



My Face Hurts

by Robin Mangan



“My face hurts,” I exclaimed to one of my doctors. “It hurts me too,” he answered matter of factly.

In the midst of all my pain and suffering, I found myself chuckling and finding a strange sense of comfort in his joke. Humor does have a way of releasing a little steam out of the pressure cooker. This doctor was one of many that I had consulted over the years for my severe head, face, neck and, eventually, shoulder and body pain.

TMD has been a part of my life since I was a young child when I began grinding my teeth during sleep. I had the “click” upon opening and closing my jaw but was free from related symptoms or discomfort otherwise.

In the early part of 2000, six weeks after I had developed chronic fatigue syndrome (CFS)—due to multiple factors including a hysterectomy and reoccurring, life-threatening electrolyte shock—I suddenly came down with severe, unrelenting, 24/7 head pain and a stiff neck. It was as though my whole head was in a strong vice with screws secured very tightly. I thought with such incred-

ible head and neck pain, it had to be something quite serious. After many MRIs, blood patches, spinal taps, blood tests, nuclear tests, CT scans, X-rays, ultrasounds and other tests, the doctors found nothing. “Could it be psychological?” a few of them suggested. One rheumatologist flippantly stated, “I don’t know what’s going on with your head and neck, but you have fibromyalgia in the rest of your body,” and recommended I see a psychiatrist.

Was I really going crazy? Or was there a reason for this new constant companion? Months later as my husband and I were again playing medical detective, he suggested that my new “gummy” night guard could be part of the problem. We shared my husband’s bright idea with the physical therapist, and he suggested buying a football mouth guard at Wal-Mart or a sporting goods store. At that time, medical professionals were in my mind all-knowing, so I began using this recommended mouth guard despite the fact that it was huge, ugly and PINK! It looked as though I had a second pair of lips. This is what great romances are built on, right? My poor husband ... for better or for worse.

From one night with a “gummy-bear” splint to a new night with another soft splint. The result? A little reduction in my head pain but nothing significant. This observation led us to a handful of TMD dentists without any relief to show for it. So, we stopped following that trail for a long while and continued to search elsewhere to find some relief for my constant head pain. During these three years, I was mostly bedridden and progressively became worse to the point where my husband would literally have to hold my head up for me to brush my teeth or go to the bathroom. I ate lying down. In fact, I did most things lying down. Once a day, I would liberally apply topical pain killers to my neck so I could get out and walk. My endurance was low so my walks were short—but they kept me sane. Near the end of these three years,

symptoms worsened and I got to the point of having to extend my arms and legs away from my body every fifteen minutes or so. My muscles were hard as rocks and getting tighter and tighter as time passed. What was happening to me? I was scared and felt totally helpless. My whole body was literally strangling me.

In an attempt to cease my tears, I decided that if I couldn't change my physical health then I was going to try to change my perspective. I enrolled in a class that taught me how to release my emotions. This technique was my saving grace in two ways. It not only helped me to find contentment again, but a fellow classmate told me of a cranial sacral therapist who would set the direction of my medical care on a better path.

A gifted therapist trained originally as an osteopath, she positioned her fingers under the base of my skull and pulled my head with her fingers for what seemed a very long time until finally there was a release. For the first time in three and a half years I had some relief of my head pain. I had had countless sessions with various types of therapists over the years, but no response quite like this. She thought that the sphenoid bone (located in the head) was compressing my spinal cord. This basic technique lowered my pain from a nine to a six or seven on the pain scale. Unfortunately though, to maintain this lower level of pain, I had to see her every week or two. A year later she suggested I go to yet another TMD dentist, who was also an orthodontist. It took a few months of prodding, but I finally made an appointment.

When I showed off my lovely PINK football mouth guard to the dentist and shared my recent medical history, he exclaimed, "... that's like putting gum in your mouth and telling you not to chew it!" A hard appliance was then suggested. I decided to give yet another splint a try—not a cheap decision at \$300 to \$800 a pop. No wonder those of us with FM go broke!

Well, within two weeks of wearing my new hard splint, my head, neck and shoulder pain significantly reduced to a three or four on the pain scale without any cranial sacral

therapy. My body improved as well. I finally found the CAUSE of all the years of suffering with constant head and neck pain.

Over the next two years, I began to receive monthly trigger point injections to release the trigger points that had developed during the four years I wore the two soft splints. These injections helped reduce my pain down to a two on the pain scale. But again, I found that I needed to continue these injections to keep my pain at this level.

