Many Choices to Curb the Pain of TMJD

Scores of people suffering with intractable head, neck, and headache pain explore many paths to healing before they are guided to Dr. James Harold in Raleigh, who is widely recognized as a master of neuromuscular dentistry and the treatment of TMJD—temporomandibular joint dysfunction.

Rebecca is a young woman who is completing that difficult journey. She prefers to use an assumed name as she discusses her recent challenges.

“I began having problems with my jaw about nine months ago,” she recalls. “It was popping and clicking, and the resulting pain was developing into migraine headaches. Along with the headaches, I increasingly experienced vertigo and had trouble even reading. It was debilitating in many ways, and the intensity of the condition was steadily increasing for several months.

“I had gotten a night guard from my dentist after having a root canal, and I thought these painful symptoms were just a complication of that procedure, but my dentist said no, that was not the case. Frankly, there was a lot of confusion around trying to determine what was going on.

“There was a connection that I didn’t initially understand—between the locking of my jaw and the migraine headaches and the vertigo, so I started seeing a jaw specialist who referred me to a neurologist. In that process of referrals, I found myself meeting with Dr. Harold.”

“Dr. Harold’s approach is completely different,” Rebecca explains. “He has an orthotic custom made for each case. He did a series of tests to find the jaw position that is most effective for my body, to help restore and maintain balance. I started wearing the orthotic faithfully, and in about two weeks the headaches and the dizziness were gone. It was uncomfortable to wear at first, because it was forcing my jaw into a correct, balanced position. It was almost like a workout for my face: I could feel those muscles start to re-engage, and I could feel the muscles in my face building up again.

“I came to realize I had lost so much muscle tone in my face. Within a few weeks, all of my symptoms had subsided and I was a believer forevermore. He explained his process step-by-step along the way, and I was always able to get a quick appointment if I needed an adjustment to my orthotic. Now I’m in the orthodontic stage, where Dr. Harold is working in tandem with my orthodontist to adjust my bite, so my teeth don’t hit incorrectly when I bite down.”

Guidance to Relieve Pain

Dr. Harold, practicing in Raleigh since the late 1970s, is passionate and relentless in his efforts to relieve TMJD pain and restore balance.

“It’s important for patients in pain to know there are always choices to be made,” he says. “In a case such as Rebecca’s, from a TMJ perspective, surgery would succeed in sliding her jaw where her teeth come together to make the parts fit. Orthodontists also make the pieces come together. But missing in these approaches is the critical relevance of what is happening to the muscles in these particular cases. I see case after case of people who come to me with absolutely perfect bites but have severe pain caused by muscular imbalance.

“In Rebecca’s case, her lower jaw is small compared to her upper jaw, and there are two ways to address this issue. You can do it surgically, but basically that is unlikely to accomplish therapeutic change. A surgical procedure would simply slide the bone, without taking into consideration the muscles that support the bone.

“Even though surgery may result in a perfectly aligned bite, the support muscles are not part of the equation. It’s like hitting a wall with your forehead—your muscles are not engaged. Dr. Harold is able to bring balance to the body, as well as the jaw.”

Dr. Harold was attracted to the treatment of TMJD many years ago to relieve the pain and distress experienced by his wife, Nancy, who is a dental hygienist.
“In our approach, we are moving the whole jaw forward, non-surgically: Our question: ‘OK, muscles, can you adapt to this position?’ And we know they can, because we have them monitored and measured by a computer. And so with Rebecca, we moved to placing a pull-forward device, to train these muscles with a non-surgical approach.”

**EFFECTIVE?**

Does it work? “Yes,” responds the doctor. “And I answer somewhat philosophically. If surgery fails, you cannot simply return to the pre-surgical condition to consider other options. If you try on a pair of shoes and they don’t fit well, you simply put them back in the box and try on another pair. If, for a patient such as Rebecca, the pull-forward device doesn’t give the muscle shift we need, we can simply discard it as a therapeutic option. No harm done.

“In fact, these pull-forward devices most often work very well. Rebecca, who is young, came to see me because of jaw pain and pain locking. She had nausea, vertigo, jaw pain, sensitivity to biting, headaches in the temple area, neck and shoulder problems, difficulty sleeping—and on and on. For her, the pull-forward device was almost magical. You can’t adjust these devices; you have to wait until the body adjusts to them. With a regular appliance,” he explains, “you have a more unlimited range of motion. With a pull-forward, you are unable to close your teeth together until you pull your jaw forward, and then the jaw falls into place. It takes about a week to adjust to this unusual movement.

“So we placed this pull-forward device for her last December, and subsequently I made one adjustment to it. By early March, Rebecca was able to remove the pull-forward device because the jaw muscles have been trained. And all of her difficult symptoms are abated.”

**MANY CASES**

Rebecca’s experience with Dr. Harold is hardly unique. Several other examples:

**Dr. Karen Todd**, a pediatrician, spent years of her life living and working with intense levels of pain. “I spent about 10 years enduring migraine headaches and clenching of my jaw, along with intense neck and back pain. I felt that all of this pain was simply related to stress—in my work and my life—and of course I sought relief.

“I’ve been a grinder and a clencher since medical school, which my family dentist knew. He offered me night guards that were not very helpful. The fact is, I was grinding and clenching around the clock—and not just at night.

“As a doctor, I tried a lot of therapeutic approaches to relieve these problems, including neurologists with a neurologist, physical therapy treatments, chiropractic care, and massage—without appreciable improvements. Nobody ever suggested my problems might have something to do with my bite.

“Then I heard Dr. Harold on the radio, describing symptoms exactly like those I experienced for years. After testing, he assured me he knew exactly what was causing all of the pain in my life—and most importantly, he knew how to provide relief. Soon I had a small, clear acrylic device in my mouth, with instructions to wear it around the clock, removing it only to eat, floss and brush.

“Soon, I began to feel dramatically better. Now, I am completely free of migraines. The muscle tension and pain in my neck and back have disappeared. My kids are exclaiming that they no longer feel tightness in my back.”

**Jason Barefoot** came to Dr. Harold with similar problems. “Over time, the constant clicking and popping in my jaw was getting more intense,” he said. “It was more of a nuisance than painful, but my regular dentist suggested that I check in with a neuromuscular dentist to seek relief of this problem, and in fact it was slowly intensifying over time. That brought me to Dr. Harold, and I did a little homework to find out that he is one of the top TMJ specialists in North Carolina and far beyond.

“In our first visit, after a brief exam, he said he had a strong hunch that he knew exactly the cause of my clicking and popping, and after we subsequently did very comprehensive, detailed testing he announced that his hunch was right on the money.

“He quickly worked with his lab to produce a custom acrylic mouthpiece for me—an orthotic—which he said he thought I would only need to wear while sleeping. That’s proven to be true. I wear this comfortable little device at night, and during the day I am able to close my teeth together until you pull your jaw forward, and then the jaw falls into place. It takes about a week to adjust to this unusual movement.

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**For more information about neuromuscular dentistry, contact:**

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