

Dental Appliances and Craniosacral Fascial Therapy (CFT)

Dental appliances can restrict the craniosacral fascial system and, ultimately, the motion and function of the brain. Many dental appliances are made to fit over the upper teeth or jaws. Because gravity pushes the appliances down into the mouth, dentists want to snap them around the upper teeth for a snug fit. Unbeknownst to the dentist, these appliances can often restrict the motion of the maxillary bones, which in turn restrict the motion of the adjacent vomer and ethmoid bones, which in turn restrict the motion of the sphenoid, occiput, and sacrum. Any upper dental appliance can in a domino effect totally restrict the craniosacral fascial system.

Bridgework or Capping of the Upper Front Teeth

If the two upper central incisors are permanently joined together, they may in turn restrict the maxillary bone motion. You should be able to put dental floss between the two front teeth; if not, there is a solder joint possibly restricting the motion of the craniosacral fascial system.

I have seen many patients who mysteriously developed sinus conditions, sinus headaches, and the like after their bridgework, which connected the two maxillary bones, was cemented. No matter what I did in CFT, the bones would not free up until the dentist drilled out the connecting solder metal to free the brain.

If a patient is contemplating bridgework, the dentist must allow some give between the two front teeth to let the brain breathe. Some dentists successfully use spring devices or loose male/female attachments between these teeth.

Maxillary TMJ Appliance

A TMJ patient may present for CFT after unsuccessful maxillary appliance therapy with a dentist. If the patient needs an appliance, it has to be made on the lower jaw. The mandible is one bone, and an appliance or any bridgework done here will have little or no restrictive effect on the motion of the brain.

Lower TMJ Appliance

A patient may have a lower TMJ appliance, but when clenching on it, the brain motion immediately restricts. The appliance may be too thick vertically (too high) and needs to be shaved down by the dentist to allow for optimal brain motion.

Maxillary Partial or Full Denture

A maxillary partial denture that replaces a few teeth can have a tightening effect. Usually a metal strap goes across the palate, tightening the craniosacral fascial system. Full denture patients may use glue to keep their dentures in, which may also restrict their brain motion.

Athletic Mouth Guards

An upside for athletic mouth guards is that people do not wear them for extended periods of time. The whole idea of protecting the teeth is a great idea, but what it is doing to the brain function may be another matter.

Night Headgear or an Orthodontic Retainer For Children

Children in braces may wear a headgear at night. This device straps around the head and pulls the upper teeth and jaws back. Since it literally squeezes the brain, it should be avoided at all costs. Many children also wear a retainer at night to hold the teeth in position after orthodontic care. For probably two years or so the child has had restricted brain motion due to the bands, arch wires, and constant tightening. When all of this is removed, he still may be affected by restricted brain motion with the retainer.

To make the retainer work physiologically, the dentist may cut it in half, following along the intermaxillary suture. Soft acrylic (like a sponge) can fill the space and allow enough give in the appliance to permit motion of the brain. In essence, the appliance would “breathe” with the two maxillary bones and the brain.