evaluation of the biopsy specimen A: Hyperplastic stratified squamous epithelium with elongated rete ridges and dense plasma cell infiltration in the lamina propria. (Hematoxylin-eosin, 40x), B: Presence of mature plasma cells and Russell bodies. (Hematoxylin-eosin, 100x) , C: CD138 Immunohistochemical stain -positive for plasma cells. (10x)

Hematological and histological investigations excluded malignancies, immunodeficiencies, and Candida infection. We opted not to include a comprehensive allergy testing in our diagnostic approach as it often identifies irrelevant allergens leading to diagnostic confusion. Histological evaluation remains essential for confirming PCG, especially when blood tests are inconclusive. Histopathological analysis is crucial to distinguish PCG from conditions with plasma cell infiltration in extra-osseous sites, such as multiple myeloma and amyloidosis(6). These conditions frequently present as a localized mass rather than diffuse gingival enlargement. Immunohistochemistry can further aid in distinguishing between inflammatory and malignant conditions(7). Kappa Lambda light chain test may be necessary to rule out monoclonality of the plasma cells.

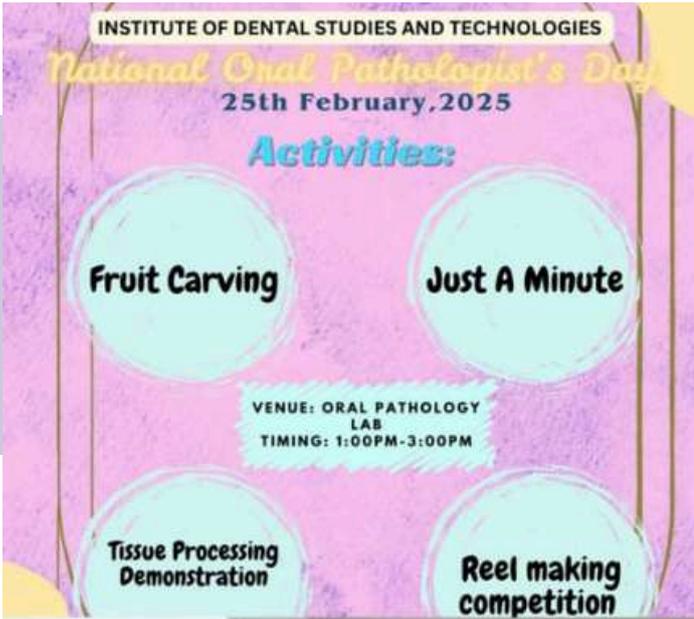
While there is no universally accepted treatment regimen, calculus removal, oral hygiene education and discontinuation of any suspected allergens are often sufficient for resolving the lesions. In cases of gingival enlargement, elimination of the allergic agent is followed by gingivectomy with beveled incisions or lasers.

Pharmacological treatments with topical and systemic immunosuppressants are frequently utilized, especially when causative agents cannot be identified or clinical signs persist (8). Corticosteroids such as Prednisone, Betamethasone, Prednisolone and Triamcinolone Acetonide are the main treatment applied, however, while effective for immediate relief, they often fail to maintain long-term remission of the lesions after their discontinuation. Moreover, their efficacy relies on the thickness of the mucosa(7). Adjunctive therapies such as antifungals, antihistamines, antivirals, and phototherapy have shown variable efficacy(2).

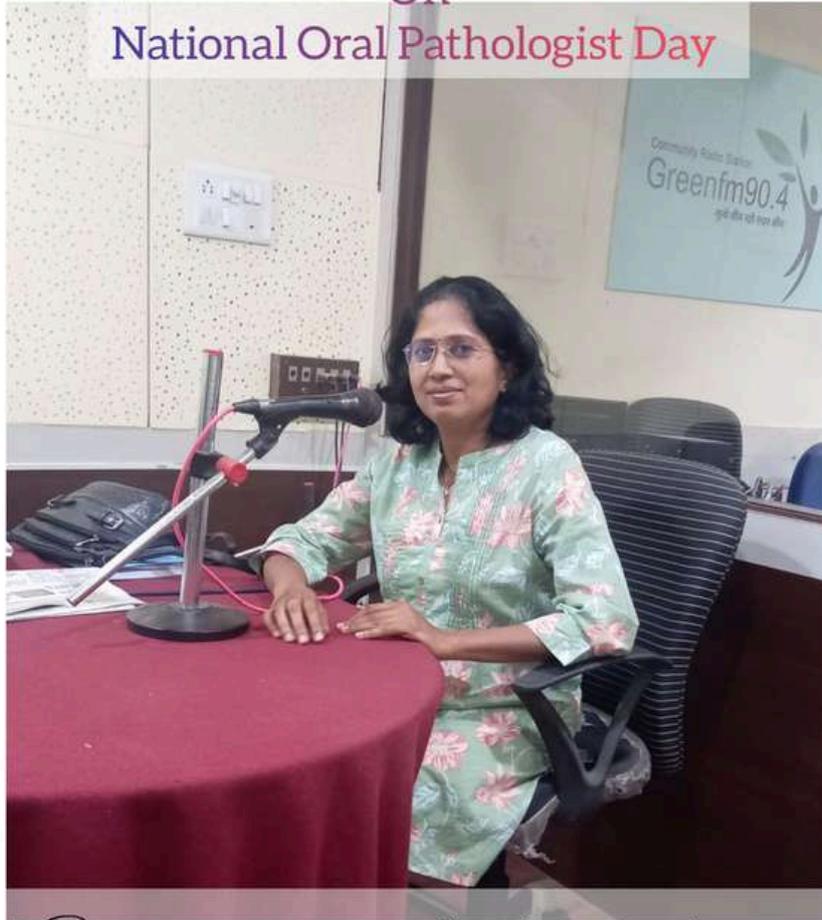
Topical calcineurin inhibitors, originally approved for the treatment of atopic dermatitis, have provided successful results in the management of various dermatological conditions due to their favorable efficacy and safety profile, as well as the absence of rebound effect and tachyphylaxis(9). Given the successful use of tacrolimus in treating plasma cell cheilitis and extraoral plasmacytosis(10), we decided to use it in a more stable formulation in this case of PCG. Administration of Tacrolimus results in immunomodulation through promoting the production of TGF- β and IL-10 producing cells thereby potentially suppressing proinflammatory cytokines(11). We believe that in cases when the identification of a probable causative agent is difficult, the prescription of the tacrolimus formula is an efficient method in our therapeutic armamentarium. However, due to the limited literature on its use on similar cases, more studies evaluating this treatment are required.

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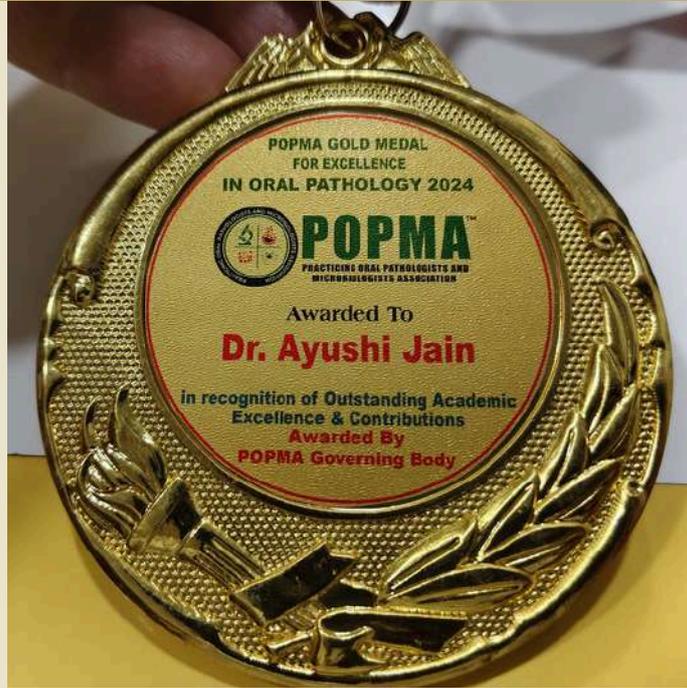
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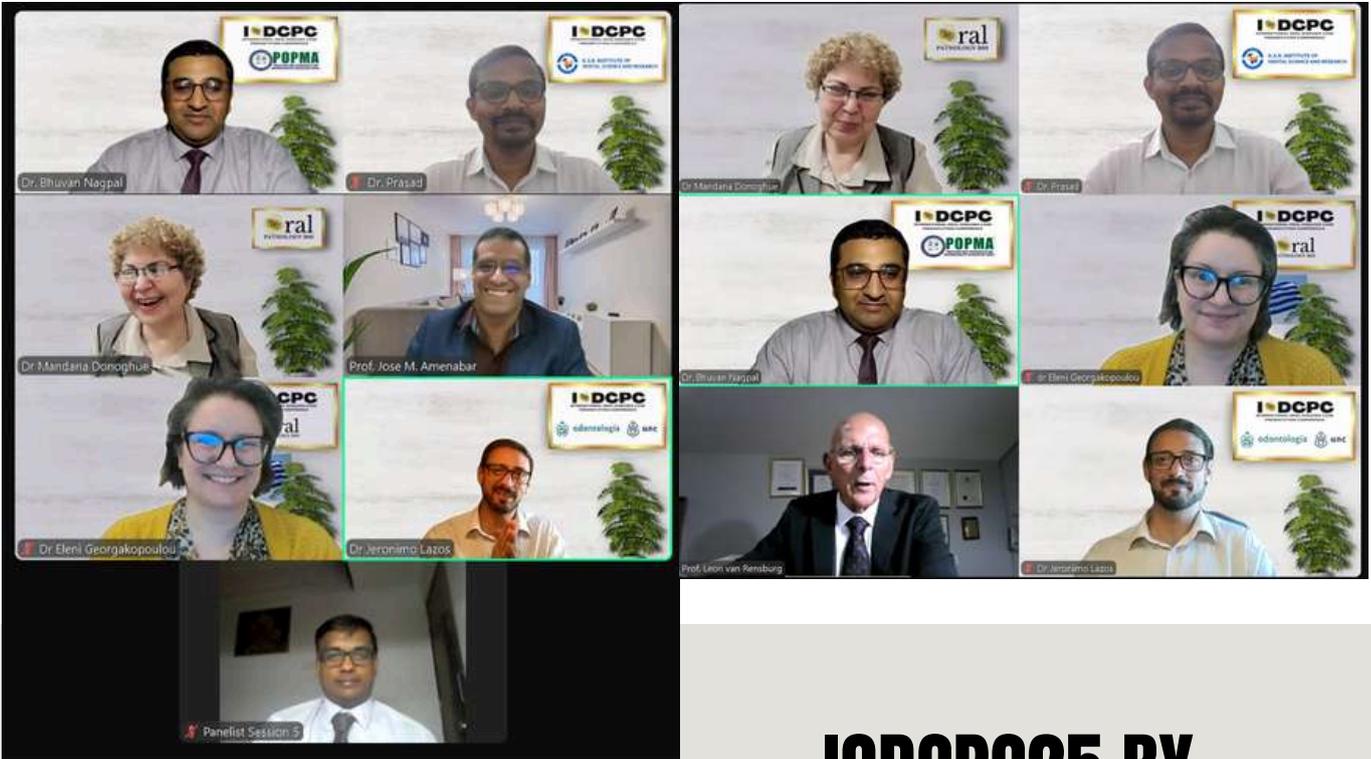
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लेखिका
डॉ. केतकी काळेले (भोकरे)



वैद्यकीय क्षेत्रातील संवेदनशील, डोळसपणे जगणारे, जाणीवा नेणीवा जागृत असलेले व्यक्तित्व म्हणजे डॉ.केतकी काळेले. लेखिका जीवन जगतांना आवश्यक असलेले, वैद्यकीय क्षेत्रातील ज्ञान देणाऱ्या मंजककथा, बाल-किशोर मित्रांसाठी 'टू-मूड छुपा राक्षस' या बाल दंतकथासंग्रहात, घेऊन आलेल्या आहेत. ही अतिशय म्वागताई बाब आहे.

'सोपलेला राक्षस', 'गुंतलेली राजकन्या', 'गुका जादूगाय', 'मोलिजा-दुष्ट जादूगायिणी', 'मेनी आणि चेनी', 'सिंहाचा राजकुमार', 'लिटल डेंटिका आणि दुष्ट फुगा' अशा विविध कथांमधून बालमित्रांना हा छुपा राक्षस पुस्तकाच्या पात्रांपात्रांमधून विविध रूपांत नवे तसे विविध नावाने भेटतो. पुस्तकांतील कोणतीही कथा वाचतांना कंटाळवाणी वाटत नाही. अशा छुप्या राक्षसाच्या मंजक तसेच ज्ञानवर्धक कथा वाचल्यावर छुप्या राक्षसाची चांगलीच ओळख पटते. छुप्या राक्षसाला हसविण्यासाठी कोणते उपाय कसायला पाहिजेत हेही कळते. हा छुपा राक्षस भयावह असला तरी योग्य उपाययोजनेने आपण त्याच्यावर सहज मात करू शकतो. या छुप्या राक्षसाला हसू शकतो हा आत्मविश्वास बूट करणाऱ्या अशा ह्या कथा वाचतांना अवर्णनीय आनंद मिळतो.

लयास चाललेल्या वाचन संस्कृतीच्या संवर्धनासाठी हातभार लावणाऱ्या, बाल-किशोरांना मंजगातून ज्ञान देणाऱ्या, बालमनावर मुसंस्कार करणाऱ्या, ज्ञानवर्धक कथासंग्रहाच्या निर्मितीसाठी लेखिका डॉ.केतकी काळेले यांचे मनपूर्वक अभिनंदन, तसेच पुढील साहित्यिक वाटचालीसाठी अनेकोतम शुभेच्छा !



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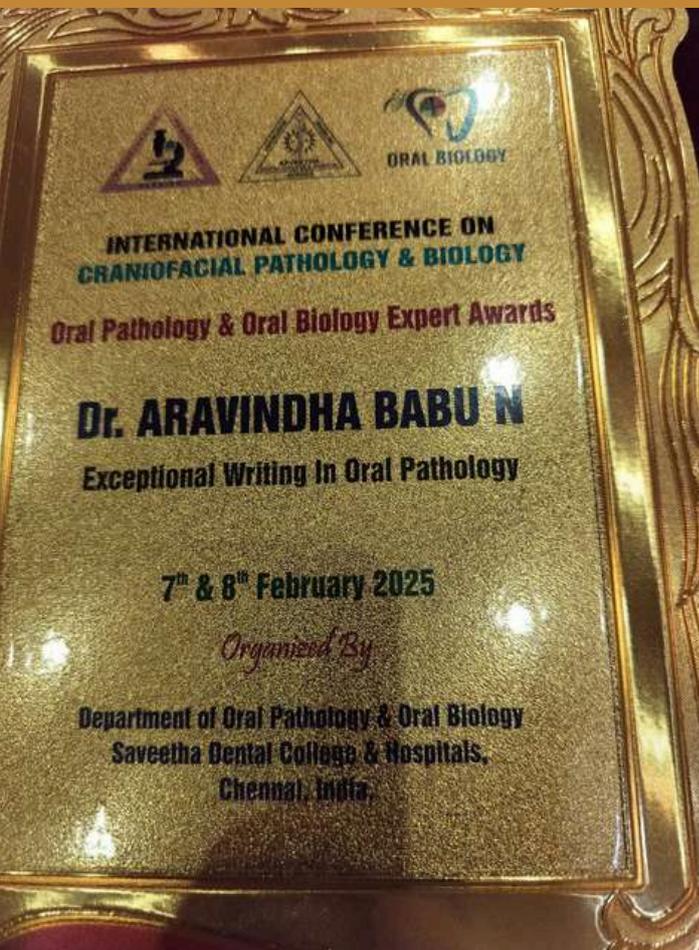
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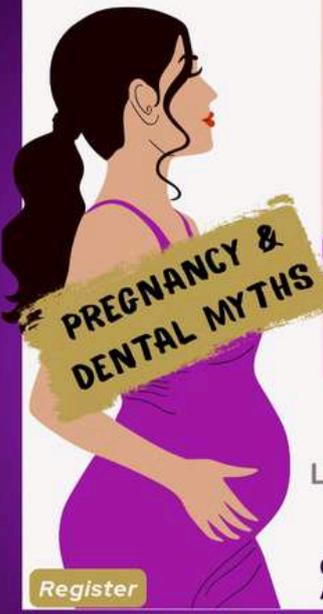
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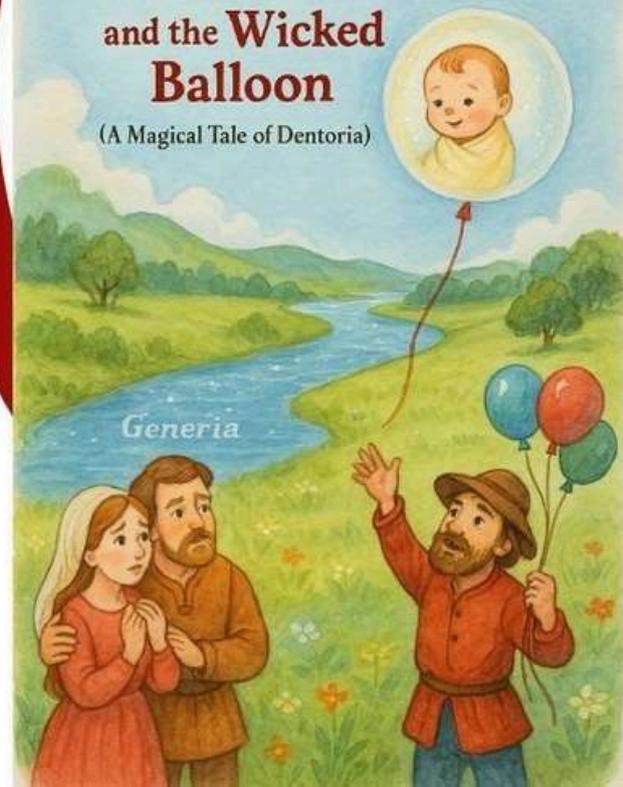
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MDS (Oral and Maxillofacial Pathology and Oral Microbiology)

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Q1. BDS and MDS education

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MDS EDUCATION - AWADH DENTAL COLLEGE & HOSPITAL, JAMSHEDPUR, JHARKHAND (KOLHAN UNIVERSITY) - 2023

Q2. Choice of taking up Oral Pathology as a Postgraduate student

I found Oral Pathology as a very interesting subject from my 3rd year BDS time. Histopathology is a different world and it is beyond "Pink and Blue". We can learn others subjects since we get clinical exposure during internship, housestaffship and during working in other dental clinics. But we never get this exposure from Oral Pathology. Oral pathology is the root of dentistry. Martin H. Fischer said "Diagnosis is not the end but the beginning of practice". From my undergraduate time, I understood this line from my heart and since that time I decided, if I do MDS I will do that from such a subject which is the mother of all subject and also in that subject which I have little knowledge. MDS must be done from such a stream which one can learn vividly during post-graduation and one can apply that in daily clinical practice. Oral Pathology is a very vast field and it's really tough and understanding the cells in the microscope to special stains, cytopathology, biopsy, tissue processing, tumor markers, immunohistochemistry, forensic odontology etc., it's altogether a different world. Doing MDS during my PG days I felt really good and learned A to Z of Oral Pathology from my department faculties to being learned during my posting in Cancer Institute from Meherbai Tata Memorial Hospital, Jamshedpur. I was really satisfied after passing MDS from this subject and gained a vast knowledge. People say Oral pathology as a non-clinical branch but I felt its applications are huge. It's more of a medical subject and unique branch of dentistry. Oral Pathologists are more confident since they are the felicitators of final diagnosis and they turn out to be the best dental practitioners and doing best in practice in comparison to others. Oral Pathologists are highly knowledgeable, qualified and has a lot of patience and they provide quality treatments and become the most specialist dentists.

Q1. Your journey after MDS to the current position

Whatever was possible for me to explore, I have tried with all my heart. This is what I can really say. After passing MDS I have tried in various Cancer Institutes, Diagnostic Laboratories and Pathology Centers all around Kolkata as Consultant Oral Pathologist, in Academics in various dental colleges in Kolkata as well as outside West Bengal. I have given many online and offline interviews in research positions by various institutes. I have given Senior Resident (SRship) examinations in AIIMS, Maulana Azad Institute of Dental Sciences etc. I have given interviews in various Cancer Hospitals against various posts in Homi Bhabha Cancer Hospital in Varanasi, Muzaffarpur etc. In Cancer Hospitals whether government or private, I have went and given them a full lecture regarding the concept of Oral Pathology and why it is necessary to incorporate Oral Pathology as a separate department in those institutes. I have also made them understand the role of DCI, MCI, NMC guidelines and also proposed that POPMA organization is taking an effort to incorporate this in Cancer Hospitals whether as a Visiting Consultant or as full time post. I have given this concept to both the administrations of the hospitals as well as HOD of General Pathology departments. This is because in today's scenario Oncology departments are opening everywhere but the sad part is General Pathologists are reporting even in the head and neck departments and Oral Pathology concept is missing totally and nobody asks if there is a Oral and Maxillofacial Pathologist. I have also investigated Cancer Hospitals of other states outside West Bengal and surprisingly found the same thing there also. I have also went to ECHS, ESI, SAIL, NICED in Belegkata, Kolkata (ICMR) interviews and given applications. Whatever application and interviews have come, whichever possible I have applied in online mode or offline mode in all the good sectors across India. I had also given West Bengal Government health recruitment interviews both as Clinical Tutor and Education Service. I have visited various multispeciality nursing home and hospitals in Kolkata and various polyclinics and dental clinics for being associated as a Consultant Oral Pathologist as well as a general dentist. I have applied for the same also across various dental chains and hospitals in various states like Bangalore, Hyderabad, Bhopal, Bhubaneswar etc.

I approached various oncologists, oncosurgeons, oral surgeons etc. to give biopsy samples to me for histopathology. I also approached various dentists regarding the same. I am associated with Dr. Abhishek Banerjee (Oral Pathologist) in histopathology reporting and is joined there as Junior Consultant in The Practice of Oral and Maxillofacial Pathology, Durgapur. I visit Durgapur frequently for this. I am also working with Dr. Kabita Chatterjee in Kolkata and getting her guidance. I have also worked with Dr. Rajarshi Basu (Oral Surgeon) in Research Associate post in GNRC hospital, Barasat in a Cleft project and worked in an original project and have published that.

I got various Senior Lecturer position in various dental colleges outside West Bengal like Bangalore, Rajasthan, Jharkhand, Lucknow, Bihar etc. I got a very good opportunity and through genuine selection purely on merit basis as a Research Associate in a National Project in ICMR funded project in a prestigious institute and in one of the most reputed institute in India. KLE VK Institute of Dental Sciences, Belgavi, Karnataka in a project entitled "Generate Medical Imaging Datasets (MIDAS) for tobacco induced oral lesions to enhance research in health in India". It was a 3 year project. I was really happy that I got this chance but due to certain reasons I had to refuse the proposal and denied the project and have not gone there.

I was also doing biopsy in various clinics and histopathology reporting also.

