

POSITIONING IS IMPORTANT

Front teeth position & Angulations is key to the Body Health

Mouth being the first and the most important for the Proactive Approach in Body, Health & Life and the Front teeth come at the first position to start the proactive maintenance of body, health and life. Hence we are starting from the Front teeth, and we are thankful to Dr. Sanjay Arora, having more than a quarter century specialised experience in the field, for his contributing the most precious article. We would like to mention that he has devoted his life for the dedicated service to humanity and he is consistently putting strenuous efforts for resolving all the dental problems and pains of his patients.

Most Chronic diseases are in all probability Engineering defect, that happens either due to malplaced teeth, injury leading to malposition, or fault at the time of development

Dr. Sanjay Arora is a renowned TMJ Specialist and graduate in Physics. He explains how for over 75 years a science which depends on Engineering principles in dentistry can cure many chronic diseases. Essentially Migraine, Cervical, Neck, Back, Shoulder, Sciatica and Knee Pains, depression and lot of respiratory allergies can be permanently cured in most cases. You can write to him on bodypainshelpline@gmail.com

Front teeth or Anterior teeth (Scientific name) position & Angulations, is key to your dental and whole body health.

Front teeth are angular and are mostly tilted slightly forwards at 5-15 degrees to vertical. Remember- people with bucked upper teeth. This angulation' is so designed by the nature for some special reasons. Their angulations' has a purpose of disposing off/containing/dissipating/ all the angular forces of your bite. The dental bite during mastication of food is extremely powerful and has immense energy, sometimes up to 1000 megapascals, almost one fourth of a small fire cracker enough to crush bones of a child's fingers. You have witnessed some people can bite forcefully on ropes tied to heavy truck and pull it.



In short dental bite is a very powerful bite. The forces generated are destructive. It's like upper and lower teeth collide with a momentum of 75gm cm/sec. Another

simile is if you catch a cork ball with palms, hit forcefully by a top cricketer, you will end up having lot of painful sensation in your hands. But if you catch the ball with hands moving along the ball in its flight with your arms, wrists and body bent, it best dissipates the angular forces. Like a seasoned cricketer does –you don't experience the destructive forces of the ball. Same goes with the golf- certain bends of the body and maximum force utilization takes place.

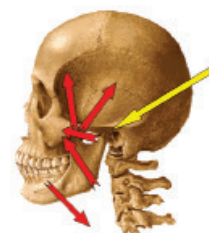
So the front upper and lower teeth do the trick. **They meet a few fractions of seconds before the back strong crushers.** Most dentists don't really get it. They seem to be too lost in definitions and a very high percentage doesn't understand this. Not their fault really because eyes can't make this difference.

In fact till now, the books by great dentists like Dr Dawson still state (erroneously as per me) that all teeth meet simultaneously and with equal force. Both statements according to me are incorrect. Let's examine the part two of the statement- teeth are made of different sizes with some very small, like lower front with one small root and some are wide crushers or molars with stout 2-3 roots. Nature's intention could not have been to make stronger or weaker teeth unnecessarily. Back teeth with 2-3 stout roots, 4-5 cusps strong ones, as a common sense can't compete with from lateral incisors with small cylindrical

root and small crown. Crushers cannot compete with probable teeth meant for esthetics. Simultaneously? Isn't true at all. They may be doing so in a certain percentage of patients. The textbook clearly says a word "Anterior Guidance", meaning front guidance, which says that front teeth guide, lower jaw into seating. That would not be possible if all teeth meet simultaneously. Common sense. Right?

So front teeth positioning has four very key important roles apart from usual like cutting, esthetics, lip support etc. that we know off. Let me re-introduce them to you in very layman terms.

Temporomand:



Front teeth position and angulations has direct bearing on motion of TMJ(jaw joint), as one of the major factors, but not all.

