



A CASE REPORT ON MANAGEMENT OF UNILATERAL TMJ DISLOCATION

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ABSTRACT

Temporomandibular joint (TMJ) dislocations are the most commonly presented joint dislocation cases that need emergency management. Diagnosis can be attained on the first instance based on the history of presenting complaints and local examination of the concerned joint. Diagnosis can be confirmed by radiological imaging. Bimanual reduction of the dislocated temporomandibular joint is the treatment of choice centered on the severity of the dislocation. In *Ayurveda* bony joints may be correlated with *asthi-sandhi*. Based on the structure *Acharya Sushruta* had described eight types of *Sandhi* (joints) among that *Hanu sandhi* which belongs to the *Vayasathunda sandhi* can be considered as the temporomandibular joint. So, dislocation of temporomandibular may be correlated with *Hanu sandhi chyuthi* as described by *Acharya susruta*. This is a case report on the management of unilateral temporomandibular dislocation. Here the case of a 31-year-old female patient having typical, non-traumatic dislocation of the left temporomandibular joint has been discussed.

Keywords: Temporomandibular joint, TMJ, *Hanu sandhi*, Dislocation, Reduction.

INTRODUCTION

Dislocation of the temporomandibular joint (TMJ) is the most reported case in emergency management. Common cases are non-traumatic and are often

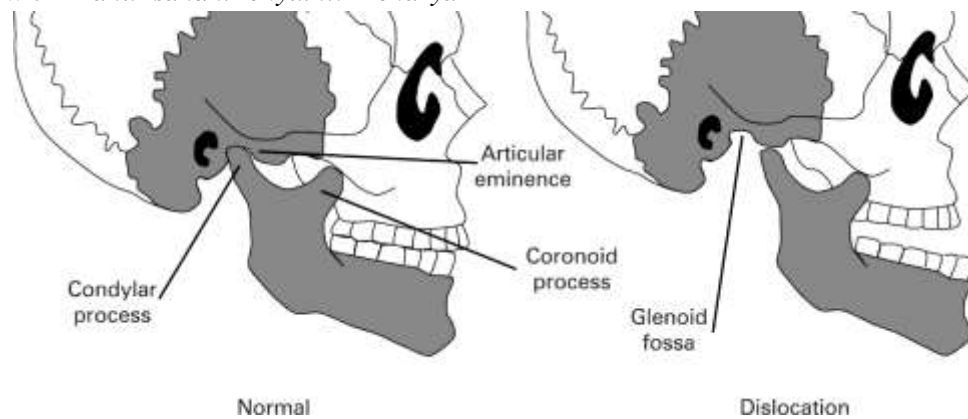
caused by yawning, eating, during dental treatment, endoscopy, or oral intubation¹. It is defined as the excessive forward movement of the mandibular

condyle beyond the articular eminence with complete separation of the articular surfaces and fixation in that position¹. Diagnosis of TMJ dislocation is often clinically based in the first instance¹. Treatment ranges from bimanual relocation of the joint to invasive surgical procedures depending on its severity¹.

In *Ayurveda* bony joints may be correlated with *Asthi-sandhi*. Based on the structure *Aacharya Sushruta* had described eight types of *Sandhi* among that *Hanu sandhi* which belongs to the *Vayastunda sandhi* may be considered as temporomandibular joint³. So, dislocation of the temporomandibular may be correlated with *Hanu sandhi chyuthi*. *Acharya*

susrutha has explained the management of *Hanu sandhi chyuthi* in *Susrutha samhitha chikitsa stana*rd 3rd chapter. By anointing the area affected followed by fomentation, the lower jaw is placed in the normal place and *Panchangi bandha* is given².

This is a case report on the management of unilateral dislocation of the mandible with immediate closed reduction has been explained. Here the diagnosis of TMJ dislocation is done clinically based on signs and symptoms. The main aim is to present the case of a non-traumatic unilateral TMJ dislocation and discuss its management.



CASE REPORT:

A 31year old female patient attended the OPD complaining of acute pain over the left side of the lower jaw immediately after yawning on the same day morning. There was no history of trauma or assault, recurrent TMJ dislocation, neurological illness, or recent dental surgeries. BP was 130/80 mmHg and PR -70 bpm.

On examination, there was a depression in her pre-auricular area and a slight deviation of the lower jaw towards the right side associated with severe tenderness. On inspection there was no discoloration or swelling, and no foreign bodies were found. The range of movements of TMJ was restricted due to pain. As the patient was so nervous, she refused to take radiographs.

METHODOLOGY:

Local snehana with ksheera bala thaila and local nadee sweda of the concerned area was done. The

patient was advised to sit comfortably with back support. With gloved hands palpate the dislocated area. Then sterile swabs are placed over the lower molars to avoid biting of examiner's fingers. Asked her to wide open the mouth against resistance. Downward pressure was applied on the patient's lower molar teeth and also elevated the angle of the mandible with the fingers. Push the entire mandible posteriorly, thus reduction was achieved *Panchangi bhandha* was done by placing pichu with dhanwantharam thaila over the pre-auricular area.

RESULTS:

Correction of the deformity was done. The reduced temporomandibular joint was immobilized with *Panchangi bhandha* having pichu with dhanwantharam thailam over the left pre-auricular area for one week. As there were no associated complications no internal medications were given.

She was advised to take soft semi-solid food orally and avoid chewing and grinding her teeth.

DISCUSSION

TMJ dislocation is a type of mostly seen joint dislocation. Detailed history taking and clinical examination of the patient leads to the severity of the dislocation. Diagnosis can be confirmed by



Figure: Reduction of TMJ dislocation followed by *Panchangi bandha*

CONCLUSION

TMJ dislocation occurs when forces effects chiefly by the pterygoid muscles unilaterally or bilaterally stretch out the articular discs and mandibular condyles out of the mandibular fossa, causing both the condyles and the articular discs to cross over the articular eminence into the infratemporal fossa¹. Management of TMJ dislocation by bimanual reduction and immobilization is mainly based on the severity of the case. Here the case of left unilateral TMJ dislocation was not complicated. Proper history taking, and examination, radiographical imaging makes the diagnosis and treatment easier and more accurate.

radiography. Treatment of a patient with TMJ dislocation requires reduction of the deformity as soon as possible. Proper care should be taken to avoid future dislocation and complications.

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