Q1. TAKE HOME MESSAGE FOR OPATH GRADUATES

I will say that post MDS there will a lot of hope in terms of job aspects and many may get frustrated seeing the prevailing situation after trying some days since there are few vacancies and in many places there are strong recommendations and only reference works and there are no value of merit. But I will say keep trying for a longer time. Try in overall India and if you want to go abroad there also. Never give up. There is scarcity of jobs but still if you keep trying, you will definitely get one and merit surely works as I have seen in my experience also. People will try to demean you saying that Oral Pathology is a non-clinical branch. Just ignore them and prove them that you are the best clinician in terms of diagnosis and practice. Firstly focus your mindset what you want to do post MDS. In today's scenario, people do not want to go to academics since the pay scale is very less and many colleges have too much politics and actual education is missing. If you get academics in your hometown, you can join. If you have interest in research, you can apply to the ICMR projects across India. You can also try SR ship in dental and medical colleges in Oral Pathology department but chances are rare because seats are very less. All I am telling with my experience.

Oral Pathologists should focus on Surgical or Clinical Oral pathology. You should conduct cancer screening programs and camps since it's your speciality by vital staining which can be chair side. In this way people will recognize you and will consider you as a specialist. Oral pathologists must develop connections and networking with colleagues of dermatology, general pathologists, oncology, ENT, otolaryngology departments for requirement of secondary opinion and referral of speciality cases. You must publish one article in a year and in this way you will have a touch in this subject. My personal opinion and suggestion is that one should start an independent dental practice and slowly an oral pathology lab. This will get good as day passes and its prospect is fabulous as compared to other options. You will be recognized and this is the best decision that you will never regret. Never only restrict yourself to dental college since today's scenario is totally different from old times and people get exploited and there is no respect from the administrations and students also. You should always focus on slide and never get out of touch from slides. Diagnosis says everything regarding a dental problem or an oral lesion. Always remember "You are the felicitators of final diagnosis". Without an Oral Pathologist, dental profession is nothing. Your diagnosis will give an oral surgeon further move to an OT. Your signature is most valuable in a report and without that nobody can proceed. Have belief in yourself and faith allover.

You will eventually shine. Always be under guidance of some senior Oral Pathologists. This is a vast subject and you always need to learn post MDS also. Keep on updating by reading various recent articles and webinars, seminars etc. Never keep this subject as just a subject. You should be really passionate about it and with a hope. POPMA group specially Dr. Bhuvan Nagpal is trying his level best to incorporate Oral Pathologists in various sectors, Cancer Hospitals, Pathology Laboratories etc. We all hope that one fine day the current prevailing situation will change and there will be various job opportunities soon in near future. You should stand for your own profession and always do these keeping connections among all the Oral Pathologists.

I have worked as a Consultant Oral Pathologist and General Dentist in various (almost 7–8) big and small dental chain of clinics in Kolkata. I had published various original research articles, case reports, reviews during my MDS time (maximum of which are PubMed indexed, and some are Scopus and Web of Science indexed) and post MDS also and is always focusing on the same. I am keen on publishing these articles and always want to update myself. In future also, I will be publishing these articles on a continuous basis. Till date, I have 6 published articles in PubMed/ Scopus/Web of Science indexed articles in Indian as well as International Journal. I have also published one part of my Thesis on Forensic Odontology in PubMed in Cureus journal. 2 other projects, one is of 2nd part of my thesis and another is of original research of Forensic Odontology are still in publication process and will be published soon. I have my account in Research Gate also. I have also delivered a lecture as a Speaker on the topic of “Current aspects of Oral Pathology and Future Perspectives and Application of Oral Pathology in Daily Dental practice” in a webinar vividly. It was very descriptive and useful for all the Oral Pathologists. I think everyone should see that. I have the recorded version of the presentation with me.

Q1. WHAT WILL YOU BE DOING IN THIS JOB PROFILE

Now I am working as a Consultant Oral Pathologist and General Dentist in various dental clinics in Kolkata. I do biopsy and also histopathology reporting in various clinics. I am also working with Dr. Kabita Chatterjee Mam (one of the oldest and most renowned oral pathologist of Kolkata as well as India) in a reputed Dental Institute and seeing many cases of Oral Pathology exclusively. I visit Durgapur also and see special cases and slides in microscope as I am associated as a Junior Consultant with Dr. Abhishek Banerjee.

Recently on 15th April, 2025 (Bengali New Year), I have opened my new multispeciality dental clinic and Oral and Maxillofacial Pathology Centre jointly in Kolkata. It serves all aspects of dentistry and Oral Pathology related problems. My clinic name is “Dr. Moumalini’s DENTAL DIAGN–O–PATH” (A Multispeciality Dental Clinic and A Dedicated Oral and Maxillofacial Pathology Centre). It has all the treatments available for dental problems and it has all types of diagnostic services and facilities related to Oral and Maxillofacial Pathology. It has oral cancer screening, oral cancer awareness, diagnosis and detection of oral potentially malignant disorders, biopsy (incisional/excisional), histopathology, cytopathology, FNAC, exfoliative cytology, special stains slide reporting, slide review for second opinion, referral of biopsy, slide review, immunohistochemistry, telepathology, tobacco cessation consultant and patient education, forensic odontology etc.

I am also planning to join a Cancer Centre in Kolkata mostly Chittaranjan National Cancer Institute for post PG or post MDS observership in Histopathology department and Head and Neck department since it is a government institute and one of the most reputed in India and there are many cases related to head and neck. It will be of much value and will give me more confidence. The certificate will hold an importance and if further any post for Oral Pathologists comes in Cancer Hospitals, this can make a difference.

POPMA was represented by Dr. Anuj and Dr. Abhishek





"BEYOND THE NAKED EYE: CLINICAL POWER OF ORAL PATHOLOGY IN DIAGNOSTICS AND LABORATORY PRACTICE"

Dr. Srishti Arora

MDS (Oral & Maxillofacial Pathology)

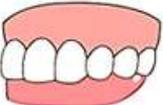
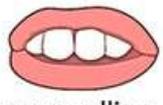
In the ever-evolving landscape of dental and medical sciences, oral pathology is emerging as a powerful bridge between clinical suspicion and definitive diagnosis. Often perceived as a textbook-oriented discipline, its real-world application in diagnostics and laboratory practice is revolutionizing how clinicians interpret disease, predict outcomes, and personalize treatment strategies.

Oral pathology today plays a pivotal role in everyday dental practice. When a clinician encounters a suspicious white patch, an unusual swelling, or a persistent ulcer, the oral pathologist steps in—not merely with a microscope, but with a finely trained mind capable of deciphering microscopic clues that guide clinical action. Histopathological examination remains the gold standard in confirming neoplasms, cysts, infections, and chronic inflammatory conditions. Whether it's a benign lesion like a fibroma or a malignancy such as oral squamous cell carcinoma, the oral pathologist's input often defines the treatment direction.

While the clinician gathers chairside clues, it is in the laboratory that those clues transform into a concrete diagnosis. The oral pathologist connects clinical impressions with cytological, histological, and molecular findings.



For example, a non-healing ulcer may point towards malignancy and warrant a biopsy; a red or white patch could indicate dysplasia or lichen planus and may require direct immunofluorescence (DIF) for confirmation; gingival overgrowths, often mistaken for reactive lesions, may turn out to be peripheral ossifying fibromas upon histological examination. But everything stays in the loop of 'May or could' until laboratory diagnosis is defined. Even bony swellings can surprise clinicians when radiographic findings are supplemented with histopathology to diagnose odontogenic cysts or tumors. The following image explains how oral pathology directly influences diagnostic clarity.

Clinical Feature	Suspected Condition	Lab Diagnostic Modality
 Non-healing ulcer	→ Oral cancer	→ Biopsy histopathology
 Gingival overgrowth	→ Dysplasia/ lichen planus	→ Cytology, DIF, biopsy
 Bony swelling	→ Peripheral ossifying fibroma	→ Excisional biopsy
 Bony swelling	→ Odontogenic cyst/tumor	→ Radiology + histology

‘SUSPICION GUIDES, BUT CONFIRMATION DEFINES: THE POWER OF ORAL PATHOLOGY’

Advancements in oral pathology laboratories have further strengthened the field. Integration of technologies like immunohistochemistry, molecular diagnostics, Polymerase Chain Reaction (PCR), and digital pathology enables early detection of malignancies, confirmation of autoimmune diseases such as pemphigus vulgaris, and identification of viral associations like Human Papillomavirus (HPV) and Epstein-Barr virus (EBV) in potentially malignant disorders. These developments not only refine diagnostic precision but also enhance interdisciplinary collaboration, making the oral pathologist a key player in comprehensive patient management.

Beyond identifying the disease, oral pathology offers valuable insights into prognosis, recurrence risk, and patient-specific management. Oral pathologists increasingly contribute to tumor boards, biopsy audits, and clinical research, highlighting their expanding role in healthcare. They don't just diagnose diseases—they help map their trajectory and impact.

In diagnostics, what is visible is important. But in oral pathology, what remains invisible to the naked eye until investigated is what often saves lives. The clinical application of oral pathology serves as a reminder to probe deeper, think critically, and never overlook the subtle signs that may hold the key to a definitive diagnosis.

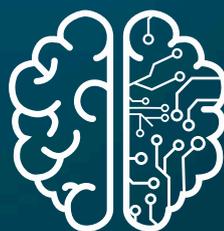
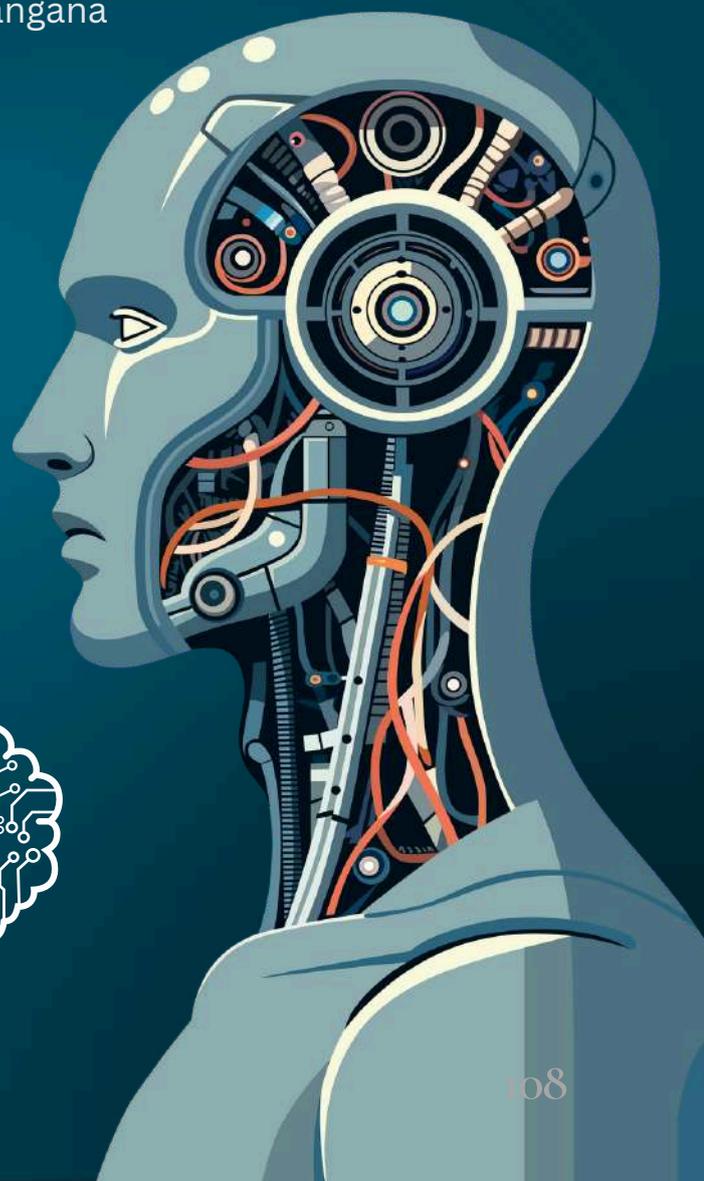


ARTIFICIAL INTELLIGENCE

MYTHS, FACTS AND FUTURE

Dr. Shivani Ramesh Mungala

Assistant Professor,
SVS Institute of Dental Sciences,
Mehbubnagar, Telangana



Everywhere, everyone is talking about Artificial Intelligence (AI)!! Do you think we know entirely about this invention? Is AI a revolutionary boon for healthcare, or does it pose a threat to human jobs? Will AI replace doctors, leaving us jobless in the future?

Everyone has a different perspective on AI. Let's dive into the reality of AI and uncover the truth together!

AI is the simulation of human intelligence in machines that are designed to think, learn, and solve problems. It involves the development of computer systems capable of performing tasks that typically require human intelligence, such as reasoning, problem-solving, decision-making, language understanding, and pattern recognition.

AI is covering every aspect of the healthcare system, from analyzing radiographs to spotting even the smallest change and detecting microscopic cancer cells, to reporting and helping with diagnosis and treatment planning. But how does it know everything? It operates using an algorithm that comprehends a condition, evaluates it, and provides us with the outcome. Although the results are generated in a matter of seconds, a great deal of background work and background checks must be completed.

The development of AI in healthcare follows a meticulous workflow:

1. Data Collection & Categorization - Large datasets are collected, deconstructed, and categorized for better system understanding.
2. Manual Annotation - Healthcare experts highlight areas of interest in medical images, identifying structures, defects, abnormalities, etc.
3. Algorithm Development - AI engineers create algorithms that enable the system to automatically analyze and annotate future datasets.
4. Training & Validation - The system is rigorously tested and refined to enhance precision and reliability.
5. Continuous Learning - AI continuously improves through verification and adaptation, ensuring accuracy and efficiency.

Multiple readings, double checks, and precision percentages will decide the application of AI in that particular field. So, for the many who think that it can replace Doctors will be a myth because I believe AI can be the cost-effective, coolest, most powerful, and smartest adjuvant tool for all healthcare workers, as it can keep an ocean full of knowledge within a click.



Thus, AI is a technology created by humans to make work easier in every conceivable profession. Rather than concentrating on the myths surrounding the potential replacement of human labor by AI, its potential must be unlocked. The healthcare system can benefit greatly from the combination of AI, which is a simulation of human intelligence, but not a complete replacement for it. AI has the potential to address many rare cases, detect and correctly diagnose early cancer symptoms, record each case, and

The future looks bright, as AI's possibilities in healthcare are limitless in terms of ongoing research. Various startup companies have initiated working, exploring, and creating a space for the applicability of AI in different sectors. One such initiative I am proud to be part of is OralVue by Energy Infotech Solutions, Hyderabad –an AI-driven platform designed to be an adjuvant diagnostic tool in clinical settings for clinicians to ease the problem of diagnosis and treatment planning. For future interest, kindly visit the website: www.oralvue.ai



There are unsettled debates and discussions about AI, but one must understand that.....

“AI is not here to replace us— it’s here to empower us.”



Happy Women's Day

Celebrating the strength and
beauty of women everywhere

MARCH 8TH

SREE BALAJI DENTAL COLLEGE AND HOSPITAL
DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY
CENTER OF CANCER PREVENTION AWARENESS AND RESEARCH

WORLD NO TOBACCO DAY

31-May-2025

"TWO PATHS, ONE CHOICE - LIVE THE LIFE YOU LOVE!"



Prevalence of using addictive products in younger generation



HPV-INDUCED OROPHARYNGEAL CARCINOMA: MECHANISMS AND CLINICAL IMPLICATIONS

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Department of oral Pathology
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GITAM Dental College

Introduction

Oropharyngeal Squamous Cell Carcinoma (OPSCC) is a multifactorial health concern with a significant burden on public health systems worldwide. In India, it is one of the leading causes of morbidity.

There exists an intricate interplay between Human papillomavirus (HPV) infection and Oropharyngeal Carcinogenesis. Embracing emerging associations like HPV helps to enhance prevention, early detection, and management strategies on a global scale.

This article explores the incidence of HPV-associated OPSCC, molecular pathways of HPV-associated OPSCC development, and the potential of HPV vaccination in preventing OPSCC.

Epidemiology:

Numerous epidemiological studies indicate a higher prevalence of HPV in OPSCC compared to controls. HPV-positive cancer is presented as a distinct clinical and pathological entity frequently manifesting in younger patients, non-smokers, and non-alcoholics. HPV emerges as a prognostic biomarker, with HPV-positive tumors exhibiting enhanced treatment responsiveness and improved survival outcomes.

www.magazine.popma.in



Molecular Pathways:

Further molecular investigations unravel the mechanisms by which HPV promotes Carcinogenesis. The integration of HPV into the host genome disrupts cell growth and division regulation.

HPV oncoproteins notably E6 and E7, have the capability to inhibit tumor suppressor genes such as p53 and pRb, effectively dismantling mechanisms that regulate cell proliferation. Cells infected with HPV experience unhindered growth, division, and survival which creates a positive environment for malignant transformation. HPV has diverse oncogenic potential with specific strains such as HPV16 having greater potential for genomic instability. This provides fertile ground for oncogenesis.

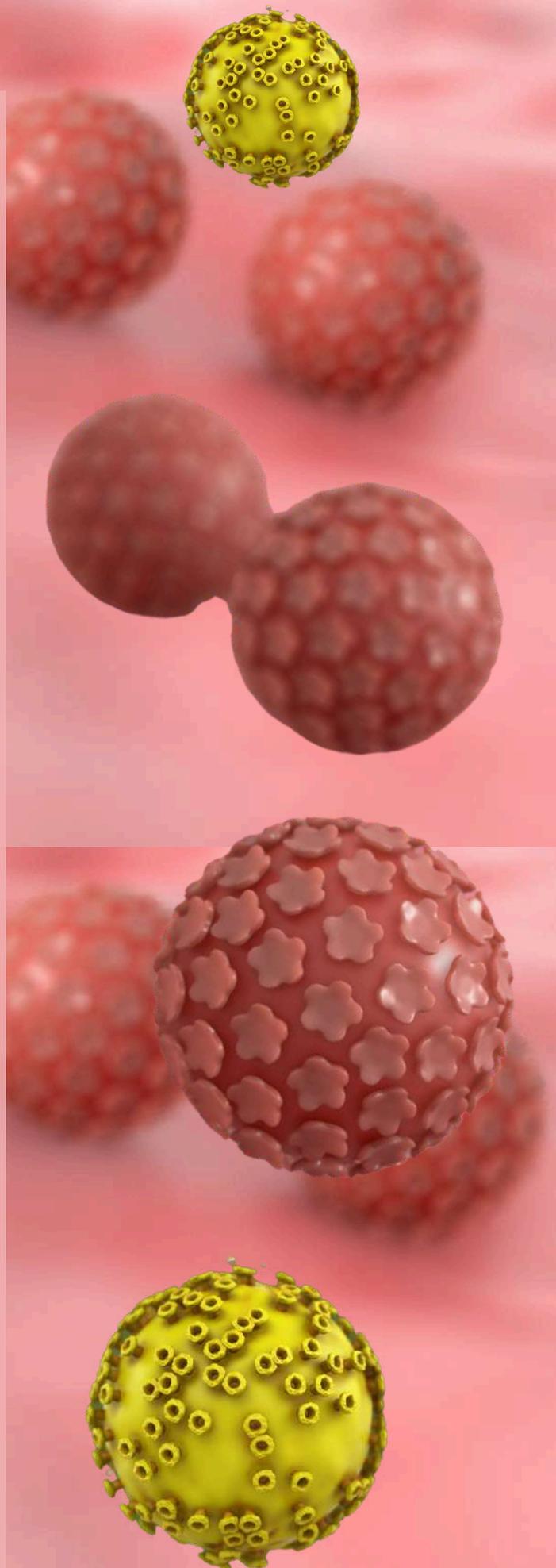
HPV-associated OPSCC exhibits distinct genetic alterations compared to non-HPV counterparts. These genetic fingerprints provide insights into the unique molecular landscape that is shaped by HPV infection. Traditional risk factors such as smoking and alcohol consumption, along with co-factors like immunocompromised states [e.g., Human Immunodeficiency Virus (HIV) infection], can act synergistically with HPV to facilitate carcinogenesis in OPSCC. They may act independently or synergistically with HPV.

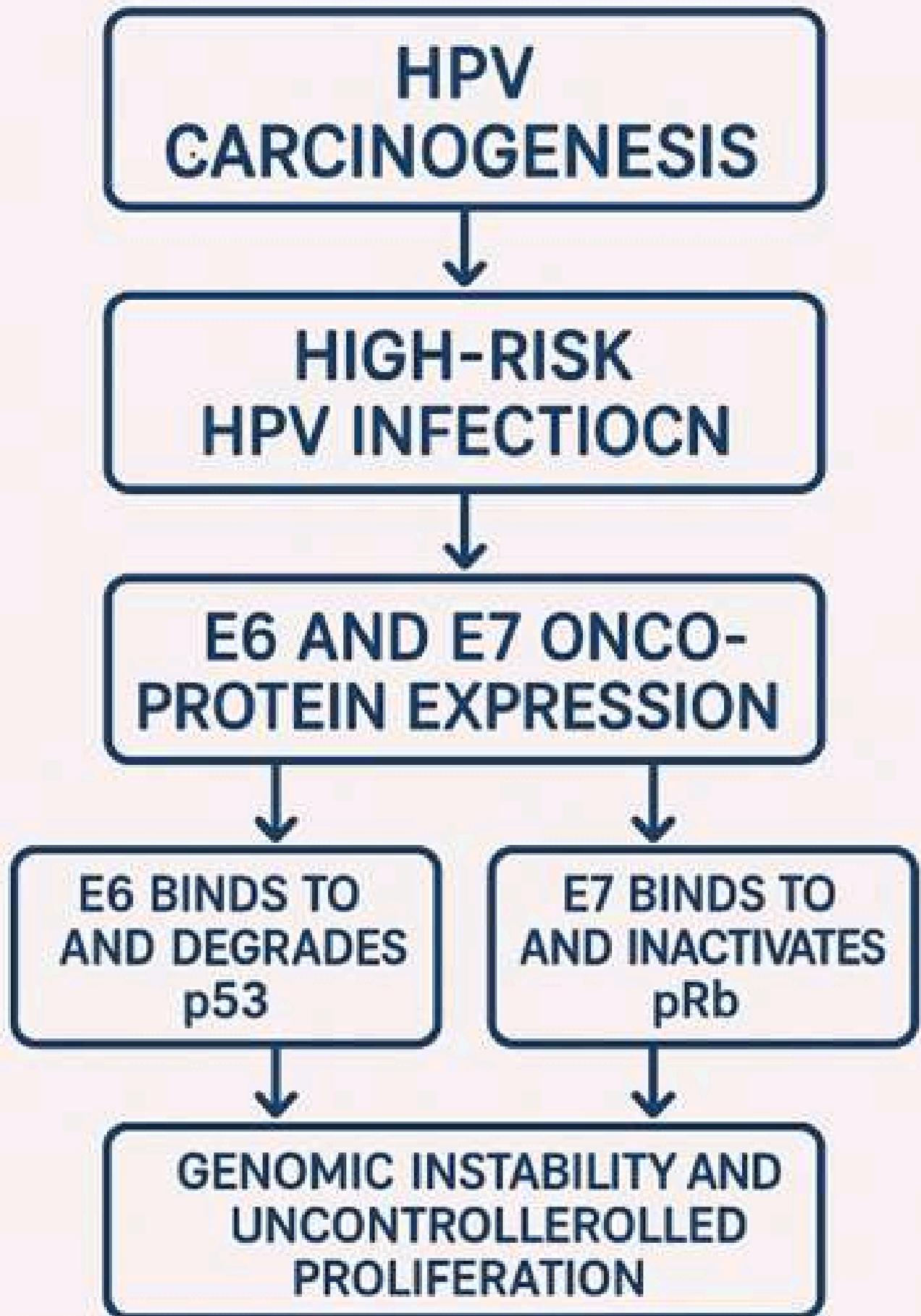
This mechanism is established in high-risk types like HPV 16. Unraveling these complex molecular intricacies helps us understand the disease and development of targeted therapeutic interventions and preventive strategies for improved prognosis.

