

Dear patient,  
in analysing your medical situation, we have come to the conclusion that the problem originates in the dental area. You might think: "But I was just at the dentist!" or "I don't have any pain there!". Regrettably, the absence of pain or the overall health of your individual teeth, is no guarantee that everything is ok in the neck and the jaw.



*A Moroccan Dentist in the 19. Century*

The oro-facial area is, together with the junction between skull and neck, one of the most complex and problem-prone regions of the body. The main nerve responsible for this area is the trigeminal. It is one of the developmentally oldest nerves (we share it with the earthworms) and, as a result, it influences a wide variety of functions and areas other than only the face. It is involved in eating, breathing, tasting, as well as the functioning of the neck muscles and the stability of the skull. Given the many different interconnected functions located along the catchment area of Trigeminal it is hardly surprising that this multi-purpose structure malfunctions once in a while.

We get 'hard knocks', we 'clench our teeth' or 'have a stiff upper lip'. These old expressions reveal a deeper meaning. There is more happening than the *prima*

*facie* evidence would lead us to believe. Subliminal irritations from the dental area influence structures in the body not normally considered to be connected: quite a few shoulder pains, 'tennis elbows', headaches and vertigo can only be successfully treated if we integrate what is happening in the dental area into the overall analysis of causes and the strategy for resolution.

Several indications give us a hunch that the dental area plays a role:

- Pain in the shoulder, elbow or wrist;
- The chronological sequence, for example initial pain a few days after a new tooth crown;
- "Having good & bad days" without obvious reason;
- Ominous details visible on our radiographs of the cervical spine;
- Signs of the examination and palpation of the muscles involved;
- During the years we learned that patients with static problems (i.e. asymmetric posture) are especially sensitive in the dental area;
- 'Retainers' placed after an orthodontic treatment, especially if there is a

temporal connection with the reported problems.

Our clinic is not specialised in dental therapy. So we can only give some general indications of what might need to be done. Our suggestions must be explored further with dental professionals. Some of the most frequent reasons for problems in the dental area, in our experience, are:

- i) Problems in the geometry, i.e. misalignment of teeth. Besides cross- or overbite, a frequent issue is tooth-gaps, where extracted teeth are not replaced. This is compounded when the teeth in the back of the missing tooth 'fall' into the gap, complicating things further;
- ii) Chronic infections, especially after root canal treatment, thus painless, or secondary under inlays and fillings - difficult to verify;
- iii) 'Wisdom teeth' don't have space enough in the majority of people nowadays, or are mis-aligned. They are invisible from the oral cavity - which doesn't mean that they can or should be neglected;
- iv) We have to mention amalgam, adding immediately that this detail is quite frequently overvalued. A 'mix' of different metallic materials is also a possible source of chronic irritation. Heavy metal exposition in our environment is mostly more important than the amount liberated by well done amalgam fillings.

But just treating the dental level problem by itself is often not sufficient. It has to be combined with the adequate treatment of the muscles in the vicinity, the (cervical) spine and other areas influencing our overall well-being. If the dental problem has caused other problems that have bedded-in, the other problem, and the

transmission routes from one problem to the other, must also be addressed.

As we treat overall well being, we often ask our patients to come back for further treatment after the teeth have been fixed, or the braces have been removed or a night guard applied so that the long term issues caused by the dental problems can also be addressed.

Some patients are ready to be happy once the dental problem has been dealt with. But we think co-ordination is the name of the game. Think about the neck when dealing with the mouth. The Nexus cushion (see [www.panabo.de](http://www.panabo.de)) can be of help during dental therapy. Intermittent symptomatic physiotherapy or osteopathy is useful in other cases.

Dental health is an important base for general health. Therefore, we sometimes take a lot of time to convince patients that going to a dentist is an inevitable part of the solution of their ailments. When this is combined with our work, the pleasure of having reached a good and lasting solution is even bigger.

In passing, it is our experience the least complicated dental guards are often the best option; soft and simple. If patients report difficulties, or tell us that the treatment proposed is expensive, we become sceptical.

Whenever questions arise - your own or at the dentist - don't hesitate to contact us by email. We'll do our best to help.

Good luck and see you afterwards!