

The Hushed-up Mouth Disease that's more Destructive than Cavities and Gum Disease put Together!

Occlusal Disease and the Temporo-mandibular (jaw) Joint

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The TMJ or "Jaw" Joint

Your Temporo-Mandibular (jaw) joint or "TMJ" has the honor of being the most complex joint in the human body. It is the joint that connects the lower jaw to the upper jaw and skull. It fits into sockets in your skull called fossa and is the hinge to close the jaws during chewing or talking. It contains a unique cushioning pad or disc made of collagen, dense, non-compressible material. All other human joints have pads made of a different substance.

The TMJ also has the honor of causing more:

- Lost teeth Loose wiggly teeth
- Cracked teeth Tooth pain
- Headache pain Muscle soreness
- Worn teeth Broken teeth

than cavities or gum disease combined.

The joint can be in an infinite number of positions but there is a very precise position the joint should be in when all teeth come together at once to bite. This position is called "centric relation". This describes a healthy bite. Anything less than perfect and dentists refer to it as a misaligned or improper (unhealthy) bite. Think of the TMJ as the hinges of a door with the lower jaw as the door and the upper jaw as the door frame. When the hinges are out of centric relation, the door sticks or has trouble shutting smoothly. Eventually the door, the frame or both will wear down, loosen or maybe splinter as the door is forced shut over and over.

30-Plus Years Ago...

Shortly after graduation from Temple University Dental School, I vividly recall my father calling and tearfully describing some tests my younger sister, Jeanne, was undergoing to rule out a problem within her brain, possibly a tumor. She was experiencing severe headaches, facial pain, jaw pain, and loud noises in her ears. She also had numbness in her neck and sometimes hands. Incidentally, she had recently completed adult orthodontics to correct a crowded looking smile.

Thankfully, I had a close dentist friend, Dr. Tom Risbrudt, who was late president Richard Nixon's personal dentist. He had recently confided in me his strong conviction that the jaw joint "TMJ" was related to maladies typically outside our realm of diagnosis and understanding as dentists, namely headaches, ear problems, facial pain and the like. What if Jeanne's problem were due to simply a misaligned bite?

Tom suggested she should go to an orthodontist who may be able to help due to his understanding of the jaw joint or TMJ. The hundred mile trip was well worth the outcome. He simply repositioned a few teeth to allow her bite to close in a better position, and subsequently the pain in the muscles, nerves, and joint subsided within several days and they have never returned!

While a student in dental school, one of the very first patients in the clinic had no teeth – zero – just like over twenty five million other Americans. He wanted me to make a full set of dentures for him. In order for dentures to have any chance of fitting smoothly and comfortably, the bite has to be so precise that all teeth strike simultaneously upon clenching. The problem was no one could convince me where the position was, or even how to find.

Recognized Disease But Little Treatment...

While at a national American Dental Association convention in Philadelphia attended by over 35,000 dentists, I randomly asked dentists and dental students about their true understanding of the bite forces we commonly called occlusion. I asked:

1. Do you believe the forces of the bite are destructive to our patient's mouths? If so how great a problem is it?
2. What was your understanding of the mechanics of this system in the dental schools you attended?
3. What greater understanding of the jaw joint and its related components have you acquired since graduating from dental school?
4. How do you treat the jaw position to reduce the effects of a misaligned bite?

Regardless of the dentist's age, sex, location, or years in practice, the responses were strikingly and overwhelmingly similar in nature. Almost 100 percent of the responses could be summarized as follows.

“The stress from the bite is a major detriment to our clinical dentistry. Things break, get loose, and wear away.”

“Dental school presentation of the TMJ was vague, confusing, and never understood as a clinical position with any degree of precision.”

“I don't treat these problems because I don't understand them. I'll refer them to a TMJ specialist if they get bad enough.”

Internationally recognized and highly respected dentist researcher and spokesperson, Dr. Gordon Christenson of Provo, Utah, commented in a national dental journal.

“There are three diseases dentists treat. Tooth disease, gum and bone disease, and occlusion disease. We treat tooth disease too much, gum and bone disease too little, and we don’t even talk about occlusal disease, yet it is by far the most destructive of all three and is present in the majority of our patient’s mouths.”

World-renowned authority on the diagnosis of occlusion and its effects, Dr. Peter Dawson of St. Petersburg, Florida, states.

“Occlusal disease is the #1 cause of tooth loses, patient discomfort, patient dissatisfaction, oro-facial pain, missed diagnosis and the #1 most un-diagnosed problem.”

World-class teacher, practicing dentist, author and lecturer, Dr. Frank Spear of Seattle, Washington, says.

“The confusion over occlusion abounds but nonetheless, it still remains the single most important element contributing to the long term success of our clinical restorations.”

Are You A Sufferer From Occlusal Disease?

1. Headaches in the temple region, brow area, behind the eye, or lateral part of the skull.
2. Generally tight and sore facial muscles and or pain.
3. Pain around the ears or TMJ area.
4. Noices, popping, or grating while chewing or opening.
5. Sensitive teeth
6. Teeth movement
7. Teeth wearing or fracturing
8. Bone around the teeth breaking down
9. Loose teeth
10. Receding gums or a notching of the teeth at the root/gum junction
11. Teeth grinding or bruxing
12. Intermittent blurred vision
13. Dizziness

14. Ringing in the ears

Not all of these symptoms are necessarily caused by a mal-aligned bite, but they should be ruled out.

Based on numerous published scientific studies and 23 years of clinical observation, I see these effects daily and they are indeed the most destructive forces on the majority of my patient's mouths and the greatest detriment to the longevity of the dentistry I provide.