

## **DENTISTRY AND ORTHODONTICS**

The relationship between dental occlusion and vertebral pathologies in the presence of postural deficits is not entirely linear, but circular, therefore the concept cannot be reduced to a simple cause and consequently an effect.

The influence of one system on the other is always mutual. As bruxism in adulthood often triggers myotensive cervicalgia, so TMJ dysfunction, temporomandibular joint, can give rise to brachialgia and episodes of tinnitus with cranial neuralgia. The tongue itself can be responsible for improper thrusts that have an adverse effect on the entire occlusal and musculoskeletal system, including teeth.

As a rule, the various dental classes can accentuate physiological curves, with consequent pathologies of a muscular-articular character; a tendency to reverse the cervical and lumbar curves, with consequent discopathies and neuralgia.

In developmental age to keep under control are the relationships, often close, between para-dysmorphisms of the spine (scoliosis, hyperkyphosis) and bad occlusion.

With a careful functional, biomechanical and postural evaluation, it is possible to build the most suitable therapeutic path for the needs of the individual patient, which can consist of osteopathic treatments and myofunctional exercises, rather than postural reprogramming treatments, these treatments also make any orthodontic treatment more effective and stable.

## **ENT**

In some pathologies related to this specialty, such as dizziness (subjective dizziness), manual osteopathic treatment of the cervical spine leads to very important resolution of the symptom. Another example may be the classic case of tinnitus, even in this circumstance, targeted treatments of the TMJ (temporomandibular joint) and the cervical region lead to a clear improvement in the symptom and the patient's state of health.

In pediatric and developmental age, the concomitances between diseases of the upper airways and inner ear (e.g. otitis) with different postural deficits (e.g. occlusal dysfunctions, craniofacial asymmetries, lingual dysfunctions) are common. Even in these cases, an early osteopathic intervention parallel to any specialist medical therapies will lead to a rapid resolution of the symptoms.