

Temporomandibular joint disorder came for lunch on a hot, blue afternoon last summer. I took a bite of tomato salad and my jaw took a hard right turn. And stayed there.

I couldn't chew. My teeth didn't meet or, horribly, scraped. I cut the salad into tiny pieces, used a spoon and had yogurt for dinner. Maybe, I thought, this will just go away.

But the next day my jaw ached from struggling to close all night. My skull felt as if a gorilla was squeezing it. The jaw barely opened. One ear hurt. Nothing helped, not aspirin, not lying down or standing, not swimming. It was awful.

We'd just moved to California. An orthodontist's advertisement in the yellow pages mentioned the disorder, often called TMJ. I looked it up online. The symptoms included jaw pain, headaches, an "off" bite. "It's probably TMJ," Dr. David Woodhams said two days later in Sonora. "Let's see if we can relieve the pain."

Probably? If? I had entered a world of fearsome and lovely language — temporalis, masseter, pterygoid, all terms for jaw muscles. A world of medical mystery, uncertain treatments and, I discovered, a disconcerting gender bias.

Most patients are women, and TMJ often involves jaw clenching, so some think it's a voluntary condition, an irrational reaction to stress. They often blame the victim.

"Oh," acquaintances said as I lisped with the soft vinyl diagnostic splint Dr. Woodhams made. "Jaw problems? You must be stressed. Just relax!"

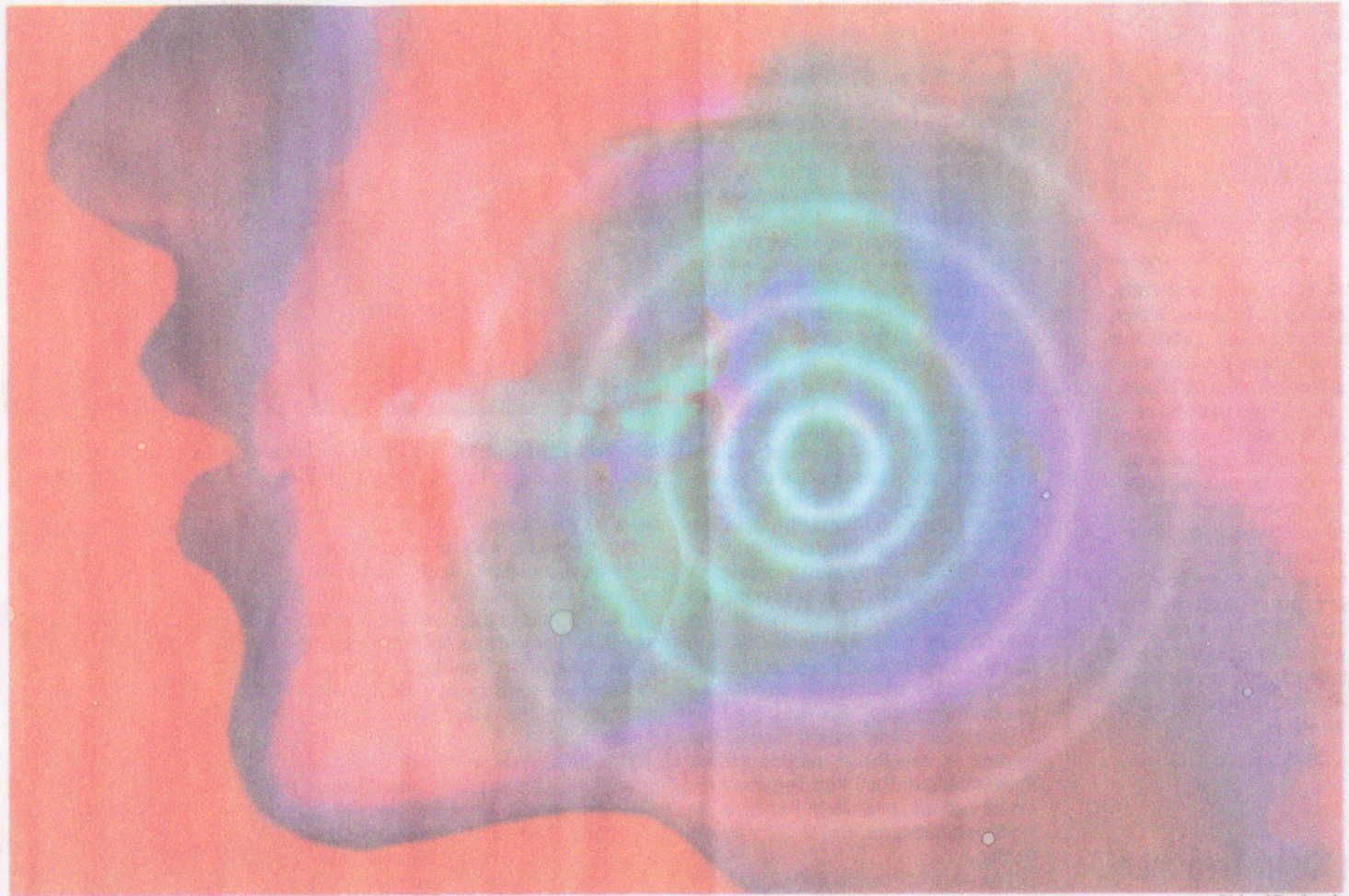
Dr. Heera Chang, whom I called at the College of Dental Medicine at Columbia, said, "There is a long history of this as a women's disease, of patients being seen as a little hysterical."

