NEWSWORTHY NOTES

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PARKINSON'S RESOURCE ORGANIZATION

Working so no one is isolated because of Parkinson's

PRESIDENT'S MESSAGE

Another summer is disappearing into history. For me it was a very full summer. I took a couple of special trips; one to my now oldest sister's celebration of their 50th wedding anniversary. So special to spend time with family, old neighbors and friends plus meet so many nieces and nephews, the grandchildren of my siblings. The second trip was to celebrate Christmas in July. My family understands that I will only visit Minnesota in December for an emergency; consequently they created Christmas in July so that I could participate in their celebrating. Fun trips!

An awesome trip for me was as the invited guest of the **AMERICAN ACADEMY OF CRANIOFACIAL PAIN** (AACP) at their 25th annual convention in Salt Lake City, Utah in July. PRO, and I, as its representative, was so warmly received and embraced because of the work that we had embarked upon after our introduction to a breakthrough we were introduced to in March.

Read about **MY 20 YEAR GIFT TO THE PARKINSON'S COMMUNITY** on page 3, **GETTING THROUGH THESE TWENTY YEARS** also on page 3, **TEMPOROMANDIBULAR DISORDER: THE GREAT IMPOSTER** by Leonard J. Feld, DDS on this page. And a PROvocative, **FAIR RECAP OF DISEASE RESEARCH FUNDING** on page 4.

MARK YOUR CALENDAR, January 15, 2011, the Renaissance Esmeralda Hotel, Indian Wells (Palm Springs area) PRO's amazing Symposium, **ULTIMATE QUALITY OF LIFE.**

During the summer we even pulled off a small fundraising event, thanks to Frank and Mary Buytkus, the Forties Limited Car Club and lots of volunteers and supporters. We had an **AFTER DINNER DANCE** at the incredible Automobile Driving Museum in El Segundo. Check the Museum out in person and online at **www.automobiledrivingmuseum.org**. In addition to their providing the venue, free of charge, they also provided the live band. We had approximately two months to plan and execute the plan; we generated in excess of $8,000 in new revenue. Thank you to everyone who participated.

Lastly, we concluded our **BI-ANNUAL LETTER** writing/ funds development campaign and we especially thank YOU that made donations to sustain our continued work. We are honored to have your support.

As the **SUPPORT GROUP MEETINGS RESUME** I suggest that you mark the date (see Page 2) on your calendar for each day the meeting in your area is held, from September through June of next year. Regular participation is the only way to ensure that your meeting will stay alive and operating. Meetings with nominal participation will be subject to closure, in this economy we are watching, more closely than ever, where your funds are being spent and poorly attended support group meetings are being

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TEMPOROMANDIBULAR DISORDER: THE GREAT IMPOSTER

Leonard J. Feld, DDS

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There seems to be confusion and a lack of clarity surrounding Temporomandibular Disorder (TMD). This disorder has often been called "the Great Imposter," because so many of its symptoms can mimic other disorders. Many patients with TMD problems also have symptoms including headache; migraine; neck, shoulder, and/or back pain or stiffness; earaches, congestion, or ringing in the ears; clicking, popping, or grating noises when opening and closing the mouth; broken teeth; tired jaws; pain when chewing, limited mouth opening or jaw locking; dizziness; difficulty in swallowing; anxiety; tingling in fingers; depression; sleep disturbance and disorders; fibromyalgia. This article presents research on and information about the origin and treatment of temporomandibular joint (TMJ) problems and the connection of TMJ Dysfunction to many systemic symptoms.

DIAGNOSIS IS KEY. The American Dental Association stated in 1991 that dentists have the prime responsibility to diagnose and treat problems of the temporomandibular joint to the extent of their ability. The dental profession must be regarded as the primary care provider for patients suffering from TMJ Dysfunction (TMD), since the TMJ is part of the oral cavity. Yet TMD is rarely taught in dental schools in the US. A trained dental specialist in TMD must have postgraduate education and use different modalities, including at least one or more diagnostics, for example cephalometric (measurement of the dimensions of the human head by radiography) or tomographic (imaging by sections or sectioning, through the use of waves of energy) radiographs, MRIs, and CT Scans, as well as electrodiagnostics, to confirm TMD. Panoramic dental x-rays are not considered diagnostic nor do they provide sufficient information for a positive diagnosis of TMD.

