

IN THE MATTER OF:

THOMAS D. WAIS, D.D.S.

TRANSCRIPT OF TELEVISION PROGRAM

"THE WELLNESS HOUR WITH RANDY ALVAREZ"

"INTERVIEW OF DR. TOM WAIS"

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THOMAS D. WAIS, D.D.S., GUEST

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March 12, 2009

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THE WELLNESS HOUR WITH RANDY ALVAREZ

MR. ALVAREZ: You are watching the latest edition of "The Wellness Hour," the leader in medical news and information.

I'm Randy Alvarez.

Today's topic: New treatment options for people that are suffering with TMJ-related problems. If you have headaches, sore teeth, sore muscles, neck pain, back pain, it may be related to a TMJ problem.

My advice: Stick around for the latest edition of "The Wellness Hour."

ANNOUNCER: "The Wellness Hour," and in-depth discussion with today's top physicians and medical leaders.

Now, your host, Randy Alvarez.

MR. ALVAREZ: You are watching the latest edition of "The Wellness Hour," the leader in medical news and information. I'm Randy Alvarez.

My first guest is Dr. Thomas D. Wais. We've invited him on the program today to discuss TMJ problems. Dr. Weiss has been practicing for 34 years

1 and has extensive training in TMJ problems.

2 Dr. Wais, welcome to the program.

3 DR. WAIS: Thank you, Randy. I appreciate it a
4 whole lot.

5 MR. ALVAREZ: Now, how long have you been in
6 practice?

7 DR. WAIS: 34 years.

8 MR. ALVAREZ: 34 years. And early on you've always
9 been involved in the bite and the TMJ?

10 DR. WAIS: Yes, I have. I really have had an
11 interest in that area because I knew that there was a
12 relationship between the teeth and the TMJ that was very
13 intimate and very necessary.

14 MR. ALVAREZ: TMJ.

15 DR. WAIS: Yes.

16 MR. ALVAREZ: What does that stand for, by the way?

17 DR. WAIS: It stands for temporomandibular joint,
18 this joint right in front of your ears, and it's just
19 the anatomical term for it.

20 MR. ALVAREZ: Now, this is not a recognized
21 specialty in dentistry, but --

22 DR. WAIS: No, it's not.

23 MR. ALVAREZ: -- but it's a big focus in your
24 practice?

25 DR. WAIS: It's a big focus in my practice because

1 for years I had people with problems that I didn't
2 understand, didn't know how to treat, couldn't figure
3 out what the problem was. But recently, with some new
4 research that I gained six years ago, with some
5 training, it has been wonderful to be able to help those
6 people because now we have the answers to problems that
7 we didn't have before.

8 MR. ALVAREZ: Let's start with symptoms --

9 DR. WAIS: Okay.

10 MR. ALVAREZ: -- and then we'll dig right into what
11 causes it and some of the --

12 DR. WAIS: Good. Good.

13 MR. ALVAREZ: -- treatment options.

14 But somebody watching this -- how do you know
15 if you have TMJ? Because you've explained to me it's
16 more than just a sore jaw.

17 DR. WAIS: Yeah. Oh, yeah.

18 You know, it's so interesting because TMJ
19 problems can show up when we start with the very lips.
20 The lips can be distorted just before you even get into
21 the mouth --

22 MR. ALVAREZ: Okay.

23 DR. WAIS: -- and then when you start into the
24 mouth the teeth, the front teeth, especially the front
25 teeth, can be showing wear, flattening off. It's a bad

1 situation.

2 MR. ALVAREZ: So wear of teeth?

3 DR. WAIS: Wear. Yeah. Wear of the front teeth.
4 It's a -- it's a bad thing. It doesn't have to happen.
5 The new research shows that we do not have to wear our
6 teeth with aging.

7 MR. ALVAREZ: So the jaw's out of line; that's
8 what's causing the --

9 DR. WAIS: That's right. There's a dysfunction.
10 There's a disarray with this whole system. The chewing
11 system is not in order.

12 MR. ALVAREZ: Okay.

13 DR. WAIS: So it -- this is what causes the
14 problem.

15 And as we go further into the mouth, as you're
16 speaking sometime, when you have TMJ problems you can
17 feel like your tongue flips over and it -- you don't
18 enunciate properly. A lot of people have that problem.
19 They have a TMJ problem that is literally causing their
20 tongue to move abnormally.

21 Then as we get further back in the mouth the
22 back teeth can be worn down in such a way that it's
23 causing muscular pain and discomfort because the
24 jaw -- it's kind of like a tricycle. Front teeth is the
25 front wheel. Back wheels are the -- are the joints in

1 front of the ears; and if this thing is in disharmony
2 the muscles in the head and the neck hurt.

3 MR. ALVAREZ: So headaches can be caused from the
4 TMJ?

5 DR. WAIS: (Unintelligible) --

6 MR. ALVAREZ: -- and no pain here but just the pain
7 in the headache?

8 DR. WAIS: Absolutely.

9 MR. ALVAREZ: Is that right?

10 DR. WAIS: Absolutely. And you can also have pain
11 in your teeth because the teeth get worn down,
12 imbalanced, the bite's imbalanced.

13 Randy, you wouldn't believe how many people
14 there are that chew on one side of their mouth. That's
15 a symptom. That's a true symptom of TMJ problems.