A bout with TMJ in college led Dr. Chang her career in medicine. "I don't give patients the runaround and say it is imaginary pain," she said. "If someone comes to you with pain, they have pain."

The temporomandibular joint lies between the lower jaw, or mandible, and the skull. It's wildly mobile, a hula dancing hinge that goes side to side, backward, forward, up, down. It can exert 650 to 1,000 pounds of force per square inch.

"You could bite your own finger off," the orthodontist said.

In classic TMJ (also called cranial mandibular syndrome), cramped, overworked muscles spasm, often when a disk that cushions the joint slips. Then all that jaw power



Richard Turtletaub

The patient often takes some blame for a painful stress-related disorder.

— frantic, clenching night and day as the joint fights to right itself — backfires.

The causes include injury, habitual clenching or grinding, even hard foods (one of Dr. Chang's patients loved eating pigs' feet). A deep overbite, which holds the lower teeth back and keeps the jaw from relaxing, increases the risk.

Estrogen plays a role in women under 50, but men — usually after an injury — can also develop TMJ. They seem to react differently, however. "Women come in right

away," Dr. Chang said. "Men come in and say, 'I've had this problem for nine years.'"

The National Institutes of Dental and Cranial Research estimate that 10 million Americans have TMJ, usually women 20 to 50. But Terrie Cowley, a co-founder of the TMJ Association, a support and advocacy group in Milwaukee (www.tmj.org), thinks it's closer to 30 million.

Whatever the number, the disorder is often misdiagnosed, in part because the pain can signal other problems, even cancer.

"Most patients I see have been diagnosed with migraine," the orthodontist said. "They're taking a muscle relaxant, an opioid, an antidepressant, because sometimes, with pain, you can get a little depressed."

Ninety percent of TMJ cases improve by themselves or with conservative treatment — aspirin, soft food, a bite guard. But TMJ can last a lifetime, even after multiple jaw

operations. Sometimes doctors give up or grow dismissive. "There is a lot of condemnation," Mrs. Cowley said.

And me? I'm in my 50's, don't clench, had a concussion once but no broken jaw. But I have a deep overbite, and last year a dental hygienist leaned so hard on my jaw that it hurt for days. (The headaches started then, but I blamed the stress of moving.)

When I got the soft vinyl splint, the pain disappeared.

A month later, my jaw was able to open normally. The headaches are gone. I'm getting braces to fix the overbite.

It has been expensive and not fun. I don't want to do it again. Ever. Stage 1, a palate expander, makes eating awkward and unhappy. The lisp is worse: "You sound drunk!" my daughter hooted.

But I'm a baby boomer. I intend to live to be 100.