

# Please Stop the Ringing!

**While tinnitus, or ringing in the ears, is usually thought to indicate an ear problem, in many cases it is instead a symptom of a misaligned jaw. For these patients, dentists trained in resolving neuromuscular problems can diagnose and treat the condition.**

**T**ony Gingo, MD, says he has had a constant ringing in his ears for about 20 years.

“Some people call it buzzing,” observes the 78-year-old general practitioner, “but for me, it sounds like constant waves crashing, all day and all night. The quieter the room is, the louder the sound, so at night when there are no fans or anything on, it’s very, *very* loud. The exacerbations, when the crashing increases in intensity, is the worst.”

Dr. Gingo did seek medical help: “I’ve gone to several ENTs [ear, nose, and throat doctors], and I tried acupuncture for quite some time, but then when I didn’t get much relief, I just gave up.”

He explains that while he still maintains a part-time medical practice in his hometown of Stowe, Ohio, he and his wife live part of the year in Florida.

“I just happened to see an article about tinnitus while I was down here,” remembers Dr. Gingo. “I read about how a dentist by the name of Dr. Blank treated a couple of patients for TMJ, and their tinnitus improved.”

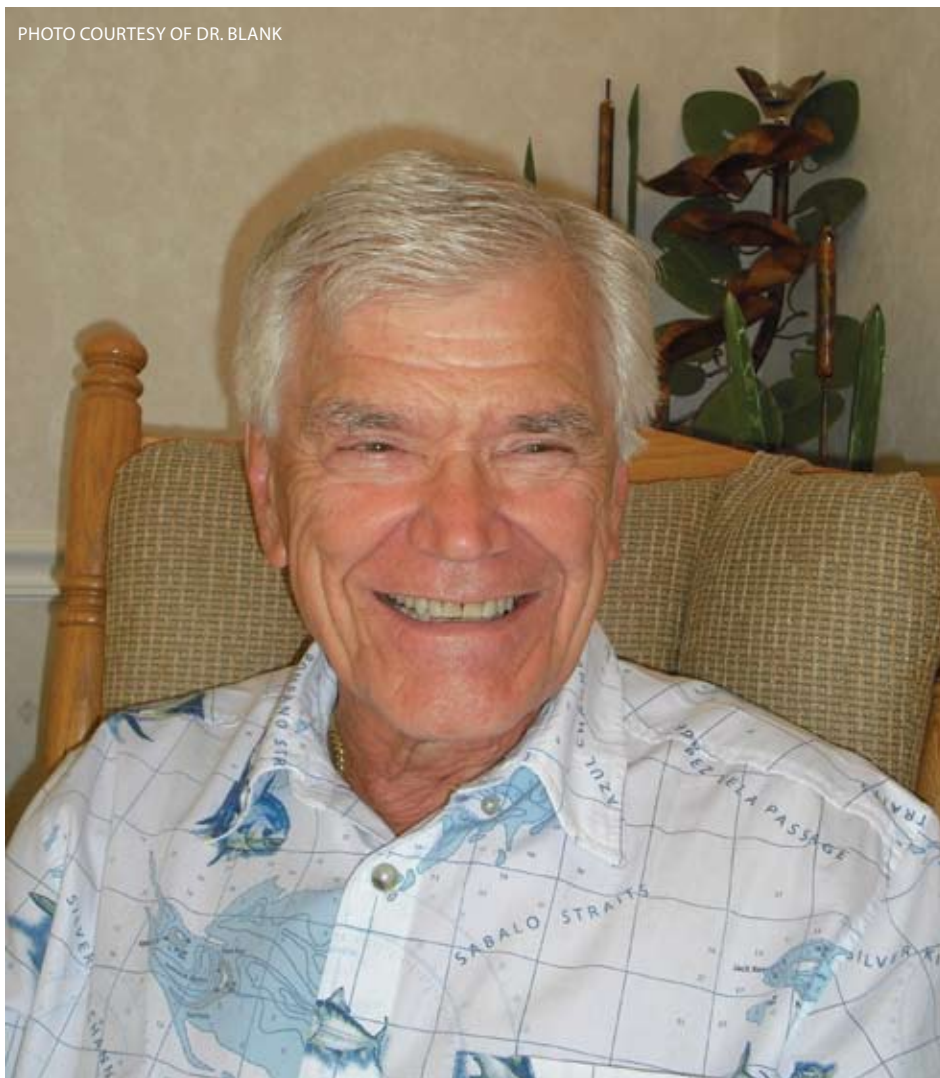
Stephen G. Blank, DDS, practices cosmetic and functional dentistry in Port St. Lucie.

“I’ve always thought that tinnitus could be related to the TM [temporo-mandibular] joint,” continues Dr. Gingo, “but I found that many of my colleagues weren’t impressed with the theory, so when I saw the article, I was happy to give it a shot.”

Dr. Gingo scheduled an appointment with Dr. Blank at the end of 2009.

## TMJ connection

“The jaw area is a complex network of muscles and nerves,” explains Dr. Blank, “and when the bite is misaligned, those muscles and nerves can be affected, causing the ringing or crashing sounds known



**Dr. Gingo says that, at this point in his treatment, his tinnitus has improved tremendously and he is looking forward to completing his dental plan.**

as tinnitus.”

