

The Temporomandibular Joint - New Treatment Options

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The temporomandibular joint (TMJ) merits special consideration in pain therapy. Jaw malposition and dysfunction are often attributed to one or more causes. In addition to psychological stress, malposition in the pelvis, joints and cervical, thoracic and lumbar spines coupled with hardening of the muscles can trigger craniomandibular dysfunction (CMD). Therefore, it is very important from a therapeutic perspective to treat patients quickly and successfully. A holistic examination is crucial. Please forgive me for not discussing other trigger factors in greater detail, but this would go beyond the scope of this presentation. I would like to present an extended treatment option with Bicom to you so that you can nevertheless treat patients effectively and successfully. This option is quick and easy to implement. Before I refer to the additional five steps, let's look at familiar steps in temporomandibular joint treatment. You will certainly have learned about practical implementation in the Regumed seminars led by Dr. Hennecke, Ms. Maquinay and Mr. Riffel.

We use program number 530.2 with channel II: Substance complex: foci of the jaws

(The foci of the jaws substance complex includes osteomyelitis as the potency accord together with selenium and cystine. (Osteomyelitis refers to inflammation of the bones or inflammation of the bone marrow – is this in conjunction with blocked temporomandibular joint?))

Step 1

Roll the sternocleidomastoideus

Step 2

Bite the teeth together, roll the upper and lower jaw

Step 3

Roll as far as the nasolabial fold with the mouth wide open

Step 4

Roll chewing movements in front of and behind the ear

Step 5

Roll the temporal muscle

From an osteopathic perspective, these five steps provide muscle relief and lay good foundations for further manual therapy. After this 20-minute session (the 530.2 program normally runs for 10 min, every step should be carried out for 2 min. There is no mention of extending the time to 20 min or it is a typing error), the tissue is soft and supple, and the joints can be moved easily. Certain muscles should receive targeted follow-up therapy to allow therapists with no manual knowledge to

successfully treat temporomandibular joint blocks. First of all, let us look more closely at some of the key muscles and how they function:

The digastric, mylohyoid and geniohyoid muscles are used to open the mouth.

The stylohyoid, sternohyoid, omohyoid and thyrohyoid muscles fix and lift or pull back the hyoid bone and are involved in the swallowing action.

The trapezius and sternocleidomastoideus muscles are also used to keep the head stable.

Step 6

Program setting unchanged (what does that mean? Treatment time set to 20 min? What is the electrode arrangement?)

530.2 + Channel II: Sesame oil (in the honeycomb or input cup channel 2) and foci of the jaws substance complex

The foci of the jaws substance complex includes osteomyelitis as the potency accord together with selenium and cystine. (Osteomyelitis refers to inflammation of the bones or inflammation of the bone marrow – is this in conjunction with blocked temporomandibular joint?)

In Ayurvedic medicine, sesame oil is used to treat teeth grinding. It has a positive effect on the vegetative nervous system.

The cranial hand is placed on the patient's lower jaw, namely on the Tuberositates massetericae (commonly referred to as the Tuberositas masseterica), and the caudal hand is used to roll around the Caput mandibulae joint arch which is now protruding.

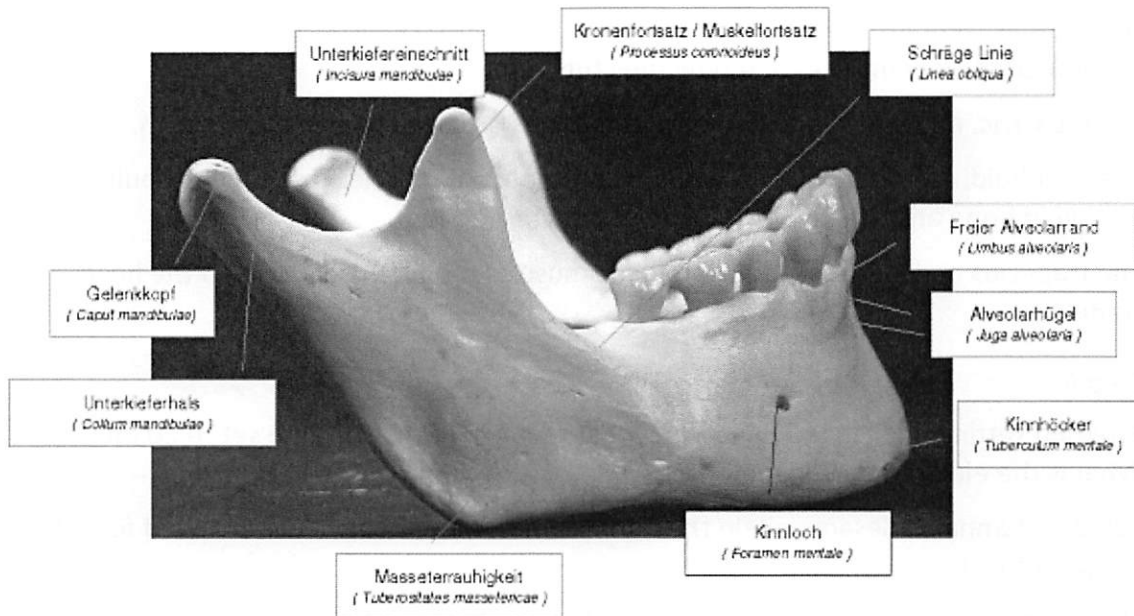
This treatment focuses on the masseter as well as the temporal muscle.

