

Woman's Day

YOU WOULDN'T KNOW

by looking at me that I suffer from a painful condition called TMJ, a disorder that affects more than 10 million Americans, mostly women.

TMJ is the short name for the tongue-twisting medical term temporomandibular joint disorder. It refers to a problem with the hinged joint that connects each side of the lower jaw to the skull. Any misalignment can result in difficulties ranging from jaw pain to a clicking sound when the mouth opens and closes to tender jaw muscles. Living with this condition is painful and far too commonly underdiagnosed.

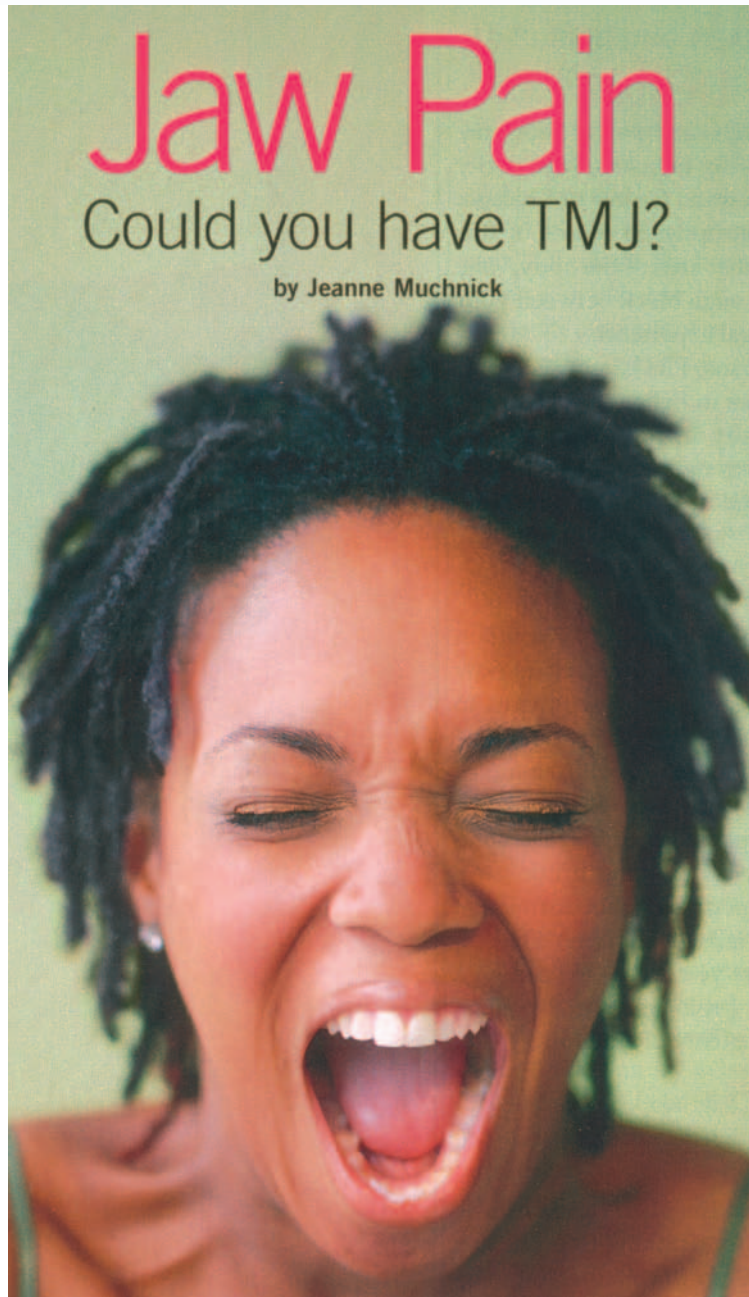
A Host of Causes

Theories abound about the causes of TMJ. An imperfect bite, an injury to the jaw area, a tooth-clenching habit fueled by stimulants like coffee, and teeth grinding have all been blamed. Whatever the cause, TMJ can be exacerbated by stress. And, although scientists don't know the exact reason, shifting estrogen levels make women, particularly those nearing menopause, the primary target. In addition, TMJ and sleep problems go hand in hand.

Some victims suffer in silence; others feel overwhelming pain but can't find a doctor who can diagnose the problem correctly. When I started doing research, I met women who had their teeth ground down or pulled in an effort to relieve the pain. Others resorted to eating baby food because it was too painful to chew solid foods.