Dr. Gingo admitted to Dr. Blank that his bite had never been correct: “It’s always been off a little, then I had three implants placed in the upper right corner of my mouth by my dentist up north.”

“When I examined Tony, we found that his bite indeed was contributing to a poor position of the lower jaw,” reviews Dr. Blank. “We found that the teeth in the area of the new implants had no contact at all. Only the left side molars were contacting when he closed all the way down, but his front teeth also came into play in the misalignment. When he closed together, the front teeth forced his lower jaw backwards and to the left, which meant his teeth were not meeting in harmony with his facial muscles. That constant shifting and moving of the jaw to meet requires the muscles to be busy when they should be at rest. This can cause muscle spasms, tired face, and/or inflammation which can result in TMJ tinnitus.”

A joint vibration analysis (JVA) showed that Dr. Gingo’s joints were working normally and consequently he was not having any clicking or popping, notes Dr. Blank: “His temporo-mandibular joints (TMJs) were just pressing backwards near the ear canal from his bite.

“We also verify our findings with what is called a T-scan,” explains Dr. Blank. “The T-scan is a digital sensor connected to the computer that measures the order that the teeth meet and the intensity of the individual tooth contacts. As the patient bites down, the scanner takes the data and displays it on the computer screen. It literally makes a little movie of the half-second it takes to close the teeth together. We play it back in slow motion so both the patient and the doctor can see the dynamics of the bite.

“When we did the T-scan, we found that when Tony closed, he had seventy-five percent of his biting pressure on the left side, so he wasn’t balanced.

“His teeth not only showed significant wear but they also showed a wear pattern with the lower jaw going backwards.”

## Treatment plan

Dr. Blank designed a treatment plan for Dr. Gingo.

“Our initial treatment for Tony was to create a bite guard appliance for him to prevent the posterior sliding of his lower jaw and to actually encourage his jaw to come forward a bit in order to relieve the pressure from the ear canal area.

“When the appliance is in his mouth,



his jaw is in a new and improved position. However, when he takes it out, he has his former bite back. His bite needed to be adjusted to be in harmony with his anatomy.”

Equilibration is a process of adjusting or balancing the teeth using a dental drill so lightly that no anesthetic is needed, educates Dr. Blank: “Patients feel no pain or sensitivity.”

With this procedure, Dr. Blank was able to create a more balanced bite for Dr. Gingo.

“However, we had limitations,” points out Dr. Blank, “because Tony’s front teeth were still in a crooked position that caused the lower jaw to go backwards.” The front teeth need to be repositioned to prevent the undesired pressure near the ear canal.

At this point in the treatment plan, Dr. Gingo will return to Ohio. When he returns to Florida, Dr. Blank will continue with the treatment plan.

“Our next step will be to move Tony’s upper front teeth orthodontically by using Essix Clear Aligners that we make here in the office based on our patient’s needs,” describes Dr. Blank. “We create a custom aligner to move only the teeth we choose to move. They are worn over the teeth, and because they are clear, they usually go unnoticed. They are an excellent choice for minimal tooth movement procedures [MTM]. In just a month or two, the tooth movement will be complete.”

Dr. Blank explains that once the front teeth are moved forward, it will give the lower jaw room to come forward and take the last bit of pressure off the ear canal area.

“At that point, we will fine-tune the equilibration and may also decide to restore some of Tony’s front teeth,” adds Dr. Blank. “However, he has already experienced a significant reduction in both the frequency and intensity of his tinnitus.”

“As the tinnitus diminishes, I can live with it much more easily,” says Dr. Gingo. “Dr. Blank and his staff were very gracious and kind in keeping me informed. If I had any questions, which I often did, they answered them without any problem.

“I was very impressed with their service, and even at this juncture the tinnitus is *much* better.

“I’m looking forward to completing the dental plan when I come back to Florida in the fall.” **FHCN—Kris Kline**

Dr. Blank invites you to visit his website at [www.PSLDENTIST.com](http://www.PSLDENTIST.com)

## Gold Medal Winner

**D**r. Blank was awarded four gold medals at the 2007 Florida Academy of Cosmetic Dentistry (FACD) Annual Scientific Session competition, which was designed to reward excellence in clinical cosmetic dentistry. The FACD is an organization devoted to seeking improvements in the science and art of cosmetic dentistry.



**Stephen G. Blank, DDS**, is a 1982 graduate of Northwestern University Dental School in Chicago. He has since completed intensive continuing education studies. Dr. Blank has studied TMJ under Mark Piper, MD, DMD, at the Piper Education and Research Center. He has completed the course continuum at the Dawson Center for Advanced Dental Studies. Dr. Blank was a clinical instructor with the Hornbrook Group, teaching dentists from all parts of the country in live hands-on courses on the various aspects of smile design, occlusion, full mouth reconstruction, and complete patient care. He is a facilitator/mentor with the Dental Boot Kamp program. Dr. Blank enjoys teaching dental teams around the country.

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### For that healthy smile

Dr. Blank and his staff look forward to meeting the readers of *Florida Health Care News*. For more information or to schedule an appointment, please call **(772) 878-7348**. His office is located at **184 NW Central Park Plaza** in Port St. Lucie.