Face, Nerve, Mouth or Jaw? Diagnosis and Treatment Pearls By Mary Ellen S. Chalmers, DMD - 2024

Dr. Mary Ellen Chalmers shares her extensive expertise on diagnosing and treating oral facial pain. Covering a breadth of medical fields, from dental to naturopathic approaches, Dr. Chalmers emphasizes the complexities involved in differentiating and managing various types of facial pain. She delves into her experiences with patients suffering from long-term pain, highlighting specific categories such as dental, muscular, joint, neuropathic, neurovascular, psychiatric, and bruxism-related pain.

Using detailed case studies, she explains the critical role of accurate diagnosis and the importance of anatomy, particularly focusing on the trigeminal nerve and its implications in pain treatment. Additionally, she addresses the challenges of peripheral and central sensitization, the limitations of traditional treatments, and the potential of frequency-specific microcurrent (FSM) therapy. Dr. Chalmers also discusses comorbid conditions such as specialist referrals, sinus issues, the impact of COVID-19 on dental health, and the integration of functional medicine in treating complex cases.

Unlocking the Mystery of Orofacial Pain: Diagnosis and Treatment Insights

Oral facial pain is a challenging field within dentistry and medicine. This script captures an enlightening presentation by Dr. Marilyn Chalmers, who shares her profound knowledge on diagnosing and treating such complex conditions. In this post, we explore the key insights from her talk, revealing the intricacies of oral facial pain and the multiple approaches to treatment.

Understanding Oral Facial Pain

Diagnosing oral facial pain can be daunting for practitioners, primarily because the pain can be rooted in various causes, such as muscles, joints, or nerves. If a tooth is the cause, the problem is easily identifiable and fixable, but when pain persists, the situation becomes complicated. Pain that lingers for an extended time might involve central or peripheral sensitization, complicating the diagnosis further.

The Complex Anatomy of the Trigeminal Nerve

The trigeminal nerve plays a crucial role in oral facial pain. It provides sensory and motor innervation to the face, influencing functions from mastication to facial expression. Understanding the trigeminal nerve anatomy is vital for applying effective treatment frequencies and managing pain. Dr. Chalmers emphasized its interaction with other cranial nerves like the vagus, showcasing the holistic nature of nerve involvement.

Sensitization: Peripheral, Central, and Sympathetic

Pain that persists triggers a biochemistry change in nerves and the brain. This shift leads to different sensitization types:

-Peripheral Sensitization: Occurs early, generally within three to six weeks of pain onset. Injured nerves become overly sensitive, and practitioners must beware of unnecessary root canals during this period.

- Central Sensitization: Develops if peripheral pain isn't controlled and the brain's inhibition is overwhelmed. This type signifies pain persistence over three to six months.

- **Sympathetic Sensitization:** Occurs when pain leads to stress-induced, ongoing nerve responsiveness, often observed after six months.

Understanding these processes is crucial in preventing over-treatment within dentistry and ensuring accurate diagnosis and intervention.

Multi-Faceted Approaches to Treatment

Dr. Chalmers provides a comprehensive view of various conditions that contribute to oral facial pain, including migraines and temporomandibular disorders (TMD). Incorporating interdisciplinary treatment plans is vital for managing such comorbid conditions effectively.

Additionally, she points out innovative treatments such as trigeminal neuralgia surgeries and medications. For idiopathic cases, looking into bite adjustments can sometimes surprisingly resolve nerve pain.

Emerging Concerns: COVID-19 Vaccine and Oral Health

Intriguingly, Dr. Chalmers discusses the aftereffects of COVID-19 vaccines, such as increased idiopathic tooth resorptions and a rise in herpes zoster cases. These insights urge practitioners to factor in recent health histories when diagnosing unexplained oral pains.

A Call for Ongoing Research and Collaboration

Dr. Chalmers' exploration of the nasal cavity's role in facial pain adds further depth to understanding potential causes. Deviated septums and other nasal abnormalities can inflame nerves, potentially leading to neuropathy, spotlighting the need for surgical interventions in some cases.

Finally, she urges continued cerebral investigations involving the trigeminal nerve and its relationship with cognitive functions. This area offers potential breakthroughs in both diagnosing dementia and optimizing orofacial interventions.

Conclusion

Dr. Chalmers' rich presentation is a treasure for practitioners interested in oral facial pain. By understanding the diverse causes and complex nerve interactions, doctors can approach diagnosis and treatment holistically. Continued interdisciplinary cooperation and research advancements will further refine strategies to help patients relieve their chronic pain aches.

As highlighted, FSM (Frequency Specific Microcurrent) emerges as a practical modality, providing hope where traditional methods falter. Let's lean into the knowledge shared to transform practices and improve patient outcomes.

This session by Dr. Chalmers is just a fraction of what can be harnessed within oral facial pain treatment. As science evolves, embracing new methodologies and consistently updating our understanding remains pivotal.