

# DENTAL WELLNESS\* NEWSLETTER

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This is the third issue of our newsletter. Its purpose is to provide information that can be of assistance to my patients, their family and friends. We are continuing to receive excellent feedback from our past two issues along with requests for information regarding various dental topics, some of which is included in this issue and will be in up and coming issues.

## HEAD AND NECK ACHES?

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### Quote of the month

**“The bitterness of poor quality lingers long after the sweetness of low cost is forgotten.”**

*Anonymous*

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Chronic headache and facial pain sufferers experience a silent segregation from the world around them. Their pain can range from being occasionally distracting to totally debilitating, their plight often being invisible to the outside world.

A large number of cases involving headache, muscle spasms and jaw joint pain are absolutely a dental problem. From mild to severe, occasional to relentless, the symptoms can vary widely from one person to another. Often patients have sought answers far and wide. There now exists an accurate, relatively simple method to determine whether or not the cause of such pain – cases previously undiagnosed by the Medical and Dental professions - is of dental/bite origin.

The Medical and Dental professions increasingly are becoming aware of the intricate relationship between a person's bite and the muscles, nerves and associated structures of the jaw joints.

Teeth touch together with each swallow, 600 to 1000 times per day with 60 pounds per square inch pressure with each contact. Additionally, when chewing, and with those who clench or grind their teeth, pressures can mount up to 1000 pounds per square inch. For a large number of persons with

facial pain and headaches, the problem and its solution revolve around one of the most complex joints in the body – the Temporomandibular Joint (TM Joint). The condition is referred to as Temporomandibular Joint Syndrome, or “TMJ”. It is not a disease - it is a simultaneous occurrence of problems associated with the TM joint structures, nerves, facial and chewing muscles and the functional relationship of the upper and lower teeth.

During times of tooth contact, if the teeth do not mesh together properly the TMJ's are moved out of their normal positions. Along with that, the surrounding muscles, ligaments and the disks that reside between the ball and socket mechanisms also move away from their normal locations. This may cause popping/clicking joint noises along with various degrees of head and neck pain, depending upon the severity of the mismatch between the teeth and the discomfort threshold of the individual. It is also the primary cause of pathologic tooth wear (to be discussed in a future issue).

Today's ability to *non-invasively* and *quickly* determine whether the problem is of TMJ origin often allows *predictable*, almost *immediate* relief.

## When Your Mouth is on FIRE

It's a burning sensation on your tongue and the inside of your lips. Your mouth may also feel dry and have an unusual metallic taste. The pain is continuous and nothing seems to bring relief. Burning mouth syndrome is a mysterious ailment often suffered by women around the age of menopause. However it may affect men as well. At this point, several possible causes for the discomfort have been identified:

1-Hormonal imbalances, such as those related to menopause.  
2-Lack of vitamins, especially B-complex vita-

mins, which may cause pernicious anemia.

3-Sjogren's syndrome – This condition causes severe dryness in the eyes and mouth.

4-Certain medications, particularly those used to treat hypertension.

5-The effects of tobacco

6-Thrush (yeast) infections

Treatment for this problem depends on the cause. It may be as simple as changing medications or adding vitamins to your diet. Any pain in your mouth should be taken seriously. Professional diagnosis and treatment can remedy the problem and bring much-needed relief.

\* Wellness denotes health, and true health is based upon sound relationships bounded by mutual trust and respect between practitioner, staff and patient. It is an attitude that involves learning and development of common goals for prevention and treatment.

# Bulimia Nervosa - An Insidious Dental Assault

A person with bulimia will frequently and repeatedly binge (eat very large quantities of food in a short period of time) and then purge by inducing vomiting, using laxatives or diuretics, fasting, or engaging in vigorous exercise to counteract the binging.

Some of the medical complications from bulimia result from acid containing vomit that causes ulcers or ruptures in the esophagus. Abuse of diuretics and laxatives can cause dependence on them for normal elimination, as well as fluid or electrolyte imbalances that can be life threatening.

The dental complications from bulimia are from the acid containing vomit during purging. The gastric acid causes the outer surface the teeth to erode. This is most commonly observed on the enamel on the inside of the front teeth. The damage to the protective enamel makes the teeth highly susceptible to decay, and more serious infections of the nerves within the teeth. The salivary glands in the mouth can also become swollen due to frequent vomiting. This is most commonly seen in the parotid

salivary glands that are inside the cheeks.

I have treated many young women and some men with this disorder. After all of the damaged teeth are repaired, I prescribe highly concentrated fluoride gels for the patient to brush with. The patient needs to keep his or her mouth as clean as possible by brushing and flossing several times a day. I like to see these patients every three to six months to monitor the condition of their mouths. If there is no significant improvement, I will make soft custom trays that cover the teeth. The trays are filled with fluoride and worn while the patient sleeps.

An important step toward curing bulimia is the patient acknowledging the problem. I recommend the patient talk to his or her family physician about the disorder. In some cases, psychological help may be needed.

Ultimately, the patient needs to have the disorder under control or cured to prevent a lifetime of dental and medical problems.

## Soda and Cavities

Dentists can usually spot a soda drinker because they are often prone to cavities and white spots on their teeth known as decalcifications, which are actually the start of new cavities. Sweetened soda contains a high amount of sugar, a carbohydrate that can promote cavities. Soda may be even more damaging to the teeth than other sugar containing beverages because it is also acidic. This in itself erodes tooth enamel, such as described above in the case of Bulimia..

Before we eat, the PH in our mouth is about 6.2 to 7.0, slightly more acidic than water. When the bacteria in our mouths are exposed to sugar, they metabolize it and produce acid. This exposure to acid causes the PH on the tooth surface to drop. As "sugary foods" (candy, sugar frosted breakfast cereal, ice cream, soda, Kool-aid. etc.) and other carbohydrates are eaten, the PH drops. At a PH of 5.2 to 5.5 or below, the acid begins to dissolve the hard enamel that forms the outer coating of the teeth. Every exposure to these foods allows an acid attack on the teeth for about twenty minutes! As the cavity progresses, it encroaches on the nerve and blood supply of the tooth resulting in a painful toothache. A recent study examined the effect of sev-

eral types of sweetened soda and mineral water on the teeth. Teeth exposed to cola, orange and lime soda had significantly more decalcification than those exposed to mineral water. Of all of the sodas tested, cola caused the most decalcification. As indicated, the sweetened soda damages the teeth both from its low PH making the mouth acidic, and the sugar content that promotes tooth decay when it comes into contact with bacteria in the mouth.

The easiest way to prevent cavities is by brushing your teeth at least three times a day, especially after eating or drinking and before bed. Flossing at least once a day is important to remove bacteria laden plaque between the teeth. Reducing the amount and frequency of eating sugary foods and beverages can decrease the risk of forming cavities. If you have to have sweetened soda, it is better to drink it at one sitting, than sip it throughout the day. Better yet, drink it through a straw in one sitting to bypass the teeth altogether.

Sad note: The average male in the 12 to 19 year age group drinks the equivalent of 868 cans of soda a year. Soft drink purchases by teens in schools have increased 1,100 percent over the past 20 years.

## Staff News

"The Search" is over. Since Leanne's leaving the office to pursue her passion for fashion, I have looked high and low and found someone who truly knows the importance of providing 5 Star Service for dental clients. Cathy Williamson grew up in the Long Beach area, and lives in

Lakewood with her husband. They have three grown children with whom they love spending time. We are happy to have found someone who has a true desire to be part of a dental team with a mission of providing an exquisite level of dental and personal service.

Please let us know what topics you would like to hear about in upcoming issues.