16 If you can't chew on both sides of your mouth,
17 you may have problem -- have a problem.

18 MR. ALVAREZ: What are the other symptoms?

19 DR. WAIS: Other symptoms that occur are most
20 interesting. People can have spasms in their face due
21 to muscular imbalance.

22 I even had one lady who had a bulging vein in
23 her face. After we treated her that vein went away.
24 Very nice cosmetic result for her because she was
25 considering having it surgically removed. It was

1 due --

2 MR. ALVAREZ: Okay.

3 DR. WAIS: -- to muscle tension.

4 I had one man that came in that had food stuck
5 in his throat -- we'll get to see his paper
6 later -- that he had food stuck in his throat two times
7 for four hours, couldn't get it to move either way, and
8 it was --

9 MR. ALVAREZ: Why?

10 DR. WAIS: -- all due to muscle spasm. His
11 teeth --

12 MR. ALVAREZ: So how is that related to the TMJ
13 joint, though?

14 DR. WAIS: Well, what was happening is he had worn
15 his teeth down -- he had worn half of his teeth off
16 flat --

17 MR. ALVAREZ: Okay.

18 DR. WAIS: -- so this man could not chew his food.
19 There was no sharp chewing action. He was chewing like
20 a cow --

21 MR. ALVAREZ: Right.

22 DR. WAIS: -- scissoring his food; but his teeth
23 were so flat he wasn't getting it, um, masticated
24 properly in such a way that it would go down.

25 He even went to the emergency rom, and he was

1 in the emergency room for four hours and they had no
2 idea what to do with him.

3 MR. ALVAREZ: Okay.

4 DR. WAIS: No idea at all.

5 MR. ALVAREZ: So you fixed his teeth --

6 DR. WAIS: We fixed his teeth, and for the last
7 three years he's had absolutely no problems.

8 He's 35 years old.

9 Can you imagine, 35 years old, and what may
10 have happened to him is somebody would have given him
11 some drugs for this problem that he really didn't need
12 at all. It was all due to his teeth.

13 MR. ALVAREZ: Now, you're a dentist. Obviously --

14 DR. WAIS: That's right.

15 MR. ALVAREZ: -- you're biased. You think it -- a
16 lot of these problems are happening in the mouth. Is
17 there science -- a lot of science -- everything we're
18 talking about?

19 DR. WAIS: Yes.

20 MR. ALVAREZ: Science will back this up?

21 DR. WAIS: Yes, there is. There's science that
22 backs this up. There's a lot of information about this.

23 In my background I have studied this area many
24 times. Many times I've studied the area, and I'd go
25 back to my practice and try what was supposedly the

1 correct way to treat the TMJ, and it didn't work all the
2 time.

3 MR. ALVAREZ: Um-hmm.

4 DR. WAIS: It was very bothersome for me. And then
5 with this recent research called OBI -- it's a dental
6 study club -- study club -- excuse me -- international
7 study club -- that teaches about research from Dr. Bob
8 Lee, and basically this research is very good, Randy,
9 because what Bob Lee did is he was a biologist first,
10 and he had a Master's degree in biology, bacteriology
11 and public health. He was a paid biologist first; and
12 then what he did is he became a dentist, and he started
13 looking at what was in Mother Nature; and where the
14 research was done is he looked at people that had no
15 wear and tear, had never been to a dentist, and he did
16 research on those people; and he discovered the
17 principles that made it so that these people had no TMJ
18 problems, they had --

19 MR. ALVAREZ: So what was it?

20 DR. WAIS: -- no chewing problem.

21 The actual results were this: This joint has
22 to be home, comfortably at home in the socket, and the
23 teeth have to agree with that, where the teeth are --

24 MR. ALVAREZ: Or you get problems.

25 DR. WAIS: Or you get a problem, so the teeth --

1 MR. ALVAREZ: So what knocks it out? I mean, a car
2 accident, a jolt?

3 DR. WAIS: Right. What can happen?

4 MR. ALVAREZ: Or health?

5 DR. WAIS: Believe it or not, Randy, one simple
6 single sealant. Have you ever heard of -- for that on
7 children? I think --

8 MR. ALVAREZ: Yeah.

9 DR. WAIS: -- it's sealant put on their tooth?

10 MR. ALVAREZ: Yeah.

11 DR. WAIS: If that sealant is put in too high and
12 if the bite is off it can start TMJ problems because it
13 makes the jaw do this.

14 MR. ALVAREZ: I see. Okay.

15 DR. WAIS: But it's micro. You have to understand
16 that this joint is incredibly sensitive, incredibly
17 sensitive. We're talking to the tunes -- the tune of
18 eight microns.

19 Now, for you folks that don't know what eight
20 microns is, a medium ballpoint pen is 1,000 microns.

21 MR. ALVAREZ: Well, most of us know if -- if you
22 eat something, a little tiny seed or anything --

23 DR. WAIS: Oh, yeah.

24 MR. ALVAREZ: -- super small gets -- pepper gets
25 stuck in your teeth --

1 MR. ALVAREZ: Drives you crazy, doesn't it?

2 DR. WAIS: Yeah, yeah.

3 MR. ALVAREZ: Same kind of thing --

4 DR. WAIS: It's the same thing --

5 MR. ALVAREZ: -- but it affects your jaw --

6 DR. WAIS: -- with the joint, with the joint and
7 the muscles. So seven microns you can feel. It's
8 almost like a hair.

