

Are you a Dentist or a Stomatologist?



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In most of the world, dentists are trained alongside physicians and do a specialty residency in stomatology, the medical study of the mouth and its diseases. The planet has around one million dentists and they are mostly referred to as stomatologists. Lecturing around the world, it is very apparent the difference this training makes in how dentists in America practice versus how stomatologists practice.

In America, most dentists only have referral slips for other dental specialties. If something is dead inside the tooth, they will refer you to an endodontist. If something is going wrong around the tooth, they will refer you to a periodontist. If the tooth needs removed, it's time to see an oral surgeon. If the patient weighs less than 25 kilos (55 pounds), it's off to the pedodontist. If the teeth are crooked, find an orthodontist.

In my opinion, TMD and drug abuse is the defining issue and clarity test between a dentist and stomatologist. In America, if the patient complains of sore muscles around the TMD, limited opening, clenching, or bruxing, dentists either refer to a TMD specialist or impress for some kind of night guard. The dentists may even utilize EMG, JVA, or TENS.

But how often do American dentists ever ask the TMD patient what's going on in their life; like they do in Poland, Italy, England, Brazil, Australia and New Zealand? Did the TMD patient just change jobs and is abracting his/her teeth from poor coping skills? Did the patient just get married or divorced? Did he/she just have their first baby or a death in the family? Does your TMD patient need to see a psychologist to discuss content-of-life issues?

Do you even have a referral slip to a psychologist? Do you have different referral slips for psychologists who specialize in marriage counseling versus someone who specializes in children? If all of your

referral slips deal with specialists doing something tooth related, then you need to spend more time with a stomatologist.

Mild forms of most illness, especially in high-stress societies, usually respond to psychological therapies that provide the following:

- Stress reduction
- Psychological support
- Assistance in developing realistic life strategies
- Help in changing maladaptive forms of behavior, such as codependence
- Countering of unrealistic expectations

Examples of psychosomatic disorders include asthma, migraine headaches, irritable bowel syndrome, low back pain, and TMD. All of these disorders share at least one feature – a spasm reflex, which often is induced by stress.

- Asthma is typified by bronchial spasms
- Migraine headaches, by arterial spasms
- Irritable bowel syndrome, by large bowel spasms
- Low back pain, by muscle spasms.
- TMD is typified by muscle spasms

Two disorders – schizophrenia and obsessive-compulsive disorder (OCD) – that previously had been considered results of toilet-training problems were officially acknowledged as biological disorders. This conclusion was based on genetic research and represents the shifting emphasis of psychiatry from psychological theories to the medical model.

What about yourself doc? So many dentists are fighting their own internal battles and do not even realize it. Depression, brought about by failure of the limbic system, can result in depressed or irritable mood, sleep, and appetite disturbance, slowed thinking, decreased concentration, suicidal thoughts, and decreased capacity

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to enjoy life. Major depression syndrome consists of at least a two-week period when mood is depressed or irritable and an individual manifests at least five out of the nine following traits the majority of the time:

- Depressed mood
- Diminished interest in activities
- Significant weight loss or gain
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue
- Feelings of excessive guilt
- Diminished ability to concentrate
- Recurrent thoughts of death or suicide

What about your patients who are trying to abuse prescription drugs such as Vicodin? I find it beyond disturbing how many dentists define these patients as vile, scum of the earth, dirt bags. Did it ever cross your mind DOCTOR they may be self-medicating their mental illness. Do you even have a referral slip to a psychiatrist? If patients needed a lecture, they could call their parents, if they need a sermon they can go to church. You are a doctor of dental surgery, a stomatologist! You should be using the medical model of science, not your cultural personal beliefs and religious opinions.

You have an opportunity to refer drug-seeking patients to a good psychiatrist. The unfortunate consequences of lack of awareness in mental illness are many. These include:

- Divorce
- Severe stress on family, friends, and staff
- Antisocial behavior, often leading to staff turnover
- Drug abuse
- Severe personal stress
- Economic disaster from a dental practice plagued with problems running at a fraction of its potential

Scientists have determined from family studies and DNA analysis that a large number of psychiatric disorders have a major genetic determinant. Just because you do not believe addiction is a disease does not make it true. Be a stomatologist!

In the book "Brain Basics: An Integrated Biological Approach to Understanding and Assessing Human Behavior" psychiatrist Robert Williams, MD says it is essential for all of us to know that there is no perfect brain and that all of us will face one or more forms of brain failure at some point in our lives. Behavior is an active biological entity, not simply a collection of attitudes and physical or verbal responses. It is an outward manifestation of the health of an internal organ – the brain.

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