Pinpointing the Problem

For many women, including Cheryl Cohen, 57, of New York City, getting the proper diagnosis is often the hardest part. She says her mind-numbing pain and severe facial swelling led her to 54 doctors, including allergists, neurologists



and ophthalmologists, before she found Michael Gelb, D.D.S., clinical professor of oral medicine at New York University College of Dentistry. He diagnosed the cause of her pain as TMJ, complicated by other facial muscle problems. He prescribed medication and a bite plate known as the Gelb appliance, which was designed by his father, Harold Gelb, D.M.D. "Within days I felt better," says Cheryl, who notes she had been on a four-year odyssey for a cure. "Dr. Gelb gave me back my life."

Many women spend hundreds of dollars on specialists and diagnostic tests in a futile effort to find out the cause of the pain and how to stop it, says Shervin Erfani, D.M.D., a San Diego-based dentist who specializes in the condition. Donna Andonian, 52, of San Diego, had an ordeal similar to Cheryl's until she found Dr. Erfani. Donna used a TENS (transcutaneous electrical nerve stimulation) unit to send minute electrical impulses to the painful area and relax her jaw. TENS, along with a plastic splint that positioned her bite correctly, brought relief.

Finding My Diagnosis

My situation was not nearly as dramatic. First I felt a shift in my jaw, then my jaw began to click when I opened and closed my mouth.

Even then I didn't think I had a serious problem until my jaw started to lock. My dentist didn't think it was too serious. He fitted me with a night brace to reduce grinding and relax the muscles. "This works in 75 percent of cases," says Dr. Gelb. Unfortunately, I was not one of them. My dentist then sent me to an oral surgeon who took a panoramic X ray, an overall picture of the teeth and jawbones. It turned out that the membranes inside my joint were inflamed and the disk between the jawbone and skull bone kept moving out of place. According to the oral surgeon, my problem was "too extreme" for him, so he referred me to a specialist who deals with surgical alternatives.

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If You Suspect You Have TMJ

- First, see your physician for a diagnosis and to rule out other illnesses.
- Your doctor should take a careful medical history and feel your neck for any sore muscles or swollen glands, examine the soft tissue inside your mouth and touch the temporomandibular joints on the outside as well as from inside the ear to assess tenderness.
- If your pain is severe, your doctor may recommend a CT scan or an MRI.
- Don't be afraid to ask questions and insist on having them answered in language you can understand.
- If you're not satisfied, seek a second independent opinion.

When to Consider Surgery

For many, surgery is the last option. Two different procedures may offer relief, although there are no guarantees. The first, TMJ arthroscopy, involves inserting an instrument into the joint to remove scar tissue and allow the surgeon to inject anti-inflammatory medication directly into swollen membranes. There is no incision (just two small puncture wounds), recovery can be rapid and you might be able to go home the same day. The second procedure, TMJ arthrotomy, involves making an incision in front of the ear to give the surgeon direct access to the joint. Surgeons prescribe this procedure for people with severe scar tissue, tumors or destruction of the joint. An overnight (or longer) hospital stay is required.

Thankfully, the specialist didn't recommend surgery but suggested a more moderate treatment that included a soft diet, anti-inflammatory medication and moist heat applied to the painful area. I adhered to this regimen for three weeks and then slacked off. The specialist started talking about TMJ arthroscopy. So I decided to get a second opinion, which led me to Dr. Gelb.

Like my dentist and oral surgeon, Dr. Gelb believes in starting conservatively. I opted for his recommended treatment—a bite plate plus physical therapy twice a week.

I was told to follow a soft-food diet, and I used moist heat on my aching jaw three or four times a day for 10 minutes at a time. I took aspirin to relieve the swelling and inflammation. Dr. Gelb also suggested I take 400 mg of magnesium citrate (a natural muscle relaxant) at night so I could get a better night's sleep. I also take vitamin C as well as glucosamine and chondroitin three times a day for joint pain.

I faithfully repeat his mantra, "Lips together, teeth apart," to reduce tension in my mouth, and I see a physical therapist twice a week for jaw massage and strengthening exercises. Right now, what I'm doing works. And there is good news in all of this:

Unlike the hip joint, which simply wears out with age, the temporomandibular joint is covered with cartilage that can repair itself over time, explains Dr. Gelb. "TMJ degeneration is usually self-limited and the destructive changes generally stop by the time you're 60," he says. Which for me means that getting older truly means getting better.

635 MADISON AVENUE
19th FLOOR
NEW YORK, NY 10022
PHONE 212.752.1661
FAX 212.832.5904

12 OLD MAMARONECK ROAD
SUITE 1C
WHITE PLAINS, NY 10605
PHONE 914.686.4528
FAX 914.289.1731

www.gelbcenter.com

migelb@gelbcenter.com



Michael Gelb,
D.D.S., M.S.

THE GELB CENTER

for CRANIOFACIAL PAIN, SLEEP DISORDERS and COMPREHENSIVE DENTISTRY