Hmm...I had gotten rid of the cause (the soft splint) but I was continuing to have head, neck, shoulder and body-wide myofascial pain. Could it be that there was a perpetuating factor? Of course—my grinding! Even though I had ground my teeth since I was a young tad and never suffered any ill effects from my TMD, could bearing down on even a hard splint be perpetuating the muscle tension and pain that was already there? It seemed

logical.

Upon extensive research on how to stop bruxism, I began trying various different treatments such as "cease-grinding" supple-

ments, a splint with an alarm that sounded every time my teeth touched, a hypnosis CD for TMD, and various different TMD exercises. The result? Supplements were either too strong with side effects or, they would work for a few days, then I would begin grinding again. The hypnosis CD didn't seem to produce a consistent outcome. The most entertaining was the splint with the alarm, as the buzzer frequently malfunctioned and went off repeatedly during the night, interrupting our sleep. My poor husband ... for better or for worse.

What has seemed to produce the best and most consistent response are the set of TMD/mind exercises I discovered. Why are these working, while other techniques have failed? Could it be the mind-body connection? This has been my observation. When our mind is still on, so can be our muscles—especially for us Type As.

Thankfully, my face rarely hurts now. And I wonder... is it hurting others less now too?

"... that's like putting gum in your mouth and telling you not to chew it!"



Answered by Dale Lotter, D.C., Director of ADIO Life Center in Tucson, Arizona

Q. What is the link between fibromyalgia and bruxism?

A. Bruxism is the medical term for severe teeth grinding. Nighttime grinding, which affects a very high percentage of fibromyalgia patients, is known as nocturnal bruxism. It can cause loosening and loss of teeth, temporomandibular joint disease, headache, earache and pain in the face, neck or shoulder.

In a recent study of bruxism in the general population, it was found that sleep apnea was the single most common risk factor. Obstructive sleep apnea occurs when the throat becomes too narrow for the appropriate amount of air to reach the lungs. It is usually accompanied by snoring and clearing the throat and ultimately wakes one up with a startle, unable to breathe. Bruxism is often associated with these arousal episodes.

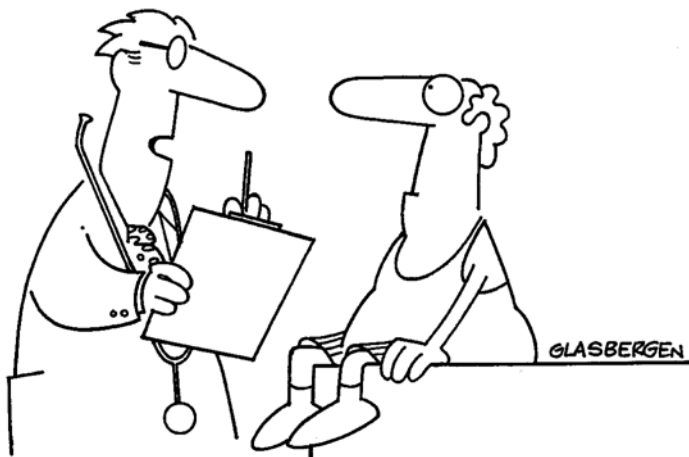
Fibromyalgia is associated with many sleep disorders, which leave the patient exhausted even after a “good night’s rest.” Of all these sleep disorders, ranging from

restless leg syndrome and alpha EEG anomaly to bruxism, sleep apnea is the most common. The most widely used medical treatment for sleep apnea is continuous positive airway pressure (CPAP). CPAP involves wearing a mask over one’s nose every night when one goes to sleep. The mask blows pressurized air into the nostrils, helping to open up the airways. One of the benefits of CPAP is that in a vast majority of cases it stops bruxism.

Not only has research found a definite link between sleep apnea and bruxism, but it has also forced us to ask: could sleep apnea be a perpetuating factor of fibromyalgia? A majority of fibromyalgia patients suffer with sleep apnea, which not only leads to fatigue but also deprives muscles of oxygen (hypoxia). Lack of oxygen to muscles is a known cause of muscle pain (myalgia). Since fatigue and muscular pain are the two primary symptoms of fibromyalgia, sleep apnea looks like a possible contributor.

ON A LIGHTER NOTE

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“We can’t find anything wrong with you, so we’re going to treat you for Symptom Deficit Disorder.”