Buzzing, ear ringing, hissing, tinnitus, tinkling, roaring, hearing impairment, dizziness, unbalance, serious and constant migraine with acute relapses, joint pain with clicks and crackling in mandibular movement, ear and eye pain, cervical pain, throat and tongue soreness, and sore nose sides.

Costen's Syndrome

In his study of 1934, Costen, an American otorhinolaryngologist of great intuition, established a connection between the two diseases and a functional disorder of the temporomandibular joint.

He noticed that the patients affected by the disorder showed no pathology affecting the era, but an altered occlusion due to the loss of back teeth (molar and premolar teeth) which caused excessive overlapping of the upper teeth over the lower teeth when closing the mouth, and consequent back sliding of the lower jaw. The mandibular condyles (articular ends of the jaw) caused a compression of the auricular and retroauricular section, which was – in his opinion – the cause for serious symptoms, especially in the elderly.

Critical review

Several studies assessed and questioned the validity of the so-called Costen's Syndrome, especially as far as its anatomical references are concerned. Other definitions were proposed, such as algic and dysfunctional syndrome, myofacial syndrome, TMJ (temporomandibular joint) dysfunction. Currently, there is no commonly accepted view on the causes and symptoms. Occlusion is believed less important than psychological factors, such as stress and emotional strain. The lack of certainty gives rise to several hypotheses and theories.

Galiffa's Syndrome

During my clinical activity as an otorhinolaryngologist and odontostomatologist I have noticed that Costen's Syndrome has always aroused great scientific interest and curiosity. I have moreover ascertained that the following pathologies: Buzzing, ear ringing, hissing, tinnitus, tinkling, roaring, hearing impairment, dizziness, unbalance, serious and constant migraine with acute relapses, joint pain with clicks and crackling in mandibular movement, ear and eye pain, cervical pain, throat and tongue soreness, and sore nose sides, are often associated with other pathologies, such as: trigeminal neuralgia, periodontitis, pyorrhoea, bruxism, lumbago, sciatica, postural dysfunction pain, facial asymmetry, face acne, orthodontic anomalies such as monolateral cross-bite. The above-mentioned symptoms are rarely present in all the affected patients at the same time. The onset and prevalence of a few symptoms is determined by genetic predisposition, individual factors such as age, length of the trauma and concurring pathogenic agents. Galiffa's Syndrome may appear at any age, it is not only identified in toothless elderly patients. These patients are not neurotic but may become so, due to the stress caused by disorders which are incurable and persistent if the main cause is not removed.

Main cause and process

An assessment (anamnesis) of the patients affected by this syndrome shows the habit of sleeping lying on one side of the lower jaw. This wrong position causes the condyle of the opposite side to be pushed backwards, which causes a long compression of the auricolotemporal area, rich in nerves, arteries and veins. Blood circulation is slowed and hindered, which affects the internal ear (thus causing buzzing, ear ringing and hissing) as well as the vestibule (which affects the balance, thus causing dizziness and a feeling of unbalance). Temporomandibular joints, teeth, gums and periodontium are also affected.

Galiffa's Syndrome – Wrong positions during sleep and...

Chronic tooth trauma may be a cause of pyorrhoea (or periodontitis) and consequent tooth loss, as Costen noticed in several patients.

Zero-cost therapy

The syndrome I described differs from Costen's in that there is a different cause for the trauma. Moreover, I identified more symptoms and, last but not least, I proposed a simple, yet effective therapy. The therapy consists in correcting the decubitus by removing all the constraints which prevent the jaw from freely moving in the three dimensions. A prosthesis may ensue, if necessary. Spontaneous swallowing will help heal the patient, thanks to its tireless action. Healing is not immediate, but starts with constant improvement which is already visible in the first month of therapy. A relapse only occurs if there is a relapse of the mandibular trauma, which shows that these diseases will not appear without the harmful action of incorrect decubitus.

Doctor Galiffa