

CoverSTORY

Feeling Your Pain

**A MIND/BODY
APPROACH FOR
TREATING TMJ
DISORDERS AND
OTHER TRAUMAS**

Most people are taught that pain is something to be feared and avoided. Typically, people run from pain, or they try to suppress it or numb it with medication. However, this is not the best way to react to the experience of pain, according to Karl Nishimura, DDS, MS, a specialist in orthodontics, craniofacial orthopedics and temporomandibular joint (TMJ) disorders.

Pain should not be feared or avoided, according to Nishimura. On the contrary, pain should be recognized as a friend, an indicator light on the dashboard of the body that tells us something is wrong. Pain is meant to wake us up. It should not be run from or suppressed, he said.

Nishimura developed his friendship with pain through his treatment of patients with TMJ disorders. During the past 30 years, these disorders have come to be recognized and a wide range of therapies and approaches have been developed to relieve their symptoms, Nishimura said.

By Steve Edgecombe

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EMOTIONAL TENSION

TMJ disorders are believed to result when the temporomandibular joints, or the jaw joints, and the muscles and ligaments that control and support them do not work together correctly, according to The American Medical Association Encyclopedia of Medicine. The most common cause of TMJ syndrome is spasm of the chewing muscles. Frequently, this is due to habits such as clenching or grinding the teeth, which is usually a result of emotional tension, according to the AMA.

An incorrect bite, which places additional stress on the muscles, may be a contributing factor. TMJ problems may also be caused by displacement of the joint as a result of jaw, head or neck injuries. In rare cases, osteoarthritis is a cause, the AMA says.

Common symptoms include headache, tenderness of the jaw muscles, and dull aching facial pain with severe exacerbation in or around the ear, according to the AMA. Other symptoms may include clicking or popping noises when the mouth is opened or closed, difficulty opening the mouth, jaws that "lock" or get stuck, or pain brought on by yawning, chewing or opening the mouth wide.

Conventional treatment modalities include applying moist heat, taking muscle-relaxant drugs, massage, eating soft foods or using a bite splint at night to prevent grinding or clenching. The bite may need to be corrected by grinding the teeth or by the use of braces or other orthodontic devices, according to the AMA. In severe cases, surgery on the jaw joint is recommended.

Nishimura pointed out that recently a plateau has been reached in terms of the success rates achieved in treating the majority of patients with TMJ disorders. He is quick to note, however, that between 5 and 15 percent of patients with these disorders are non-responsive to current, conventional treatment protocols.

NEW PARADIGM

To help these "end-of-the-line" patients, Nishimura and his colleagues began to shift their thinking about TMJ disorders to a new paradigm. This paradigm teaches that TMJ disorder cannot be treated separately from the body or the mind. To effec-

tively treat TMJ disorders, their causes, which often relate to previously experienced trauma, must be discovered, according to Nishimura.

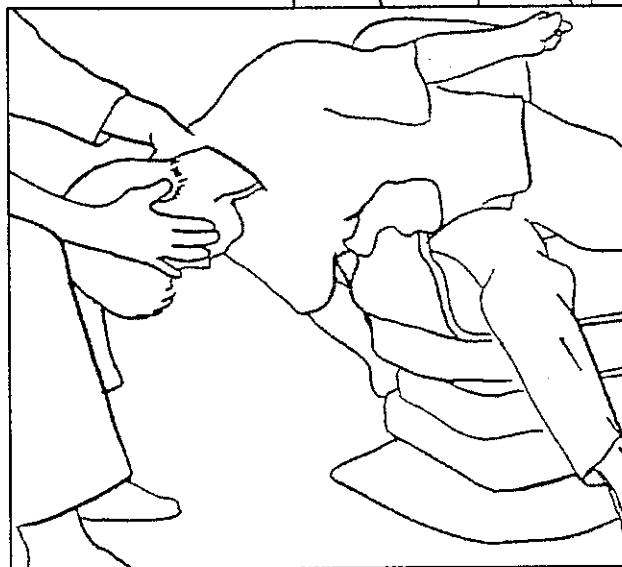
In order to accommodate long-lasting change for these patients, several approaches are important: 1) therapy to remove the traumatic environmental experiences from the body/mind complex (BMC) and allow the affected tissues to normalize; 2) restoration of the normal vertical dimension of the jaw; and 3) posterior temporal exercise to restore and maintain functional muscular balances, according to Nishimura.

Up to that point, Nishimura and his colleagues had been treating TMJ disorders, malocclusions and dental problems as if they were separate from the body and the mind. They soon began to see, however,

sensitive touch, one could locate and release these tensions.

At the same time, Nishimura began to employ several different physical therapies, relaxation techniques and meditation methods that were being used to treat different joint disorders in the body and the TMJ area.

He also learned about and experienced Shiatsu, Roling, Applied Kinesiology, chiropractic, Upledger CranioSacral



Locating the Indicator Point

Therapy™, Feldenkrais, physical therapy (Roccobado), Trager, Reiki, SomatoEmotional Release®, Chi-Gong, regression and massage therapies, acupuncture, acupressure and electroacupuncture, and other therapies, which enabled him to see that the body was a whole unit with compensating mechanisms.

Using the Entire Body

that the jaws were intimately related to the rest of the body.

TENSION RELEASE

After studying with various doctors of osteopathic medicine, including Viola Frymann, DO; and Gerald Slatterly, DO, Nishimura began to see that prior traumas reside in the tissues of the body, and with a

While searching for answers to problem cases in both TMJ disorders and orthodontics, Nishimura developed Trauma Release Therapy (TRT), which employs aspects of the treatment methods he studied. TRT also realizes the connection between an individual's chronic pain symptoms and the body's storage of all prior emotionally and physically trau-

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matic experiences.

