**NTI vs. Best-Bite Occlusal Appliances**

**ehanson**  
Pittsford, NY  
Posts: 140  
Reg.: 10/22/2002

I just received a direct marketing brochure from Best-Bite (from Dr. Jerry Simon) that makes a big deal about how Best-Bite is far superior to NTI. The claims in the mailer argue the NTI is not compatible with the teachings of any leading authorities on occlusion; NTI does not facilitate or encourage any dental treatment; and that that NTI is generally recommended without a comprehensive diagnosis. The brochure warns the NTI can result in an open bite in 5% of the patients (infers that it is the cause of a skeletal/dental open bite). It also says (quoting a study from 1986) splints designed without posterior tooth support result in superior condylar movement. Therefore, centric stops on posterior teeth appear important for protecting the TMJ.

What? I don’t follow the logic. And, yes, of course the NTI does allow the TMJs to seat superiorly in the fossae. Isn’t that the point? Dr. Simon speaks as if he is saying that posterior interferences are somehow created by the NTI. Best-Bite looks to me like a fixed version of a leaf gauge. And it seems Dr. Simon is trying to finagle his way into a share of the market, and spreading misinformation.

**Jim Boyd, DDS**  
Inventor of NTI-tss  
Solana Beach, CA  
Posts: 491  
Reg.: 5/11/2001

For a dose of “NTI vs. Best-Bite” reality, see this excerpt from the Best-Bite website with my comments in blue.

**What is the difference between the Best-Bite Discluder and the NTI-tss?**
- Best-Bite Discluder is a diagnostic aid to help the dentist and patient determine if the bite is a contributor to their head, neck or facial pain.
- NTI-tss is a segmental bite splint treatment that generally is recommended without a comprehensive diagnosis.

**No where does NTI-tss, Inc. recommend treatment without a comprehensive diagnosis. (Suggesting so is deceitful). In addition to being a diagnostic aid to help the dentist and patient determine if the bite is a contributor to their head, neck or facial pain, the NTI can then be used as a therapeutic treatment device, for the same cost as a Best-Bite.**

**How long does it take for patients to experience relief?**
- Best-Bite Discluder’s 8-degree incline plane guides the jaw joints in to a centered position, eliminating pain caused by muscle spasms in less than two minutes.
- NTI-tss may discourage clenching and grinding, providing some relief in 2+ weeks.

**An NTI can be used identically as a Best-Bite, chairside. The majority of head, neck and facial sufferers experience relief overnight. 82% of medically diagnosed migraine sufferers experience a 77% average reduction in migraine attacks within 8 weeks.**

**How long does it take to fabricate these devices?**
- Best-Bite Discluder’s polyvinyl liner allows for fabrication in less than 15 seconds.
- NTI-tss’ cold cure acrylic line requires at least 40 minutes of fabrication.

**The acrylic used to reline an NTI takes up to 4 minutes to fully cure.** Final sculpting of the device may require up to 10 or 15 minutes.
Can these devices be used during or in conjunction with treatment?

- Best-Bite Discluder assists the doctor in quickly obtaining a centered jaw position for accurate occlusal records, bite splint adjustment or equilibration. It can also be used by the patient 10 minutes at a time as needed to stop pain during the treatment.
- NTI-tss does not facilitate any long-term dental treatment.

When nocturnal parafunction persists following accurate occlusal records, bite splint adjustment and/or equilibration, the therapeutic application of the NTI-tss provides for the normal musculature which facilitates the success of long-term dental treatment.

What have studies shown about the Best-Bite Discluder and NTI-tss?

- “If the anterior bite stop [such as Best-Bite] is used before or in conjunction with interocclusal record techniques, the resultant record may be more accurate because it would be fabricated with decreased EMG activity.” Journal of Prosthetic Dentistry, 1999
  This study was published in 1999, 3 years before the Best-Bite was on the market. Inserting “[such as Best-Bite]” is deceitful and misleading. (An NTI-tss device can be used as an anterior bite stop because it is.