Prognosis:

The prognostic implications of HPV in OPSCC have garnered attention in medical research. The evidence suggests the potential of HPV as a prognostic biomarker thereby influencing treatment and patient management.

Through numerous studies, a consistent trend of HPV-positive cancers exhibiting improved overall survival and disease-free survival rates compared to their HPV-negative counterparts is established. The mechanisms of HPV provide a more pronounced immune response and enhanced sensitivity to radiation therapy as well as chemotherapy, further enhancing favorable prognosis. The intricate interactions between HPV oncoproteins and cellular regulatory pathways render these tumors susceptible to treatment-induced cell death. Physicians can utilize this information for personalized treatment plans.





Vaccination:

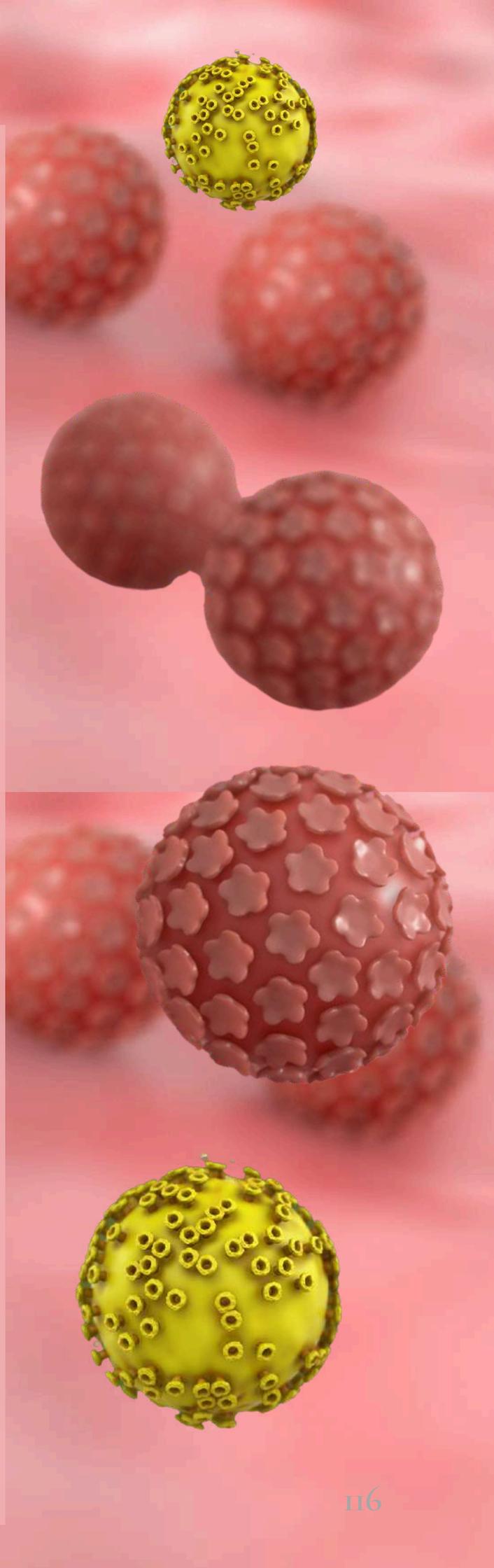
While HPV vaccines are proven beneficial in cervical and other anogenital cancers their efficacy in OPSCC is still being studied. Targeted therapies that specifically inhibit molecular pathways involved in HPV-induced tumorigenesis, such as inhibitors of E6 and E7 oncoproteins have shown promise in preclinical and early-phase clinical trials. While substantial progress has been made in understanding the association between HPV and OPSCC, long-term data on Oral Squamous Cell Carcinoma is still emerging.

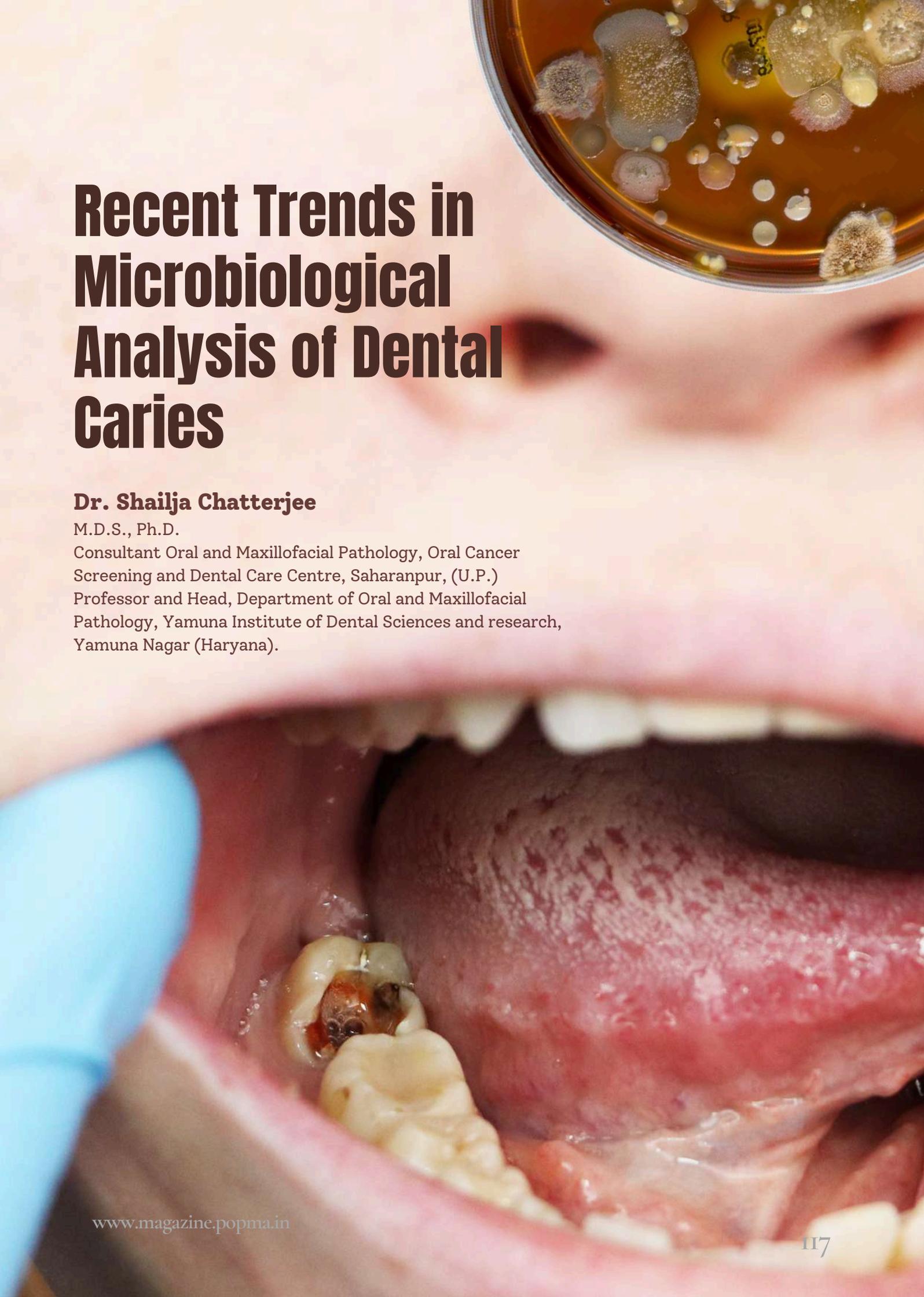
Future research should focus on identifying high-risk populations and developing targeted therapeutic approaches. HPV vaccination has the potential to serve as a preventive strategy to reduce the incidence of HPV-related cancer.

Acknowledging the limitations of this review, which include the inherent biases of the included studies and the evolving nature of the field, it serves as a comprehensive synthesis of the current evidence on the association between HPV and OPSCC.

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Recent Trends in Microbiological Analysis of Dental Caries

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Abstract

Dental caries is an interplay between different microbial interactions. Understanding the dynamics in a biofilm involves studies on genomics, proteomics, metabolomics, transcriptome, and metatranscriptome amongst other investigations. This review article covers various techniques and tools that are used for analyzing biofilm samples collected from an individual to isolate prominent pathogenic microorganisms.

Keywords: dental caries, microflora, genomics, proteomics, metabolomics, transcriptome, metatranscriptome.

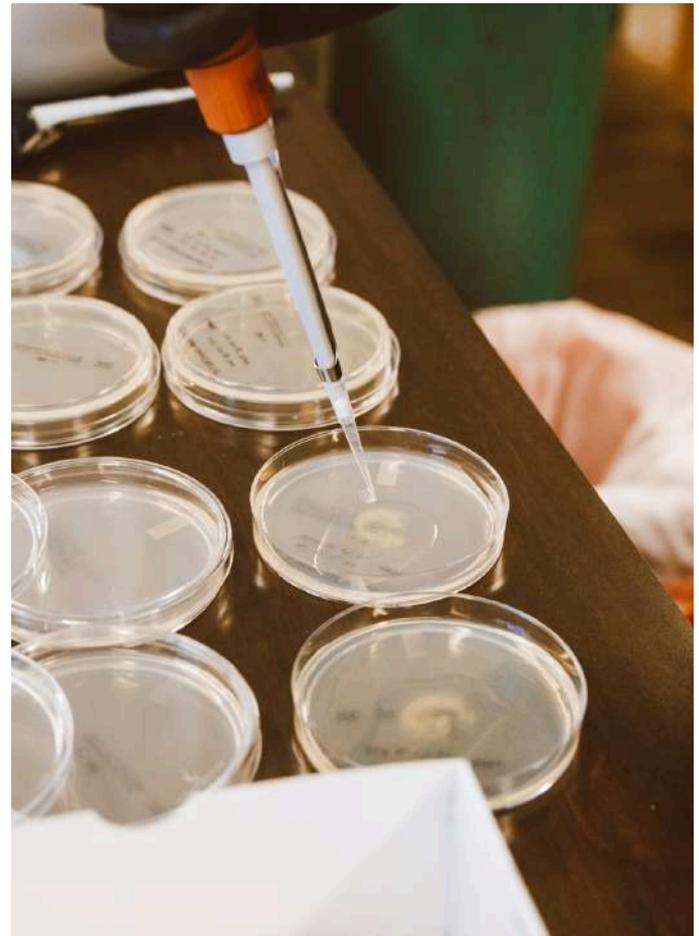
Introduction

Dental caries is the result of imbalances in biofilm metabolism. Research involving microbial communities can be categorized into: (a) Composition of microbiota and (b) Micro-environment analysis like- nutritional requirements, pH, reduction and oxidation potential, and physiology of microbial flora. Microbiological communities associated with teeth are routinely analyzed using standard culture techniques. In recent times, 16S rRNA gene cloning as well as sequencing have been used for the characterization of microbiological composition of oral biofilm, however, there are limitations associated with this method. Next-generation high throughput sequencing techniques have demonstrated a greater ability to reveal the composition as well as the metabolism of biofilm by analyzing metagenomics as well as metatranscriptomics.

The dynamics of dental caries are the total metabolic activities of dental biofilm which can be done by metabolomic analysis. Since dental carious activity is of a localized nature, sample collection from biofilm must be done from precise locations.¹

Links between biological hierarchy begin at the genome to transcriptome or proteome till metabolome. 'Genome' refers genetic makeup of any organism, 'transcriptome' refers to genes that are transcribed to mRNAs, and 'proteome' refers to the study of protein translation and is representative of the metabolism of an organism. 'Metabolome' refers to the final metabolic end-products (acidic or basic products) within a biological sample.

'Metatranscriptome' is representative of genes that are expressed in a biofilm whereas, metaproteome refers to microbiological proteins that are produced within a biofilm.



Tools for molecular microbiological analysis of oral flora

The 16S rRNA gene has been used for studying the taxonomic classification of bacterial biofilm communities associated with dental structures. However, there are overlapped results of 16S rRNA studies, due to which various other molecular techniques have been proposed for identifying microorganisms in oral bio-film.

a) Denaturing Gradient Gel Electrophoresis: This electrophoretic technique utilizes differences between partially melted Polymerase Chain Reaction (PCR)-amplified double-stranded 16S rRNA genes or gene fragments' mobility.² Different 16S rRNA gene sequences exhibit differences in melting behaviors and, hence, take up at different locations in polyacrylamide gel. Following visualization, conclusions are drawn based on differences in the presence or absence of bands. This technique has several advantages- i) It is comparatively cheaper, ii) Can be easily performed, and iii) Is reliable.

Disadvantages of this technique are- i) Its non-quantitative nature, ii) In complex plaque samples, species-specific bands cannot be determined reliably, and iii) Comparisons between different samples with multiple species on different gels are difficult. However, this is an excellent tool for initially analyzing microbial diversity as well as complexities in saliva and plaque.

b) Polymerase Chain Reaction-Based Techniques: Various advantages of these techniques are- i) These are relatively cheaper compared to other methods, ii) Can be performed relatively easily, and iii) Are reproducible. Real-time quantitative PCR (qPCR) is most commonly used due to its specificity and quantifiability.³

This method uses primers/internal probes that have been specifically designed for the 16S rRNA gene or any other gene of a particularly targeted microbial species. However, its distinct disadvantage is that no other species present in the biofilm can be evaluated.

To overcome this, multiplex qPCR techniques have been designed for simultaneously detecting three or more pathogenic organisms in a single reaction.⁴ Studies conducted by Choi et al. (2009) and Palmer et al. (2010) using qPCR have demonstrated the coexistence of *S. mutans* with *S. sobrinus* in early childhood caries.^{5,6}

c) 16S rRNA Gene Microarrays: Taxonomic microarrays are high-throughput tools for characterizing microbial population communities.⁷ In this technique, probes are used over a solid substrate like- glass. Each of the probes comprises of 16S rRNA gene sequence which is complimentary to particular species. This technique works on 16S rRNA gene amplification by use of universal primers that are labeled as well as hybridized on substrate array. In this manner, this microarray technique provides bacterial fingerprints within microbial communities located with plaque samples.⁸ Human Oral Microbe Identification microarray (HOMIM) is a taxonomy-based microarray and has been developed by the Forsyth Institute, particularly for oral microflora.⁹

This microarray helps in the detection of up to 272 bacterial species from plaque samples, most of which are presently non-cultivable. Though this technique is easy to perform, its major drawback is that it is expensive.

d) Checkerboard DNA-DNA Hybridization Technique: This 40-species-specific technique was introduced by Socransky et al. in 2004.¹⁰ It utilizes the usage of whole genomic DNA probes. Its advantages are- a) It is sensitive, b) Semi-quantitative, c) It is inexpensive when compared with other techniques, d) It is flexible in terms of selecting targets, and e) Technique variations can be easily done.¹¹⁻¹³ However, the biggest disadvantage of this technique is that due to the use of whole genomic probes, a significant amount of cross-hybridization reactions leading to incorrect quantification of species can occur.

e)Next-Generation Sequencing: 454 pyrosequencing is a Next-generation sequencing technique that differs from the Sanger method as it does not involve cloning, however, it helps in retrieving millions of sequences of partial 16S rRNA in a single sequencing step.¹⁴ This technique is relatively cheap and fast when compared to 16S rRNA gene cloning, however, they are much more expensive and the derived gene sequences are mostly of short size that do not allow one to identify species.

Metagenomic and Metatranscriptomic Approach to Identify Oral Microbial Population

Metagenomics is a tool used for accessing genetic information of entire microbial communities by isolating entire DNA content. Therefore, there is no requirement for traditional culture methods and/or PCR techniques.¹⁵ One advantage of metagenomics is the sequencing of inserted DNA can be performed afterward, thereby, providing accessibility to the entire genetic constitution of bacteria.¹⁶ Metagenomic vectors containing large-sized DNA inserts such as fosmids or artificial chromosomes carry the distinct advantage of cloning of entire operon which increases the chances of detection.

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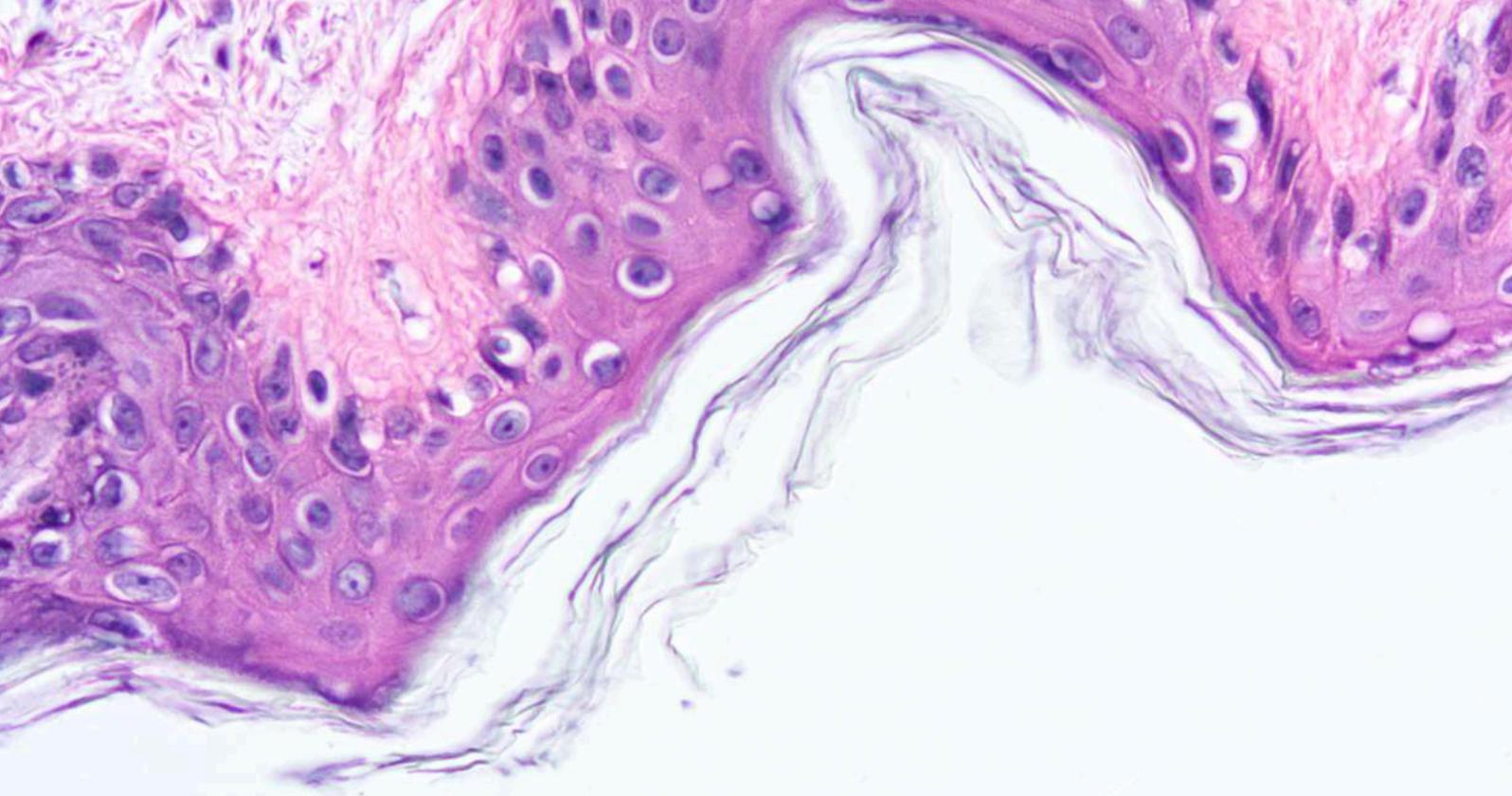


'The Honour Award'



'The Inspire Award'





Clay: An innovative tool to understand the complex 2 dimensional histology

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Partner & Chief Clinician, Adi's Dentalaya
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Abstract

Introduction: It is often difficult to understand two dimensional histopathology representing a three dimensional biopsy tissue during the initial days of training as a pathologist. So we tried using clay to understand the artefactual phenomenon like connective tissue cores within epithelium and explain phenotype of cells with different nuclear to cytoplasmic ratio. **Methodology:** Mainly blue and red coloured clay were used. To explain sections at tissue level, blue clay represented epithelium and red clay connective tissue. At cellular level, blue represented nucleus and red cytoplasm. The clay was modelled as overlying epithelium with reteridges and connective tissue. The model was cut inlongitudinal and tangential way using an old disposable microtome blade. **Results:** In tangentially cut section only we could see connective tissue cores and epithelial islands within the connective tissue, proving that tangential cutting was responsible for such artefacts. **Conclusion:** Clay can be an excellent tool for explaining complex two dimensional histology or histopathology.



Introduction

Have you observed lots of connective tissue cores in a hyperplastic epithelium or in a wrongly embedded tissue and different shapes and sizes of phenotypically similar cells on the same slide? These differences are explained by tangential cutting of the specimen. But as inexperienced students of pathology, it is difficult to imagine and correlate these artifactual findings.

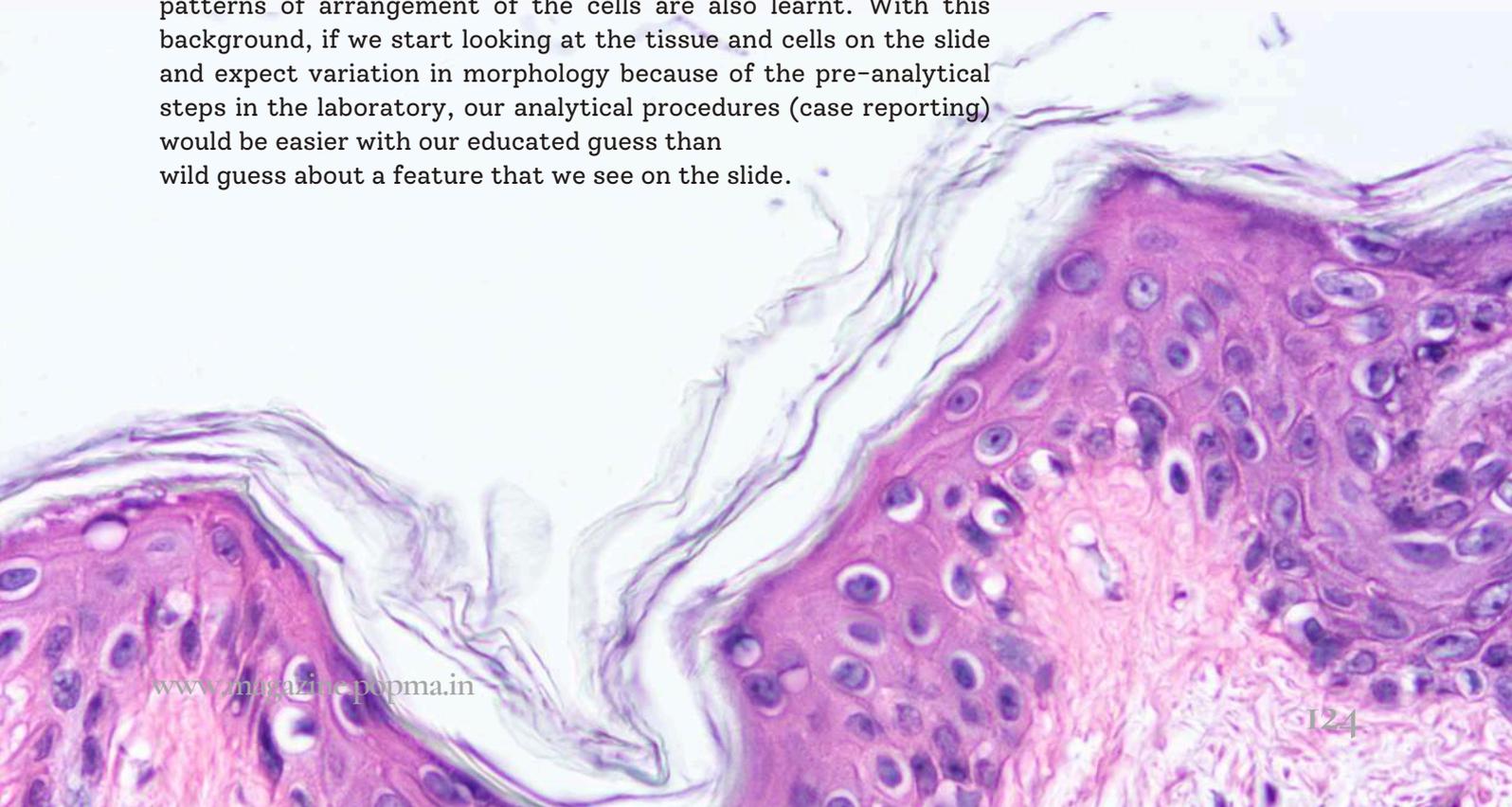
Tissue from in vivo to the slide under the microscope

Did you not think, how was the epithelium defined as a simple or stratified or pseudostratified and how was a connective tissue defined as fibrous or myxoid or dense. Who defined or described all the features? These questions should take us to the annals of practice of histopathology, where after a lot of trial and error. It was discovered that tissue when treated with specific chemicals (formalin as fixative, alcohols for dehydration, xylene as clearing agent). Then embedded in paraffin, cut into thin sections and finally coloured with stains (Hematoxylin and eosin mainly) and visualized under a higher magnification using a microscope.