9 MR. ALVAREZ: When you say back pain here --

10 DR. WAIS: Um-hmm.

11 MR. ALVAREZ: -- we talked -- neck pain --

12 DR. WAIS: Um-hmm. Back and neck pain are the next
13 symptoms that occur from this -- this problem. What
14 happens is the fifth cranial nerve is the most
15 influential nerve in the body. The fifth cranial nerve
16 is -- actually weighs out at 50 percent when it's
17 dissected out. Of all the cranial nerves it has
18 a -- the anatomists say it has a root all the way down
19 to L2 in your back. So it can cause symptoms in other
20 areas due to the jaw being out of position.

21 MR. ALVAREZ: Do you have stories of people that
22 have, you know, dealt with migraines their entire life?

23 DR. WAIS: Absolutely.

24 MR. ALVAREZ: And by reputation they go to you, you
25 do your thing, you've fixed their -- their bite --

1 DR. WAIS: Right, and the migraines go away.

2 MR. ALVAREZ: Is that -- is that common? Is it
3 rare?

4 DR. WAIS: It's common.

5 What the problem is that most people are
6 uninformed that they have a tooth problem --

7 MR. ALVAREZ: Yeah.

8 DR. WAIS: -- because they're -- this business
9 about how close the jaw has to be in the joint here is
10 really new research. That's -- it's very, very
11 difficult work, but it's worthwhile and it's funny --

12 MR. ALVAREZ: I still don't get, I mean, how the
13 TMJ, how this joint -- is something being pinched?
14 What's going on that's causing the pain?

15 DR. WAIS: Well, Randy, we have a model right here
16 that we can -- that we can show you --

17 MR. ALVAREZ: Okay.

18 DR. WAIS: -- about how this whole thing works.

19 MR. ALVAREZ: What are we looking at here?

20 DR. WAIS: What we're looking at right here is that
21 the teeth are hitting prematurely in this particular
22 model. You can see it just as a schematic as the
23 diagonals, and what's going to happen is that we move
24 this picture here. You'll see that there's a premature
25 contact here. And this premature contact shows us that

1 the teeth are not hitting properly; and what's going to
2 happen, we're going to have this joint move when the
3 teeth close (simultaneous, unintelligible) --

4 MR. ALVAREZ: Why the arrow to the brain?

5 DR. WAIS: Ah, the arrow to the brain.

6 MR. ALVAREZ: Okay.

7 DR. WAIS: You know, what happens here is the tooth
8 sends a signal to the brain that tells the brain, "Don't
9 touch there. We're gonna break something."

10 So what happens at this particular
11 moment -- it's called an engram. And what
12 happens -- the jaw is told not to touch there at all.
13 Move out of position. And since this is the sloppiest
14 joint in the body --

15 MR. ALVAREZ: What -- interesting.

16 DR. WAIS: Yeah. It can move --

17 MR. ALVAREZ: It's like (unintelligible)
18 overcompensate --

19 DR. WAIS: Oh, absolutely, and that's what causes
20 this disarray in the muscles. So what happens -- the
21 jaw moves in this direction, as we see here -- it moves
22 up and back; and then the joint itself starts to have
23 trauma, pain and discomfort, hot, tension --

24 MR. ALVAREZ: Now, what about the fact that your
25 mouth is opening and closing all day long?

1 DR. WAIS: Yeah. We swallow --

2 MR. ALVAREZ: Does that aggravate it?

3 DR. WAIS: Absolutely. Absolutely. So for a lot
4 of people what'll happen -- they'll grind or clench
5 their teeth, trying to get that tooth, um, out of the
6 way. And guess what? How many friends of yours do you
7 know that have broken off a back molar?

8 MR. ALVAREZ: Yeah. Well, I don't have any,
9 but -- but this must happen, right?

10 DR. WAIS: Oh, it happens a lot. We see them a
11 lot.

12 MR. ALVAREZ: Okay.

13 DR. WAIS: It's a molar in the back, and they'll
14 break off the tongue side of a -- a lower molar, and
15 it's due to this very problem.

16 MR. ALVAREZ: Okay.

17 DR. WAIS: They're squeezing on that spot that's in
18 the way.

19 So when we have this bite relationship that
20 comes together like this, it can cause pain all the
21 time, down the back of your neck, in the back of your
22 head, trapezius muscles here. Very frequently we've had
23 people have this pain go away.

24 MR. ALVAREZ: So is it -- how big of a problem is
25 TMJ?

1 DR. WAIS: It's a huge problem.

2 MR. ALVAREZ: Related problems like migraines,
3 headaches --

4 DR. WAIS: It's a huge problem. The -- you know,
5 worldwide --

6 MR. ALVAREZ: Is there any estimates on how big --

7 DR. WAIS: Well, you know, the kind of -- just if
8 you think about it what do you -- what do people usually
9 tell you when you have a headache? "Take two aspirin
10 and call me in the morning" --

11 MR. ALVAREZ: Right. "Take an aspirin.

12 DR. WAIS: -- right?

13 So --

14 MR. ALVAREZ: Right.

15 DR. WAIS: "Take an aspirin."

16 Aspirin is a \$5 billion industry worldwide.
17 There's a lot of people that are uninformed why they're
18 having headaches, so they take the aspirin to get rid of
19 the headache.