Roll the blocked side of the jaw intensively for a prolonged period.

Identification of a blocked side of the jaw:

Ask the patient to open and close his/her mouth slowly before treatment. If the lower jaw faces a certain direction, the temporal and masseter muscles are shortened on this side.

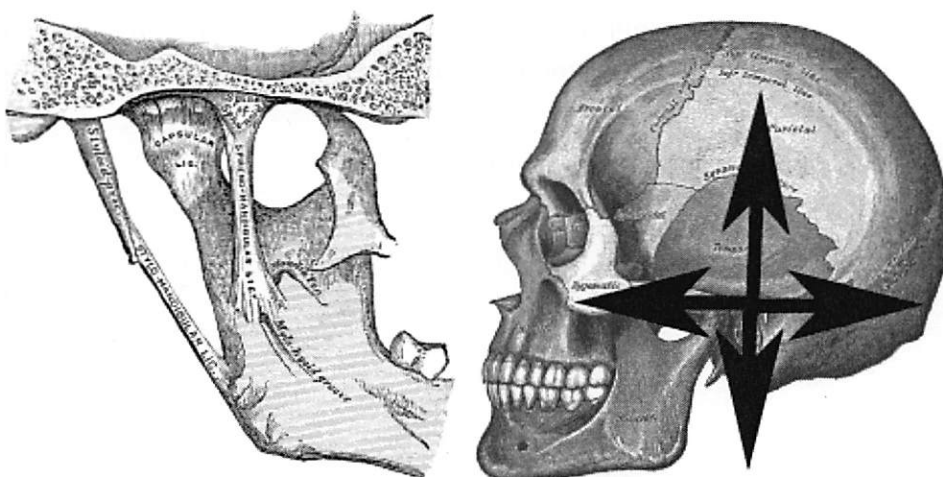
Roll to the temporomandibular joint (star-shaped)



Step 7

The patient should now sit down. The modulation mat should preferably be placed on the patient's stomach. The setting is unchanged (530.2 20 min/input electrode roll electrode? Should perhaps be more clearly apparent).

For hygiene reasons, put on a disposable glove and, with the thumb in the mouth, place the index finger on the lower jaw. The patient should be relaxed as much as possible and should allow the therapist to exercise individual movements. Move the jaw in the cranial, caudal, anterior and posterior directions and roll the Caput mandibulae again in each position but this time backwards and forwards, not in a star-shaped arrangement. Intense pressure must be applied to the roll. This procedure treats the sphenomandibular ligaments and the stylomandibular ligaments in particular. Any malpositions can be eliminated effectively with this step.



Step 8

Now all of the muscles used in opening the mouth are treated. To this end, the patient lies down again and the modulation mat is placed on his/her back. Gently stretch the patient's neck and intensively roll the lower jaw muscles up and down. These muscles

can then be manually stretched further in the direction of the sternum by applying light pressure.

Step 9

Now change the program setting and run programs 911 and 425 for 1 minute each. Goldfinger is used as the input electrode. (Output electrode/cup contents?)

As I reported at last year's Congress, we can target and treat various painful areas using the goldfinger electrode. The same applies for temporomandibular joint diseases. Now treat the masseter and temporal muscles.

Masseter:

Palpate the Tuberositates massetericae (or Tuberositas masseterica) in a slightly higher position until a small bulge is detected in the muscle. Position the goldfinger electrode directly in the centre. Caution: This point is extremely sensitive and very painful. Only press once on this point and leave the programs to run. The intensity at this point should then quickly regress. Do not execute any pump movements or the point will be irritated once again!

Temporal muscle:

Apply the goldfinger electrode with pressure to the zygomatic arch at an angle of 45 degrees from above, covering approximately half of the bone.

Step 10:

To conclude, place the modulation mat on the abdomen and a broad input electrode on the sacrum and run program series 10091 "Sacrum/coccyx block". The cause of CMD is often found in the sacroiliac joint or pelvis.

Once all 10 steps have been carried out, the patient will experience perceptible relief in the temporomandibular joint. I recommend that you repeat this treatment several times. You will see that you will be able to target and treat temporomandibular malpositions more effectively with these 10 simple steps. Good luck with this new treatment technique and here's to many satisfied patients.

Image sources: Wikipedia