In short histopathology technique is based on producing an artefact which literally means producing art.

But this word is loosely used to describe unwanted features in a slide owing to faulty laboratory

techniques. As the slides were viewed by our ancestral pathologist, individual features were recorded and as the number of tissues seen by them increased and the repeating features in the slides were recognized. These features were recognised as pathognomic for certain lesions. They also correlated the clinical findings to the histopathological features and disease morphology and processes were recorded. Thus the lengthy and elaborate textbook of histology and pathology were written. Today we recognise different shapes of cells, their nuclei and also appreciate any atypia/abnormality associated with such cells. The different patterns of arrangement of the cells are also learnt. With this background, if we start looking at the tissue and cells on the slide and expect variation in morphology because of the pre-analytical steps in the laboratory, our analytical procedures (case reporting) would be easier with our educated guess than wild guess about a feature that we see on the slide.



Histopathology interpretation is an Art and a Science.

Imagination is a virtue that has not been blessed to everyone. Imagination and correlation of the tissue section seen on a slide to the vital tissue in the body is essential for a good or a great histopathologist. As a student of histopathology, I found it greatly difficult to understand the nuances of reporting a slide, it was difficult to understand to recognise the cells, their shape and size which varied but were told me that it was the same cell. It baffled me when I saw bits of connective tissue in between the epithelium, how can it be this way? I often questioned myself. On questioning my teachers, I would get answers as difference in plain of sectioning, tangential sections etc. As I thought and analysed I realised that the problem was when we fix a tissue or when we process the tissue and when we embed it, we are appreciating the only at a macroscopic level. Only after the section is stained we look under the microscope. So I taught lets enlarge the microscopic picture of tissue to the level that we can appreciate what's happening when we are grossing.

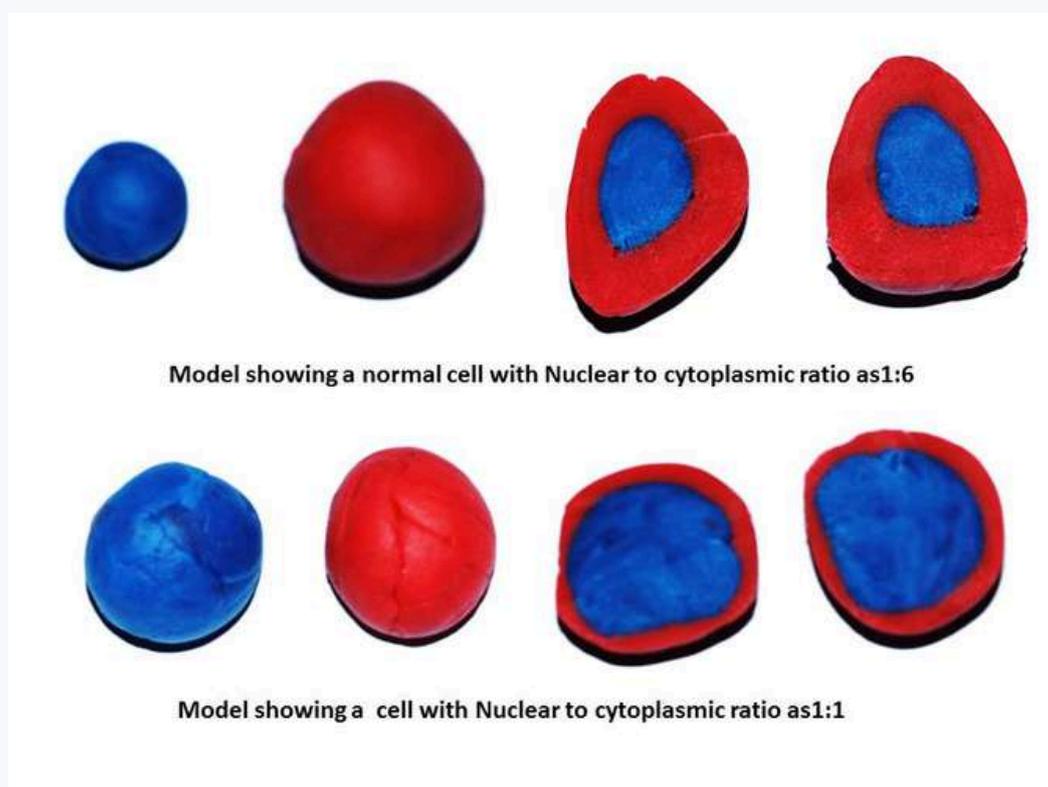
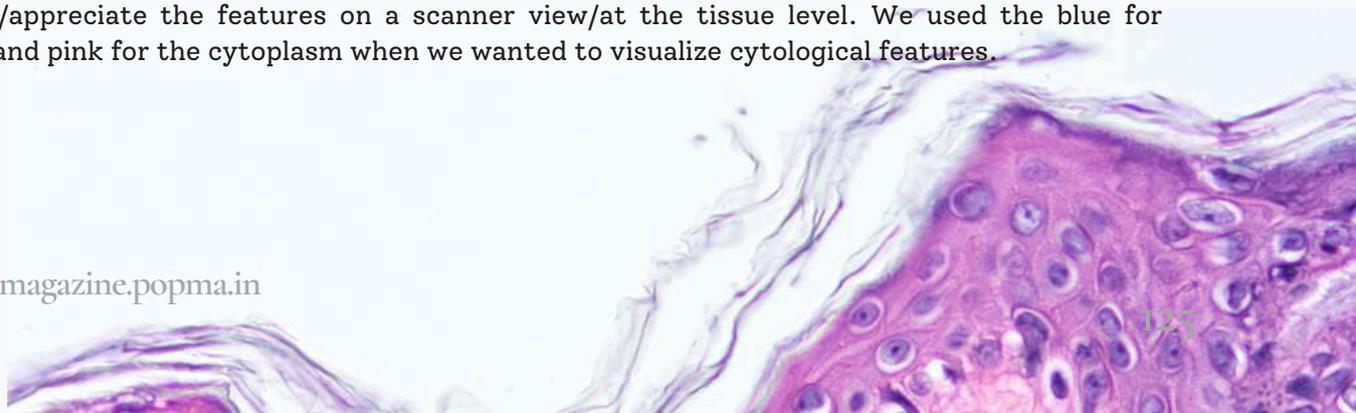


Image 1: Blue reteridges and red connective tissue papillae are shaped and arranged appropriately and a flattened blue clay sheet is stuck to it to represent the superficial epithelial layer and red clay represents deeper connective tissue layer. Then the completed tissue model with epithelial and connective tissue component is cut perpendicularly and tangentially. Note the epithelial island and connective tissue cores in the tangentially cut sections.

The Solution

The obvious choice was use of clay, which is mouldable and available in various colours. We used two colours of clay, blue for the epithelium and pink for the connective tissue when we wanted visualise/appreciate the features on a scanner view/at the tissue level. We used the blue for nucleus and pink for the cytoplasm when we wanted to visualize cytological features.



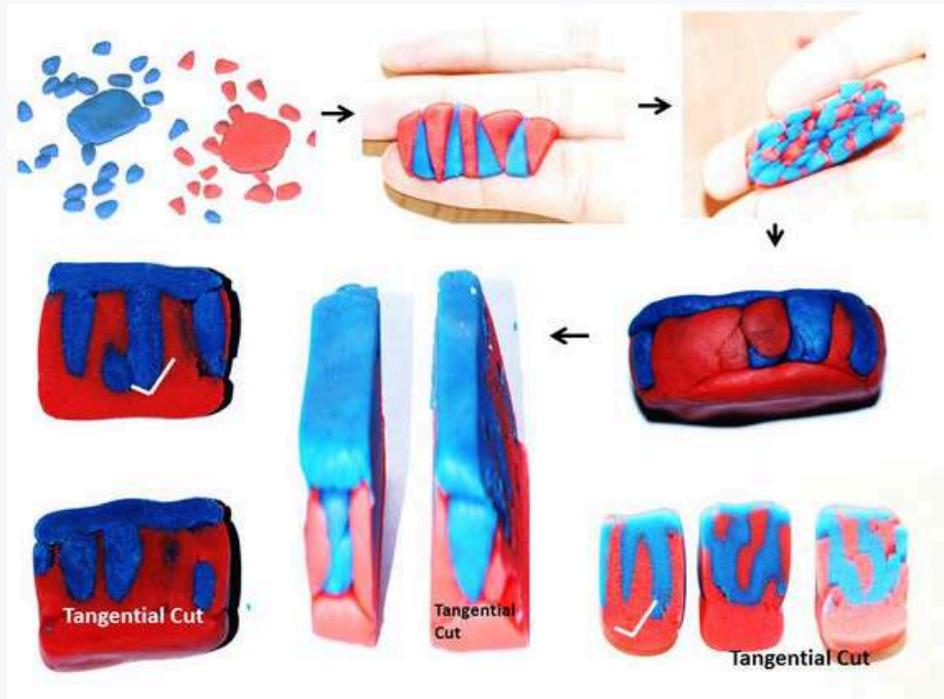


Image 2: Blue clay represents the nucleus, red one the cytoplasm. Cytological variations are often explained by the nuclear to cytoplasmic ratio. In the following image, this phenomenon is explained where 1:6 and 1:1 nuclear to cytoplasmic ratios are compared.

Connective tissue cores or Epithelial islands within the connective tissue

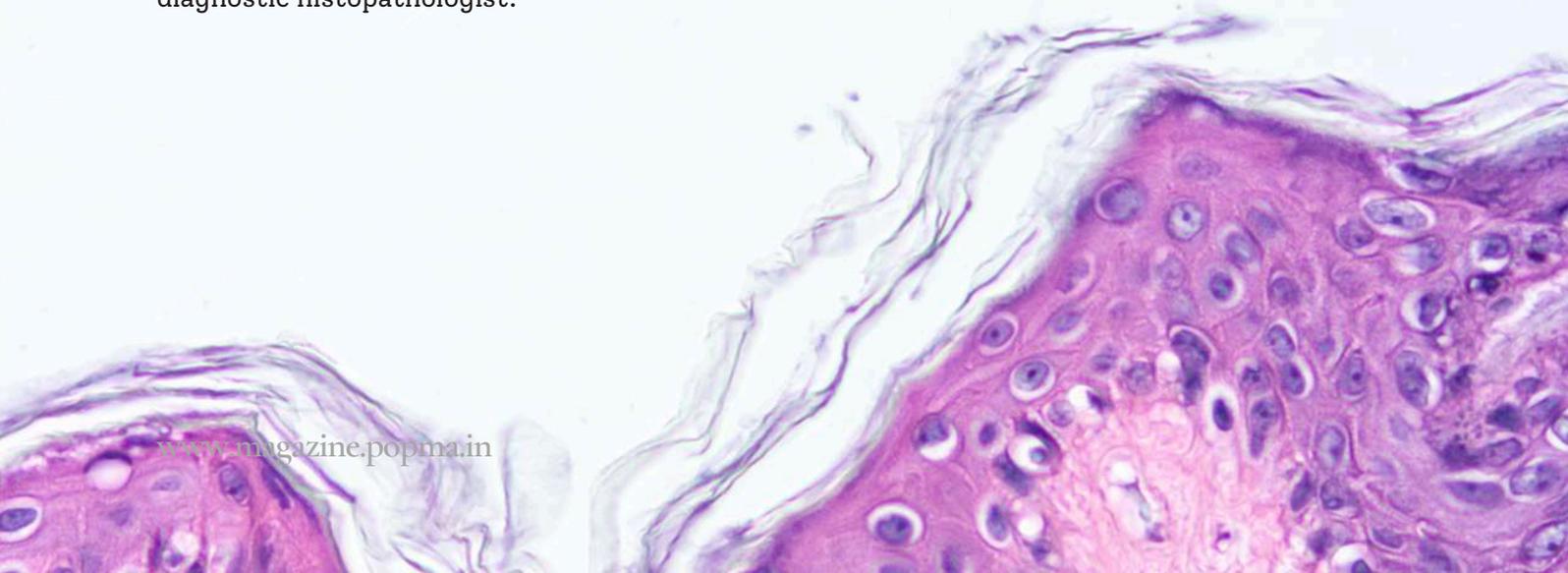
The blue coloured clay was shaped into epithelial reteridges and red coloured connective tissue papillae are arranged next to them and a sheet of blue clay was attached to the reteridges and it represented the superficial epithelial layer. A sheet of red clay was attached beneath the red connective tissue papillae to represent the rest of connective tissue. Then a perpendicular section was made and a tangential cut were made. Section cut tangentially show connective cores within the epithelium while the other section show no such cores. Refer Image 1.

Nuclear to cytoplasmic ratio

The normal ratio is about 1:6 and it is often spoken off in terms of volume and in dysplasia and malignancy it is told that the ratio increases upto 1:1. As a student it was difficult to imagine such differences but with use of clay such proportional comparison can be easily envisioned.

Conclusion

The profession of a diagnostic pathologist is a challenging, and years of training and experience can make a proficient pathologist. There are few important skills that we acquire through experience and few by learning. But with innovation in education like using clay to explain the phenomenon of variation can help the student in his/her learning and equip him/her to be a good diagnostic histopathologist.



THE ROLE OF ARTIFICIAL INTELLIGENCE AND DIGITAL PATHOLOGY IN ORAL CANCER DETECTION AND DIAGNOSIS

Dr Divya Uppala,

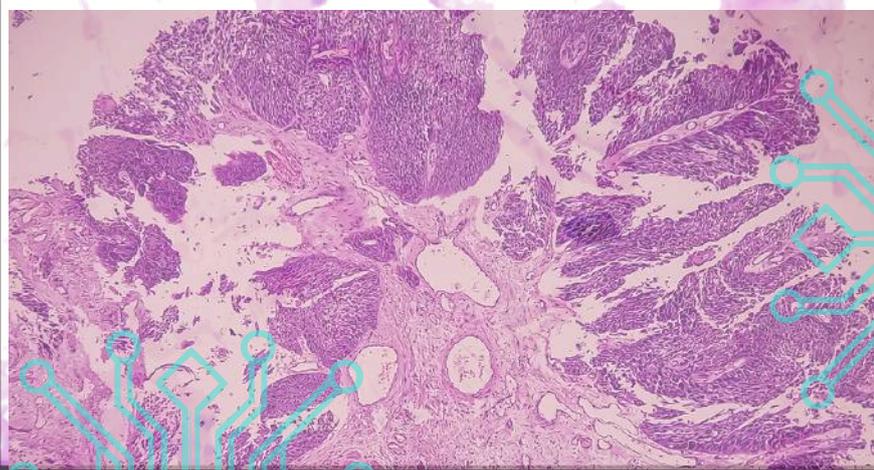
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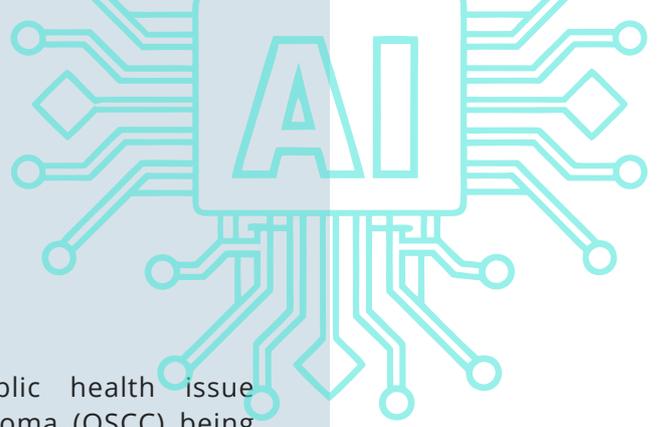
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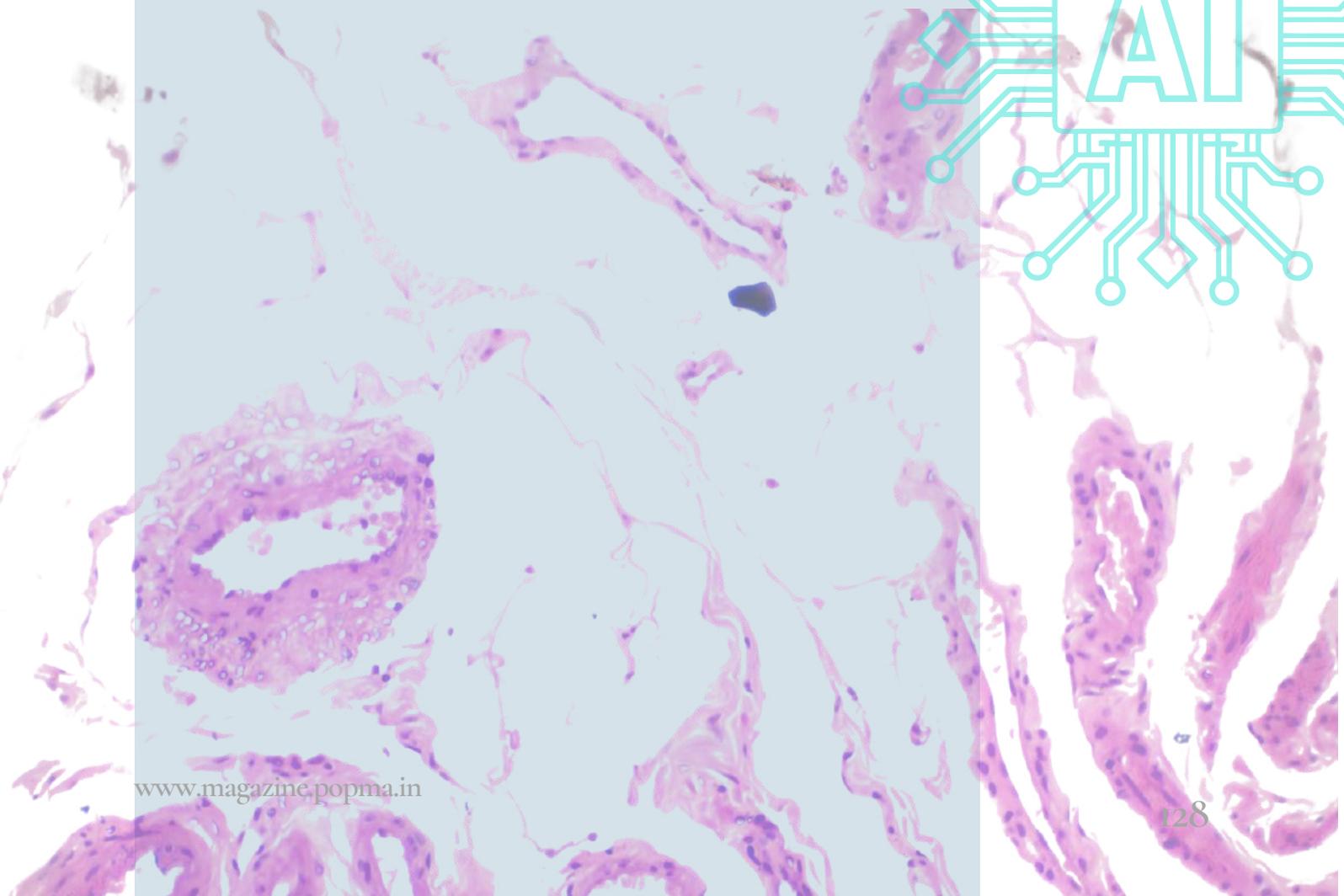
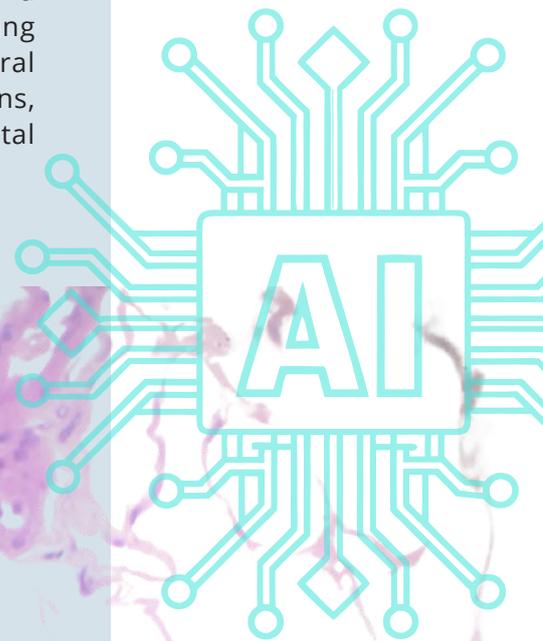
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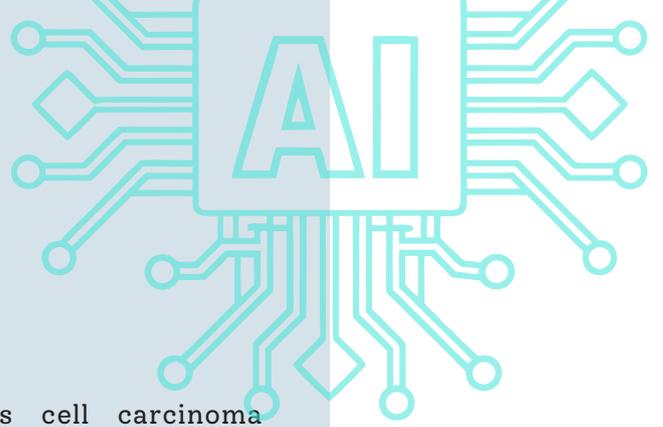




Abstract

Oral cancer remains a significant public health issue worldwide, with oral squamous cell carcinoma (OSCC) being the most prevalent form. Early detection and accurate diagnosis are critical for improving prognosis and reducing treatment burden. Traditional histopathological techniques, while reliable, can be subjective and resource-intensive. In recent years, the integration of Artificial Intelligence (AI) and Digital Pathology (DP) has shown immense promise in transforming the diagnostic landscape. AI algorithms, particularly deep learning models, can analyze digital histopathological slides, radiographs, and clinical images with remarkable precision. These technologies assist in identifying dysplasia, predicting tumor aggressiveness, and integrating multiple diagnostic data types. Despite current limitations, such as data quality and ethical concerns, AI and DP offer a compelling future for enhancing diagnostic accuracy, reducing workload, and personalizing treatment approaches in oral pathology. This article explores the current applications, benefits, limitations, and future prospects of AI and digital pathology in the context of oral cancer.





