Mandibular unbalance

When in Rest position, the jaw is suspended in a centered and balanced position under the skull and the maxillary bone, muscles of mastication are unstressed, the teeth do not keep any contact with the antagonists, the Temporomandibular Joints are not subject to any stress and static load.

Mandibular decubitus implies that the weight of the head and the neck load on the jaw, which is laterally displaced, whereas the teeth are pushed against the antagonists in lateral occlusion, subjecting muscles of mastication on both sides to asymmetric tension and temporomandibular joints to nonfunctional stress.

More masticatory muscles contraction or tension are activated and more stress are exercised on all teeth, on paradentium and on temporomandibular joints during spontaneous deglutition, which occurs every three minutes, even when one is sleeping.

In order to swallow, masticatory muscles must activate themselves to center the jaw, and then must bring the teeth from forced lateral occlusion to maximum intercuspidation occlusion; grinding and gnashing the teeth.

Nocturnal bruxism occurs on a subconscious level; gnashing and grinding the teeth are reason of wear facets, in other words when swallowing in such position bruxism occurs. It is easy to deduce that, after years of mandibular decubitus, for many hours, each night, especially if always on the same side; the trauma may cause pathologies of teeth, paradentium, muscles and T.M.Joint, with subsequent alteration of anatomical and functional harmony of three elements of the Stomatognathic System:

1) Neuromuscular component. 2) Bones and Temporomandibular joints. 3) The teeth and periodontal complex.

The following ensuring mandibular unbalance is the most frequent cause of orofacial pains, muscular stress and tension, discomfort and neurosis. Moreover the mandibular unbalance coupled with particular predisposition in particular subjects, may trigger off the onset of algodisfuntional syndrome of temporomandibular joint; characterized by antalgic lock jaw, difficulty when swallowing and even when talking with neuropsychic instability. Increase in tonicity, spasm and contraction of masticatory muscles.

Muscles of the whole body strain up and go in spasm, thus causing the Descending postural syndrome: pains and muscle spasms of neck, shoulders, back and loins.

Stress and psychical factors are not the cause of these pathologies but just favouring factors. The real cause is mandibular decubitus and subsequent cranium mandibular disorder (CMD).

Neurosis is by no means the cause of mandibular unbalance, but just the opposite, mandibular unbalance is the cause of stress and neurosis. Patients recover after three or four months of correct sleeping position; but in some cases specialist therapies are indispensable.
WRONG POSITIONS THAT CAN BE ASSUMED DURING SLEEP (photos 1 - 2 - 3):

CORRECT POSITIONS TO ASSUME DURING SLEEP (photos 4 - 5):
GALIFFA’S AUTOHARMONIZATION OF STOMATOGNATHIC SYSTEM.


It is the modality whereby the Components of the Stomatognathic (Masticatory) System succeed, as time passes, in finding and preserving Harmonic equilibrium, necessary to ensure the health of the Masticatory Apparatus and well being of the organism as a whole, enabled by Control and Adjustment Capacity.

**CONTROL CAPACITY** is exerted by Central Cerebrospinal Elaborator by means of Spontaneous Deglutition; a lifelong reflected, automatic, unconscious, unconditioned act, which, every five minutes checks that the intermaxillary ratio occurs in Harmony with all Components, when intercuspidation reaches its maximum degree.

A Biocomputer directs the Homeostasis of the System, thanks to Peripheral Receptors, which transmit Inputs through Afferent Pathways to the Central Nervous System. After examining and rating them, the Central Elaborator sends those Inputs back (Outputs) to peripheral structures through Efferent Pathways.

If there are no illnesses and if the jaw is relaxed in Rest Position, there is the Least Proprioceptive Input. On the contrary, Deglutition implies the Greatest Proprioceptive Input owing to the interaction of all muscles as well as the involvement of all Components.