- “Splints designed without posterior tooth support [such as the NTI-tss] resulted in superior condylar movement. Therefore centric stops on posterior teeth appear important for protecting the TMJ...” Journal Of Craniomandibular Function, October 1986
  This study was published in 1986, 12 years before the NTI-tss was on the market. The splint design being referred to in this article was an anterior bite plane (canine to canine). Inserting “[such as the NTI-tss]” is deceitful and misleading.

FAQs about the NTI

Q. Won’t teeth supraerupt?
A. No. The NTI device is worn while sleeping; therefore, daily alveolar chewing stimulation maintains the teeth’s positions.

Q. What about occlusion?
A. Once the intensity of the nocturnal parafunction has been reduced, symptoms are reduced or prevented, and condyles can seat easily, thereby allowing for definitive occlusal therapy.

To learn more, visit: www.HeadacheHope.com
Order direct: 1-(877)-4-NTI-TSS
1-(877)-468-4877
or online 24/7

Try asking your patients:
When you wake up,

Do you feel fabulous?™

About 20% of your patients wake up every day with a combination of…

- Tension headache
- Stiff and sore jaw, neck, and shoulders
- Sinus and facial pressure and pain
- Migraine pain

…but wouldn’t think to report their symptoms to their dentist. Make them an NTI device to wear while they’re asleep.

Change their life and enhance your practice!

FREE FACTS, circle 6 on card
Jim Boyd, DDS

Which academic leader’s teachings are the Best-Bite Disclider and NTI-tss compatible with?
- Best-Bite is compatible with the teachings of: Dr. Peter E. Dawson DDS of the Dawson Center, Dr. Irwin Becker DDS of the Pankey Institute, Dr. Henry Grimillion DDS of the Parker Mahan Pain Center at the University of Florida, Dr. Carlin M. Coker MD, Dr. John Kois DDS, Dr. Frank Speaker DDS and Dr. John Drotter DDS to name a few.

All of these academicians recommend the use of an anterior deprogrammer, not specifically the Best-Bite.
- NTI-tss is not compatible with the teachings of any leading authorities of occlusion.

In fact, the NTI-tss is based on the teachings of these authorities!

What are the differences in patient risk between the Best-Bite Disclider and NTI-tss?
- Best-Bite Disclider presents no long or short-term risks or dangers of any kind.

Due to the Best-Bite only being a chairside diagnostic application, only.
- From the NTI-tss user guide, “Complications such as an anterior open bite can occur in patients up to 5% of the time.”

Curiously, this “quote” does not exist in the NTI-TSS user guide. It states: “This is a rare development, and clinically can be observed to varying degrees in approximately 5% of those patients using the NTI-tss for pain relief and prevention”.
- Additionally, mistreatment caused by improper diagnosis can result in unsuccessful treatment and damage to the jaw joints.

Certainly, mistreatment as a result of inaccurate diagnosis can result in therapeutic failure, which is why even dentists who’ve used a Best-Bite to justify their occlusal treat-

EXPOSED!

"Hi, my name is Nilo Hernandez, DDS from Florida. I've been practicing for 12 years, and I want to tell you about this Ed O'Keefe guy. You've seen his ads in this magazine all the time - like the one headlined, "How To Get More Patients In A Month Than You Now Get All Year!""

If you read his ads, Ed sure makes a lot of big promises to us dentists. Like little known, proven advertising strategies that actually pay off and take in more money than they cost...immediately. And, unheard of marketing secrets to attract higher quality patients, and get them coming into your office already pre-qualified, pre-educated, and motivated without hassling over price, etc. Every time I read one of his ads, I wondered, "Who could be dumb enough to buy this guy's rap?"

After all, I've tried this sort of thing before and failed miserably. Wasting thousands and thousands of dollars on so-called "practice management guru's" who were going to give me the marketing techniques to build a huge practice, and all of it sucked. "Marketing" their traditional way didn't work for me, and I had given up hope. I figured I'd seen it all before.