20 MR. ALVAREZ: Yeah.

21 DR. WAIS: Doesn't do the job. It doesn't do the
22 job that relieves the symptom, does it --

23 MR. ALVAREZ: Well, it works sometimes, though.

24 DR. WAIS: All right. So sometimes it's a
25 great -- you know, a little bit four-hour relief, but

1 the truth of the matter is there's actually a functional
2 biomechanical problem that we show --

3 MR. ALVAREZ: Caused by --

4 DR. WAIS: Caused by the way that the teeth fit
5 together. If you wear the tooth down --

6 MR. ALVAREZ: (Simultaneous, unintelligible)

7 okay --

8 DR. WAIS: -- if you break a tooth off, the jaw
9 does this. Not good. Not a good thing for the body.

10 MR. ALVAREZ: Now, this is a -- everything we're
11 talking about can be fixed.

12 DR. WAIS: Or reversed.

13 Always. Absolutely can.

14 MR. ALVAREZ: Is it easy for you? I know there's a
15 lot that goes into it.

16 DR. WAIS: A lot that goes into it, yes, but it's
17 easy for me because I have the training. It's taken 34
18 years to get here, but I have the training.

19 MR. ALVAREZ: All right. All right.

20 DR. WAIS: And it's wonderful. Okay?

21 MR. ALVAREZ: (Simultaneous, unintelligible) we
22 continue?

23 DR. WAIS: So as we go along, as you can see, this
24 joint has been pushed back towards the ear so a person
25 like this that has this particular problem would have

1 pain or ringing in their ear.

2 MR. ALVAREZ: Um-hmm.

3 DR. WAIS: Never associate it with their teeth.

4 Pain or ringing in their ear, a stuffy feeling in the
5 outside of the ear, wondering why this is sore out here.

6 They frequently get a -- a -- they frequently get
7 something under their jaw here that causes that
8 discomfort.

9 So the muscles in the head up through here
10 cause -- as you can see in the diagram here, they are
11 the primary areas of headache, but --

12 MR. ALVAREZ: Why is it, though, then, if it's
13 related to the TMJ and the TMJ is always having a
14 problem, how -- why is it headaches come and go, then,
15 if they're related?

16 DR. WAIS: Well, you know, it's a very interesting
17 subject about headaches. If you put headaches on a
18 scale of, uh, 1 to 10, some people, if they get down to
19 a 4 -- let's say headache Number 10 is the worst --

20 MR. ALVAREZ: Yeah. Right. Okay.

21 DR. WAIS: -- and if you get down to a Number 4
22 people can put up with it.

23 MR. ALVAREZ: So they kind of live with that.

24 DR. WAIS: They live with it. They don't even know
25 they got a pain --

1 MR. ALVAREZ: I'm sure that's a big topic
2 question --

3 DR. WAIS: Oh, it's huge --

4 MR. ALVAREZ: -- that I asked you because of this.

5 DR. WAIS: Oh, it is.

6 MR. ALVAREZ: Okay.

7 DR. WAIS: The people are uninformed about this
8 thing, so they have other muscular pain, too, here,
9 inside, close to the joint. These muscles -- this
10 particular muscle we're showing right now, if you're
11 opening and closing, if this muscle is dysfunctioning,
12 the joint can pop and click.

13 MR. ALVAREZ: I get that. I mean every once in a
14 while I'm eating and I get a click.

15 DR. WAIS: Um-hmm.

16 MR. ALVAREZ: That'll do it for a couple of days.
17 Then it goes away.

18 DR. WAIS: Um-hmm. Um-hmm.

19 MR. ALVAREZ: Am I in trouble? I mean, am I headed
20 somewhere, according to you?

21 DR. WAIS: You -- you got a problem. You got a
22 problem that could be preventatively treated at this
23 point, but as you know we're -- we're not big into
24 prevention --

25 MR. ALVAREZ: (Simultaneous, unintelligible) --

1 DR. WAIS: -- in the United States --

2 MR. ALVAREZ: Yeah. That's right. We -- I'm gonna
3 wait until I guess I guess I have to do something --

4 DR. WAIS: You're gonna wait till it hurts, right?

5 MR. ALVAREZ: Yeah.

6 DR. WAIS: A lot of people do.

7 MR. ALVAREZ: But why is that a mistake? Why is
8 that a mistake? Why early treatment is -- why is it
9 better?

10 DR. WAIS: Well, you know, it's better because this
11 joint is so influential, not so much the joint but
12 the -- the fifth cranial nerve. It influences the rest
13 of your body so much. You can lose sleep -- one of the
14 big symptoms that we haven't talked about, about TMJ, is
15 insomnia.

16 MR. ALVAREZ: Yeah.

17 DR. WAIS: People lose a lot of sleep due to this
18 problem. Their muscles are so sore, their head aches,
19 they wake up in the middle of the night, they're
20 grinding their teeth, their teeth are sore.
21 It's -- it's a tough situation.

22 You would not believe how many people have
23 insomnia. Think about all the commercials you see.

24 MR. ALVAREZ: And it's stopped; I mean it's
25 stopped, though?

1 DR. WAIS: Oh, yes. Yes. Think about all the --

2 MR. ALVAREZ: Think about people that -- yeah --

3 DR. WAIS: -- all the commercials --

4 MR. ALVAREZ: -- I see commercials all the time.

5 DR. WAIS: All the commercials. This is just
6 incredible.

7 Now, if we went on to this and moved a little
8 bit further, you can see that these muscles are -- are
9 quite angry from this whole situation --

10 MR. ALVAREZ: Okay.

11 DR. WAIS: -- and the teeth are angry, and we have
12 some symptoms that can appear, and we've talked about
13 those symptoms, so we'll go on here.