**ADJUSTMENT CAPACITY** is a peculiar characteristic of three Components of Stomatognatic System:

1) The Dento-Periodontal Complex, a passive subject, it shows an adjustment Capacity; because teeth stressed by repeated stimuli may be displaced, worn and mobilized until they assume a Harmonious Position with the other Components.

2) The Osteoarticular Complex, a passive subject, shows an Adjustment Capacity because it is subject to reshaping, to adjust itself according to the exerted forces.

3) The Neuromuscular Component, an active subject, which can be considered the Leader of the Masticatory System, shows restricted Adjustment Capacity. Its Capacity may considerably vary according to subjects and particular neuropsychic and stress conditions in that specific case. This explains why the same noxa may cause different symptoma according to different genetic and occasional disposition. Such delicate Autoharmonizing biomechanisms may only occur in totally vexatio-free and conditioning-free jaws. It furthermore explains that by avoid **MANDIBULAR DECUBITUS, THE SOURCE OF ALL TRAUMA AND DYSFUNCTION**, teeth integral arches can be definitively restored to health without therapy in the course of time.
Galiffa’s Mandibular Decubitus Syndrome
Descending Postural Syndrome

Some Ventral and semiventral positions people usually assume while sleeping involve decubitus on the jaw. Such Vicious habit has harmful effects on the whole Stomatognathic (Masticatory) System, as the weight of the head, neck and parts of the body lie heavy on the jaw displacing it to a forced lateral occlusion, stressing the teeth, the periodontium, the masticatory muscles and the temporomandibular joint (TMJ).

A parafunctional static load for hours, days, years, hinders blood circulation and support infections. Etiopatology of Parodontitis is the same of bed-sore.

The unavoidable results of the mandibular decubitus are:
- A change in the occlusion, mandibular deviation, deep bite, monolateral cross bite, monolateral jump Uncle’s class, mandibular unbalance, pain in the neuromuscular Component, pain in the TMJ caused by a displacement of the condyle controlateral of decubitus on the posterosuperior region of the glenoid cavity, with subsequent compression of the retrodiscal tissue, a highly algogenic area, as it is rich in vessels and nerves;
- Deformity of the head of the condyle, alteration of the articular disc, of the capsule, and of the ligaments.

Spontaneous deglutition, a lifelong, reflected, automatic, unconscious, unconditioned act, which occurs at five minute intervals, even sleeping, is hindered.

The muscles concerned, in order to swallow, must pull and therefore shift the jaw from a forced, lateral occlusion to an occlusion at the maximum degree of the intercuspatation, and this will not happen without chafing the teeth, causing bruxism and damage to the periodontium, displacing and mobility of the teeth.

It also generates morphofunctional alterations, thus the occlusion at the highest degree does not occur in equilibrium and harmony with all the components of the Stomatognatic System. This is the real and most important cause of the Temporomandibular Disorders.

PATIENTS report the following symptoms:
- Temporo-mandibular pains, Cephalgia, tension of the masticatory muscles, pain in the bulbs of the eyes, dizziness, acuphenes, loss of hearing, cervical pain, brachialgia, notalgia, Backache, ischialgia, Paraesthesia of the limbs, troubles of equilibrium, Astenia, Neurosis, Difficulty and clicking when opening the mouth.

THE MANDIBULAR DECUBITUS SYNDROME is characterized by orthodontic, Periodontic, Dysfunctional, Descending Postural complaints.

Patients who sleep on their jaws, although asymptomatic, are complex persons, as they have exhausted their Adjustment Capacity, they hardly tolerate our treatment, which often fails. Malocclusion is not the first cause of the pathology. It is the mechanism wherethrough Mandibular Decubitus breaks off the morphofunctional equilibrium of the Stomatognathic System. The treatment of malocclusion is a symptomatic treatment which may end in failures and relapses.

