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#### Temporomandibular Disorder in India: Causes and Implications

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#### Introduction

Temporomandibular Disorder (TMD) is a widespread and complex health condition affecting millions of people in India and around the world. It encompasses a range of disorders involving the temporomandibular joint (TMJ), which connects the jawbone to the skull, and the surrounding muscles and tissues. TMD can cause a myriad of symptoms, including jaw pain, headaches, clicking or popping sounds in the jaw, difficulty chewing, and facial discomfort. In this article, we will explore the causes of Temporomandibular Disorder in India and its implications on the health and well-being of affected individuals.

#### Understanding Temporomandibular Disorder

Before delving into the specific causes of TMD in India, it's crucial to have a basic understanding of the disorder. TMD is not a single condition but rather a group of disorders that affect the TMJ and its associated structures. These disorders can broadly be categorized into three main types:

- 1. Myofascial Pain Syndrome: This is the most common type of TMD and primarily involves pain and discomfort in the muscles that control jaw movement. Trigger points in these muscles can lead to referred pain in the face, neck, and shoulders.
- 2. Internal Derangement of the Joint: This type of TMD is characterized by problems within the TMJ itself, such as dislocation, disc displacement, or structural abnormalities.
- 3. Arthritis of the TMJ: Arthritis can cause inflammation and damage to the TMJ, resulting in pain, stiffness, and limited jaw movement.

#### Causes of Temporomandibular Disorder in India

The causes of TMD in India are multifactorial and can vary from individual to individual. Several factors contribute to the development of TMD, and it is often a combination of these factors that leads to the onset of the disorder. Here are some of the key causes of TMD in India:

- 1. Stress and Lifestyle Factors: High levels of stress and unhealthy lifestyle habits, such as teeth grinding (bruxism) and nail biting, can contribute to the development of TMD. In India, the fast-paced urban lifestyle, work-related stress, and the increasing prevalence of bruxism can all be significant factors.
- 2. Dental Issues: Malocclusion (misalignment of the teeth), missing teeth, and orthodontic problems can place additional stress on the TMJ, leading to TMD. The prevalence of dental issues, such as malocclusion, is relatively high in India, contributing to TMD cases.
- 3. Gender and Hormonal Factors: Research has shown that women are more prone to TMD than men, and hormonal fluctuations, particularly during menstruation, pregnancy, and menopause, can influence TMD symptoms. The gender disparity in TMD cases is also observed in India.

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- 4. Trauma and Injury: Accidents, facial trauma, or direct blows to the jaw can damage the TMJ and surrounding structures, resulting in TMD. In India, road traffic accidents and physical altercations can be common causes of jaw injuries.
- 5. Genetic Factors: While not fully understood, genetic predisposition may play a role in the development of TMD. Family history of TMD can increase the likelihood of an individual developing the disorder.
- 6. Diet and Nutrition: Poor dietary habits, such as excessive consumption of hard or chewy foods, can strain the jaw joint and muscles, potentially leading to TMD. In India, where traditional diets may include tough-to-chew foods, this can be a contributing factor.
- 7. Posture and Ergonomics: Poor posture and ergonomics, such as slouching or using improper pillow support during sleep, can strain the neck and jaw muscles, increasing the risk of TMD.
- 8. Sleep Disorders: Sleep disorders like sleep apnea, which are increasingly prevalent in India, can result in clenching or grinding of the teeth during sleep, contributing to TMD.

#### Implications of Temporomandibular Disorder in India

TMD can have significant implications on an individual's physical, emotional, and social well-being. The symptoms of TMD can be debilitating, affecting daily activities such as eating, speaking, and even smiling. Here are some of the key implications of TMD in India:

- 1. Chronic Pain and Discomfort: The most common symptom of TMD is chronic pain and discomfort, often localized to the jaw, face, and neck. This can lead to decreased quality of life, reduced productivity, and an increased reliance on pain medication.
- 2. Dental Problems: TMD can lead to dental issues, including worn-down teeth due to bruxism, increased risk of cavities, and difficulty in maintaining oral hygiene.
- 3. Impact on Nutrition: Individuals with TMD may experience difficulty in chewing and swallowing, leading to dietary restrictions and nutritional deficiencies. In a country like India, where traditional diets are rich in diverse textures, this can be particularly challenging.
- 4. Psychological Effects: Living with chronic pain and facial discomfort can have psychological effects, including anxiety and depression. TMD can also affect self-esteem, as individuals may become self-conscious about their appearance.
- 5. Social Isolation: TMD can lead to social isolation, as individuals may avoid social gatherings, speaking, or smiling due to embarrassment about their condition.
- 6. Economic Burden: Treating TMD, especially in severe cases, can be costly. The economic burden of managing TMD can be significant, including expenses for dental treatments, medications, and physiotherapy.
- 7. Reduced Work Productivity: TMD can lead to absenteeism and reduced work productivity, impacting both the affected individuals and the economy as a whole.