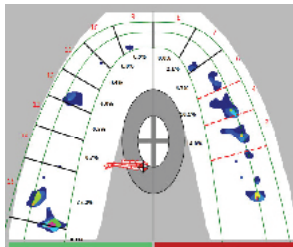
Guide the lower jaw into seating on upper jaw. Remember upper jaw is fixed to skull and serves as an airstrip for the lower jaw.

Switch off the muscles of mastication that do the closing act of jaw, which are those that participate in crushing. This reduces the collision force between the jaws and therefore the forces travelling to the jaw joint.

Act as flippers and don't allow the lower jaw to wander sideways at or near the clenched position. This necessitates some other parameters of overjet and overbite to be appropriate.

Dissipate/disburse/contain the damaging angular forces of closure of the jaw. Back or posterior teeth are not designed to take the angular loads but just the straight vertical loads. This dirty work is done by the front teeth.

They come into contact first in order to take over the guiding control of lower jaw into exact seating by providing hard surface, and simultaneously there are neural pathways to brain that switch off the circuits of muscles of mastication/ chewing thereby making the final landing over next few milli-seconds to be softer.



Modern tool, T-scan, a marvel developed by Dr Robert Kirstein, clearly shows all teeth don't meet with equal pressure and at the same time. This particular scan also shows pressure mostly limited to one side.

They continue the slide assistance between upper and lower front teeth till back teeth seat in exact location,(this would be impossible if front teeth are missing or abnormally placed as seen in open bite cases, which is relatively a recent phenomenon on paleontological scale, hardly 35-50 years). On complete seating of back teeth their position in relation to each other in upper and lower arches prevents the lower jaw and its teeth from sliding against those of upper jaw. This prevents grinding (I have failed to understand why dentists don't get this fact simply), clenching, teeth decay/caries (theorized by me, yet to be proven by studies-but probability seems high), gum disease (same as previous), teeth mobility etc.

So now it must be clear to you how front teeth position prevents teeth disease. A lot that is said above can be traced back to me.

Now let's look at whole body disease. This can be solely owed to me. It's still not proven at mass scale but with has acceptability in all the audiences that have been through this text and presentation with no one taking a stand against it.

All the above configurations are doing something very important simultaneously. They are making sure TMJ seating into its position when jaw is clenched is relaxed, without any residual forces, smooth and with no twisting or turning of its axis. In clinical terms it may be described as "the most relaxed position".

This in turn ensures no abnormal forces on the disc- a much softer tissue comparatively. This ensures no tearing, stretching or pulling forces on disc. If present that disadheres/tears away, the disc from adjacent tissues and this slimy tissue slides either forward as in loss of vertical dimension on one side cases towards inside- into a "sanctum sanctorum"- an area loosely defined as infra temporal fossa or area behind it. This is a zone where a large number of nerves and blood vessels of brain exist – almost 16 structures. I published this in detail some years ago in Fament- a leading Dental journal. This can be clearly seen on a Kinematic MRI, or observed on a BioJVA.(some tools)

This disturbs the entire set of these structures. Exact set of problems is described in that article, referring to each nerve. Based on my cures I can claim that this is one of the main causes of Type2 Diabetes and may be, I theorize of Heart Disease too. Research needed for both of above.

It may therefore be a good idea to follow up with a very senior Cranio-Sacral/TMJ Specialist, with lot of cured cases under his/her belt and monitor the position of front teeth and possibly remain healthy.



a. Initial contact of cutting edge teeth, b. the slide of lower edge against back surface of upper teeth and then c. complete seating.

So we learnt that front teeth along with other factors are key to forces inside the jaw joint or TMJ. Let's now learn how an unhealthy force in TMJ can cause body diseases.

Dr. Sanjay Arora runs one of the largest dental practices at Soth Delhi, India. He holds several superspecialisation level certificate courses, and runs the practice for 23 years. He is practicing TMJ or Neuromuscular dentistry for the last 14 years. His websites are

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He has acknowledged by top researchers and clinicians of the World.



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