

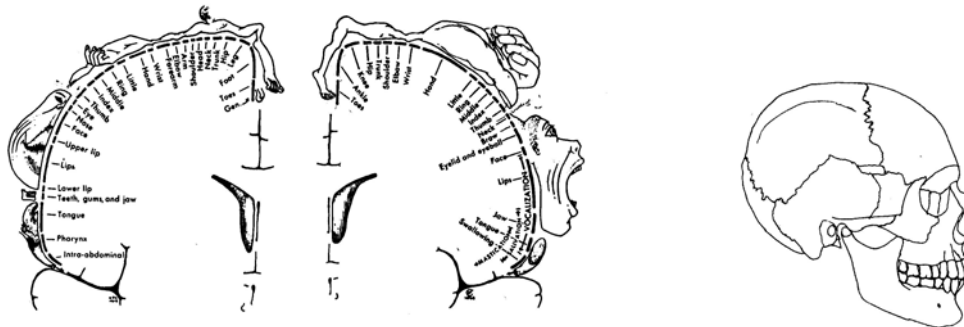
Paul T. Sprieser, D.C., DIBAK
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973-334-6053-www:paulsprieser.com
Please forward to friends and family!

Temporomandibular Joint Dysfunction (TMJ)

This is a common problem that is frequently misdiagnosed because of lack of knowledge on the part of many health care providers. I have specialized in the treatment of TMJ problems since about 1978 and was staff member of the of the Fairleigh Dickinson University School of Dentistry Department of Prosthodontics M.P.D. clinic from 1978 to 1988. I had also had the opportunity to lecture at the New Jersey College of Medicine and Dentistry in 1983-1984 to the Mini-Residency in the Diagnosis and Treatment of Temporomandibular Joint Dysfunction.

The potential for the occurrence exists in at least 50% of the population, because of the simple fact that centric relation the way the mandible (jaw) and its muscle and centric occlusion the way the teeth interdigitation occur don't match and therefore are off balance. This imbalance will cause inflammation to the muscle of mastication (chewing) and irritation to the joint with the production of clicking and pain.

This joint being one of the smallest in the body is gigantic in relation ship to the nervous system both sensory and motor as depicted in this illustration known as The Homunculus Nucleus (small man).



The causative factors or etiology for TMJ syndrome are varied from trauma such as contact sports where direct blow to the jaw and face may occur. Car accident and whiplash injuries can traumatize the jaw. Even dental procedures such as extraction, and orthodontic correction can lead to this problem. Stress is one of the major causative factors that cause the patient to clench or grind (bruxism) teeth especially at night when the patient is asleep.

(Over)

The symptoms of TMJ syndrome vary from patient to patient with women representing the major portion of those who suffer with this problem. The symptoms are facial pain, pain in the ear canal, tinnitus (ringing in the ears), dizziness, sinus pain, headaches, even pain in the teeth and trouble swallowing. The frequently is pain in the neck and shoulder region, besides the more obvious of cracking or popping in the joint. Some long term low back pain cases are due to the TMJ syndrome especially in the pelvic region and sacroiliac joint. The sacroiliac joint radiates pain in to the hip joint, groin and even down to the knee region.

One of the standard examinations conducted in my practice on every patient is to check for TMJ syndrome, because many of the symptoms do not directly reflect to the jaw region so they are often overlooked. We simply balance the general skeletal distortions of Pitch-Roll & Yaw that was described in newsletter #7 and the cranial faults that accompany this condition. This is essential to alleviate the symptoms that this condition causes. We work with the special proprioceptive nerves of the jaw muscles, which are known as spindle cells these proprioceptors are balanced and changed by specific directional pressure applied to the center of the involved muscles. Since muscle moves bone and bone does not move muscle except if it is fractured. There is no need to every place and adjustive force into the articulation. This system will help to eliminate this problem along with nutritional support to reduce inflammation such as omaga-3-oils and a special nutrient from Standard Process Laboratories called Ostrophin PMG which help to balance the proprioceptors. Additional nutritional support will be given for the area such as connective tissue with (SPL) Ligaplex I, Folic Acid/B12 and for stress support of the adrenal gland Drenatrophin PMG.

I will also work with your Dentist if your problem requires a dental splint know as a MORA with stand for Mandibular Orthopedic Repositioning Appliance. I will check and make sure it is balanced to provide the best results.

Call us if you are having and dental or jaw problems and allow us to correct this problem.