14 But what happens here at this very first
15 slide, where we had the prematurity, this can be
16 ameliorated with an appliance that we could put in
17 between the teeth to start, helping the muscles relax,
18 and allow this joint to go home.

19 Now, it is not a simple one-time treatment.
20 This appliance has to be adjusted, usually over a period
21 of eight to ten weeks, once a week, to allow this joint,
22 the swelling, to go out of it, and allow the muscles to
23 relax. It's a movement of the joint.

24 MR. ALVAREZ: Do people feel immediate relief?

25 DR. WAIS: Yes, they can, depending --

1 MR. ALVAREZ: Okay.

2 DR. WAIS: -- on how -- depending on how much pain
3 they're in.

4 Let me show you this slide, Randy. This slide
5 here is about a woman that comes to me in pain -- this
6 is a young woman. You know, she's 32 years old. She
7 came to me in pain. She had had TMJ pain for 10 years.

8 MR. ALVAREZ: By the way, is it hard to find a
9 dentist -- and I'm sorry to interrupt you -- that
10 the -- the focuses on TMJ?

11 DR. WAIS: Yeah.

12 MR. ALVAREZ: So they hear -- there's a lot of word
13 of mouth about you? You're the TMJ --

14 DR. WAIS: Yes.

15 MR. ALVAREZ: -- guy?

16 DR. WAIS: Yes. Well, they --

17 MR. ALVAREZ: I know you do everything else --

18 DR. WAIS: Yes.

19 MR. ALVAREZ: -- (simultaneous, unintelligible) the
20 same --

21 DR. WAIS: Yes.

22 MR. ALVAREZ: -- but they come to you for --

23 DR. WAIS: Well, I've had more people come to me
24 lately because the word is getting out that I'm giving
25 people relief, you know, so the --

1 MR. ALVAREZ: Word spreads quickly, obviously.

2 DR. WAIS: It -- it -- it does spread.

3 MR. ALVAREZ: Okay. So this woman --

4 DR. WAIS: So this particular lady was referred to
5 me by another dentist; and, as you can see, if we just
6 look at her lips here --

7 MR. ALVAREZ: Yeah.

8 DR. WAIS: -- those lips are the lips before
9 treatment, okay? And we'll show you another picture of
10 her in a minute. But what I wanted to show you here is
11 what happened to this lady's -- what happened to this
12 lady's lips, just --

13 MR. ALVAREZ: Okay.

14 DR. WAIS: -- as a side effect.

15 Now, you'd never think that your TMJ would be
16 related to your lips.

17 MR. ALVAREZ: Right.

18 DR. WAIS: But the truth of the matter is that the
19 fifth cranial nerve interfaces with the seventh cranial
20 nerve in such a way that it calls on the seventh to
21 cause the face to distort when the TMJ -- or not the TMJ
22 but the --

23 MR. ALVAREZ: Like the (simultaneous,
24 unintelligible) --

25 DR. WAIS: Yeah, yeah, like the -- the fifth

1 cranial nerve is just calling on the seventh to help
2 hold that jaw, because it's not in the right spot.

3 MR. ALVAREZ: Okay.

4 DR. WAIS: So the muscle -- you purse your lips,
5 and some other things go on.

6 MR. ALVAREZ: Okay.

7 DR. WAIS: Okay? So this lady was doing that, so
8 when she came back, after we saw her the first time, I
9 thought she'd been to the plastic surgeon.

10 MR. ALVAREZ: Yeah. Then when I look at this
11 "After" the lip is noticeably bigger.

12 DR. WAIS: Oh, it's -- I thought for sure she had
13 them -- had them injected. When she came in I couldn't
14 believe it.

15 So what happened to Patty was that she had
16 facial distortion here, a lot of head and pain -- head
17 and neck pain, discomfort with --

18 MR. ALVAREZ: You say it also causes swelling as
19 well?

20 DR. WAIS: Oh, absolutely. Yeah. If you see this
21 right -- if you look carefully here on this picture you
22 can see her face is bulged out here. It's because
23 you're lifting weights with like -- with that -- that
24 muscle --

25 MR. ALVAREZ: Your jaw.

1 DR. WAIS: Yeah.

2 MR. ALVAREZ: Okay.

3 DR. WAIS: It's just like lifting weights. So over
4 here, as you can see, this is after treatment. A
5 beautiful smile, a nice result. Her eyes are
6 relaxed --

7 MR. ALVAREZ: And -- and her original symptoms?

8 DR. WAIS: Gone.

9 MR. ALVAREZ: Have gone?

10 DR. WAIS: Totally gone.

11 MR. ALVAREZ: How long does it take --

12 DR. WAIS: To get this done?

13 MR. ALVAREZ: -- for a woman like this, this woman?

14 DR. WAIS: Well, we have --

15 MR. ALVAREZ: Couple months?

16 DR. WAIS: Well, we had her in an appliance -- we
17 had an appliance. We had her in the appliance that I
18 showed you earlier, eight to ten weeks, and we did a
19 diagnosis, and within a month and a half we were
20 finished.