Introduction

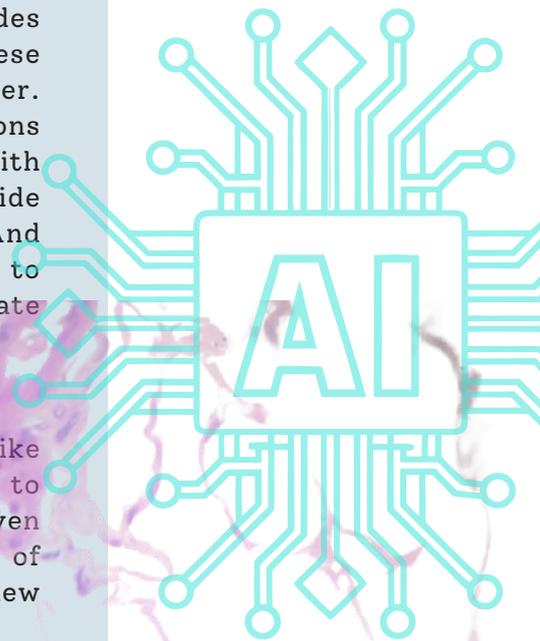
Oral cancer, particularly oral squamous cell carcinoma (OSCC), remains a major health concern worldwide. Despite advancements in treatment, survival rates remain low primarily due to late diagnosis. Early and accurate detection is the key to improving outcomes—but traditional diagnostic methods have limitations, such as subjectivity, time constraints, and access to skilled personnel. This is where Artificial Intelligence (AI) and Digital Pathology (DP) are starting to make a significant impact. These technologies are gradually transforming the landscape of oral pathology, offering faster, more consistent, and sometimes even more accurate diagnostic support.

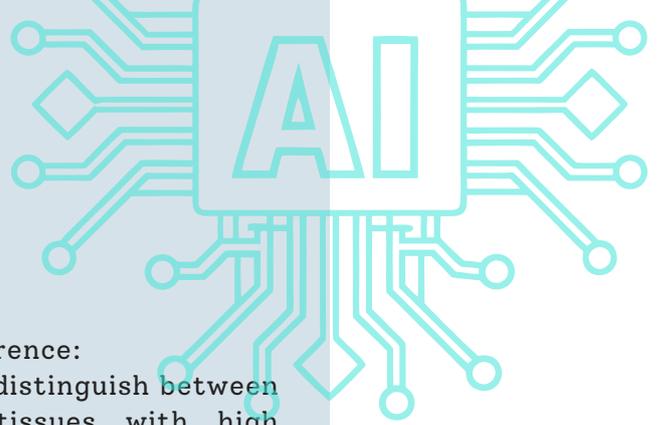
What is Digital Pathology?

Digital pathology involves converting traditional glass slides into high-resolution digital images using scanners. These images can be viewed, shared, and analyzed on a computer. This not only enhances accessibility for remote consultations but also serves as the foundation for AI-based analysis. With digital pathology, entire pathology workflows—from slide analysis to diagnosis—can become more streamlined. And more importantly, these digital images allow AI algorithms to 'learn' and detect abnormalities in tissues that could indicate oral cancer.

How is Artificial Intelligence Helping?

AI, particularly through deep learning models like Convolutional Neural Networks (CNNs), can be trained to analyze digital histopathological slides, radiographs, or even clinical images. These systems learn from thousands of annotated examples and then apply that knowledge to new cases.





Some Key Areas Where AI is Making a Difference:

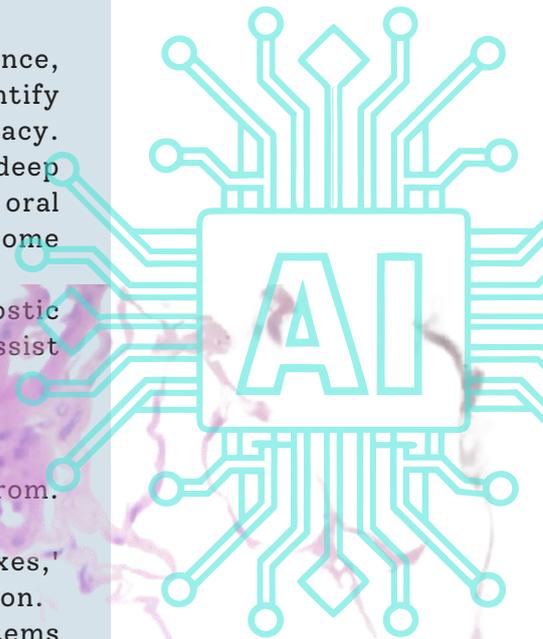
- Identifying Dysplasia and Cancer: AI can distinguish between normal, precancerous, and cancerous tissues with high accuracy. This could help pathologists flag early-stage lesions that might be missed.
- Grading and Risk Prediction: AI tools are being trained to predict the aggressiveness of a tumor based on image features—helping to guide treatment plans.
- Image-Based Screening: AI can analyze photographs or radiographic images taken during routine check-ups to detect suspicious areas.
- Integration with Other Data: Advanced AI models can combine histopathology with clinical and genomic data to provide a more complete picture of a patient's cancer risk or likely outcomes.

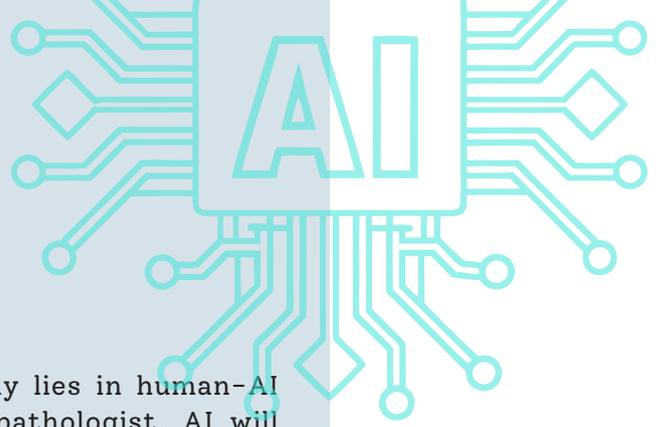
Real-World Progress

Recent studies are showing promising results. For instance, Leite et al. (2020) reported that AI could identify precancerous changes in oral tissues with over 90% accuracy. Similarly, Mahmood et al. (2021) demonstrated how deep learning models trained on radiological data could spot oral lesions that may be missed in manual evaluations. Some hospitals and academic centers are already piloting AI-based diagnostic tools alongside pathologists—not to replace them, but to assist in reducing workload and increasing precision.

Challenges and Considerations

- Data Quality: AI is only as good as the data it learns from. Diverse and high-quality datasets are essential.
- Interpretability: Many AI systems are still 'black boxes,' making it difficult to understand how they reach a conclusion.
- Infrastructure Needs: Setting up digital pathology systems and training staff can be costly.
- Regulations and Ethics: Data privacy, AI bias, and the need for clinical validation are ongoing concerns.





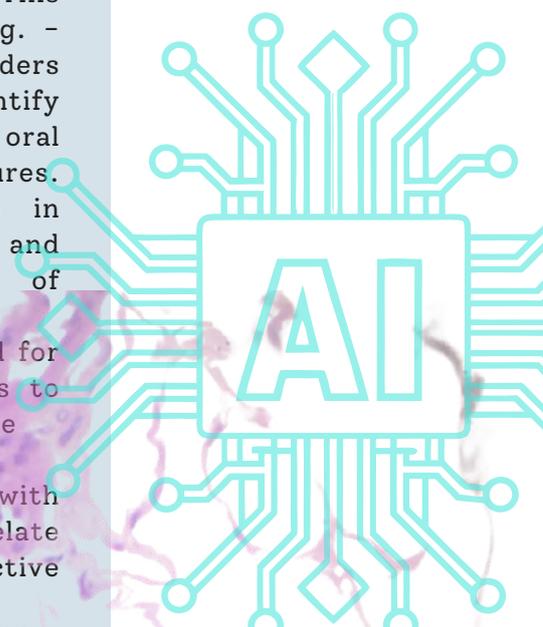
Looking Ahead

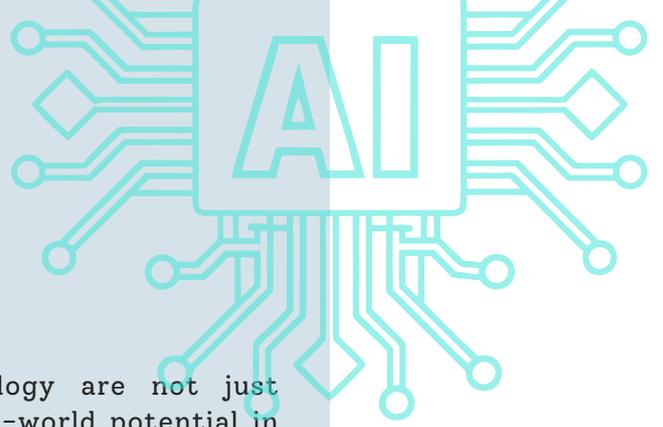
The future of oral cancer diagnostics likely lies in human-AI collaboration. Rather than replacing the pathologist, AI will serve as a powerful second opinion—flagging potential issues, assisting with measurements, and ensuring that nothing is missed. In the longer term, we may see AI integrated with other technologies like genomics and wearable diagnostics, leading to truly personalized and predictive oral healthcare.

Applications in Oral Pathology

In oral pathology, AI and digital pathology have several specific and emerging applications that go beyond general oncology diagnostics:

- **Histopathological Grading of OSCC**: AI models trained on oral tissue images can assist in grading oral squamous cell carcinoma based on nuclear morphology, keratinization patterns, and invasion depth. This helps reduce subjectivity and ensures consistent grading.
- **Detection of Oral Potentially Malignant Disorders (OPMDs)**: AI systems are increasingly being used to identify and classify OPMDs like leukoplakia, erythroplakia, and oral submucous fibrosis based on clinical and histological features.
- **Digital Immunohistochemistry (IHC)**: AI aids in quantifying biomarker expression such as p53, Ki-67, and Cyclin D1, providing a more objective assessment of proliferation and prognosis in oral cancer.
- **Cytological Screening**: AI tools are being developed for analysis of brush biopsy or exfoliative cytology smears to identify dysplastic or malignant cells, enabling non-invasive early detection.
- **Salivary Diagnostics and AI**: When integrated with omics data, AI can analyze salivary biomarkers and correlate them with histopathological findings to develop predictive models for oral cancer.
- **Virtual Second Opinions and Peer Review**: Digital slides can be shared easily with experts globally, and AI can assist in providing a preliminary opinion, supporting less-experienced pathologists in remote or under-resourced areas.





Conclusion

Artificial intelligence and digital pathology are not just buzzwords—they're beginning to show real-world potential in improving how we detect and diagnose oral cancer. With continued research, ethical deployment, and thoughtful integration into clinical workflows, these tools could significantly improve early diagnosis, reduce diagnostic errors, and ultimately save lives.

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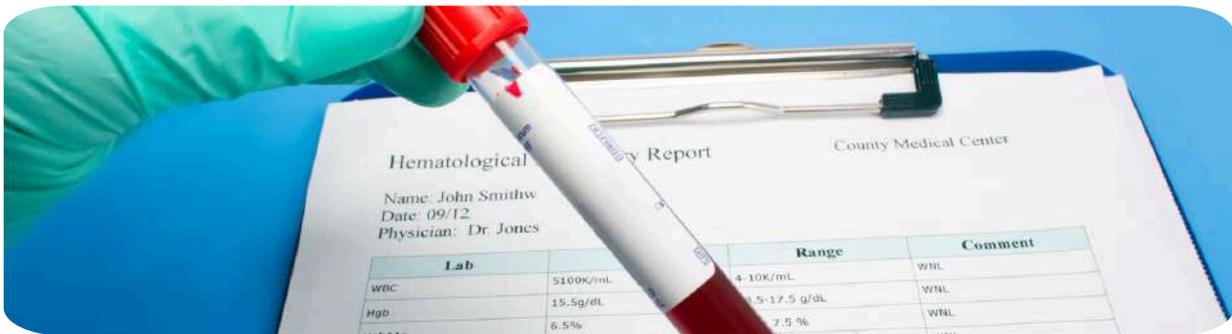
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RECOGNITION OF MDS ORAL PATHOLOGISTS AS LABORATORY REPORT SIGNATORIES: LEGAL, ACADEMIC, AND REGULATORY PERSPECTIVES

Dr. Bhuvan Nagpal

Founder and President, POPMA



Abstract

Oral and Maxillofacial Pathology (OMFP) is a specialized field in dentistry that involves the diagnosis of oral, maxillofacial, and head and neck diseases using histopathology, cytopathology, hematology, microbiology, and molecular diagnostic techniques. Despite the extensive training imparted to MDS Oral Pathologists, their role as signatories for laboratory reports has been a subject of debate in India. However, multiple legal, academic, and regulatory frameworks support their eligibility for signing histopathology and laboratory diagnostic reports. The Dental Council of India (DCI) MDS Regulations, 2007 & 2017, as published in The Gazette of India, provide a solid foundation by explicitly stating that Oral Pathologists are trained in histopathology, hematology, cytology, microbiology, and serology. Additionally, rulings such as the Madras High Court Judgment (2023) recognizing BDS/MDS as modern medicine, Ministry of Health and Family Welfare (MoHFW) directives (2017, 2018, 2024), RTI responses from government institutions, and National Accreditation Board for Testing and Calibration Laboratories (NABL) approvals further strengthen this claim. From a legal standpoint, primary and secondary evidence under the Bhartiya Sakshya Adhiniyam, 2023 (corresponding to the Indian Evidence Act, 1872) provides documentary proof of their competency. This paper aims to comprehensively analyze the scientific, legal, and professional aspects of granting MDS Oral Pathologists the authority to sign laboratory diagnostic reports and recommends policy amendments for their formal integration into India's healthcare system.

1. Introduction

Pathology is the backbone of modern medicine, providing critical insights into disease processes. Oral and Maxillofacial Pathology (OMFP) focuses on diagnosing oral, maxillofacial, and head and neck diseases using histopathology, microbiology, cytology, and molecular pathology. Oral Pathologists play a crucial role in diagnosing oral cancer, potentially malignant disorders (PMDs), infectious diseases, odontogenic cysts, and tumors, among others. Their expertise in biopsy interpretation, fine-needle aspiration cytology (FNAC), immunohistochemistry (IHC), and molecular pathology qualifies them as diagnostic specialists.

Despite their specialized training, MDS Oral Pathologists' authority to sign laboratory reports has been a subject of regulatory ambiguity. However, multiple legal and academic sources confirm their eligibility. The Gazette of India, as published under the DCI MDS Regulations, 2007 & 2017, recognizes that MDS Oral Pathologists are extensively trained in laboratory diagnostics. Additionally, judicial precedents, such as the Madras High Court judgment of 2023, RTI responses, NABL accreditation approvals, and Ministry of Health and Family Welfare (MoHFW) directives (2017, 2018, 2024), further validate their role in laboratory medicine. This article aims to provide a structured, evidence-based argument for recognizing MDS Oral Pathologists as authorized laboratory signatories in India.

2. Academic and Regulatory Framework Supporting MDS Oral Pathologists as Laboratory Signatories

2.1 Recognition by the Dental Council of India (DCI) and the Gazette of India

The Dental Council of India (DCI) MDS Regulations, 2007 & 2017, published in The Gazette of India: Extraordinary (Part III, Section 4), serve as the primary regulatory framework for MDS Oral Pathologists in India. These regulations explicitly outline that MDS Oral Pathologists are trained to conduct and report laboratory investigations, including histopathology, hematology, cytopathology, microbiology, serology, and molecular diagnostics. Specific references to these competencies can be found in:

- Page 87 of the DCI MDS Regulations, 2007 & 2017, which states: "An Oral Pathologist is expected to perform the routine histopathological evaluation of specimens relating to oral and perioral tissues and carry out routine diagnostic procedures, including hematological, cytological, microbiological, immunological, and ultrastructural investigations" (DCI, 2007) [1].
- Page 91 under "Clinical Pathology", which specifies: "Laboratory investigations - Hematology, Microbiology, and Urine Analysis" (DCI, 2007) [1].
- Page 94 under "Scheme of Examination", which mandates that an MDS Oral Pathologist should be competent in "Smear preparation (cytology or microbial smear) and histopathology slide discussion" (DCI, 2007) [1].

3. Judicial and Ministry of Health and Family Welfare (MoHFW) Recognitions

3.1 Judicial Precedent: Madras High Court Judgment (2023)

The Madras High Court (2023) ruled that BDS and MDS degrees qualify as part of modern medical practice, establishing legal precedence for Oral Pathologists in laboratory diagnostics [3].

3.2 Ministry of Health and Family Welfare (MoHFW) Notifications (2017, 2018, 2024)

In November 2017, the MoHFW acknowledged that MDS Oral Pathologists, under DCI guidelines, are qualified to sign histopathology reports. This was reaffirmed in March 2018, stating that Oral Pathologists' reports are valid under the Dentists Act, 1948 [4,5]. In 2024, MoHFW officially recognized Oral Pathologists as authorized laboratory signatories, paving the way for policy amendments in the Clinical Establishments Act [6].

4. NABL Accreditation and Clinical Establishments Act

The National Accreditation Board for Testing and Calibration Laboratories (NABL) grants laboratory accreditation in India. Tohana Manglam Diagnostics, accredited in 2022 & 2024, lists Dr. Bhuvan Nagpal (MDS Oral Pathology) as an NABL-approved signatory for hematology, clinical pathology, microbiology, serology, and biochemistry, reinforcing their authority to sign diagnostic reports [7].

5. Conclusion

The legal, academic, and regulatory evidence overwhelmingly supports the recognition of MDS Oral Pathologists as laboratory report signatories. The Gazette of India (DCI MDS Regulations, 2007 & 2017), MoHFW notifications, RTI responses, NABL accreditation decisions, and judicial rulings establish their competency and long-standing practice in diagnostics. The next step is the formal amendment of the Clinical Establishments Act to explicitly include MDS Oral Pathologists as recognized signatories in medical laboratories across India.

References

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- [3] Madras High Court Judgment, W.P. (MD) No. 4882 of 2023.
- [4] MoHFW Notification, November 2017.
- [5] MoHFW Notification, March 2018.
- [6] MoHFW Notification, 2024.[7] NABL Accreditation of Tohana Manglam Diagnostics, 2022 & 2024.

ORAL LICHEN PLANUS

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Lichen planus is an immune-mediated disease involving skin and mucosa. Diverse knowledge is essential for diagnosing this case because of its potential for malignant transformation. This article reports the case of oral lichen planus (OLP) along with the pathogenesis and importance of inflammatory infiltrate in the diagnosis of OLP and oral lichenoid dysplasia (OLD).

A 29-year-old male patient from Visakhapatnam reported to the hospital with the chief complaint of a burning sensation in the mouth for 3 years. Its intensity had increased since 1 month. The patient also complained of frequent dryness of mouth and bad breath. On general examination, scaly patches and macules were revealed on the scalp and both the knees respectively. Erythematous and edematous swelling of labial gingiva which was soft in consistency was observed in the maxilla and mandible. Generalized recessions and bleeding on probing were noted along with poor oral hygiene status. No restorations are evident and the patient was not taking any medication. Based on this background, atrophic lichen planus was considered a provisional diagnosis by surgeons. An incisional biopsy was sent to the Oral Pathology department. Under microscopy, the hematoxylin and eosin-stained sections revealed saw tooth rete ridges and lymphohistiocytic infiltrate at the epithelial connective tissue interface. Vacuolar degeneration of basal keratinocytes was observed along with clusters of homogenous eosinophilic ovoid bodies at the basement membrane zone resembling Civatte bodies. Mast cells were also observed in the inflammatory infiltrate (Fig1).



The case was diagnosed as “ORAL LICHEN PLANUS”, considering clinical and histological correlations.

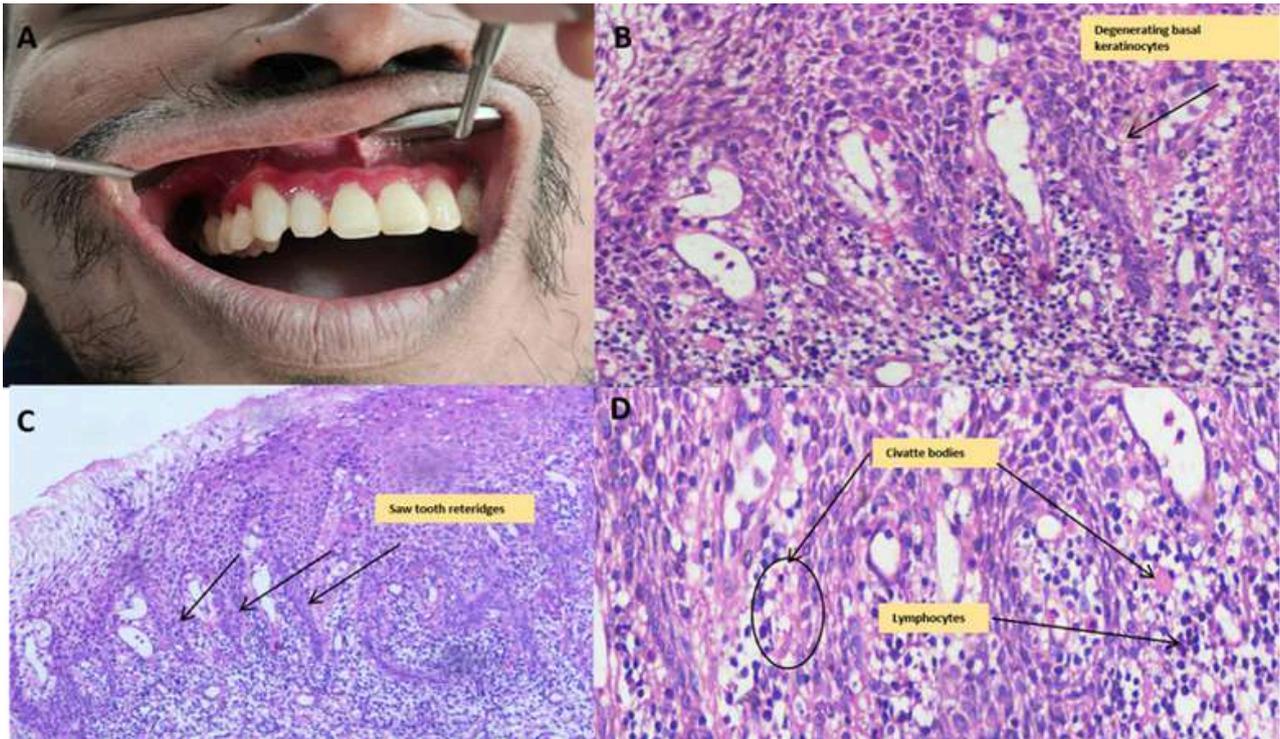
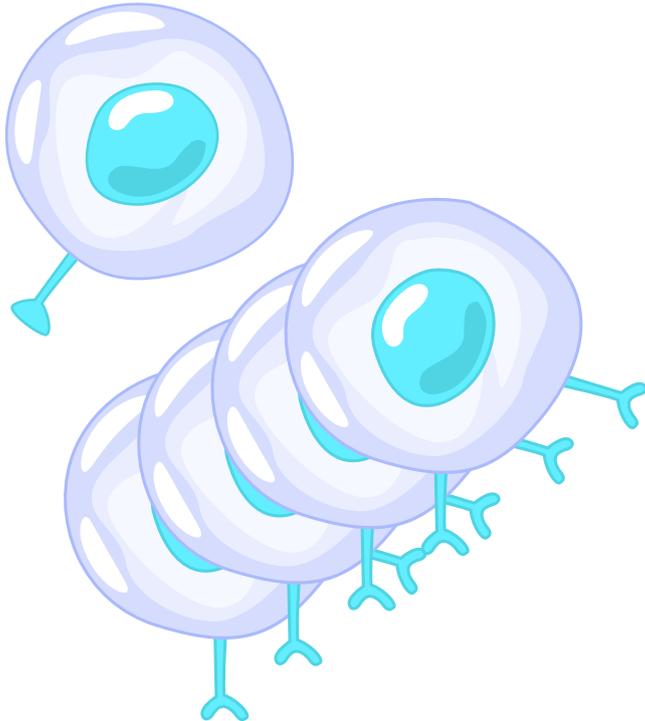


Fig 1: A) Erythematous lesion on the gingiva. H&E stained tissue sections showing B) degenerating basal keratinocytes (40x), C) saw tooth rete ridges (10x), and D) Civatte bodies and lymphocytic infiltrate (40x).

