Case study 1 - Caroline

Tooth, jaw and TMJ pain:

When you experience discomfort or concerns relating to your teeth or jaw, you will probably be inclined to go to a dentist. This is of course to be expected, and is appropriate for many dental issues. Modern dentistry brings substantial benefits and there are a great many excellent dentists carrying out very good work.

In everyday cranio-sacral practice, however, one encounters many patients with a variety of issues involving the teeth and jaw – persistent tooth pain, temporo-mandibular joint (TMJ) disturbances, facial pain - that have not been resolved through conventional dentistry.

Caroline had suffered persistent TMJ pain for years. It was mildly painful all the time, always painful when she chewed, and would often spread through the right side of her face and head. Two of her teeth, one on the left side and one on the right side were also persistently painful. She also tended to grind her teeth.

She had been receiving regular dental treatment for over three years to try and resolve the symptoms, but without success. Her dentist has given her a bite plate which immediately threw her system into chaos with constant headaches, neck pain, mental confusion and emotional distress, and a locked up feeling. She stopped using it after a few days. Her dentist persuaded her to try it again at least part time, saying that she would need to put up with the symptoms for a while until her jaw and TMJ adjusted. But her symptoms were unbearable and she could not continue wearing it. Her dentist was also keen to embark on further substantial dental work to try and align her jaw, and retrain her jaw muscles.

Caroline’s case history was long and complex. Among the list of various injuries, her story revealed certain particularly significant points. She had been hit by a car 23 years previously and her left hip remained intermittently painful ever since. She had fallen on her right shoulder 12 years ago, and her neck and right shoulder were usually tight and painful, particularly when her hip was playing up. Her childhood had been stressful and she had learnt to be submissive, suppressing her feelings of anger and resentment in order to avoid trouble.

External observation of her face showed a well balanced appearance. Looking inside her mouth revealed two missing teeth, one on each side, but this was not affecting her bite significantly, and otherwise a well balanced set of teeth. The muscles around her jaw were tighter on the right hand side.

Cranio-sacral palpation revealed a very clear whole-body twist, passing up from her left hip through the right shoulder into the right TMJ, with a corresponding torsion in the cranium, where the temporal bones were struggling to maintain balance within this whole body twist, putting strain on her TMJ. The contraction in her right shoulder and neck was also pulling the right side of her head downwards, particularly affecting the temporal bone and TMJ. The suppressed anger was clearly palpable in the tight contracted quality of her system as a whole, and particularly in her solar plexus and heart centre.
She had brought her bite plate with her, even though she had not used it for a long time. We palpated her system with and without the bite plate in place, and her cranio-sacral system definitely did not like the bite plate, locking up immediately.

Addressing the hip injury and releasing the tension throughout her system reduced the whole body twist substantially. After her first treatment, she reported that she felt more comfortable and balanced throughout her body and that her TMJ pain had disappeared. Working with the childhood trauma enabled significant changes in the overall quality of her system, and significantly reduced her teeth grinding.

These patterns were however deeply ingrained from childhood and from long standing injuries, and regular consistent treatment was needed to maintain balance and integration. Initially the symptoms tended to creep back gradually. With each treatment, the improvement lasted longer, and she was soon spending most of her time feeling relatively comfortable. Circumstances prevented her from receiving as much treatment as she would have liked, so it was difficult to reach complete resolution. At times of stress or overexertion, the symptoms would start to return, and she would come back for further treatment.

She did not need any further dentistry, because the source of her TMJ and tooth pain was not in the teeth or jaw. Initially, when her TMJ symptoms tended to recur, she wondered (understandably) if there was something fundamentally wrong with her jaw that needed dental or orthodontic treatment. But it was clear from the evidence of the cranio-sacral system that her TMJ symptoms were not coming from her jaw and that further dentistry was not necessary.

Thomas Attlee’s new book Face to Face with the Face explains how Cranio-Sacral Integration can help a wide range of persistent and painful conditions involving the face and the cranial nerves – from trigeminal neuralgia, sinusitis, hearing loss and TMJ syndrome to autism, chronic fatigue and polyvagal disturbance – through a deeper understanding of quantum levels of health and the biodynamic forces which underlie the body’s inherent healing potential.

Thomas Attlee is founder and principal of the College of Cranio-Sacral Therapy, London, the first and most established college of Cranio-Sacral Therapy in Europe, now in its 31st year. He is the author of Cranio-Sacral Integration – Foundation and the newly published Face to Face with the Face. www.ccst.co.uk