21 MR. ALVAREZ: That's (unintelligible).

22 DR. WAIS: Yeah. In this particular case --

23 MR. ALVAREZ: There's no pain involved in this,
24 right?

25 DR. WAIS: Oh, no. To do the treatment?

1 MR. ALVAREZ: Right.

2 DR. WAIS: Oh, none at all.

3 MR. ALVAREZ: Now, we're gonna take a quick break.

4 DR. WAIS: Okay.

5 MR. ALVAREZ: When you come back, uh, more photos
6 and more, uh -- more hope, I guess, for people that
7 are --

8 DR. WAIS: Good.

9 MR. ALVAREZ: -- suffering with TMJ.

10 You're watching "The Wellness Hour." I'm
11 Randy Alvarez. We'll be right back.

12 (A video was shown as follows:)

13 ACTUAL PATIENT OF DR. WAIS: My symptoms were
14 clicking and noise in the jaw. My jaw had at once been
15 locked open. I had numbness in the face. I had chronic
16 pain in my jaw and my neck with limited motion, and I
17 had pain when I chewed my food. The reason why I think
18 that Dr. Wais is a cut above is the fact that he was
19 able to find a number of things that I don't know that
20 other doctors would have been able to find. I listened
21 to him because he was more concerned about my overall
22 health, and I knew from the fact that another office had
23 said I would never be able to yawn again, and he
24 corrected me, and he said, "You will be able to yawn
25 again."

1 He got my attention.

2 What was amazing to me is that Dr. Wais found
3 ou why my jaw was the way it was. Everyone else knew
4 that there was trauma to it, but they didn't know the
5 reason. And after studying the MRI a little further he
6 found that the -- the jaw had actually been broken, and
7 no one else had found that.

8 I was extremely afraid of starting this
9 process, just because it was going to be life-altering,
10 and I wasn't quite sure what was ahead of me; but
11 Dr. Wais totally took me step by step, told me exactly
12 what's going to happen, how long it was going to take,
13 and he took the time that he needed to get the result
14 that he wanted.

15 Now I feel comfortable. I have no pain in my
16 jaw or my neck. I am thrilled that I can chew a steak
17 comfortably and completely.

18 (End of video and back to interview.)

19 MR. ALVAREZ: You are watching "The Wellness Hour,"
20 leader in medical news and information. I'm Randy
21 Alvarez. We are here with Dr. Wais, and we're discussing
22 TMJ problems and what you can do about it.

23 Dr. Wais, okay. Headaches. People are coming
24 to you with neck pain, back pain, and it's -- I want to
25 get into what you're doing --

1 DR. WAIS: Okay.

2 MR. ALVAREZ: -- and I want to go through
3 that -- that process, but first a few more slides we
4 have time for, and then we'll get into the process.

5 DR. WAIS: Randy, I think it'd be great if we use
6 Robin here as an example --

7 MR. ALVAREZ: Okay.

8 DR. WAIS: -- because Robin had a tremendous
9 problem when he came to me.

10 MR. ALVAREZ: Okay.

11 DR. WAIS: And Robin was referred to me by his
12 wife.

13 MR. ALVAREZ: Doesn't look very happy in that --

14 DR. WAIS: Oh, he doesn't at all.

15 MR. ALVAREZ: Did you tell him not to smile at
16 (unintelligible) --

17 DR. WAIS: Oh, no. Not at all. You know, he came
18 in, and we sat and we talked for a little while, and I
19 interviewed him and talked to him about exactly what's
20 going on, and I found out all these things that I was
21 just telling you, because I do sit down and talk to
22 people before we get in there and do something, so to
23 speak --

24 MR. ALVAREZ: Yeah.

25 DR. WAIS: -- 'cause I want to know their history.

1 I want to know what's happened to them. It's a very
2 important piece of the puzzle.

3 So what we did for him is examine him very
4 thoroughly, find out that he had -- you know, I can feel
5 what's going on when I put my hands on their neck and
6 their head.

7 MR. ALVAREZ: Is that right?

8 DR. WAIS: Absolutely.

9 MR. ALVAREZ: Okay.

10 DR. WAIS: It's important. We can tell by a touch.
11 It's a very important touch to be able to feel this --

12 MR. ALVAREZ: Okay.

13 DR. WAIS: -- and so by looking at him and seeing
14 what was going on we decided to take some bite records,
15 some sophisticated records, you know, and found out that
16 he had one tooth that was 2 millimeters higher in the
17 back -- the last tooth in the back -- than where his
18 bite should be; so what Robin was doing, like I showed
19 you in that first diagram, was pivoting -- pivoting his
20 jaw, pivoting it out of the socket, not being jammed
21 into the ear, but it was out of the socket, so he
22 was --

23 MR. ALVAREZ: Causing all of these problems.

24 DR. WAIS: Oh, my gosh. So his muscles went into
25 spasm all the time. It was so bad that he had these big

1 bumps of bone in the mouth that were growing into his
2 mouth.