Cell-mediated immunity plays a major role in its pathogenesis. CD8+ cells are the cause of the initiation and progression of the lesion (Fig 2).¹

Many differentiating features of OLP and OLD are reported in the literature. Considering the type of cells in the inflammatory infiltrate makes the differentiation quite meaningful as they reflect the pathogenesis of the lesion. The Lichenoid immune response is characterized by lymphohistiocytic infiltrate which is seen in OLP. Even though OLP is predominantly T cell-mediated, if there are a lot of plasma cells in the infiltrate, search for dysplastic characteristics in the epithelium. If dysplastic features are evident then the case should be diagnosed as “Oral epithelial dysplasia” rather than Lichenoid dysplasia. Hence, clinical correlation is important.^{2,3}

A thorough inspection is crucial while diagnosing cases with lichenoid immune reactions.



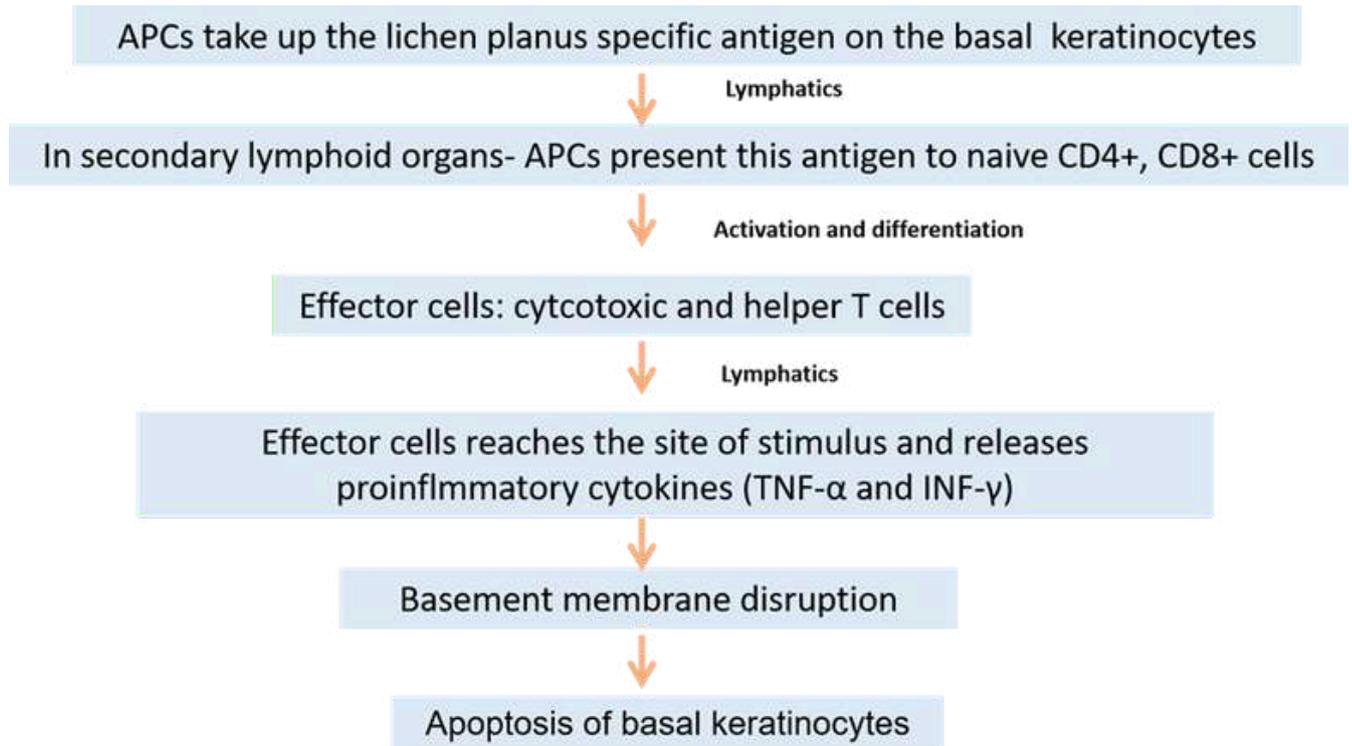
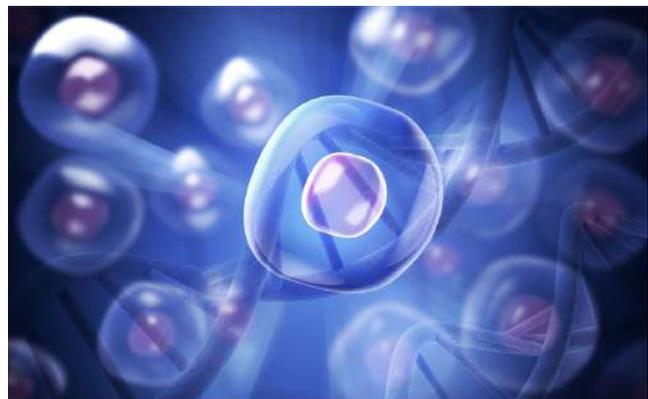


Fig 2: Pathogenesis of lichen planus: APCs present the lichen planus-specific self-antigen on the basal keratinocytes to the naive CD4+ and CD8+ cells. Post-activation, these cells proliferate and differentiate into effector cytotoxic T cells and helper T cells. These cells release many proinflammatory cytokines, among them, the most important roles are played by TNF- α and INF- γ . They disrupt the basement membrane via the increased transcription of MMP9 protein and pave the way for basal keratinocyte apoptosis.

APC: Antigen-presenting cell, TNF- α : Tumor necrosis factor-alpha, INF- γ : Interferon-gamma

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Oral Care in Cancer :

Helping Patients with Tooth, Gum and Mouth Patients



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Introduction

Cancer Research UK reported that there were 359960 new cases of cancer in 2015. And it has been estimated that 15% to 80% of patients experience malnutrition when going through cancer treatments. One of the reasons for this poor nutrition intake is oral health problems. It has been estimated that only 50% of the population attend a dentist regularly, so patients do not have good oral care before they start their cancer journey. The mouth is often treated as if it is a separate entity, rather than as central to a person's health and wellbeing. Many cancer patients do not see the importance of mouth care at the start of cancer treatment. However, the mouth becomes an important part of a cancer patient's journey when oral mucositis, ulceration and xerostomia occur and hinder treatment. Unfortunately, cancer treatment may even have to be healed, and recovery can take longer, when these conditions cause the mouth to be sore and inflamed.

*This article aims to provide an update
on mouth care in cancer patients for the
busy clinical nurse*

The nurse's role

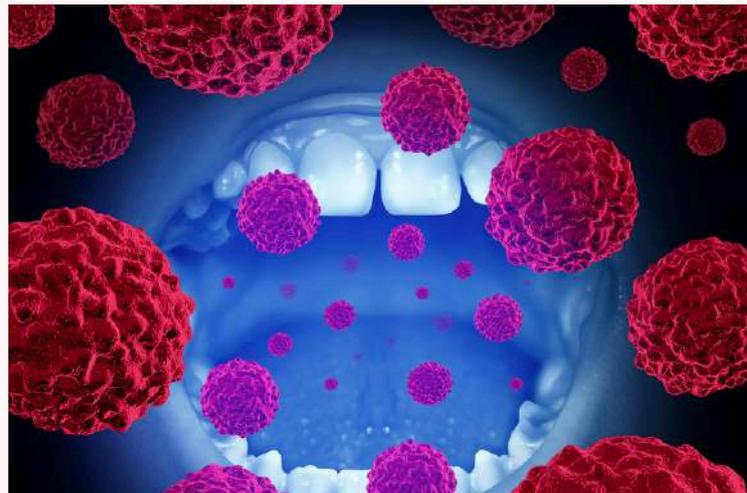
A preventive action the nurse can take is to suggest the patient attend a dental appointment before cancer treatment begins. because having a healthy mouth can help make cancer treatment more tolerable, so good oral care is vital.

Condition affecting the mouth

Immunosuppression during cancer treatment means dental problems can occur that the body would normally be able to fight. there are many bacteria in the mouth, some of which may cause decay, a multifactorial disease or, if gram negative anaerobic bacteria are present, can cause periodontal disease. the two most common harmful bacteria in the mouth are streptococcus mutans, the main cause of tooth decay, and Porphyromonas gingivalis, linked to periodontitis.

Common oral health problems are:

1. tooth decay
2. Gum disease
3. dry mouth (xerostomia)
3. Oral mucositis.



Helping with mouth care

Fluoride Toothpaste

Public health England (PHE) recommends using toothpaste containing high levels of fluoride. Duraphat 5000 toothpaste for patients over 16 years old and Duraphat 2800 toothpaste for patients over 10 year old are high- fluoride precipitation only toothpaste.

A per size amount on the toothbrush should be used twice a day. the dental trays to help keep the high fluoride toothpaste in contact with the teeth overnight. many other brands of toothpaste contain beneficial ingredients and help with reducing the risk of decay.

Fluoride Varnish Treatment

For high risk patients PHE (2017) recommend that a high fluoride varnish be applied to the teeth and any exposed root surface by a professional at intervals of at least six months.

Toothbrushes

An electric toothbrush is ideal , but if a cancer patients mouth is too tender a soft manual toothbrush may be preferable, Nurses must be alert to patients who cannot perform their own mouth care and assist them when necessary and encourage relatives to help with mouth care if are willing.

Interdental cleaning

Controlling bacteria in these inaccessible area is difficult but should be attempted. interdental brushes, floss ,toothpick and water jets are available the dental team can advise which is best for the individual patient.

Mouthrinses

if the patient is not able to tolerate a toothbrush or toothpaste, another option is an alcohol free fluoride mouth rinse PHE recommended using a fluoride mouthwash 0.05% at a different time to brushing as rinsing straight after brushing reduces the beneficial effects of the toothpaste (PHE,2017)



Helping with mouth care

Dry Mouth Products

Some patients develop a very dry mouth and require mouth wash and gels purely for lubrication. Many companies have developed products to help and patients may need to try a few until they find one that suits, some contains enzymes, vitamins, oils, xylitol and fluoride. This range of products is expanding with more options becoming available.



Chemical gum and sweets

Saliva production can be stimulated by chewing gum, so encourage the use of sugar-free gum and mints - ideally xylitol - which contains xylitol - can help with lubricating and reducing decay.

Conclusion

The mouth is a "window" to the body, providing clues to the patient's overall health. Oral problems can be a major source of discomfort and distress in cancer patients, and nurses must think holistically and work collaboratively. Some patients suffer with a dry mouth long after they have completed their cancer treatments. These patients are at high risk of oral problems long term, so the nurse should advise the use of a high-fluoride toothpaste and regular visits to the dentist after cancer treatment has finished. The dental team is always available to help if nurses have any questions or concerns about the oral care of their patients.

References:

1. Essential of Oral Cancer by AK Dewan, Rajan Arora, Swarupa Mitra, Ullas Batra
2. Oral care for cancer patients by Renee Anderson





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Dr. Abhishek Tiwari completed specialty training in Head & Neck Pathology, Department of Surgical Pathology from Tata Memorial Cancer Institute, Mumbai. He is an oral pathologist, an educator and a consultant dental practitioner with 10 years of clinical practice. He graduated with a Bachelor in Dental Surgery after which he completed his post-graduation in Oral Pathology & Microbiology. He is an Associate Member of International Association of Oral Pathologist, Indian division and a member of Asian Society of Oral & Maxillofacial Pathologist.

Our mission is to provide the highest quality histopathological, cytopathological, immunohistochemistry and biopsy consultation services. OralBIO offer state-of-the-art diagnostic services for common and complex oral diseases, including periodontal inflammation, odontogenic lesions, benign and malignant tumors of the oral and maxillofacial region, salivary gland tumors, autoimmune conditions involving the oral cavity, and complex oral manifestation of systemic diseases.

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The Practice of Oral and Maxillofacial pathology

Dr. Abhishek Banerjee

Dear Doctors

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Regards-
Dr Abhishek Banerjee



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- ▶ FNAC, Immunohistochemistry.
- ▶ Research collaboration.



WORK EXPERIENCE

Dr. Abhishek Banerjee has earned his BDS and MDS degrees from Rajiv Gandhi University of Health Sciences. He completed an observership in the Department of Pathology at Kidwai Institute of Oncology. Currently, he is pursuing doctoral research at the National Institute of Technology Durgapur and is engaged in various collaborative research projects. He serves as an Associate Professor and Postgraduate Guide in the Department of Oral and Maxillofacial Pathology at Awadh Dental College and Hospital in Jamsheedpur. Additionally, he holds the position of Adjunct Faculty of Research in the Department of Oral Diagnosis and Oral Pathology at Universitas Airlangga, Indonesia. Dr. Banerjee is a fellow of the Pierre Fauchard Academy and the Academy of General Education. He operates a specialized oral histopathology and cancer diagnosis lab in Durgapur, which is one of the few exclusive private oral pathology labs in West Bengal and Bihar. He has numerous publications to his name and serves as a reviewer for various PubMed, Scopus, and Indexed journals.

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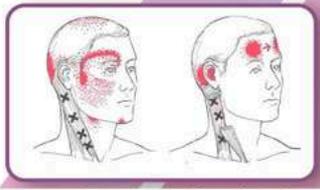
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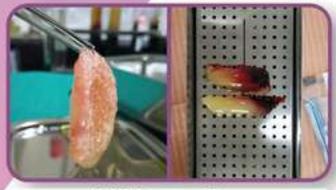
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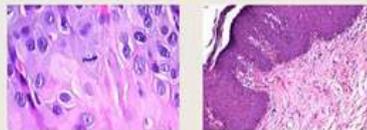


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BDS, MSc, PGDCC
CHIEF CLINICIAN AT
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An oral pathologist, a researcher, an innovator, and a trained passionate facial cosmetologist. Her keen interest lies with early diagnosis of oral cancer, and management of oral complications (mouth ulcers, burning, dryness) diagnosis of various conditions affecting the mouth. Having devoted over 14 years in the field of Oral and Maxillofacial Pathology, her work represents a benchmark in the field of oral pathology with a diving interest in cases related oral sub mucous fibrosis and oral cancers. Many of her work has been published in national and international journals.



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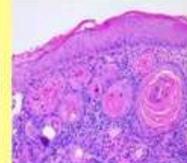
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Who we are

Dr. Arushi Kshetrapal is a senior oral pathologist, an educator and a consultant with over 20 years of experience. She has completed her B.D.S. and M.D.S. in Oral Pathology from MCOOS, Manipal. She has been an academician for over 15 years.

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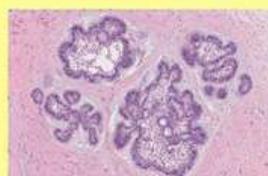


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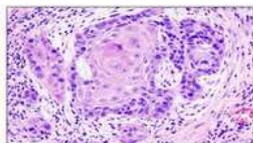


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Dr. Swapnita Patil

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Dear Doctor,

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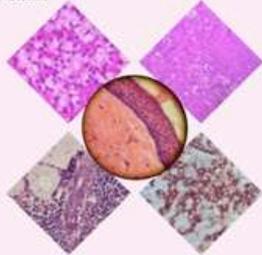
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About Dr. Arpan Shah

- S Post-graduate from Maharashtra university of Health sciences, Nashik.
- S Trained for oral oncopathology at Tata memorial hospital, Mumbai & NAMCO charitable trust's cancer hospital, Nashik
- S Practicing surgical Oral & maxillofacial Pathology since 2011
- S Over 10 years of practice experience in diagnostic & surgical oral pathology.
- S More than 30 publications in various national and international journals
- S Delivered talks and slide seminars on various state and national platforms
- S Awarded for the "Excellence in Oral & Maxillofacial Pathology", by Global outreach Medical & Health Association in August 2021.

His passion for the practice of Oral Pathology is continuously propelling DiagnOral Pathology & Clinic towards achieving newer milestones day by day.

Thankyou
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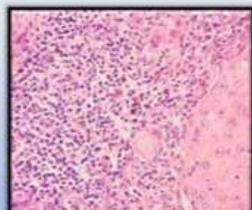
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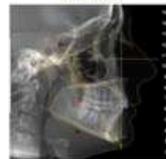


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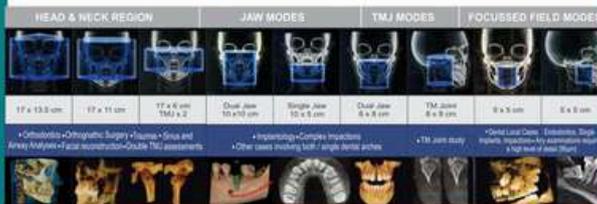
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About us

Dr. Ketki Kalele is a seasoned Associate Professor with expertise in Histology, Scientific Writing, Histopathology, and Teaching. She holds an MDS in Oral Biology and Maxillofacial Pathology from Dr. D. Y. Patil Dental College, Pune.

As the Director of DentOPath and the Neuron Institute of Applied Research (NIAR), Dr. Kalele has driven impactful advancements in oral pathology and research mentorship. With over 43 research papers published in prestigious journals like PubMed Central, Scopus, and The Lancet, she has established herself as a leader in the field. Her start-up has partnered with 400+ healthcare professionals, publishing 300+ research papers in just two years, particularly in resource-limited settings.

Dr. Kalele also pioneered an on-campus research hub at V.Y.W.S Dental College, recognized by NAAC, and has launched seven incubation research centers in institutions and corporate hospitals, furthering research mentorship and guidance.

444601 Rajapeth, Amravati



OUR SERVICES

- We provide histopathology, Cytology, and surgical pathology consultations and diagnostics for Oral and Maxillofacial pathologies.
- Advanced microscopic and clinical evaluations for oral diseases.
- Detection of Benign, Malignant tumours, Odontogenic tumors, salivary gland tumors, autoimmune conditions and other oral pathologies.
- Laboratory facilities for precise haematological, biochemical and microbiology analysis.
- Collaborative approach with dentists and medical professionals.
- Timely delivery of diagnostic results for quicker treatment planning.
- Patient education on oral health and prevention strategies.
- We ensure accurate second opinions on biopsy referrals from the oral and maxillofacial regions.
- Research paper writing and publication services of special cases.

CONTACT US

+91 9168003344

Near BJP Office, Rajapeth, Amravati 444601 (India)

www.neuronresearchindia.com



Ravijyoti MedLab & MedicoLegal Consultancy

(Transforming Healthcare Ventures with Expertise and Excellence)

About Us

At Ravijyoti Med Lab & Medico Legal Consultancy, we are dedicated to revolutionizing healthcare by offering comprehensive services in medical lab setup, medico-legal consultancy, medical tourism, and lab accreditation. Our mission is to empower healthcare providers with expert guidance tailored to their specific needs.

Our Services

1. Medical Lab & Diagnostic Center Setup

We specialize in creating state-of-the-art diagnostic centers and medical labs from the ground up. With over 10 years of experience, Dr. Bhuvan Nagpal has successfully established numerous diagnostic centers across India. His in-depth understanding of the healthcare industry, combined with his expertise in lab economics, ensures every project is planned with precision and profitability in mind.

Our services include:

- Lab Planning & Design
- Equipment Selection & Procurement
- Licensing & Compliance Support
- Workforce Recruitment & Training
- Marketing Strategy Development
- Economic Viability and ROI Optimization

Whether you are a new entrant to the healthcare sector or looking to expand, we provide the strategic insights needed to build successful diagnostic ventures.

2. Medico-Legal Consultancy

We provide expert medico-legal guidance to doctors and healthcare institutions, ensuring compliance and ethical practice.

Our services include:

- Legal Opinions for Medical Cases
- Comprehensive Medical Documentation Reviews
- Expert Witness Testimonies
- Consultation for Dispute Resolution

Handled by:

Dr. Bhuvan Nagpal
a senior oral pathologist with extensive expertise in medico-legal consultancy, recognized for providing solutions to complex medical-legal challenges.

3. Medical Tourism

Facilitating seamless experiences for international patients seeking high-quality medical treatment in India.

Our services include:

- Coordination with Leading Specialists
- Travel & Accommodation Assistance
- Comprehensive Pre- and Post-Treatment Support

Handled by:

Dr. Anuj Kalra
a medical tourism expert with a proven track record of managing international patient care.

4. Lab Accreditation

We assist laboratories in achieving globally recognized certifications and implementing industry-standard quality

Our services include:

- ISO 15189:2022 Standards
- NABL Accreditation
- Quality Management System Implementation

Handled by:

Mr. Anil Bindal
an experienced accreditation specialist ensuring compliance with international standards.

Our Leadership Team

Dr. Ravinder Nagpal (Founder & Visionary Leader)

A seasoned professional committed to innovation and excellence in healthcare management.

Dr. Bhuvan Nagpal (Founder, Sr. Oral Pathologist, Clinical Biochemist, Forensic & Medicolegal Expert)

With over a decade of experience in establishing diagnostic labs across India, Dr. Nagpal brings unmatched expertise in lab setup, marketing strategies, and operational economics. His industry insights ensure the success and sustainability of each venture.

Dr. Anuj Kalra (Co-Founder, COO & Head of Medical Tourism)

An expert in medical tourism with a proven history of facilitating seamless healthcare experiences for international patients.

Mr. Anil Bindal (Accreditation Specialist)

A quality assurance professional specializing in NABL and ISO certifications, ensuring that labs meet global standards.

Why Choose Us?

Comprehensive Expertise: End-to-end solutions in lab setup, medico-legal consultancy, medical tourism, and accreditation.

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Contact Us : **Ravijyoti Med Lab & Medico Legal Consultancy**

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Together, let's revolutionize healthcare, one step at a time.



