

Chapter 14

Complex Medical Conditions With an Underlying Occlusal Etiology Successfully Resolved by Disclusion Time Reduction (DTR)

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ABSTRACT

The aim of this chapter is to present a series of chronic pain clinical cases that were originally diagnosed by non-dental healthcare professionals, as being something other than Temporomandibular Disorders (TMD). Specifically, the individual patient diagnoses were Phantom Bite Syndrome (PB), Meniere's Disease (MD), Cervical Dystonia (CD), and Trigeminal Neuralgia (TN), where the prior treatments rendered to each patient based upon these diagnoses were all unsuccessful. Each patient was then re-evaluated with a series of biometric occlusal measurement technologies, which included the T-Scan 10/BioEMG III synchronization module. This two-function synchronized system re-diagnosed each patient, and then was employed during each patient's rendered occlusal treatment and their post-treatment maintenance, to evaluate the accuracy of the treatment results. The six presented chronic pain patients were then treated with Disclusion Time Reduction (DTR) and the Immediate Complete Anterior Guidance Development Coronoplasty (ICAGD), after which each patient's symptoms either greatly improved or resolved completely. These differing Case Reports represent some of the earliest accounts of DTR Therapy and the ICAGD coronoplasty being employed in patients diagnosed with conditions that were thought to be non-dental head and neck disorders. As such, this chapter provides foundation literary documentation of the Dental Occlusion's extensive neurologic and etiologic reach that afflicts patients with varying chronic pain conditions that have up to this point in time, been highly misunderstood. Importantly, the observations put forth herein are highly suggestive that TMD can present as one of these alternative medical diagnoses, or that TMD was each patient's original problem condition that had been misdiagnosed because of a diagnostic absence of objective occlusal force and timing data that can only be gathered by the T-Scan 10/BioEMG III synchronization module.

DOI: 10.4018/978-1-6684-9313-7.ch014

INTRODUCTION

Most dentists would agree that no two topics can elicit a more passionate debate than TMD and Occlusion. TMD is an umbrella term that encompasses many different cofactors and etiologies. Traditionally, the diagnoses to be discussed in this chapter were rendered by taking an oral history of the patient (which is highly subjective), and adding what the clinician observed to then categorize the presentation of symptoms. Based on this categorization, a diagnosis was rendered. The classification of these different diagnoses was accomplished by categorizing the patient-reported symptoms into groups that demonstrated a high degree of symptom similarity. The one exception would be Cervical Dystonia, as one can observe the rotation of the head by aberrant firing of the neck and shoulders muscles.

Many dentists have presented and published case presentations where oral appliance therapy had helped patients with these unique diagnoses (Sims, Stack & Demerjian, 2012; Bjorne & Agerberg, 2003a; Bjorne & Agerberg, 2003b; Bjorne & Agerberg, 1996; Bjorne, Berven & Agerberg, 1998). Most likely, their reported therapeutic success was founded in two important factors that could contribute to symptomology resolution:

- A change in TM joint condylar position
- An optimized, corrected occlusion.

However, in the course of treating patients between the publication dates of the 2nd and 3rd editions of the T-Scan Research Handbook, the medical diagnoses exposed to DTR Therapy as treatment has definitively grown. Often, these patients seek a second opinion by being their own “best advocate”, as prior medical and dental providers were unable to provide substantial and long-lasting chronic symptom relief, until these patients underwent DTR Therapy.

These newly exposed medical diagnoses that responded to DTR treatment include:

- Trigeminal Neuralgia (Sutter, Teragawa, Radke, 2020; Thumati et al., 2022)
- Meniere’s Disease (Sutter, Thumati, & Thumati, 2022; Sutter, Thumati, & Thumati, 2023)
- Phantom Bite Syndrome, (Sutter, 2017)
- Cervical Dystonia
- Mal de Debarquement
- Vestibular Migraines
- Glossopharyngeal Neuralgia
- Cluster Headaches
- Occipital Neuralgia
- Migraine and Daily Tension Headaches (Sutter, 2016)
- Paroxysmal Hemicrania
- TMD disorders, (Kerstein, 1995; Kerstein, Chapman & Klein, 1997; Kerstein & Wright, 1991; Matos, et al., 2021, parts 1, 2, & 3)
- Palatal Myoclonus (Thumati & Kerstein, 2020)
- Superior Canal Dehiscence Syndrome

Most of these diagnoses were established from the clinical presentation of symptoms, which certainly can lead to misdiagnosis. It is well understood that TMD symptomology can mimic other maladies.

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