"We're finding that these traumas are kept in the body," Nishimura said. "The exact duplicate of each traumatic event lives on in the brain, in every cell of body. Every trauma that we experience we store and keep. We record it in our body software (tissues)."

In working through the physical and emotional suppressions, Nishimura came to find that the tissues became more resilient, normalized and, eventually, he was able to re-establish the full range of function of the jaw joints.

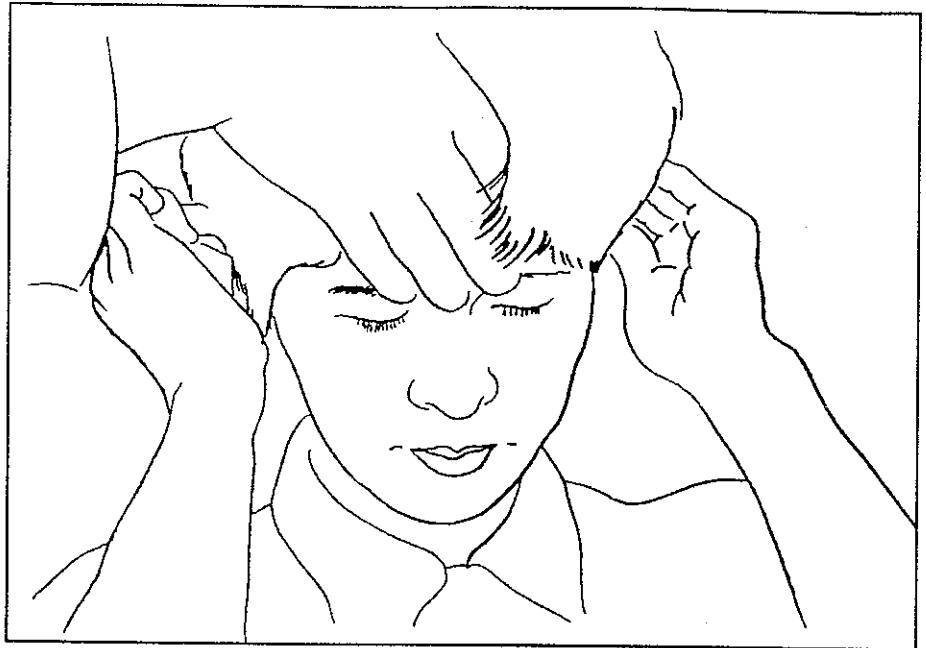
"We didn't realize that these traumas have such a hold on us," Nishimura said.

TRT PROTOCOL

The principles of Trauma Release Therapy involve recognizing pain, going toward pain, challenging pain, eliciting the traumatic experience, and reducing tissue tensions throughout the BMC to bring about normalization, self-healing and pain dissipation, according to Nishimura.

The TRT 10-Step Protocol involves teaching patients to:

- 1) Locate the indicator point or most intense point of the wound, bruise, scar etc. and press only enough to bring tension.
- 2) Sequentially position the head, face, eyes, lower jaw and tongue in the position that brings the most tension and hold.
- 3) Sequentially position the shoulders, arms, wrists and hands in the position that brings the most tension and hold.
- 4) While sitting, sequentially position the entire body — hips, legs and feet in the position that brings the most tension and hold.
- 5) Direct buildup of tension throughout the body by holding your breath and feeling and connecting every tightness in the body; bring your body to the peak of tightness.
- 6) By asking questions, try to elicit the memory of the traumatic event and physical effects, sensations and others involved to release tensions and relax to the physiologic "gel state" or state of total relaxation.
- 7) While sitting, check for residual tensions in the head and neck, hold any position that feels tight and relax.
- 8) While sitting, push down and pull up on the collarbones to monitor the lower parts



Residual Tensions

of the body for tension, hold the position that feels tighter, take a deep breath and relax.

9) While sitting, monitor physiologic, mental, emotional responses to the traumatic experience.

10) Direct complete, full-body relaxation with upper body forward from a sitting position. Release all tension from face, head, neck, shoulders, arms, elbows, hands, wrists, fingers, spinal column, hips, legs, knees, ankles, feet and toes. Make the lowest possible tone to organize and unify the BMC.

FIRST AID

One of the benefits of TRT is not only accessing and rooting out accumulations of prior traumatic experiences, but also in relieving a traumatic experience as soon as it occurs as a type of first aid, according to Nishimura.

TRT is easy to learn and perform on oneself, Nishimura said. The TRT process does not depend on the therapist's palpatory skills, but in learning to direct the individual or self toward tension, tightness and pain, he said.

Nishimura admits that physiologically, he is not quite sure what is happening within the body during TRT, only that the therapy has proved successful with himself and with his patients.

"We are just tapping into an area that we do not know a lot about," Nishimura said. The BMC is only beginning to be appreciated in the health professions, he said.

One thing is for sure — the treatment of TMJ disorders has come a long way, according to Nishimura. There are now many avenues to explore beyond the immediate area of the face and jaws to help those who suffer from TMJ disorders, he said. TRT is one of those avenues.

"We don't know all the answers," Nishimura said, "but we are getting a more global view."

Nishimura teaches workshops in Trauma Release Therapy through the International Alliance of Healthcare Educators (IAHE). For more information on Trauma Release Therapy, please call IAHE at (800) 311-9204, ext. 9318.