Maxpath

Oral Pathology Centre

Dr. Nandini Mewada

B.D.S. (GDC Ahmedabad)
M.D.S.(Oral Pathology, GDC Ahmedabad)
Ph.D. (Guj. University, On AI and ML in oral epithelial dysplasia grading)



Services Provided by us

- Histopathology reporting for oral specimens
- Immunohistochemistry and special stains
- Routine cytopathology reporting
- Liquid cytology/brush biopsy procedures. (both procedural assistance and reporting)
- Slide review on slides from other hospital or laboratories
- Telepathology
- Stereomicroscopy
- Reporting within 48 hours for routine biopsy specimens
- Blocks and slides would be provided with the printed reports



Submitting biopsy specimens

- To get a biopsy sample picked up, please call on 9978908684
- Kindly use 10% Formalin for preservation of specimen
- On unavailability of formalin, please store the specimen in 70% isopropyl alcohol

Green Iris Complex, B/h HP Petrol Pump,
K. K. Nagar Road, Ghatlodiya,
Ahmedabad-380061

M : 9978908684

Email : oralmaxpath15@gmail.com

'Dear Doctors

Oral & Maxillofacial Pathology is an integral part of dentistry. We look forward to learn and grow with the support of our very own fraternity members, 'The Dentists'.

Our centre aims at detection and diagnosis of all Oral and Maxillofacial Pathologies (Including Oral Cancer). We believe, an early, precise and accurate diagnosis is the prerequisite for right treatment outcome and our attempts are directed towards it.

We look forward to gain your trust and confidence, by giving us an opportunity to assist you. Your belief in our work will always motivate us to get better and better...



Kanak Diagnostic Centre for Oral & Maxillofacial Pathologies



Work Profile

Dr. Kiran Jadhav has completed BDS from KLE, Belgaum (2004) and MDS from the prestigious Bapuji Dental College, Dhanangere, Karnataka (2010). With his passion for research he pursued his PhD in Sumandeep Vidyapeeth University, Vadodra (2022) and worked on miRNA in oral cancer metastasis. He serves as a Professor in the Dept. of Oral & Maxillofacial Pathology, at VPDCH, Sangli

Dr. Nidhi Jadhav has pursued BDS from VS Dental College, Bangalore (2005) & MDS from renowned Bapuji Dental College, Dhanangere, Karnataka (2010). She is an enthusiastic Dental clinician and an Oral Pathologist. Her fervor and curiosity to diagnose oral pathological lesions, is her driving force. She is attached as an Associate Professor in the Dept. of Oral & Maxillofacial Pathology, at VPDCH, Sangli

With our never ending passion for Oral Pathology, we have started, the very first private Oral & Maxillofacial Diagnostic Centre in South Maharashtra, at Sangli. We strive to do the best, to grow, develop and raise the standards of Oral Pathology Diagnostics, and give it, it's due recognition.

Services provided

- Histopathological diagnosis of biopsies (oral & maxillofacial regions), including neck dissection specimens.
- Oral exfoliative cytology / FNAC / Cytopathology
- Consultation / Second opinion and / or Treatment of Oral Lesions/diseases
- Immunohistochemistry (IHC) for Oral Lesions
- Oral Biopsy Procedure
- Provide photomicrographs / microscopic image for publications/presentation
- Collaboration for research (pertaining to head and neck region)
- Other advanced tests

Shop No 8, Ground Floor, Prafulla Appt, Opp to Diamond Hotel,
100 Futi Road, Sangli, Maharashtra 416416
8669483505 / 7046776582

Please send biopsy in a tightly sealed container in 10% formalin and with filled in requisition form with patient's case details. Humble request to inform prior for pick up of biopsy sample, or couriers.

Consultant Oral & Maxillofacial Pathologists

Dr. Kiran Jadhav
BDS, MDS, PhD

Dr. Nidhi Jadhav
BDS, MDS

COPMD™

CENTRE FOR ORAL PATHOLOGY & MAXILLOFACIAL DIAGNOSTICS

(A Complete Diagnostic Solution for Oral & Maxillofacial Diseases)

Oral Pathology & Microbiology

Oral Pathology (also known as oral and maxillofacial pathology/head and neck pathology) is a specialized field of pathology & dentistry dealing with the diseases of oral cavity and its associated structures (i.e., teeth, tongue; bony tissue [maxilla and mandible]; joint [temporomandibular joint]; lymph nodes; nerves; structures in neck and blood vessels of the ear, nose and throat [pharynx and larynx]).

The practice of oral and maxillofacial pathology & oral microbiology includes diagnosis of diseases using clinical, radiographic, histopathological, cytopathological, hematological, biochemical, microbiological, immunological, ultrastructural or other molecular/genetic examinations.

About

Centre for Oral Pathology & Maxillofacial Diagnostics (COPMD) is the first and only centre in Hisar, Haryana, established in 2016 by Dr. Bhuvan Nagpal, MDS. COPMD provides services dedicated to the specialty of Oral & Maxillofacial Pathology. This Centre is successful in fulfilling its responsibility as a trustworthy centre for Oral Cancer detection. It is continuously receiving support from doctors & patients as a trusted center for biopsy/histopathology reports of Oral, Salivary Gland and Maxillofacial Bony Pathologies.

Empowering Dental Surgeons by providing:

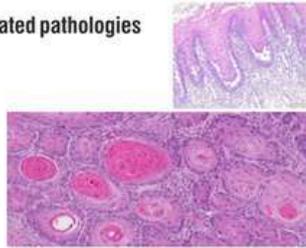
- Inputs in diagnosing red and white lesions
- Accurate & reliable diagnosis
- A clinically relevant histopathologic diagnosis
- Opportunity to discuss your case with the Oral Pathologist
- Inputs in treating the case



Our Motto : Specialized Diagnostic Services for Oral & Maxillofacial diseases at affordable cost

Histopathology Services

- Oral Potentially Malignant Disorders (OPMDs) & Oral Cancers
- Tumour pathology of Epithelium and Connective tissue
- Maxillary sinus and teeth associated pathologies
- Odontogenic tumours and cysts
- Reactive lesions of Oral Cavity
- Salivary gland pathologies
- Autoimmune lesions
- Bone pathologies
- Lymph node pathologies



Clinical Diagnostic Services

- Red & white lesions of oral cavity
- Oral manifestations of mucocutaneous disorder and other systemic diseases
- Salivary gland disorders
- Non-healing ulcers of oral cavity
- Lumps & bumps of oral cavity
- Neck swellings
- Pigmented lesions of oral cavity



Pioneer in Oral & Maxillofacial Diagnostics

Steps to submit your biopsy specimen for Histopathological Examination (HPE)

1. Contact Dr. Bhuvan Nagpal (M. : 70270-38190)
2. Discuss the clinical diagnosis & share the clinical photographs and radiographic details.
3. Place the biopsy specimen in 10% formalin.
Specimen stored in saline or any other liquid will not be accepted.
Container with 10% formalin is available on request (Contact : 98960-37444)
4. Send/courier the biopsy specimen to COPMD head office address only (1021, Urban Estate-II, Hisar Haryana – 125001)
5. Standard reporting time is 10 days, any deviation will be informed on prior basis.
6. Digital histopathology reports are shared over email/whatsapp.

Do's

- Send clinical details along with all diagnostic imaging (X-Ray / OPG / CBCT)
- Store the biopsy specimen in 10% formalin solution all the time
- Select and appropriate areas of biopsy, especially for incisional biopsies

Don'ts

- Avoid putting the specimen in saline or water
- Avoid crushing or pressing the tissue pieces
- Avoid very small segmental biopsies (less than 1 cm) in size as they are not good enough for assessment.

Biopsy specimen can be delivered at following centres

- Hisar : 1021, Urban Estate II, Hisar, Haryana (125001)
- Hansi : Jain Tower, Opp. Bus Stand, Hansi, Distt. Hisar, Haryana (125033)
- Jind : 371/5, Near Kundan Cinema, Gandhi Nagar, Scheme No. 5, Jind, Haryana (126102)
- Tohana : RMC Hospital, Kainchi Chowk, Chandigarh Road, Tohana, Distt. Fatehabad, Hry. (125120)
- Sirsa : Sahil Mehta, Street No. 4, Opp. Domino's, Ram Colony, Barnala Road, Sirsa, Hry. (125055)
- Patiala : 4A, Model Town, Patiala, Punjab (147001)

Helpline No. : 98960-37444



DR. BHUVAN NAGPAL

BDS (Gold Medalist) (MDU, Rohtak)
MDS (Oral Pathology & Microbiology) (JSS, Mysuru)
PGT (Head & Neck Oncopathology), MSc (Biochemistry)
Ph.D (Honoris Causa in Pathology & Laboratory Medicine)
CLQMS, MBA (Healthcare Mgt), CFSFO, PGDMLS,
LL.B, FPFA (USA) (HSDC Regd. No. : HNS238-A)
(Notified by Govt. of India & NABL Approved Authorised Signatory for Laboratory Reports)
Sr. Oral & Maxillofacial Pathologist and Clinical Biochemist



TOHANA MANGLAM DIAGNOSTICS
Kainchi Chowk, Chandigarh Road, Tohana- 125120 (Hry.)



Director & Quality Head, Tohana Manglam Diagnostics, Chandigarh Road, Tohana
Director, Centre for Oral Pathology & Maxillofacial Diagnostics (COPMD), Hisar
Founder & President, Practising Oral Pathologists & Microbiologists Association (POPMA)
Director, Academy of Oral Pathology & Laboratory Medicine (AOPLM), Hisar

Website (1) : www.drbhuvannagpal.com

Website (2) : www.copmd.drbhuvannagpal.com

Website (3) : www.tohanamanglamdiagnostics.com

Website (4) : www.popma.in

Objectives of my Oral Pathology Practice

- To ensure optimal patient care through accurate diagnosis of diseases affecting oral and maxillofacial region.
- To establish critical and precise connection between oral health and systemic health.
- To diagnose and evaluate systemic diseases by their oral manifestations.
- To provide state of art comprehensive clinical and histopathology diagnostic consultation to hospitals, clinicians, private practitioners and specialists in medicine and dentistry.
- To provide a center for dissemination of knowledge through its archived collections, its courses, scholarly exchanges and public service.
- To encourage collaboration and interaction with other health care professionals, medical diagnostic laboratories, hospitals and professional organizations.
- To promote oral pathology and microbiology as a specialty of pathology and dentistry

Professional Strengths

- Histopathology (Oral, Head & Neck region)
- FNAC and Cytopathology (Head & Neck region)
- Haematology
- Clinical Biochemistry
- Clinical Pathology
- Infectious Disease Serology
- General & Oral Microbiology
- Forensic Odontology
- Medico-Legal Consultant
- Well Versed with routine & advanced medical diagnostic laboratory equipments and techniques.
- Quality Management Systems related to medical diagnostic laboratory
- Management of diagnostic centre with both laboratory & imaging/radiological modalities
- Establishment of new diagnostic centre with both laboratory & imaging/radiological modalities within a stipulated time

1021, URBAN ESTATE II, HISAR, HARYANA (125001) M : 98960-37444, 70270-38190
E-mail (1) : copmdhisar@gmail.com | E-mail (2) : drbhuvannagpal@gmail.com



ORAL PATHOLOGISTS: THE DIAGNOSTIC SPECIALISTS BRIDGING MEDICINE AND DENTISTRY



Dr. Bhuvan Nagpal
Director & Senior Consultant, Tohana Manglam Diagnostics

As healthcare evolves toward early detection, precision, and interdisciplinary collaboration, oral pathologists are stepping into roles that align perfectly with this future. With an MDS degree following BDS training, oral and maxillofacial pathologists are uniquely equipped to connect clinical observations with pathological insights—contributing meaningfully to diagnostic decision-making across multiple medical domains.

Trained in histopathology, cytopathology, hematology, microbiology, serology, molecular pathology and biochemistry, oral pathologists bring a rare combination of expertise that extends far beyond the oral cavity. They are trained to identify early indicators of systemic illnesses such as autoimmune disorders, hematological conditions, metabolic syndromes, and infections. Often, the first signs of these diseases emerge subtly within the oral environment—insights that oral pathologists are distinctly positioned to interpret.

Their impact is especially notable in head and neck oncopathology. In a country

where oral cancer constitutes a significant public health concern, oral pathologists play a critical role in detecting premalignant changes, interpreting biopsies, and guiding staging and treatment decisions. Their presence in tumor boards and collaboration with oncologists, radiologists, and surgeons supports the kind of integrated, timely care that modern healthcare demands.

As the diagnostic ecosystem embraces innovations like AI-powered screening, digital pathology, and telehealth, oral pathologists are already adapting—contributing to laboratory reporting, virtual diagnostics, and research. Their integration into cancer hospitals, diagnostic centres, public health missions, and medical laboratories across India reflects not only their capabilities but also the growing acknowledgment of their essential role.

What distinguishes oral pathologists is their ability to synthesize clinical patterns

with microscopic evidence, bridging the divide between symptoms and diagnosis. Their dual grounding in dental and medical sciences fosters a systems-level understanding—valuable in both individualized care and public health initiatives.

Today, their contributions are visible across diagnostic frameworks—from early detection to comprehensive reporting and preventive strategy. They are not confined to dental clinics; they are part of a larger ecosystem of diagnostic excellence.

In reimagining healthcare systems that are predictive, personalized, and preventive, oral pathologists offer precisely the kind of cross-disciplinary insight needed. Their work strengthens diagnostic accuracy, enhances patient outcomes, and supports more responsive healthcare delivery.

Oral pathologists are not just relevant—they are vital contributors to a more integrated and intelligent future of medicine.

10 Best HR Leaders in India 2025 |

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Second Opinion

Medical Buyer

Oral pathologists – The overlooked link in India's diagnostic chain

Dr Bhuvan Nagpal says Oral pathologists are vital diagnostic experts, yet remain underrecognized despite their pivotal role in India's healthcare evolution

As Indian healthcare steadily transitions toward early detection, precision diagnostics, and interdisciplinary collaboration, the role of oral pathologists deserves greater attention and integration. Positioned uniquely at the intersection of medicine and dentistry, oral and maxillofacial pathologists are trained in the nuances of oral disease and the broader diagnostic domains that define the modern in vitro diagnostics (IVD) ecosystem.

With rigorous postgraduate training (MDS) following a dental degree (BDS), oral pathologists possess comprehensive histopathology, cytopathology, hematology, microbiology, serology, molecular diagnostics, and histochemistry expertise. This multidisciplinary acumen enables them to interpret subtle clinical cues, particularly those first manifesting in the oral cavity; that may signal the onset of systemic diseases such as autoimmune conditions, hematological disorders, metabolic syndromes, or chronic infections. In this context, they serve as specialists in oral disease and as frontline diagnosticians contributing to broader medical decision-making.

Their role is particularly critical in head and neck oncology. India continues to face an alarming burden of oral cancer, where delayed diagnosis often compromises outcomes. Oral pathologists are trained to detect premalignant lesions, evaluate complex biopsy specimens, and participate in staging and multidisciplinary tumor board discussions, collaborating actively with oncologists, surgeons, and radiologists. Their involvement enhances diagnostic accuracy and optimizes patient management through timely, integrated intervention.

Oral pathologists bridge the gap between clinical suspicion and microscopic certainty—shaping the future of diagnostics.



With the diagnostic sector embracing AI-enhanced digital pathology, teleconsultations, and decentralized laboratory models, oral pathologists are already adapting to these innovations. Many now contribute to telepathology networks, cancer screening programs, research initiatives, and virtual diagnostics—especially in tier-2 and rural settings where access to specialized diagnostics remains limited. Their participation in NABL-accredited labs, private diagnostics chains, and public health missions reflects growing recognition of their versatile capabilities.

Despite their qualifications and specialized training, oral pathologists are yet to be fully recognized under the Clinical Establishments Act, NABL accreditation norms, and broader IVD regulatory frameworks as authorized signatories for diagnostic pathology reporting. However, as per the legally binding MDS curriculum prescribed by the Dental Council of India (DCI), the DCI Code of Ethics, replies obtained under the Right to Information (RTI) Act from government institutions, and minutes of meetings held by the Ministry of Health and Family Welfare—oral pathologists are indeed qualified and permitted to sign histopathology, cytopathology, and hematology reports. Yet, systemic and policy-level acknowledgments remain pending, creating ambiguity and underutilizing this recognized specialization.

As the IVD industry prepares for significant growth, fuelled by government investment, technology adoption, and policy shifts, there is a compelling case for expanding the scope and formal inclusion of oral pathologists in diagnostic leadership roles.

What distinguishes oral pathologists is their rare ability to integrate clinical patterns with microscopic evidence, bridging symptoms and cellular pathology with a depth that reflects both medical and dental training. Their systems-based perspective is particularly valuable in personalized medicine, preventive strategies, and early disease detection—pillars of modern healthcare. Oral pathologists are not confined to the dental operator; they are integral to a larger, more intelligent diagnostic ecosystem, contributing where clinical acumen and microscopic precision intersect.

Oral pathologists must no longer be overlooked in reimagining India's predictive, preventive, and participatory diagnostic future. Their relevance is not emerging; it is already here. Their recognition is not optional—it is overdue.

As India redefines its healthcare priorities, embracing the full potential of oral pathologists is not just beneficial but imperative. Their contributions transcend conventional boundaries, offering diagnostic clarity where ambiguity often prevails. By recognizing their rightful place in the clinical ecosystem, oral pathologists uphold equity in medical/dental specializations and strengthen the framework of patient-centered diagnostics.

The author is Director & Sr Oral Pathologist, Tohana Manglam Diagnostics, Tohana



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Hon.Speaker
Dr. Abhishek Bhadranna
(MDS, Oral Pathology and Microbiology)

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Importance of Lab Investigations in Routine Dental Care



Dr. Bhuvan Nagpal
SENIOR ORAL PATHOLOGIST
BDS, MDS, PGT-HNOR, MSc, MBA, PGDMLS, LL.B, Ph.D, FPFA (USA)

Date: 24 May, Saturday
Time: 7:00 pm to 8:00 pm

Venue: Hotel Harmony,
Dabra Chowk, Hisar

Registration Time: 6:30 pm onwards



Dr. Deepak Nagpal
President

Dr. Sachin Mittal
Gen. Secretary

Dr. Dcepti Gera
Treasurer

Dr. Nisha Rohilla
Joint Secretary





HOW TO MAKE YOUR DENTAL VISITS LESS SCARY

Khushi Patil

IIIrd Year BDS Student

Yamuna Institute of Dental Sciences and Research

Let's be honest – going to the dentist isn't exactly everyone's favorite activity. For many, just the thought of reclining in the dental chair can cause anxiety. But dental fear is more common than you might think, and the good news is that there are many ways to make your dental visits feel more comfortable and less scary.

1. Understand Where the Fear Comes From

Dental anxiety can stem from a variety of sources – a past traumatic experience, fear of pain, loss of control, or even embarrassment about oral health. Knowing what triggers your fear is the first step to overcoming it. Communicate your concerns with your dentist so they can adjust their approach and make you feel more at ease.

2. Choose the Right Dentist

Not all dentists are the same. Look for one who specializes in treating anxious patients or who has a reputation for being gentle and patient. Read reviews, ask for recommendations, or even schedule a consultation before committing to an appointment.

3. Bring a Friend or Support Person

Having a trusted friend or family member with you can provide emotional support and help ease nerves. Just knowing someone is in the waiting room or nearby can be comforting.

4. Practice Relaxation Techniques

Deep breathing, guided imagery, and meditation can help reduce anxiety before and during your appointment. You might also listen to calming music or use stress-relief gadgets like a stress ball or fidget spinner.

5. Schedule Wisely

Book your appointment for a time of day when you're least likely to feel stressed. Avoid busy times or days packed with other obligations. Arrive early to settle in and avoid rushing.

6. Ask About Sedation Options

Many dental offices offer sedation options, from mild nitrous oxide (laughing gas) to oral sedatives or even IV sedation for more extreme anxiety. Talk to your dentist about what options might be available and appropriate for you.



7. Focus on the Positive Outcomes

Think about how great you'll feel afterward – your teeth will be cleaner, any pain can be relieved, and you'll be one step closer to a healthier smile. Keeping your eye on the benefits can help shift your mindset.

Final Thoughts

It's completely normal to feel nervous about going to the dentist, but with the right strategies, you can make your visits much less intimidating. The more regularly you go, the more confident and comfortable you'll feel. Remember – your oral health is an essential part of your overall well-being, and you deserve to feel safe and supported at every dental visit.

****More Tips to Ease Dental Anxiety****

1. **Use Visualization:** Close your eyes and imagine a peaceful place during treatment. Many people find that mentally 'leaving' the dental chair can lower their stress levels significantly.
2. **Choose a Calm Appointment Time:** Early mornings or late afternoons tend to be quieter. Avoid busy times that may feel more rushed or chaotic.
3. **Understand the Tools:** Ask your dentist to show and explain the tools before they're used. Often, fear comes from not knowing what's going to happen.
4. **Reward Yourself After:** Plan something enjoyable post-visit – like a walk in the park, a coffee break, or some retail therapy – to associate the dentist with positive outcomes.

****Key points****

- o *Calm dental office environments help reduce fear.*
- o *Have a friend or family member with you at a dental visit.*
- o *Try to understand & study the working of dental tools.*
- o *Do breathing exercises to relieve stress & relax.*



MYTHS ABOUT MILK TEETH

DIVYA DANGI (BDS 3rd Year)

Yamuna Institute of Dental Sciences and Research, Yamunanagar

BUSTING COMMON MYTHS ABOUT MILK TEETH

When it comes to children's dental health, milk teeth—or baby teeth—are often misunderstood. Many parents believe that because they eventually fall out, they don't require much attention. But that's far from the truth. Let's uncover and debunk some of the most common myths surrounding milk teeth.

MYTH 1: MILK TEETH AREN'T IMPORTANT – THEY'LL FALL OUT ANYWAY

Truth: While it's true that milk teeth are temporary, they play a crucial role in a child's development. They help with chewing, speaking clearly, and holding space in the jaw for permanent teeth. Losing them too early due to decay can cause crowding or misalignment of permanent teeth.



MYTH 2: CAVITIES IN BABY TEETH DON'T MATTER

Truth: Cavities can cause pain, infections, and even damage to the underlying permanent teeth. Tooth decay can also affect a child's overall health and nutrition if it hurts to eat. Treating dental issues early helps avoid more serious problems later.

MYTH 3: BRUSHING ISN'T NECESSARY UNTIL ALL BABY TEETH COME IN

Truth: Dental care should start even before the first tooth erupts. Wiping the baby's gums with a soft, damp cloth and switching to a toothbrush as soon as the first tooth appears sets the foundation for good oral hygiene.

MYTH 4: BABY TEETH DON'T NEED TO BE CHECKED BY A DENTIST

Truth: The American Academy of Pediatric Dentistry recommends a child's first dental visit by age one or within six months of the first tooth eruption. Early visits help catch issues early and get kids comfortable with dental care.

MYTH 5: KIDS DON'T NEED TO FLOSS

Truth: Once teeth begin to touch each other, flossing is necessary. Food particles and plaque can build up between teeth, leading to cavities—even in tiny spaces between baby teeth.

MYTH 6: THUMB-SUCKING AND PACIFIERS ARE HARMLESS

Truth: While common and usually harmless in early infancy, prolonged thumb-sucking or pacifier use beyond age 3-4 can lead to dental problems like misaligned teeth or bite issues.

MYTH 7: FLUORIDE IS HARMFUL TO YOUNG CHILDREN

Truth: In proper amounts, fluoride is safe and extremely effective in preventing tooth decay. Using a pea-sized amount of fluoride toothpaste once the child is able to spit is recommended by pediatric dentists.

FINAL THOUGHTS

Milk teeth deserve just as much care and attention as adult teeth. Starting good oral habits early not only ensures a healthy smile but also sets the stage for a lifetime of dental wellness. Don't let myths misguide you—when in doubt, talk to a pediatric dentist for reliable advice.



