

Advice for those Suffering from a Painful Temporomandibular Joint

SHADIA ABDELHAMEED ELSAYED

Department of Oral and Maxillofacial Surgery, College of Dentistry, Taibah University, Almadinah Almunawwarrah, Saudi Arabia and Faculty of Dental Medicine for Girls, Al Azhar University, Cairo, Egypt.



Article History

Published by : 14 December 2021

The painful disorders of the temporomandibular joint (TMJ) comprise of a wide range of musculoskeletal diseases such as myofascial pain dysfunction syndrome, internal derangement, disc displacement, joint arthritis, joint arthrosis, and they can affect people of all ages.¹ I would want to underline several key points for people with temporomandibular joint disorder who want to prevent worsening of their condition and avoid the need of surgical intervention to the joint.

First and foremost, have faith in God's ability to heal and that every condition should have a therapy, even if we don't know what that cure is right now. TMJ disorders can begin with minor symptoms that can be treated with noninvasive methods such as medications, splint therapy, joint arthroscopy, and injections², or they may progress to a serious condition that requires aggressive management procedures such as joint reconstruction, prosthetic joint replacement, and disc repositioning.³ There is currently no complete agreement among physicians and surgeons on the optimal treatment for TMJ uncomfortable illnesses, and hypotheses about the mechanism and mechanical function of the mandibular joint are still being reported.⁴


In the messages that follow, we hope to provide advice to patients. Focusing on the following instructions that had proven to be beneficial to a large number of patients, and I would want to share it with you.

The jaw is only used for everyday routine actions such as chewing, swallowing, and speaking (handle it gently), not for deviant or odd functions, as some patients report. Do not open your jaw wide enough when you bite for example; large hamburger twins sandwiches. Use your jaw within the confines of the opening

CONTACT Shadia Abdelhameed Elsayed ✉ Department of Oral and Maxillofacial Surgery, College of Dentistry, Taibah University, Almadinah Almunawwarrah, Saudi Arabia and Faculty of Dental Medicine for Girls, Al Azhar University, Cairo, Egypt.



© 2021 The Author(s). Published by Enviro Research Publishers.

This is an  Open Access article licensed under a Creative Commons license: Attribution 4.0 International (CC-BY).

Doi: <http://dx.doi.org/10.12944/EDJ.03.02.02>



that you have. Treatment will be prolonged if the discomfort worsens as a result of ongoing improper use of the jaw muscles. When yawning, place your hand under your chin to support your jaw.

If joint pain is present on a regular basis, eat soft meals such as (for breakfast: eggs - milk - yoghurt - cheese and eggs. For lunch: salad - boiling vegetables - flat chicken - potatoes, mashed ice cream - jelly –desserts- fish – soup). Also, on days when your joints are painful, stay away from dry, solid foods like carrots, apples, and nuts. Chew on both sides of your mouth and don't concentrate on one side only. Slow chewing and little bites are recommended (watch yourself carefully).

TMJ pain can be exacerbated by certain habits that should be avoided during painful episodes of the TMJ such as chewing gum, biting pens - fingers sucking - teeth grinding - lower jaw excessive forward movement for gripping oral machines. Make your jaws relaxed and your lips slightly apart (the teeth are not always in contact). Remind yourself to utilize your jaw properly on a regular basis.

As for the muscles of the neck and head, also affect the jaw pain, try to always keep your back straight - the head raised at a moderate level, when reading and when using a computer, do not bend the neck forward too much, and use a pillow to support the lower back. Improve your ergonomics.^{5,6}

When there is a reduction in the mouth opening, use exercises such as the finger exercise to increase the mouth opening (simply the thumb is placed on the upper jaw and the index finger on the lower jaw and continue to open for 15 seconds with the use of ice packs on the muscle 5 minute.⁷

Try and do the exercises 5-6 times a day, using relaxed breathing techniques through the diaphragm. Avoid sleeping during the day and staying up late at night (sleep enough time and reduce the use of caffeine, stimulants and coffee at night). Take a warm bath before bed - (use relaxation and meditation exercises such as yoga and slow breathing).⁸

If you are using a splint device: You can wear the device while sleeping however wearing it during the day depends on the degree of pain. Do not eat with the device is on the teeth. Keep the device in a closed container, and it must be washed with brush with toothpaste before storing. An increase in saliva can be observed while wearing the device and disappears after getting used to it. The pronunciation of letters improves after getting used to the device.

I wish you a happy and peaceful life.

References

1. Altaweel AA, Elsayed SAH, Baiomy AABA, Abdelsadek SE, Hyder AA. Extraoral Versus Intraoral Botulinum Toxin Type A Injection for Management of Temporomandibular Joint Disc Displacement with Reduction. *J Craniofac Surg*. 2019 Oct 1;30(7):2149–53.
2. Elgazzaz M, Khalifa F, Amin G, Elsayed S. The Use Of Injectable Platelet Rich Fibrin In The Treatment Of Tempromandibular Joint Hypermobility. *Al-Azhar Dent J Girls* [Internet]. 2019;6(4):507–15. Available from: <http://adjg.journals.ekb.eg>
3. Abdel-Hameed Elsayed S, Hegab AF, Youssif Alkatsh SS. Does Surgical Release of TMJ Bony Ankylosis Increase the Risk of Trigemino-cardiac Reflex? A Retrospective Cohort Study. *J Oral Maxillofac Surg*. 2019 Feb 1;77(2):391–7.
4. Wolfe SA. Petersons Principles of Oral and Maxillofacial Surgery, Second Ed., Volumes I and II. *Plast Reconstr Surg*. 2005;116(1):332.
5. Bernstein JA, Fox RW, Martin VT, Lockey RF. Headache and Facial Pain: Differential Diagnosis and Treatment. *J Allergy Clin Immunol Pract* [Internet]. 2013;1(3):242–51. Available from: <https://www>.

- scopus.com/inward/record.uri?eid=2-s2.0-84877041043&doi=10.1016%2Fj.jaip.2013.03.014&partnerID=40&md5=813b3bbc80267eb1efe6d4f42fef49bd
6. Mignelli J, Tollefson LJ, Stefanowicz E. Conservative Management of Neck and Thoracic Pain In An Adult With Neurofibromatosis-1. *J Can Chiropr Assoc* [Internet]. 2021;65(1):121–6. Available from: <https://www.scopus.com/inward/record.uri?eid=2-s2.0-85106616327&partnerID=40&md5=27fac22cbe61825d7924b45156431b6e>
 7. Lawson E. TMJ Exercises. Oxford Univ Hosp NHS. 2014;
 8. Friction J, Anderson K, Clavel A *et al*. Preventing chronic pain: a human systems approach—results from a massive open online course. *Glob Adv Heal Med*. 2015;4:23–32.