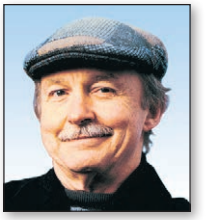
Headaches, an Overlooked Diagnosis

By Bill Wolfe D.D.S.



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Symptoms, then, are in reality nothing but a cry from suffering organs.

~ Jean-Martin Charcot MD (1825 - 1893) French neurologist and professor of anatomical pathology.

Approximately 40 percent of all individuals suffer from chronic headaches, and one out of eight people suffer from headaches so severe that they cannot function normally. Often, these problems are related to a common cause of chronic pain: TMJ Syndrome.

TMJ stands for temporomandibular joint, the jaw joints that open, close and move the jaw. "TMJ Syndrome" is a malpositioning of the jaw and associated muscles, resulting in muscle contractions, which are a factor in approximately 80% of all tension related headaches. If you have any of the following symptoms, you may be suffering from TMJ Syndrome: headache; dizziness; ringing or clogged ears; pain in the neck, shoulders, or face; clicking or popping noises; inability to open the mouth fully; locking of the jaw; earaches; and sinus pain.

Only the lower jaw (mandible) moves via the TMJ, as the upper jaw (maxilla) is part of the skull. Where the teeth close together the best determines the position of the mandible, which may or may not be where the muscles and ligaments want to be. The muscles will assume whatever position is dictated by the teeth.

Muscles are composed of bundles of muscle fibers, which have a certain resting length at which they operate the best - their "physiological rest position ". At this position, the muscles are in their most relaxed and strongest position, and if not, the muscle fibers will be tensed. This tense contraction impedes blood circulation and energy flow, resulting in muscle spasms.

There are two schools of thought regarding "correct" jaw placement. There are those dentists who use only the anatomical landmarks of the skull for jaw placement, and there are those, such as myself, who use the neuromuscular jaw position...where the muscles want the jaw to be. The challenge is to determine where the muscles would like the jaw to be, instead of where the teeth would like the jaw to be.

A splint is an acrylic appliance that fits over the top of the lower teeth, in order to alter the way the upper and lower teeth fit together, thereby changing the position of the lower jaw. The patient wears the splint 24 hours a day, except when eating. After the splint retrains the jaw to the physiological rest position of the muscles, the patient can respond better to the other modes of treatment to restore the correct alignment and balance of the spine and cranial plates of the skull, during which, the splint needs to be adjusted to maintain the biomechanical balance of the body.

After the muscles begin to relax, the patient will begin to notice that when the splint is not in their mouth, the teeth no longer fit together in the same way, as the jaw is adapting to its new muscular positioning, instead of the tooth positioning. Therefore, the final phase of TMJ treatment is to alter the way in which the teeth fit together, so that the patient's jaw is where the muscles want the jaw to be, even when the splint is not being worn.

Once the patient is symptom free, the dentist can begin to stabilize the patient's bite by: occlusal equilibration (balancing the bite through reshaping the teeth); crowns or onlays; orthodontics; or a removable overlay partial denture. The patient's teeth will now place the jaws together in a position where the muscles are relaxed when the jaws are closed (important, as we close our teeth together every 30 to 45 seconds when we swallow – 24 hours a day), eliminating fatigue, cramping and other associated symptoms.

TMJ Syndrome, although not a threat to longevity, can cause a lifetime of suffering. However, with proper diagnosis and treatment, the quality of life for people with this syndrome can be greatly enhanced.

Call my office: (505) 299-6950 for a complimentary TMJ evaluation.