3 MR. ALVAREZ: You say his neck was swollen?

4 DR. WAIS: Yes. His neck actually reduced an inch
5 in size after the treatment.

6 Now, you can see before and after here --

7 MR. ALVAREZ: Okay.

8 DR. WAIS: -- with him, and we can look at the next
9 slide, and we can actually see his neck change in
10 connection --

11 MR. ALVAREZ: Because he had a lot of swelling
12 going on.

13 DR. WAIS: Oh, he did. His actual shirt size
14 diminished --

15 MR. ALVAREZ: Is this something you figured was
16 gonna happen or just, uh, you were also surprised --

17 DR. WAIS: I knew --

18 MR. ALVAREZ: -- by this?

19 DR. WAIS: I knew it would happen, but I did -- I
20 was surprised that it came down an inch.

21 Now, you might say to me, "Well, he just lost
22 weight."

23 Not so. Not so. He hasn't lost any weight.
24 His neck size actually reduced because of muscular
25 hypertrophy. 25 years of having tension up and down his

1 back and his neck. Very difficult problem. So to deal
2 with Robin's problem, when we put the appliance in
3 there -- this was not an easy case at all. It took a
4 lot of time and art to adjust that appliance. It's what
5 I know about this whole system --

6 MR. ALVAREZ: There's a lot of guys doing
7 appliances.

8 DR. WAIS: There's a lot of appliances out there.
9 There's a whole bailiwick in that area. But with this
10 particular situation --

11 MR. ALVAREZ: I mean, you think you're great at
12 this. I mean there's a lot of art to this?

13 DR. WAIS: There is a lot of art to it, because you
14 have to understand the whole system, because this joint
15 can be out of position this way. The joint's not always
16 straight up and down.

17 MR. ALVAREZ: Okay.

18 DR. WAIS: It can be cocked off like this or like
19 this, and you have to be able to feel that with your
20 fingers and know what's going on and testing them out so
21 you can compensate for that to allow that joint to
22 settle back home. It's a real art to get that done.

23 MR. ALVAREZ: Tell me this: Of the people that
24 have migraine and headaches, un -- and they can't figure
25 out why --

1 DR. WAIS: Right.

2 MR. ALVAREZ: -- how many of those? Half of them,
3 in your opinion, it's related to the TMJ?

4 DR. WAIS: Very well can be. I cannot tell you how
5 many people --

6 MR. ALVAREZ: And what's your guess? I mean in
7 your opinion. Not a fact.

8 DR. WAIS: Um, 50 percent.

9 MR. ALVAREZ: Really?

10 DR. WAIS: Maybe -- and probably more.

11 MR. ALVAREZ: So these are people that need to come
12 in at least get --

13 DR. WAIS: Oh, they should be examined.

14 MR. ALVAREZ: Yeah.

15 DR. WAIS: They can certainly be examined.

16 MR. ALVAREZ: Can you spot it? They can open their
17 mouth?

18 DR. WAIS: Oh, I can spot a --

19 MR. ALVAREZ: You can see a --

20 DR. WAIS: Oh, yeah, yeah. You look, and
21 certainly -- we can --

22 MR. ALVAREZ: So worn teeth, flat teeth --

23 DR. WAIS: Oh, absolutely --

24 MR. ALVAREZ: -- dead giveaway for a problem?

25 DR. WAIS: Oh, absolutely. It -- it doesn't take

1 long to find out by -- by touching them, feeling where
2 the muscles are in pain and discomfort, looking at the
3 relationship with the way that the teeth are, seeing how
4 they can move -- you know, some people only chew on one
5 side of their mouth, Randy. They chew on one side
6 because the other side hurts.

7 MR. ALVAREZ: Okay.

8 DR. WAIS: So that's a symptom in itself.

9 MR. ALVAREZ: And you can fix that?

10 DR. WAIS: Oh, absolutely.

11 MR. ALVAREZ: But that kind of chewing on one side,
12 clicking -- that leads to headaches, or that leads to
13 something?

14 DR. WAIS: Oh, yeah. It's -- it leads to -- like
15 lifting weights with one side. You know, you're only
16 gonna build musculature on that side, and this whole
17 thing is supposed to be balanced for comfort --

18 MR. ALVAREZ: Okay.

19 DR. WAIS: So you don't want this side heavy and
20 this side light. You're gonna -- you're gonna work too
21 hard on one side or the other.

22 MR. ALVAREZ: All right. Now, we are almost
23 completely out of town, so --

24 DR. WAIS: Okay.

25 MR. ALVAREZ: -- if you want to show us some more

1 slides let's get to them.

2 DR. WAIS: Okay. Let's do that.

3 Since we're running out of time, I'd like to
4 show you one case that I think is most pertinent to what
5 we've been talking about here, Randy --

6 MR. ALVAREZ: Okay.

7 DR. WAIS: -- and just tell you how the process
8 went for this particular lady, okay?

9 MR. ALVAREZ: Everything we're talking about's on
10 your website.

11 DR. WAIS: Everything we talk about --

12 MR. ALVAREZ: And that's a great website, by the
13 way.

14 DR. WAIS: Yes. Well, thank you.

15 MR. ALVAREZ: I felt like I learned all -- your
16 life story on that.

17 DR. WAIS: Well, thank you. It's on there. Wasn't
18 the most exciting to me, but it was --

19 MR. ALVAREZ: That's right. It's not the most
20 exciting thing --

21 DR. WAIS: For dentistry it was good.

22 MR. ALVAREZ: Okay. So what are we looking at?

23 DR. WAIS: Okay. So we've got worn front teeth
24 here, we've got gum tissue receding and the blackened
25 spot on the teeth. This is all -- these are all

1 symptoms of problems in the bite relationship.

