

TMJ: Primary Problem, or Tip of the Iceberg?

By John Upledger, DO, OMM

The diagnosis of temporomandibular joint (TMJ) syndrome came into its own in the 1980s, and still remains popular today. A myriad of mechanical devices have been placed in people's mouths to alleviate the painful symptoms of TMJ dysfunction.

The success rate of the singular use of such devices, however, leaves much to be desired. All too often, symptomatic relief is only partially achieved, and leaving treatment dependent upon the ongoing use of the intraoral devices. In other words, when the "splint" comes out, the symptoms return.

My own experience with TMJ dysfunction leads me to believe that the condition is often a secondary or tertiary manifestation of another problem somewhere in the body. Underlying problems that contribute to TMJ dysfunction and secondary symptoms are frequently found in the craniosacral, nervous, musculoskeletal, myofascial and masticatory systems.

TMJ syndrome may also be secondary to - or receiving significant contributions from - previous or current traumatic injuries anywhere in the body, and/or from stress. In addition, there may be systemic disease processes in the background, along with allergic and/or nutritional factors that can significantly contribute to the presenting TMJ syndrome.

I have assigned the majority of contributing factors of TMJ dysfunction and the resulting syndrome to the following major categories: craniosacral system dysfunction; stress; neurogenic problems and dysfunctions; posttraumatic problems and residua; structural/somatic problems and dysfunctions; degenerative problems and diseases; and dental problems. I'll discuss several of these categories, including suggestions for the efficacious use of different treatment modalities.

Craniosacral System Dysfunction: The craniosacral system is composed of the membranes and cerebrospinal fluid that surround and protect the brain and spinal cord. It extends from the bones of the

skull, face and mouth - which make up the cranium - down to the sacrum or tailbone area.

The bones of the skull most directly involved with the temporomandibular joints are the temporal bones and the mandible. In the case of TMJ dysfunction, the temporals are the most likely offenders directly related to cranosacral system dysfunctions.

The temporomandibular joints are located two-to-four centimeters anterior to each temporal bone's axis of rotation. Because of that articulating relationship, they are commonly involved in TMJ problems. Since the joint surfaces of the temporal bones are located in eccentric positions, when the temporal bone or bones are restricted into asymmetrical positions in relationship to one another, they provide malaligned joint surfaces for the temporomandibular joints on both sides. This malalignment results in mandibular imbalance and undue wear and stress upon the joints.

Temporal bone dysfunction can result from almost any problem within the cranosacral system, be it osseous or membranous. Only a thorough evaluation of the cranosacral system and the whole-body contributions to cranosacral system dysfunction will yield the primary cause of the problem. This can be accomplished through CranioSacral Therapy, a gentle method of releasing restrictions in the cranosacral system.

Remember, temporal bones can also be forced into abnormal positions when the muscles and ligaments that attach to them present with abnormal strains and tensions. CranioSacral Therapy aims at releasing temporal bones to restore normal function, regardless of the primary cause of the TMJ dysfunction.

The mandible, the other bone that contributes directly to the temporomandibular joints, is a single bone with one joint on each end. Therefore, you cannot distort one joint without causing a problem with the joint at the other end of the mandible. CranioSacral Therapy uses techniques to release and balance the joints at both ends of the mandible. It also releases undue muscle and ligament tensions upon this lower jawbone.

The hard palate is at the mercy of the sphenoid bone with which it articulates at both sides and, via the vomer, in the middle. Since the sphenoid is a major player in the cranosacral system, it is also important to evaluate the system's effect on the function of the hard palate. Distortions in sphenoid function or position often cause hard palate malalignment, which results in malocclusion of the teeth and secondary temporomandibular joint problems.

Within the domain of CranioSacral Therapy, we also have the balancing of all of the muscles of mastication. This means that bruxism, disc position and TMJ compression are all addressed effectively.

Stress: Stress can be caused by a number of factors. Physiological stress might be imposed by problems such as gallstones, kidney dysfunction or arteriosclerotic heart disease. Stress also can be induced by poor posture secondary to a shortened leg, for example. Psychoemotional stress, yet another category, is due to life frustrations, neuroses, or harbored destructive emotions like chronic anger. Environmental conditions - breathing polluted air or working in a noisy environment - produce stress as well.

No matter what the cause or type, stress exacts a toll from the body, as vital energy is required to cope with these conditions. While it's well-known that chronic stress may cause a range of health problems, stress has not been thoroughly considered as the root of TMJ problems (surprisingly). Teeth or jaw clenching is a natural response to increased stress, which compresses the temporomandibular joints and, in turn, causes the joint surfaces to be placed in jeopardy.

When excess stress is a factor in TMJ dysfunction, we must consider the use of stress management techniques. Among these modalities are therapeutic massage for relaxation and release, CranioSacral Therapy to reduce sympathetic nerve tone; SomatoEmotional Release to alleviate traumatic tissue memories and psychoemotional problems; hypnotherapy and/or biofeedback to develop conscious control of muscular hypertonus; and psychotherapy or counseling. Depending on the patient and the availability of therapeutic modalities, any or all of these techniques should be considered along with similar ones.

Dental Problems: I hesitate to discuss how dentists should treat TMJ syndrome. I only know that when direct orthodontic, occlusal and/or surgical interventions are put into play before the craniosacral system is functioning at its optimal level, the dental work must often be redone. Why? Because the involved structures change in response to the craniosacral work and other types of bodywork.

In CranioSacral Therapy, we specifically mobilize teeth in their sockets and encourage them to find their natural position in the mouth. When this happens, it changes the occlusion more toward what nature intended.

Dentists should not be excluded from being a part of the therapeutic team; however, they must recognize that occlusions, temporomandibular joint vitality, bruxism and compressive forces related to the masticatory system will most likely be changing as a result of the non-dental work. Therefore, the interventions imposed

by dentists should be temporary and complementary to the holistic approach.

These examples show that TMJ syndrome may be the primary problem, or it may be just the tip of the iceberg. The condition is a part of the whole person, and the whole person must be evaluated to solve it.

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