HOW SYMPTOMS START. TMD is a consequence of mandibular misalignment, which is a structural problem. There may be a TMJ compression and/or a disk dislocation. If the jaw joint is dysfunctional and the protective disk supporting jaw movement has been dislocated or traumatized through a macro- or micro-trauma, there may be immediate or delayed signs and symptoms of TMJ Pain. Some people adapt to the dysfunctional joint and dislocation by developing postural problems and

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may not exhibit immediate signs and symptoms of TMJ pain. In other people, the problem may take years to surface while the protective disk gradually degenerates and causes dysfunction of the jaw joint areas. As the protective mechanisms of the disk is lost, the jaw starts to create bone-to-bone contact and rubs on the bone, nerve, and vascular tissue. Now we have signs and symptoms.

TRIGEMINAL GATEWAY. Many studies have shown that TMD patients have a high medical utilization rate. If a patient has sufficient TMD, a thorough medical history will typically reveal multiple pathologies attributable to trigeminal disturbances. In some patients, the joint itself may hurt or pop or click. This is normally seen during the early stages in some headache sufferers. After a while the noises and joint pains go away, but the joint continues to undergo damage. It becomes quiet and the pain is transmitted to other parts of the head. The natural protective disk of the joint slowly reabsorbs and the jaw is then rubbing on bone. The patient who experiences monthly headaches, along with popping or grinding, eventually develops twice weekly headaches with no noises. The patient could suffer needlessly for many years and the structure could further deteriorate.

The Trigeminal nerve is one of the most complex and powerful nerves in the body. The trigeminal system is closely associated with the TMJ as the auriculotemporal nerve, an afferent branch of the trigeminal nerve, inserts into the head of the condyle and posterior of the disk. The retrodiscal tissue contains a matrix of blood vessels and nerves behind and on top of the condyle head of the mandible. If the space behind the condyle is lost through anterior displacement of the disks, the condyle will move backward and pinch the nerve tissue, causing neuritis. Nerve-fiber stimulation will cause low level chronic irritation, which may then, via crossover interneurons, stimulate cranial nerves V Trigeminal, VII Facial, IX Hypoglossal, and X Vagus and link to other neural elements in the reticular formation, causing reflex reactions within the spinal cord.

Chemical and electrical connections can occur between adjacent demyelinated axons, known as ephapse. This ephaptic "cross talk" may result in the transfer of nerve impulses from one nerve to another. The trigeminal and facial nerves have

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"I don't know what you are doing but keep it up." People who have not seen me for a year are astonished and are quick to speak to my wife about the progress !!!!!

The first day at West Lafayette Dentist's office three people helped me into the chair. Doctor Brady jerry-rigged a mouthpiece with a stick between my teeth. I arose on my own and walked down the hall several times without help.

I do not feel I am cured, but, I do emphatically believe I am 80% improved.

I feel Dr. Kib Brady of West Lafayette may help you. Importantly I feel he has the tools to help many PD patients. Another friend has signed up. Dr. Brady and/or I would appreciate the opportunity to share more with you. Please call me or Doctor Brady.

What a relief this can be for PD Patients.

PRO is aware of approximately fifty doctors in the United States that trained and are delivering this treatment with success. This is a specialty among Dentists, most of whom are members of the American Academy of Craniofacial Pain. We are also delighted to report that we know others are being trained.

At the next PRO Symposium scheduled for January 15, 2011 at the Renaissance Esmeralda Hotel in Indian Wells (Palm Springs area) this treatment will be the highlighted topic. Dentists form across the United States and members of the AACP will be present. If you are interested in volunteering to help in orchestrating the symposium, Please contact the PTO office

For more information about TMJ and/or TMJD, please feel free to get in touch with us, and when doing so, please have already made a donation to PRO or be prepared to make a donation to PRO. With our connection to the AACP we will assist in finding specialists in your state.

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PRESIDENT'S MESSAGE – *cont. from page 1*

targeted for closure. Be aware that most of the September and October meetings will include TMJ and TMJD presentations.

We are looking for valuable and supportive Board Members; with time, talent, volunteerism, moral and financial support of PRO and its Mission. Could you be one of these people? Please get in touch with me or our Secretary/Treasurer, Bill Remery

We remain committed to *Working so no one is isolated because of Parkinson's* and rebuilding lives of people who, otherwise, thought they lost life to Parkinson's. We appreciate you for participating in whatever way you can to keep this a reality.

I hope you like what we've put together for you this month. We have all confidence that the benefits you receive from PRO are superior. Keep putting your money where your benefits are.