AETIOPATHOGENIC DIAGNOSIS, ALONG WITH THE ELIMINATION OF THE ESSENTIAL CAUSE, IS THE SECRET OF SUCCESS IN THE PREVENTION TREATMENT AND PROGNOSIS OF CRANIO-CERVICO-MANDIBULAR DISORDERS.
Decubitus on the jaw is a wrong position.
Sleeping in this position the jaw is displaced to a forced, unbalanced, lateral occlusion. Every night, for hours, a static load lies heavy on the three components of the Stomatognathic System:
1) Neuromuscular, 2) Osteoarticular, 3) Dentoperiodontal
Spontaneous Automatic Deglutition is hindered and consequently performed, every five minutes, with stress on masticatory muscles, then teeth chafing, which obviously damages all structures, causing nocturnal bruxism and negative mechanical and trophic action.

CONSEQUENCES:
A) Mandibular deviation and unbalance, face asymmetry, deep bite, unilateral cross bite, unilateral jump class, class one in one side, class two in other side
B) Space openings and teeth protrusion on one side of the incisors, tooth wear, periodontal injuries, gum recessions, periodontal pockets, on the contralateral side of the decubitus.
C) Clicking, grating, crackling, pains and noises when one opens and closes the mouth, functional restrictions, deformation of the head of the condyle, alteration of the articular disk, of the capsule and ligaments, arthrosis.
D) Descending postural syndrome; muscular pains and contracture in the face, neck, shoulders, back and loins.

Malocclusion and mandibular unbalance are the modalities whereby Mandibular Decubitus breaks off morphofunctional equilibrium of Stomatognathic System causing T.M.J. syndrome and descending postural syndrome. Parafunctional trauma and static load cause periodontal problem.
Decubitus on the back and nape is naturally, comfortable and healing.

IN this position none static load lies heavy on the three components of the Stomatognatic (Masticatory) System. The mandible is hurtful action free. Spontaneous (Involuntary) Deglutition is not hindered. The autoharmonization is a self harmonization action which realizes by Spontaneous Deglutition. It is possible owing to: Control, Adjustment and Remodeling CAPACITY of the three components.

1) The neuromuscular, leader of system, is an active subject provided with control and adjustment capacity. Moreover is a Bio-computer make up of:
   A) Central Cerebrospinal Elaborator, CPU B) Afferent Pathways, inputs C) Efferent Pathways, outputs, D) Peripheral Receptors, keyboard. E) Muscles, hardware

2) The Osteoarticular a passive subject with adjustment and remodeling capacity according to the functional load. Provided by the sensory receptors which transmit inputs for claiming rights and requirements.

3) The Dento-periodontal, a passive subject, with adjustment and remodeling capacity. The teeth pressed by repeated functional stimuli can be displaced, worn and mobilized until they assume a harmonic position with the other components. Provided by proprioceptors, nociceptors which activate Flexor Reflex, which can preserve from occlusal trauma.

SPONTANEOUS DEGLUTITION, is a lifelong, reflected, automatic, unconscious, unconditioned act which, every four or five minutes, occurs in maximum intercuspal position and occlusal harmony. It is a Check Control, a Guide to recover and preserve the Harmony of the whole Stomatognatic System. It takes effect with short contacts of the teeth and intermittent loads which active compression and decompression improving the blood pumping action. The teeth are pushed vertically into the bone with coordinate muscular contractions and pressure modulated by receptors. It is a muscular and vascular Gym that realize eutrophic action and health of all components.

Spontaneous Deglutition is a wonderful natural device to recover and keep one’s health. Mandibular Decubitus hinders that vital bio-mechanism, doing severe damages.

Democracy and Freedom generate Harmony, prosperity and well-being.
Dictatorship and lack of freedom generate Disharmony end Disconfort.

If you want quick answers, please send your questions to the fax-number 0861.242878 (Italy) or to the following e-mail address: Our aim is to do a balance sheet about the advantages of the present methodology. For this work we need the cooperation of all the people that tried the Dr. Galiffa’s method; for this reason we are going to invite these people to send some reports on the results of the named methodology by fax or by Email info@galiffa.it