PUBLIC HEALTH AND DENTAL CARE: BRIDGING THE GAP FOR BETTER HEALTH

Polo Kampo Pegu

3rd year BDS student

Yamuna Institute of Dental Sciences and Research, Yamunanagar

Oral health is a vital component of general health and well-being. Yet, dental care is often overlooked within public health systems, resulting in widespread disparities in access and outcomes. As the global burden of oral diseases grows, integrating dental care into public health strategies is more important than ever.

The Significance of Oral Health

Oral health goes beyond teeth and gums. It affects our ability to eat, speak, socialize, and enjoy a good quality of life. Poor oral hygiene is not only linked to pain and tooth loss but also contributes to several chronic diseases, including:

- Cardiovascular diseases
- Diabetes mellitus
- Respiratory infections
- Adverse pregnancy outcomes

These associations highlight the need to treat oral health as an essential part of public health systems.

Current Challenges in Dental Public Health

1. Access and Equity

A major challenge is the unequal access to dental care. Marginalized groups—including those in rural areas, low-income families, racial minorities, and individuals with disabilities—often lack access to preventive and therapeutic services.

2. Cost of Dental Services

In many countries, dental care is not fully covered by public health insurance, making it unaffordable for many. Even in high-income countries, out-of-pocket costs deter individuals from seeking care until problems become severe.

3. Lack of Integration

Dental services are frequently siloed from the broader healthcare system. This separation limits opportunities for early detection of oral issues during routine medical visits and reduces coordinated care.

4. Shortage of Dental Professionals

There is a global shortage of trained dental professionals, particularly in underserved areas. This limits the capacity of health systems to meet oral health needs.

5. Low Public Awareness

Many people are unaware of the importance of oral hygiene or how to maintain it. This is compounded by inadequate public health messaging around dental care.

Public Health Strategies for Better Oral Health

Water Fluoridation

Community water fluoridation is a proven, cost-effective measure to reduce dental caries at a population level.

Health Education and Promotion

School-based programs, public campaigns, and parent engagement initiatives can instill healthy habits from an early age.

Mobile and Community Clinics

Mobile dental units and outreach initiatives help bridge gaps in care for remote or underserved populations.

Integration with Primary Care

Training physicians and nurses to conduct oral screenings ensures more comprehensive, preventative healthcare.

Policy Reforms and Coverage Expansion

Including dental services in public health insurance and subsidizing preventive care promotes broader access and affordability.

Integrating Dental care into public Health Systems

To improve outcomes, many experts advocate for the integration of dental care into primary healthcare systems. This means including dental services in universal health coverage plans, training medical professionals to conduct basic oral health assessments, and increasing funding for public dental clinics.

The Role of Technology in Dental Public Health

Teledentistry: Increases access in rural and remote areas.

Electronic Health Records: Improve coordination between dental and medical professionals.

Artificial Intelligence: Enhances diagnostic accuracy and efficiency.

Global Initiatives and WHO's Role

In 2021, the World Health Organization passed a landmark resolution on oral health, calling for global action to:

- Integrate oral health into universal health coverage (UHC)
- Promote preventive and cost-effective interventions
- Address social determinants of oral health

This marked a turning point in global efforts to elevate dental care within public health frameworks.

Conclusion

The integration of dental care into public health systems is essential for improving health equity, reducing chronic disease burden, and enhancing quality of life. By prioritizing prevention, improving access, and fostering interprofessional collaboration, public health can deliver more comprehensive and inclusive oral health solutions.

AMALGAM WARTS: A CURIOUS FINDING IN ORAL PATHOLOGY

Amina, 3rd BDS Student

Yamuna Institute of Dental Sciences and Research, Yamunanagar

When we hear the term "wart," our minds usually drift to the skin - those rough, raised lesions caused by HPV. But in dentistry, "amalgam warts" are an entirely different entity. They're not caused by a virus, they aren't contagious, and frankly, they aren't even true warts. So what exactly are amalgam warts, and why should we, as dental students, care about them?

During one of our oral pathology lectures, the term "amalgam tattoo" came up. It sparked curiosity - what happens when dental materials accidentally find their way into the oral soft tissues? That's when I stumbled upon the lesser-known cousin of the amalgam tattoo: the amalgam wart, sometimes referred to as "amalgam granuloma."

What are Amalgam Warts?

Amalgam warts are localized soft tissue reactions caused by the accidental implantation of dental amalgam particles - usually during restorative procedures or tooth extractions. They are rare and often go unnoticed unless discovered during a routine exam or biopsy. Despite the name, they don't resemble classic viral warts. Instead, they appear as small, often asymptomatic nodular lesions, sometimes bluish-black or grey in color due to the metallic content of the amalgam. Histologically, they are marked by a granulomatous inflammatory response surrounding the foreign material.

Pathogenesis: How Do They Form?

The mechanism is pretty straightforward. During procedures like placing an amalgam restoration or removing a previously restored tooth, fine particles of amalgam can become embedded in the soft tissues - especially if a rubber dam isn't used or high-speed suction is inadequate. The body then identifies these particles as foreign and responds with a chronic inflammatory reaction, often forming a granuloma. In some cases, this localized response leads to a soft, raised lesion - what we refer to as an amalgam wart.

Over time, these embedded particles might oxidize or corrode, contributing to the darkened appearance. Interestingly, not every patient reacts the same way. While some develop a noticeable lesion, others may carry amalgam remnants with no clinical symptoms at all.



Clinical Features

- Location: Most commonly on the gingiva or alveolar mucosa near previously restored or extracted teeth.
- Appearance: Raised nodule, bluish-grey or black discoloration, usually <1 cm.
- Symptoms: Typically asymptomatic. Occasionally may be tender if secondarily infected or inflamed.
- History: Often a clue - history of amalgam restoration or extraction in the area.

Diagnosis

A good clinical history is key. If a patient presents with a pigmented lesion on the gingiva, and there's a history of amalgam restoration in the same area, suspicion for amalgam tattoo or wart should be high. However, due to the potential of other pigmented lesions (like melanotic macules or even oral melanoma), biopsy and histopathological examination might be required for a definitive diagnosis.

Histology typically reveals:

- Foreign body granulomatous reaction
- Multinucleated giant cells
- Dark, irregular metallic particles embedded within connective tissue

Management

Most amalgam warts don't require treatment unless they are symptomatic or for cosmetic concerns. If the lesion is bothersome or diagnosis is uncertain, surgical excision may be done followed by biopsy.

Preventive steps can also help:

- Use of rubber dam during amalgam restorations
- Thorough irrigation and suction during and after amalgam removal
- Avoiding forceful condensation of amalgam into deep proximal areas

Why Should We Care?

As future dentists, it's important to recognize that even our restorative materials can have unintended consequences. Though rare, amalgam warts remind us of the importance of technique, sterilization, and patient follow-up. They also teach us to stay alert - not every oral lesion is what it seems. Something as minor as a greyish spot could have an entire story behind it, one that connects pathology with clinical practice.



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Happy National Oral Pathologists Day



*Keep cracking the toughest
cases—one slide at a time!*

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Oral Pathology mera Dharma,
Oral Pathology mera Abhimaan."**

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Dr. Bhuvan Nagpal



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Editor-in- Chief

'The Oral Pathologist' (Official POPMA Magazine)

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MDS, Professor and Head of the Department of Oral
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Founder & President's Message



Dr. Bhuvan Nagpal
Founder and President, POPMA

Dear Members,

It is with immense pride and gratitude that I address you as the Founder and President of the Practicing Oral Pathologists and Microbiologists Association (POPMA). POPMA was established with a singular vision: to elevate oral pathology and microbiology as indispensable specialties in the healthcare system while empowering professionals in these fields with the tools, training, and opportunities to thrive in a competitive environment.

As I reflect on this journey, I am reminded of the dedication and perseverance it has taken to bring this vision to life. I sincerely thank all oral pathologists and microbiologists who have placed their trust in this association and acknowledged the significance of our collective work. Together, we are on the cusp of significant transformation in the field, advocating for change and setting new benchmarks for excellence.

A Vision Rooted in Empowerment and Growth

The core philosophy of POPMA is to unite professionals from diverse allied fields such as general pathology, microbiology, clinical biochemistry, radiology, and more. We aim to create a unified platform that recognizes oral pathology and microbiology as integral contributors to both dental and medical healthcare.

One of the primary objectives of POPMA is to bridge the gap between academia and practice. While oral pathology has long been recognized for its academic rigor, there remains a lack of practical training in diagnostic setups and laboratories for fresh graduates. This gap has left many young professionals uncertain about their career trajectory. At POPMA, we are committed to addressing this challenge by fostering competency through training and education.

To this end, I have opened my diagnostic unit to members for training in allied aspects of oral pathology such as hematology, serology, immunoassays, clinical microbiology, and more. It is imperative that we think beyond conventional practices and embrace multidisciplinary approaches to sustain our relevance and excellence in the healthcare sector.

Tackling the Challenges Head-On

The challenges faced by oral pathologists today are multifaceted. Key aspects of the specialty, which are critical for practicing and advancing the field, are often overlooked in postgraduate curriculums. To address these issues, POPMA advocates for systemic change by proposing amendments to the DCI MDS curriculum to include practical exposure and career-oriented modules.

Furthermore, we are actively engaging with government agencies, corporate labs, and regulatory bodies to enhance branch awareness and create new opportunities for oral pathologists. Our efforts include writing letters to the Prime Minister's Office, Health Ministry, ICMR, NABL, and several others to emphasize the significance of oral pathology and microbiology. These representations aim to secure signatory authority for laboratory reports and other pivotal roles for oral pathologists.

Dreams Don't Work Until You Do

Launching the Academy of Oral Pathology and Laboratory Medicine (AOPLM)

One of the most ambitious projects under the POPMA banner is the establishment of the Academy of Oral Pathology and Laboratory Medicine (AOPLM). This initiative is designed to provide training and guidance to POPMA members, particularly in advanced diagnostic techniques and laboratory management. The academy will serve as a beacon of knowledge and skill development, ensuring that no member is denied access to growth opportunities. The association will provide unparalleled support in terms of curriculum design, mentorship, and practical exposure. By creating a dedicated academic committee, we aim to foster an ecosystem where oral pathologists are equipped to excel not just in dental practices but also in larger medical setups, public health, and research.

Promoting Equality and Transparency

One of the fundamental principles of POPMA is to promote equality and inclusivity. Despite being the founder, I have ensured that no hierarchical barriers obstruct the democratic functioning of the association. Every member's voice matters, and every suggestion or feedback contributes to shaping our collective vision. Transparency remains a cornerstone of our operations. Whether it pertains to documentation, accounts, or decision-making processes, members have unrestricted access to the workings of POPMA. This open and inclusive culture is critical to building trust and fostering long-term engagement.

Expanding the Reach of POPMA

Our association is not confined to a single state or region; rather, it spans across India, with members representing over eight different states. By appointing state representatives, we aim to address region-specific challenges and ensure that every oral pathologist has access to the support and resources they need. POPMA's membership is capped at 500, with a balanced mix of life and ordinary members. However, our focus lies not just in numbers but in fostering a community of practice-oriented professionals who are passionate about elevating the specialty. We believe in quality over quantity, and our members' enthusiasm and dedication will undoubtedly pave the way for success.

A Call to Action

As we embark on this transformative journey, I urge every member to contribute actively to POPMA's mission. Your involvement is invaluable, whether it is by participating in training sessions, advocating for systemic change, or simply sharing ideas. I also request that members encourage their peers and colleagues to join this movement. By expanding our network of like-minded professionals, we can amplify our collective voice and drive meaningful change in the field of oral pathology and microbiology.

To all my colleagues, I would like to reiterate that POPMA is not just an association; it is a vision of a brighter future for oral pathologists and microbiologists. It is a testament to what we can achieve when we come together with a shared purpose and determination. The road ahead may be uncertain, but with sincerity, honesty, and perseverance, I am confident that we will overcome every obstacle. Let us continue to work together, challenging the status quo and redefining the boundaries of our profession.

As we often say, "Dreams don't work unless you do." Let us continue to dream big and work tirelessly to turn those dreams into reality.

Thank you for your unwavering support and trust.

Vice President's Message



Dr. Ketki Kalele

Vice President, POPMA

Dear Members and Colleagues,

It is with immense pride and a deep sense of responsibility that I step into the role of Vice President of the Practising Oral Pathologists and Microbiologists Association (POPMA). As the official national body for practicing Oral Pathologists, POPMA has always championed the advancement of our field through collaboration, innovation, and education.

It is both an honor and a privilege to address the esteemed members of our community through The Oral Pathologist magazine, which is a great initiative from the organizations side to build a community which is well informed, proactive and motivated to advance the field.

In today's rapidly evolving healthcare landscape, the role of Oral Pathology is more crucial than ever. From cutting-edge research in oncology to the integration of biosensors and AI in diagnostics, our field is poised to redefine how oral diseases are detected, understood, and treated. Together, we must harness these opportunities to strengthen our discipline and ensure its relevance in the broader healthcare framework.

As Vice President, my primary focus will be on fostering strategic collaborations—be it with academic institutions, research organizations, or international experts—to amplify our impact. I am particularly committed to initiatives that bridge the gap between academia and clinical practice, ensuring that our research translates into meaningful advancements in patient care.

POPMA's vision thrives because of its members' dedication and passion. I invite each one of you to actively engage with our initiatives, share your expertise, and inspire the next generation of Oral Pathologists. Let us work together to shape a future where our discipline is recognized as indispensable in healthcare.

Thank you for your trust and support. Let us make this journey together meaningful, impactful, and truly transformative.

Warm regards,
Dr. Ketki Kalele
Vice President, POPMA
Managing Director,
Warkas Research and Innovations Pvt Ltd
Founder,
Neuron Institute of Applied Research

www.magazine.popma.in

“
Let us
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General Secretary's Message



Dr. Abhishek Bhadranna
General Secretary, POPMA

I hope this message finds you well. I am writing to express my enthusiasm regarding the launch of our new magazine, "The Oral Pathologist," dedicated to oral pathology and the oral pathologist who believe in their subject. When there is a lot of darkness around, we keep searching for the light; if you look carefully, you may be the light source that others are seeking too! Oral pathology as a career option is in a similar situation, and maybe we are reaching out to people for help, but the best help that we can do is help ourselves. Oral pathology and dentistry are two of the finest professional courses. We need self-confidence and belief that we can help ourselves rather than seeking it.

Here, I would like to state my example: my family's and personal needs are satisfied primarily through the practice of general dentistry, but oral pathology provides me rationale for diagnosis and management here, and that separates me from other dentists. But I also pursue histopathology diagnosis as another vertical where I have reported over 200 biopsies this current year and also have done three research projects where I have helped researchers, and this in itself takes care of my personal commitments. I am the founder of 91 Danta Research and Product Development Pvt Ltd, where my oral pathology learnings in research and problem solving have helped to get a patented product, the dental aerosol blocker (DAB), out, and we want to work on other innovations as well. I am sure our company will be one to look out for in the future. The definition of success is different for different individuals. If you believe in yourself, and you are persistent and consistent in your vision and work, you will achieve everything you want or need.

I will sign off with a quote from Lewis Hamilton, who recently left the Mercedes team with whom he won record-breaking 7 championships. When he finished, he was on the radio with his Mercedes team; he said, "We dreamt alone but believed together...." This belief of doing what is required for our livelihood and passion will take us forward. When there are 100 people in POPMA believing that we can achieve our dreams through oral pathology, oral pathology will work for us.

“

**We dreamt
alone but
believed
together**

”

Private Practice: POPMA Members Leading Oral Pathology and Beyond

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(A Unit Of Manglam Imaging Pvt. Ltd.)

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ORAL PATHOLOGY MERA ABHIMAN HAI**

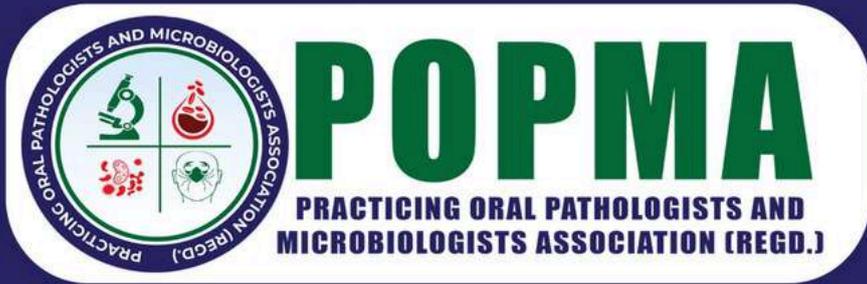


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List of Speakers

Theme: *Atmanirbhar Oral Pathologist – Making Oral Pathologists Self-Sufficient*

S. NO	SPEAKER NAME	TITLE OF PRESENTATION
01	Dr. Saikat Chakraborty Consultant Oral Pathologist, Dentoscope	Catch that patch: Clinico-histopathological correlations of red/white patches in oral cavity.
02	Dr. Eleni Georgakopoulou Oral Medicine Specialist Director, Private Referral Clinic for Complex Oral Conditions, Athens, Greece	Therapeutic strategies for oral inflammatory disorders: From topical to systemic approaches.
03	Dr. Deepika Keshari Consultant Oral & Maxillofacial Radiologist Director, Diagnodent Oral & Maxillofacial Imaging Centre, Varanasi Assistant Professor, Dental College, Azamgarh	Diagnostic capabilities of CBCT in maxillofacial pathology.
04	Dr. Shailja Chatterjee Professor and Head, Yamuna Institute of Dental Sciences and Research, Yamuna Nagar, Haryana	Association between oral microbiome and oral squamous cell carcinoma..
05	Dr. Abhishek Banerjee Director The Practice of Oral and Maxillofacial Pathology, Durgapur	Precision in grossing of oral samples.
06	Dr. Abhishek Bhadranna Consultant Oral Pathologist Dr. Bhadranna's Oral Pathology	Algorithm for diagnosing common oral mucosal and intra-osseous jaw lesions.
07	Dr. Meenakshi S Associate Professor Dept of Prosthodontics JSS Dental College & Hospital, Mysuru	Silos to solutions-Fostering industry academia collaboration
08	Dr. Ayushi Jain Senior Resident, OMFP Kalyan Singh Rajkiya Medical College Bulandshahar, New Delhi	The role of artificial intelligence in oral cancer: From basics to breakthroughs.
09	Dr. Aravindha Babu Professor and Head, Department of OMFP Sree Balaji Dental College and Hospital, Chennai	Head and neck cancer - Oral pathologist perspective.
10	Dr. Shelly Arora Senior Lecturer, Clinical Oral Health Sciences, School of Dentistry, IMU University, Kuala Lumpur, Malaysia	Immune Modulation and 3D Co-culture models: Paradigm shifts in Regenerative Endodontics.
11	Dr. Manish Bhargava Professor & Head, Manav Rachna Dental College	Khud Par Bharosa: The path to proficiency in oral pathology

List of Speakers

Theme: *Atmanirbhar Oral Pathologist - Making Oral Pathologists Self-Sufficient*

S. NO	SPEAKER NAME	TITLE OF PRESENTATION
12	Dr. Bhuvan Nagpal Director & Senior Oral Pathologist Tohana Manglam Diagnostics and Centre for Oral Pathology and Maxillofacial Diagnostics (COPMD)	Beyond the microscope: Empowering oral pathologists as diagnostic leaders in laboratory practice and oral healthcare
13	Dr. Priyanka Kapoor Professor & Head Dept. of Orthodontics & Dentofacial Orthopaedics Faculty of Dental Sciences Jamia Millia Islamia, New Delhi	Age Estimation from Teeth and Bones: Forensic Insights and Applications
14	Dr. Nageshwar Iyer Consultant Oral and Maxillofacial Surgeon Savitri Krishan Memorial Smile Centre, Yamunanagar	Biopsy - The right way
15	Dr. Aditya Garg Head of Department of Anesthesia & Critical Care Geetanjali Hospital, Hisar	Basic Life Support(BLS) in oral pathology clinics & Labs
16	Dr. Nidhi Jadhav Practicing Dentist & Oral Pathologist, Kanak Multispeciality Dental Clinic & Diagnostic Centre for Oral & Maxillofacial Pathologies, Sangli	Oral lichen planus: Navigating the current perspectives for management of the disease.
17	Dr. Ketki Kalele Amravati Managing Director Warkas Research and Innovations Pvt. Ltd.	Path-preneurship: An idea to change life.
18	Dr. Aman Choudhary Professor and Incharge, Faculty of Dentistry Jamia Millia Islamia, New Delhi	Mapping the Indian contribution to oral and maxillofacial pathology: A bibliometric and visualization approach.

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POPCON-20251st National Conference of Practicing Oral Pathologists &
Microbiologists Association (POPMA)**Schedule – Day 1 – 04th October 2025**

LECTURE NO	TIMINGS	TOPIC	SPEAKER
01	09:00-9:40	Head and Neck Cancer – Oral pathologist perspective.	Dr. N. Aravindha Babu
02	09:45-10:25	Diagnostic capabilities of CBCT in maxillofacial pathology	Dr. Deepika Keshari
03	10:30-11:10	Association between Oral Microbiome and OSCC	Dr. Shailja Chatterjee
	11:15-11:30	Tea Break	
	12:15-12:45	Inauguration	
	12:45-01:30	Lunch Break	
04	01:30-02:10	Beyond the Microscope: Empowering Oral Pathologists as diagnostic leaders in lab practice and oral health care.	Dr. Bhuvan Nagpal
05	02:15-02:55	Khud par bharosa – The path to proficiency in Oral Pathology	Dr. Manish Bhargava
	03:00-03:40	5 Best Poster Presentations	
	03:45-04:00	Tea Break	
06	04.00-04.40	Biopsy - The right way	Dr. Nageshwar Iyer
07	04:45-05:25	Precision to grossing of Oral Samples	Dr. Abhishek Banerjee
08	05.30-06.10	Path – preneurship: An idea to change life	Dr. Ketki Kalele

Schedule – Day 2 – 05th October 2025

LECTURE NO	TIMINGS	TOPIC	SPEAKER
01	09:00-9:40	The role of AI in Oral Cancer: From basic to breakthrough.	Dr. Ayushi Jain
02	09:45-10:25	Immune modulation and 3D Co- Culture models: Paradigm shifts in regenerative endodontics.	Dr. Shelly Arora
03	10:30-11:10	Catch the patch: Clinicopathological correlations of red/white patches in oral cavity.	Dr. Saikat Chakraborty
	11:15-11:30	Tea Break	
04	11:35 -12:15	Therapeutic strategies for Oral Inflammatory disorders: From Topical to systemic approach.	Dr. Eleni Georgakopoulou
05	12:20-01:00	Algorithm for diagnosing common oral mucosal and intraosseous jaw lesions.	Dr. Abhishek Bhadranna
	01:00-01:30	Lunch Break	
06	01:35-02:15	Oral Lichen Planus: Navigating the current perspectives for management of the disease.	Dr. Nidhi Jadhav
07	02:20-03:00	Basic Life Support (BLS) in Oral Pathology Clinics and Labs	Dr. Aditya Garg
08	03:05-03:45	Silos to Solutions – Fostering industry academia collaboration	Dr. Meenakshi S
	03:45-04:00	Tea Break	
09	04:00-04:40	Age Estimation From Teeth And Bones: Forensic Insights and Applications	Dr. Priyanka Kapoor
10	04:45-05:25	Mapping the Indian contribution to Oral Pathology: A bibliometric and Visualization approach.	Dr. Aman Choudhary
	05:30-06:00	Award Ceremony & Vote of Thanks	Dr. Abhishek Banerjee

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