



This X-ray, Dr. Ferzli points out, is a classic example of a patient whose teeth and jaws are affected by severe clenching and grinding.

Aging Muscles, Missing Teeth: The Effects Can Be Profound

Age is always an important consideration when patients come to the TMJ & Sleep Therapy Centre of Raleigh-Durham, because there are certain issues that affect older patients more profoundly than younger ones. Cancer and pain of unknown origin, such as a growth or tumor, are always ruled out first by Dr. Charles Ferzli, as opposed to pain from inflammation that may be the result of an injury. Aging patients are prone to specific symptoms, he notes.

“Older patients, when they lose posterior teeth, put more pressure on the front teeth when they close their mouth, causing the jaw to rotate from the front all the way to the back, compressing the tooth in the socket. A lot of inflammation can be felt in the jaw joints, making the patients more prone to headaches or referred pain, sometimes in the shoulder or the back.

“That is why we often see patients with no back teeth who are experiencing temporomandibular joint (TMJ) problems,” he explains. “We are able to restore their normal, comfortable bite by giving them a partial denture, which decompresses the jaw joint, relieves inflammation, and makes them feel better.”

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AGING MUSCLES, OBSTRUCTED SLEEP

“Aging also causes a loss of muscle tone in the body, so you feel weaker and have a harder time carrying yourself straight,” the doctor points out. “This, in turn, affects breathing and sleep. Loss of muscle tone can cause the airway to collapse, leading to obstructive sleep apnea, where you stop breathing for more than ten seconds at a time during sleep.

“REM sleep, or rapid eye movement, is when the eyes and diaphragm are very active during sleep, causing the most collapse in muscle tone in older patients,” Dr. Ferzli notes. “As we age, we tend to wake up more during the night, interrupting our sleep. What we don’t realize is that the likely reason for frequently waking is sleep apnea.”

Dr. Ferzli points out that not everyone suffers from this loss of muscle tone. “Australian aborigines who play the didgeridoo,” he says with a smile, “don’t

have sleep apnea because that instrument tightens and strengthens their airway muscle tone. But you don’t have to play an exotic instrument to achieve this; myofunctional exercises—which strengthen tongue tone and airway muscles—do the same thing, improving the tone of the airway and decreasing sleep problems.

“Sleep issues should not be taken lightly,” emphasizes Dr. Ferzli. “When you hear people say that someone ‘died peacefully in their sleep,’ there’s probably nothing peaceful about the way they died, because most likely they had sleep apnea and choked to death. As we get older it’s important to screen for these conditions, because lack of quality sleep can cause your body not to heal. You’ll have more inflammation in your system, your joints will hurt upon awaking, it’s harder to get out of bed, and you’ll feel more tired. Quite often, older folks are diagnosed with fibromyalgia because of these symptoms, and a lot of their painful issues have origins in sleep.”

LAURA KILPATRICK’S STORY

In August, 1984, when I was just 29 years old, I was hit by a drunken driver while jogging. I landed on my head, inducing a traumatic brain injury (TBI). Since that day I’ve had a 24/7 migraine. The accident squashed my sinuses and jaw, and did a number on my head. Back in 1984, maxillofacial surgery existed, but at the time they couldn’t fix my problems.

About a year and a half ago, someone recommended seeing Dr. Charles Ferzli. I feel so fortunate to have met him and have him do my TMJ rehabilitation. My jaw is so much better: I can open my mouth wide, it’s not cracking or popping, and it doesn’t hurt. Part of what I thought was migraine pain was, in fact, jaw pain. Lessening the pain I deal with daily also results in reducing the amount of medication I take. I just feel so much better.

But the best thing is I can again eat chunky food. As soon as my jaw healed, post-surgery, we celebrated with a big, fat double hamburger. I could actually open and close my mouth on it. It was the best meal I’ve had in a long time.

After surgery, Dr. Ferzli sent me to a physical therapist. Since the jaw is connected to all the other bones in the body, there was an effect on my balance. I also saw a vision therapist because when you have a TBI, it affects your vision. Now I’m wearing glasses with prisms. I used to lean to the left and fall; I didn’t know that my right eye wasn’t communicating with my brain. Wearing these prism glasses, I can walk straight and don’t run into things. Dr. Ferzli also sent me to a sleep clinic because he believed I had sleep apnea, and I do. Dr. Ferzli did all this for me and I’m just blown away. I’m 64, and I feel better now than I have in 34 years.

It’s wonderful the way medicine has evolved, but back in ‘84 there was no Dr. Ferzli. You can get a lot of things fixed now that you couldn’t get fixed before. If it hadn’t been for him, I wouldn’t have known what could be done. He’s the one who recognized the full nature of my problems. Here’s a funny example: he takes a short video at your first appointment of you walking. I thought at the time it was odd because I was having jaw issues. But as I was walking, I was leaning to the left.

He said, ‘I’m going to put a spacer between your big toe and your next toe on your left foot.’ The next thing you know, I was walking straight and I wasn’t running into anything. I couldn’t believe it!

Dr. Ferzli really wants everyone to feel better top to bottom, and I have been amazed at all the things that he knows that can help you.



Laura Kilpatrick

POOR SLEEP = MANY PROBLEMS

Dr. Ferzli also notes that, as we age, we tend to take more medications that can decrease saliva causing you to have dry mouth, and creating more cavities and oral health problems. “Medications can also disrupt your deep sleep, making you feel more tired and having trouble remembering things. Dementia and Alzheimer’s have their origin in poor sleep because with more oxygen deprivation to the brain more brain cells die, and as a result you have trouble functioning like you used to.”

Ninety-nine percent of patients who have obstructive sleep apnea have periodontal disease, Dr. Ferzli notes, “because with more inflammation in your body, the co-morbid condition of inflammation is periodontal disease, affecting your body systemically. Other conditions related to poor sleep include heart problems, diabetes, high blood pressure, pancreatic cancer—all co-morbid conditions of inflammation. When I see a patient, I always look for those symptoms.

“Apnea patients have oxygen deprivation; they tend to grind and clench their teeth a lot more than a healthy person, so we see a lot of wear on the biting surfaces of teeth. As people age, we see bony growths on the floor and roof of the mouth, called tori, because they’re clenching and grinding, wearing out teeth, causing recessions around the gum line, and more tooth sensitivity. That’s a red flag for not being able to breathe well when you’re sleeping at night.”