#### Management and Treatment

Managing TMD in India involves a multidisciplinary approach, often involving dentists, oral and maxillofacial surgeons, physiotherapists, and psychologists. Treatment plans are tailored to the individual's specific symptoms and may include:

1. Lifestyle Modifications: Patients are advised to make lifestyle changes to reduce stress, avoid triggering habits like teeth grinding, and maintain good posture.

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- 2. Dental Treatments: Dental interventions such as orthodontic corrections, dental splints or mouthguards, and restorative procedures may be recommended to address underlying dental issues.
- 3. Physical Therapy: Physiotherapy and jaw exercises can help improve jaw function and reduce pain in the muscles and joints.
- 4. Medications: Pain relievers, muscle relaxants, and anti-inflammatory medications may be prescribed to manage pain and inflammation.
- 5. Behavioral Therapy: Cognitive-behavioral therapy (CBT) and relaxation techniques can help individuals manage stress and cope with the psychological impact of TMD.
- 6. Surgical Intervention: In severe cases, surgical procedures may be considered to correct structural issues within the TMJ.

#### Conclusion

Temporomandibular Disorder is a complex and multifactorial condition affecting a significant number of individuals in India. While its exact causes may vary from person to person, factors such as stress, dental issues, trauma, genetics, and lifestyle play a crucial role in its development. TMD can have far-reaching implications on physical health, psychological well-being, and social interactions, making it essential to address comprehensively.

Early diagnosis and a holistic approach to treatment that includes lifestyle modifications, dental care, physical therapy, and psychological support can significantly improve the quality of life for individuals living with TMD in India. Moreover, raising awareness about TMD and its causes can help reduce its prevalence and ensure that affected individuals receive the care and support.

#### Reference

- 1. Muthukrishnan A, Sekar GS. Prevalence of temporomandibular disorders in Chennai population. J Indian Acad Oral Med Radiol. 2015;27:508.
- 2. Mutlu N, Herken H, Güray E, Öz F, Kalayci A. Evaluation of the prevalence of temporomandibular joint disorder syndrome in dental school students with psychometric analysis. Turk J Med Sci. 2002;32:345–50.
- 3. Schmitter M, Rammelsberg P, Hassel A. The prevalence of signs and symptoms of temporomandibular disorders in very old subjects. J Oral Rehabil. 2005;32:467–73
- 4. Modi P, Shaikh SS, Munday A. A cross sectional study of prevalence of temporomandibular joints in university students. Int J Sci Res Publ. 2012;2:1–3.
- 5. Nilner M, Lassing SA. Prevalence of functional disturbances and diseases of the stomatograthic system in 7-14 year olds. Swed Dent J. 1981;5:173–87.
- 6. Nassif NJ, Hilsen KL. Screening for temporomandibular disorders: History and clinical examination. American dental association. J Prosthodont. 1992;1:42–6.



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- 7. Cooper BC, Kleinberg I. Examination of a large patient population for the presence of symptoms and signs of temporomandibular disorders. Cranio. 2007;25:114–26.
- 8. Okeson JP. Management of temporomandibular disorders and occlusion. 3rd ed. St Louis, Published by Orlando, Florida, USA: Mosby Inc; 1992.]
- 9. Hegde S, Mahadev R, Ganapathy KS, Sujatha D, Patil BA. Prevalence of signs and symptoms of temporomandibular joint disorders in dental students. J Indian Acad Oral Med Radiol. 2011;23:S316–9
- 10. Gopal SK, Shankar R, Vardhan BH. Prevalence of temporo-mandibular joint disorders in symptomatic and asymptomatic patients: A cross-sectional study. Int J Adv Health Sci. 2014;1:14–20
- 11. Casanova-Rosado JF, Medina-Solís CE, Vallejos-Sánchez AA, Casanova-Rosado AJ, Hernández-Prado B, Avila-Burgos L, et al. Prevalence and associated factors for temporomandibular disorders in a group of Mexican adolescents and youth adults. Clin Oral Investig. 2006;10:42–9. [
- 12. Schwartz LL. A temporomandibular joint pain-dysfunction syndrome. J Chronic Dis. 1956:3:284–93.
- 13. Shetty R. Prevalence of signs of temporomandibular joint dysfunction in asymptomatic edentulous subjects: A cross-sectional study. J Indian Prosthodont Soc. 2010;10:96–101
- 14. Feteih RM. Signs and symptoms of temporomandibular disorders and oral parafunctions in urban Saudi Arabian adolescents: A research report. Head Face Med. 2006;2:25.