Well, let me tell you the truth about Ed O'Keefe's "magical patient attraction secrets"--it turns out they actually work! Here, briefly, is my story: Because of my utter desperation, disappointment and frustration, out of curiosity, I finally gave in, called O'Keefe's toll-free recorded message line, and got a copy of his free report. When I read it, I was shocked by what it said and it made so much sense, I broke down, and decided to "try" his System. What I found in his materials amazed me. It was very, very different from ANYTHING I'd heard or seen about attracting higher quality patients who actually pay, stay, and refer. So, skeptical and hopeful at the same time, I started testing a few of Ed's strategies.

For example, the first little $300 ad from his System that I ran brought in seven implant patients worth $80,327 in care! WOW. Then, I ran this little ad again, and besides the flood of calls I got from Miami, a funny thing happened. Someone went to visit a friend in Mexico took along the newspaper from Miami I advertised in. The Mexican person started reading the newspaper and saw my ad. He was interested in this sort of info for his wife. Well, they came in yesterday. They couple decided to go ahead with treatment starting next Monday, and gave us a deposit for $10,177.00 I will be doing 4 implants on the lower, 6 implants on the upper...along with the restoratives later.

A $35,670 case, all from a non-traditional ad that cost me around $300 backs...that made money from Mexico! (I know this Mexican thing was an aberration, but the 80 Grand I made from the $300 ad in my local area sure wasn't! I'm having so much FUN with this Ed O'Keefe stuff that it makes me silly. Oh, by the way, I used one of his reactivation letters, (a type of letter I used to do) which I guarantee you've never seen before) and had 22 patients come back in for care...immediately. I took in over $19,227.00 in collections from patients I had marketed to before using traditional (worthless) techniques, and couldn't get hardly anyone to come back. Now, one ingenious letter brings 22 patients back into the fold at one time! I haven't seen anything like this in our profession!! Maybe an extra six figures in only a couple months isn't a lot of money to you, maybe it is, I don't know. This past month was my best month ever...and I'm working only 3 days a week!

I've got a ton of reasons why you ought to investigate what Ed has to offer–like the more than 100 Grand he's put in my pocket so far. And here's how easy it is: Ed has prepared a straight-talk, detailed FREE Report and Audio-Tape: "Discover How To Get More High Quality Patients In A Month Than You Now Get All Year Immediately, With Little Or No Effort! Guaranteed!" which you can have absolutely FREE, without any cost or obligation. Get it, read it, and decide for yourself whether or not you ought to try his System in your practice, just like I did. Remember, he guarantees his system with a risk-free money back guarantee. It's that simple. To get your FREE REPORT, pick up the phone and call his toll-free 24 hour recorded message at 1-866-234-5964. You'll hear a brief, free recorded message and be able to leave your name and address, so your Report can be mailed to you. Wouldn't you want to learn more about real marketing that actually works? It's FREE! Call NOW, while this is fresh on your mind. I know I thank my lucky stars that I made that simple, toll-free call. NOW it's your turn. Best of Luck To You!"

Nilo Hernandez DDS, Miami

Continued on page 76
Jim Boyd, DDS

Point/Counterpoint  NTI vs Best-Bite Occlusal Appliances

Continued from page 14

ment provide an informed consent. Similarly, misuse of an NTI may cause joint strain. Are both devices approved by the Food and Drug Administration?

• Yes, both devices are approved for use by the Food and Drug Administration.

The FDA’s approved claim for use for the Best-Bite Discluder is:

“An adjunct device to be used for short term pain relief from muscle spasm pain due to occlusal interference”.

