



Dr. Harold engaged in the exacting task of determining the precise position to bring the jaw and facial muscles into perfect balance.

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Avoiding Surgery for TMJD

For Dr. James Harold of Raleigh, “surgery needs absolutely to be the *last* resort for patients who are suffering from TMJD—temporomandibular joint dysfunction.”

Keep in mind, he says, “that the term elicits the thought that the issue is joint disease—because of the J (for joint) in TMJ. Actually, in my view the condition is misnamed. It more appropriately should be called *cramio-facial* pain because, very often, the joint is not the main cause of the problem. In fact, the TMJ problem most often resides in the supporting structures of the jaw—the muscles and nerves.”

Nationally respected for his expertise in neuromuscular dentistry, Dr. Harold adds, “In my opinion, the only time that surgery is warranted for TMJD is when the disc of the jaw is in such a degenerative state that there is bone rubbing against

bone. In all other instances, we really can offer far better options.

“Certainly there are times when surgeons perform the necessary task of breaking down scar tissue that may exist in the muscles of the joint, or, at times, they can inject steroids in an effort to reduce pain. But in fact these procedures simply offer symptomatic relief. And my experience has been that a vast majority of head and neck problems are neuromuscular—involving the nerves and the muscles.”

As many as 10 million people in this country suffer from TMJD, Dr. Harold reports. “Typically, patients who come to me have seen four or five other doctors—chiropractors, ENT doctors, orthopedic surgeons, oral surgeons, other dentists. They have been diagnosed and misdiagnosed. They have one thing in common: they are desperate for relief.

“TMJD, caused by an improperly aligned jaw, contributes to a great array of problems. The basic goal of neuromuscular dentistry is to bring the jaw and teeth into harmony with the muscles. If the jaw is not in the proper position as it relates to the muscles, muscles become overstretched and place undue strain on surrounding bones, nerves and tissues, causing increasing amounts of pain. Over time, the pain can become intolerable.”

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REMOVING TONSILS

Nancy is a real patient with an assumed name. At age 29, she was one of those patients who had lived for nearly a decade with steadily worsening daily migraines, along with facial paralysis, insomnia, and difficulty swallowing.

“Since neurologists, gastroenterologists, and many others simply couldn’t find the source of my pain—once, at age 23, I was diagnosed as having had a mild stroke—I was at one point advised to have exploratory surgery, specifically to find out the cause of my swallowing difficulty. My tonsils were taken out, and that didn’t help at all.”

Nancy declined surgery and intensified her search for other options. Finally, she came to see Dr. Harold—and experienced relief of her distress in a matter of several weeks.

Most of us, observes Dr. Harold, have disharmony in our bodies, “whether it’s manifested in our jaw, hips, ears, or eyes. Very few of us are bilaterally symmetrical and perfect. So our bodies tend to accommodate for our shortcomings, sometimes with signs, other times with signs and symptoms. The ones with symptoms seek us out.

“In fact,” he says, “we get excellent results in treating a great variety of ailments that quite often defy traditional diagnoses: headaches, facial pain, worn, chipping, or cracked teeth, cracking or chipping of dental restorations, neck and shoulder pain, jaw pain, ear congestion, ringing in the ears, clicking or popping in the joints, clenching or bruxing, limited opening of the mouth, loose teeth, and even tingling in the fingers.”

OUT OF BALANCE

TMJD is not necessarily the root cause of these many problems, Dr. Harold points out, “but in many instances it contributes to the discomfort in a direct way. Basically, the problem is often a lack of harmony between the joint, muscles, and nerves, and it is thus ideally suited for neuromuscular treatment.

“In an initial evaluation, I often find an imbalance in the position of the jaw as it relates to the muscles in the joint, and in the closing pattern of the jaw as it relates to the teeth.

“The first goal is to find the position of the jaw where the muscles are relaxed and at rest—a three-dimensional position in space—and we rely on a series of neuromuscular scans to accomplish this.

“Once we determine the comfortable position of the lower jaw, the next critical task is to fabricate an acrylic orthotic that allows the jaw to close to this ideal position—where the muscles are at an ideal length and will not go into spasm. This allows muscles to heal, pain trigger points to subside, and joint capsules to heal. We leave this orthotic in place for three months, 24 hours a day.”

It is important, notes Dr. Harold, for patients to be pain-free for two to three months while wearing the orthotic before starting the next phase. Phase two may consist of full mouth reconstruction, to permanently place the jaw and teeth into the new bite, or orthodontics, to move the teeth into the corrected bite. In some cases, a limited bite adjustment is all that patients need in order to correct the problems. Overall, Dr. Harold finds, “this approach to relieving TMJD pain is highly effective. Our knowledge is expanding. Our results are repeatable and predictable. And most of our patients—sometimes patients who have been in pain for 20 years or longer—see an enormous improvement within 48 hours. The great majority of them are completely free of pain within two weeks.”

Not long after placing her orthotic, Nancy reported that “my migraines are completely gone. I no longer have facial paralysis, and the clenched feeling on my face and scalp is completely gone. The ringing and congestion in my ear is completely gone. And I experienced relief of all of these symptoms within two weeks of placing of the orthotic.”

Dr. Harold adds, “For patients who have arthritis, a degenerating disk, or a bone-on-bone problem, neuromuscular dentistry is not going to resolve their pain. But we can determine the true cause of the pain very quickly, and move the patient to the most effective course of treatment.” **h&h**