

Auriculotherapy's Role in the Treatment of TMJD

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Introduction

Temporomandibular Joint Dysfunction (TMD, TMJD) refers to pain and dysfunction of the masticatory muscles (the muscles that move the jaw) and the temporomandibular joints (the joints which connect the mandible to the skull). The most noticeable symptom is pain, which is followed by restricted mandibular movement and sounds from the temporomandibular joints (TMJ) during jaw movement. Although TMD is not a life-threatening condition, it can have a negative impact on quality of life because the symptoms can become chronic and difficult to control. In this article, temporomandibular disorder refers to any disorder that affects the temporomandibular joint, whereas temporomandibular joint dysfunction (hence also abbreviated to TMD) refers to symptomatic (e.g., discomfort, limitation of mobility, clicking) dysfunction of the temporomandibular joint. The two joints that link your lower jaw to your skull are known as the temporomandibular joints (TMJ). They are the joints that move and rotate in front of each ear and are made up of the mandible (the lower jaw) and the temporal bone (the side and base of the skull). TMJs are some of the most complicated joints in the body. The mandible may move up and down, side to side, and forward and back thanks to these joints and many muscles. Smooth muscle activities such as eating, talking, yawning, and swallowing can take place when the mandible and the joints are appropriately positioned. Several difficulties can emerge when these structures (muscles, ligaments, disc, jaw bone, temporal bone) are not aligned or synced in movement [1].

Description

Auriculotherapy (also known as auricular therapy, ear acupuncture, and auriculoacupuncture) is a type of alternative medicine that is based on the concept that the ear is a microsystem that reflects the complete body, as portrayed on the auricle the outer section of the ear. Conditions impacting the patient's physical, mental, or emotional health are considered to be cured solely through stimulation of the ear's surface. One of the most common causes of orofacial discomfort is Temporomandibular Disorders (TMDs). They have a variety of clinical symptoms, but the most common are temporomandibular joint pain, pain and tiredness of the craniocervical muscles, particularly those involved in mastication, limitation and deviations of mandibular motions, and the presence of joint sounds [2].

The temporomandibular joints are the mandible's twofold articulation with the skull. Each TMJ is classified as a "ginglymoarthrodial" joint because it is both a ginglymus (hinging) and an arthrodial (sliding) joint, and it involves both the condylar process of the jaw below and the articular fossa (or glenoid fossa) of the temporal bone above. The articular disc (or meniscus) is a biconcave,

transversely oval disc consisting of thick fibrous connective tissue that sits between these articular surfaces. A fibrous capsule surrounds each TMJ. There are tight fibres linking the mandible to the disc and loose fibres connecting the disc to the temporal bone, implying that there are two joint capsules, one upper and one lower [3].

Conclusion

TMD has frequently been treated as a single condition; however the current consensus is that TMD is a cluster of linked disorders with many shared symptoms. Indeed, some have indicated that the name TMD may be phased out in the future as the various causes are completely identified and classified as discrete illnesses. The most frequent kind of temporomandibular disorder is sometimes described as "temporomandibular joint dysfunction," but many other sources use the word temporomandibular disorder synonymously or instead of the term temporomandibular joint dysfunction. Temporomandibular diseases, on the other hand, are characterised as "musculoskeletal disorders affecting the temporomandibular joints and their accompanying musculature." It is a catch-all phrase for a variety of diseases involving the temporomandibular joint, the masticatory muscles, or both. It has been proposed that TMD may develop as a result of physical trauma, particularly whiplash injury, though the evidence is inconclusive. This type of TMD is frequently referred to as "posttraumatic TMD" (pTMD) to distinguish it from TMD of unknown origin, which is referred to as "idiopathic TMD" (iTMD). Muscle-related (myogenous) TMD (also known as TMD secondary to myofascial pain and dysfunction) is sometimes distinguished from joint-related TMD (also known as arthrogenous TMD, or TMD secondary to true articular disease) based on whether the masticatory muscles or the TMJs themselves are predominantly involved. The American Academy of Orofacial Pain adheres to this classification, which effectively splits TMD into two syndromes [4,5].

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