The FDA’s approved claims for use for the NTI-tss is:

1. A device to be used in the prophylactic treatment of medically diagnosed migraine pain as well as migraine associated tension-type headaches, by reducing their signs and symptoms through reduction of trigeminally innervated muscular activity, and;
2. For the prevention of bruxism and TMJ syndrome through reduction of trigeminally innervated muscular activity

Jerry Simon
Inventor of Best-Bite

As we travel around the country, we find these FACTS:

1. Most dentists do not understand that the bite matters in so far as biomechanical dental disease, abfractions, loose teeth, sore teeth and broken teeth.
2. Most dentists are not doing anything about the occlusal problems of their patients.
3. Most dentists do not know occlusal interferences can be a trigger for head, neck, and facial pain—either as direct pain from over worked muscles or as trigger to secondary migraines.
4. Most of the dentists I speak to, who are making NTI for patients, are not making a diagnosis first. They are making an NTI in an average of about 40 minutes and trying it.
5. When I ask most dentists what they do next, after making the NTI, they tell me they let the patient go and follow-up, or do not follow-up, in a week or so.
6. If it helps, great, if not, the dentist tries something else or tells the patient they cannot help them.
7. When the patient leaves, there is no long-term plan. It really is not much different than giving a patient a shot of local and seeing if the pain goes away as the TOTAL treatment.

THAT IS THE REALITY OF WHAT IS GOING ON OUT THERE! Best-Bite is to assist in the diagnosis of occlusal interference. It does so very fast. REALITY is that it takes 15 seconds to get Best-Bite into the patient’s mouth and if their bite is the problem, you will know it in under 2 minutes in the vast majority of the time. There is NO ONE who teaches making a long-term segmental bite splint, PERIOD.

If you are using NTI as a diagnostic device and then do an occlusal treatment, then that is OK. But why not use something that is 50 times faster and cheaper, more useful and has no potential to do long-term harm? Go to the Best-Bite website (www.best-bite.com) for more information.

Mike on the Bike
Canada

I feel the biggest problem in traditional TMJ/occlusion studies is the fact that the emphasis is concentrated on the occlusion and not occluding. We all have patients with perfect occlusion who have TMJ, headaches or migraines. By the same token we have patients with teeth that look like a fence along the back forty who have no TMJ/migraine problems. And therein lies the rub, the NTI by a reflexive action reduces parafunctional clenching which has been shown to cause temporalis strain and pain with resultant migraines, so called TMJ and headaches. The differences being: the intensity, frequency, duration and position of the mandible. The occlusion is not a factor.

Use of the NTI does not preclude occlusal adjustment, in fact most patients report a “change” in occlusion due to the repositioning of the condyles as the temporalis and other muscles relax. The mandible achieves a natural relaxed position. And pain, even from long-term migraines goes into remission. It is not a cure but a highly effective treatment. All other variants are clones, the master is the NTI.
Last week I attended the Pacific North West Dental Meeting, where I personally screened 42 dental team members attending the meeting with any head, neck or facial pain and relieved the pain of 38 of them in less than 2 minutes with the Best-Bite Discluder. That included several people with “severe migraines” and two women who had been in constant pain following automobile accidents two and five years ago, respectively. All of these people had their pain relieved and now know that they can follow up with dental treatment for long-term pain relief. Unfortunately at the same meeting, the majority of the dentists, including several who were in pain themselves, were completely unaware that the bite can be the problem.

Many dentists, when asked what they do with their patients with head, neck or facial pain said things like, “I refer them to someone else.” In fact, they really do not even diagnose them at all. At the same time many of the dental schools have been shutting down their departments of occlusion when they should be expanding them. This is a problem that has been clinically proven to result in head, neck, facial pain and dental damage for over 40 million people in the United States alone. How is this possible?

Every cardiologist understands that the functioning of the heart matters, even when they might disagree as to the best methodology to treat heart disease. Every orthopedic surgeon understands that the biomechanics of the joints matter, even when they sometimes may disagree as to the best method to treat the joint problems they encounter.

But the vast majority of dentists do not understand that the bite matters, and do nothing to help their patients. This is a loss for the patients who do not get the care they need, as well as for the dentist who do not get the satisfaction from helping their patients or the revenue for providing those services. While I acknowledge that there different approaches and methodologies I think the similarities are much greater than the differences and it is time for us in the dental profession to focus encouraging our colleagues to invest CE time on occlusal studies.

This is a national embarrassment and tragedy when there is such a monumental problem that can be solved only by a dentist and most dentists are not trained to diagnose, let alone treat, head, neck or facial pain that can be proven to be caused by occlusal interference.