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## Tmj's and Headaches

Konark PATIL  
INDIA

Nearly 60% of population suffer from TMJ headaches, and they are probably the least understood and most miss-diagnosed of all health problems. There are two primary reasons why TMJ headaches are so commonly undiagnosed or miss-diagnosed. The first reason is that the symptoms can be almost exactly the same as the sinus headache, the tension headache, and the migraine headache, and occasionally like the cluster headache. In other words, it can mimic any of the other four major causes of headache. TMJ headaches also affect women (8 to 1) more than men and they usually begin between the ages of 20 to 50, but they can begin either earlier or later. The second reason TMJ headaches are so commonly undiagnosed or miss-diagnosed is that physicians are almost totally untrained regarding diagnosis and treatment of TMJ dysfunction, because it is felt that TMJ falls under the domain of the dentist. Unfortunately, most dentists are also poorly trained regarding the problem. Although some dentists recognize TMJ problems, they are unable to accurately identify the source of the problem. Their best effort to manage the problem is to use a therapy that is directed solely toward the symptoms, and does absolutely nothing to resolve the underlying cause of the problem. Examples of such attempts include splint therapy; occlusal equilibration, night guards, and drugs.

The symptoms of TMJ dysfunction are unbelievably diverse, both in nature and in severity. The most common symptoms are migraine-like headaches, which seem to come from behind the eyes or the side of the head. Also, there are the headaches or neckaches, which occur at the back of the head right where the neck attaches to the skull. People usually describe these neckaches as "tension headaches", as they are often associated with stress. The pain often radiates down into one or both shoulders.

Slightly less frequent, but occasionally more severe symptoms include vertigo (dizziness), ringing in the ears, lancing pain in one or both ears, hearing difficulties, stuffiness in one or both ears, light sensitivity in the eyes, ulcer-like pains in the stomach, low back pain, and poor posture.

More obvious, but less severe TMJ symptoms include clicking, popping, and/or grinding (crepitus) in the jaw joint; tenderness or pain in the jaw joint; sore or painful muscles in the head, face, or neck; difficulty in chewing; fatigue of the jaw muscles after prolonged chewing or talking; limitations of the range of motion of the lower jaw; locking of the jaw in either the open or closed position; clenching or grinding the teeth; sensitivity of the teeth; and deviation of the jaw when opening or closing the mouth.

There is rarely a day goes by in our office that we don't see a person who has suffered from excruciatingly painful headaches which utterly destroyed the quality of their lives. Through a very unique method of diagnosis and non-surgical treatment, we have been able to restore health, comfort, and optimal functionality to those who had TMJ dysfunction. Included in this group are many who had been previously treated, sometimes for years, for other types of headaches as well as TMJ headaches.

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