

Greg Tarantola DDS

Components Of The Holistic Approach To Dentistry



Most “TMJ” problems are really muscles and not the joints themselves – and typically from clenching/grinding. We always have patients do the biofeedback/self-hypnosis audio first – many then do not need a mouthguard. If you do, this is the type of mouthguard Dr. T. generally recommends. It is a 3mm thick retainer-type material so it is thin and comfortable. However, there is a small percentage of patients – 10% - who still can’t tolerate it.

What makes it effective is the extension/addition you see at the front. It is customized for your bite so that only the lower front teeth touch it. The muscles therefore cannot contract nearly as much. See for yourself. Put your hands on the jaw muscles on the sides of your face (the masseters) and clench firmly on your BACK teeth to get a sense of how much the muscles contract. Now place a Q-tip between the front teeth kind of like the picture above and clench again –you’ll notice your back teeth don’t touch and you’ll also sense much less contraction – and therefore relaxation - of the muscles. This also allows the “ball” of the jaw joints to seat fully into the “socket” which takes the strain off the muscles.

The only time you don’t want to use this kind of mouthguard is if there is acute pain in the actual joints themselves – generally from an injury.

Clicking/popping in the TMJ is rather common. I find it to be more of an observation and not a problem. The disc in the TMJ is fibro-cartilage (not just cartilage like other joints) so it can heal, remodel and adapt. Low-level laser helps if it gets inflamed and uncomfortable.