Until next month, have a safe and pleasant LABOR DAY, PATRIOT'S DAY, INTERNATIONAL DAY OF PEACE, GRAND PARENT'S DAY and any other day you wish to celebrate. GET INVOLVED, CELEBRATE YOU AND PRAY FOR OUR TROOPS!

Love,

President & Founder

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many branches that project into the ear, thus giving signs and symptoms of dizziness; even the slightest dysfunction may cause the ear to hurt. Hyperactivity can affect all aspects of the trigeminal nerve–sensory, motor, and proprioceptive.

When the trigeminal nerve is affected, it releases the neuropeptide substance P (SP). SP is not recycled, but lingers in the body with endocrine-like properties. Disorders associated with elevation of SP are generally referred to as neurogenic inflammatory disorders and can mimic autoimmune disorders. This is thought to be caused by multiple pathways including trigeminal nerve modulation of sensory input into the limbric brain and pain neuropeptide modulation of brain neurotransmitters.

Vagus nerve stimulation produces a vasovagal response with sensory input to the stomach that can cause irritable bowel syndrome or nausea. The trigeminal nerve is known to control blood flow to the brain through the trigeminal vascular complex. The combination of the trigeminal nerve input and the parasympathetic, sympathetic, and brain function activities comprise what has been suggested to be the trigeminal vascular reflex, which is responsible for the migraine pain.

Some instances of Tourette's Syndrome may be of TMJ origin, and some Parkinson-like tremors and motor function disturbances may be related to trigeminal input into the reticular formation in the brainstem that controls the brain's activation level.

REHABILITATION IS NONINVASIVE AND SAFE. There is so much skepticism about TMD treatment from healthcare professionals, because most physicians and dentists have not had extensive postgraduate training in mandibular orthopedic neurophysiology necessary for diagnosing these disorders. When appropriate diagnostics have been confirmed the presence of TMD, treatment may be initiated with a mandibular orthopedic repositioning appliance or an anterior repositioning appliance. There are removable orthopedic appliances that support the mandibular in a relaxed neuromuscular position, thus protecting the trigeminal nerve and supporting neurovascular structures. The devices calm the trigeminal system and in time resolve associated pathologies of migraine headaches and their symptoms.

Most physicians prescribe medicines to treat the symptoms, not the causes, of head and neck pain as well as fibromyalgia, anxiety, depression, tremors and impaired proprioception. The medicines either block the pain or constrict the blood vessels, lessening their expansion in the brain. The problem with these vascular headaches is that we forget to find the causes for the distension and vascular changes. If there is a true joint damage, then treatment must also correct the structural problem, because the damaged joint may be causing these problems. In patients with joint damage, the vascular changes are clearly evident, diagnosable, and usually reversible without medication or surgery by treating the patient with an anteriorly repositioning appliance or a mandibular orthopedic repositioning appliance.

The key is to rehabilitate injured tissues and restore them to normal function and health. If there is a structural problem with the TMJ joint, a trained dentist is the best healthcare provider to solve this problem. Only a dentist can treat a dislocated jaw or a posteriorly displaced condyle. Only a trained dentist can reposition a condyle that is in an incorrect position in the glenoid fossa and move it to the physiologically correct position, away from the nerves and blood vessels. Using a mandibular orthopedic repositioning appliance or an anterior repositioning appliance for therapy is noninvasive, completely reversible, and predictable. Overall, the therapy results in either an absence or a 95% improvement of symptoms.

In summary, when the diagnostics verify a structural problem that exacerbates the many comorbid symptoms associated with TMJD, we have an answer and a treatment that can be duplicated and verified. Many medical symptoms that were previously treated with medication and/or surgery can now be successfully treated with an anterior or a mandibular orthopedic repositioning appliance. This is a noninvasive, nonsurgical, and nonpharmacologic alternative to the conventional temporary solutions, and it is a dental orthopedic solution that has been proved to work 95% of the time.

Doctor Feld is a Diplomate of the American Board of Implantology and the International College of Oral Implantologists, as well as a Diplomate of the American Board of Craniofacial Pain. He is a Master in the American Endodontic Society and the Misch International Implant Institute. He is a Fellow in the American Academy of Implant Dentistry, The International Congress of Implantology, European Implant Congress, and American Academy of Orofacial Pain. Dr. Feld is also a member of the American Dental Association, the California Dental Association, the American Academy of General Dentistry and the American Academy of Sleep Medicine and Sleep Dentistry. He is also the Co-founder of the International TMJ & Sleep Medicine Network.