2 MR. ALVAREZ: I mean, a receding gum could be a
3 bite problem?

4 DR. WAIS: It is a bite problem.

5 MR. ALVAREZ: It is?

6 DR. WAIS: We as dentists -- yeah. We as dentists
7 usually tell people, you know, when I'm --

8 MR. ALVAREZ: I thought it was just brushing.

9 DR. WAIS: Oh, yeah.

10 So -- okay. So if it was a hard brush here,
11 Randy, how come you got this tooth and missed that one?

12 MR. ALVAREZ: Well, you tell me.

13 DR. WAIS: It's because that's not the problem.

14 They've actually found these things in dogs, the
15 researchers. So it's due to an abnormal bite. The

16 force is being placed on the tooth and pushing it too
17 hard sideways.

18 MR. ALVAREZ: And the gum is going up?

19 DR. WAIS: Gum's going up. It's reacting.

20 MR. ALVAREZ: Interesting.

21 DR. WAIS: Yeah. Too much force on an individual
22 tooth.

23 MR. ALVAREZ: 'Cause you seem to be very passionate
24 about this.

25 DR. WAIS: Oh, I am.

1 MR. ALVAREZ: Like a fanatic.

2 DR. WAIS: Oh, I am.

3 MR. ALVAREZ: Is that right?

4 DR. WAIS: That's what my wife will tell you.

5 MR. ALVAREZ: Okay. Good.

6 DR. WAIS: Yeah. So -- but I love it because what
7 it does for people.

8 MR. ALVAREZ: (Simultaneous, unintelligible) --

9 DR. WAIS: I'm a healer. I get to heal what their
10 pain is.

11 That's wonderful.

12 MR. ALVAREZ: All right.

13 DR. WAIS: That's my destiny. I love doing that.

14 And if you look at this lady, I had the
15 opportunity to be of service to her; but I want you to
16 see right here what happened to the lower part of her
17 face because --

18 MR. ALVAREZ: So in her "Before" smile --

19 DR. WAIS: That's the "Before."

20 MR. ALVAREZ: It looked off.

21 DR. WAIS: It is.

22 MR. ALVAREZ: A beautiful smile but there was a
23 little --

24 DR. WAIS: Beautiful smile, yeah. Worn teeth. But
25 look at the face. Look how she's bulging here --

1 MR. ALVAREZ: On the right side --

2 DR. WAIS: No bulge here. Look at that beautiful
3 smile. Look at the lips. There's a major difference
4 here.

5 Now, watch here eyes when we see her eyes.

6 MR. ALVAREZ: Okay.

7 DR. WAIS: It's a beautiful change. It's a healing
8 art of dentistry.

9 MR. ALVAREZ: All right.

10 DR. WAIS: I got to do that for her.

11 MR. ALVAREZ: Now, final message --

12 DR. WAIS: Yes.

13 MR. ALVAREZ: Somebody watching this --

14 DR. WAIS: Um-hmm.

15 MR. ALVAREZ: -- headaches, worn teeth, maybe some
16 clicking here and there --

17 DR. WAIS: Um-hmm.

18 MR. ALVAREZ: -- uh, they can't figure out what's
19 causing their pain.

20 DR. WAIS: Right.

21 MR. ALVAREZ: What do you say to them?

22 DR. WAIS: Well, I would say --

23 MR. ALVAREZ: What's the first move?

24 DR. WAIS: First move? Uh, I'd like them to visit
25 my website. There's some things on there that they

1 could, uh, see about symptoms and what, uh -- what's
2 going on and then come and visit with us.

3 MR. ALVAREZ: You meet with them one on one?

4 DR. WAIS: Absolutely. We've met with them one and
5 one, and we get the chance to talk to them; I get a
6 chance to touch them, touch their musculature, and I can
7 certainly give them an opinion very quickly --

8 MR. ALVAREZ: Okay.

9 DR. WAIS: -- if they have a TMJ problem that is
10 treatable.

11 MR. ALVAREZ: Treatable.

12 DR. WAIS: Treatable and that we can help them
13 with. Sometimes the skeleton itself is off; you know,
14 the lower jaw is way too small --

15 MR. ALVAREZ: Yeah.

16 DR. WAIS: -- or the upper jaw is way too big, and
17 you may need to have -- it's always treatable. It just
18 may be more complex.

19 MR. ALVAREZ: All right.

20 DR. WAIS: More art.

21 MR. ALVAREZ: All right.

22 DR. WAIS: Okay?

23 MR. ALVAREZ: Well, thank you for coming on the
24 show. Very interesting.

25 DR. WAIS: Well, thank you so much.

1 MR. ALVAREZ: Very interesting.

2 DR. WAIS: Appreciate it.

3 MR. ALVAREZ: You've been watching "The Wellness
4 Hour," leader in medical news and information. I'm
5 Randy Alvarez.

6 If you would like to see this program again
7 online or have a friend that has TMJ, have them view it
8 again at wellnesshour.com.

9 For now I wish you good health.

10 (End of recorded television program.)

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1 STATE OF CALIFORNIA)

2) ss.

3 COUNTY OF LOS ANGELES)

4

5 I, LORENE F. SAMSON, CSR #1830, in and for the
6 State of California, declare that I have transcribed
7 from a website the broadcast INTERVIEW OF THOMAS D.
8 WAIS, D.D.S., on "THE WELLNESS HOUR WITH RANDY ALVAREZ,"
9 to the best of my ability:

10 I further certify that I was not present at
11 the proceedings.

12 Executed this 18th day of February, 2010, at
13 Los Angeles, California.

14

15

16 _____
Lorene F. Samson, CSR #1830

17 For the State of California

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