

Learning the Benefits of Myofunctional Therapy:

An Interview with Joy Moeller, BS, RDH

By Dr. Joseph Mercola

DM: Dr. Joseph Mercola

JM: Joy Moeller

Introduction:

DM: Welcome, everyone. This is Dr. Mercola, and today I'm joined by Joy Moeller, whom I had the good fortune of meeting when I did an interview earlier this year with Carol Vander-Stoep (who wrote the book *Mouth Matters*), which is a really intriguing interview. If you haven't seen it, I would strongly encourage you to do that.

At the end of that interview with Carol, we were discussing things, and she happened to look into my mouth. She's talking about tongue tie. The last thing I thought, I was [not] tongue-tied, but it appears that I was. She started me under half of this orofacial myofunctional therapy, which Joy is an expert in and really one of the leading teachers in the United States. It's really quite an exciting story. I'm really excited to share that with you.

But essentially, I connected with a few other therapists locally and then wound up... I thought, "Well, why not connect with the best in the country," which is Joy. She's been mentoring me on a weekly basis now for about four to six months, somewhere in that. I forgot the specific time. But I'm making progress in resolving my tongue tie. We'll talk about that in a moment. But it's just a great privilege and honor to have you here with us today. Thank you for joining us, Joy.

JM: You're welcome. I'm excited to share my life's passion with your world.

DM: Yeah. That is really clear. I connect with Joy on a weekly basis for about half an hour, so I've got a chance to know her. And it's really obvious, very obviously clear, that she is beyond passionate about this because of all the potential it has to get people healthy. And I'll shut up in a moment. I'll let you do the talking.

But I found it really intriguing, because I've been passionate about health lifelong, and exercise has been one of my tools. But I have never thought to apply exercise to the muscles in the mouth and the face. It just immediately resonated with me. I've integrated this whole other set of exercise I've been doing for the last six months to improve the muscles in my face to help [achieve] a lot of other benefits that we'll talk about.

So, Joy, enough of my introduction. Why don't you share with our audience a little bit about your history, and what your journey has been? Tell us how you got to this point where you are now the leading expert in this form of therapy in the country.

JM: Well, my son had this problem many years ago. I was a dental hygienist. I was working in a dental office, and the dentist there had taken a course in this.

My son had many problems. He was born through a breech birth. He had severe colic as a baby. He couldn't latch on. He was bottle-fed and had a pacifier and a sippy cup. By the time he was three, he had severe ADHD, and he couldn't breathe. His breathing was impaired. He was breathing through his mouth. He had failure to thrive. He wasn't chewing his food properly. Everything had to be liquid or soft in order for him to eat it. By the time he was seven or eight, he had severe headaches. His headaches were so bad that he couldn't go to school.

I kept taking him to doctor after doctor after doctor, and took him to Michael Reese Hospital in Chicago. They kept saying, "Well, it could be psychological." We went to psychology for six months, and they said, "No. He's fine." Then they said, "Well, maybe it's his eyes," so we went through vision therapy. That didn't help his problem. We did all kinds of nutritional work. Finally, they wanted to do brain surgery on him. He was just a little kid, and I was scared to death.

The dentist that I worked for said, "Let me take a look at him." He looked at him, and he said, "You know, he's not swallowing right, he's not breathing right, and his tongue is in the wrong place." Nobody had mentioned that to me before. So, we started doing these exercises. Within three weeks, his headaches stopped completely.

DM: Your dentist recommended these exercises?

JM: Yeah?

DM: [The dentist] that you were working for?

JM: Yeah.

DM: How long did you go with it?

JM: I witnessed this in front of my eyes – this kid [whom] I had taken everywhere.

DM: How many years ago was this?

JM: This was 35 years ago.

DM: Okay.

JM: A long time ago. What I did was... Within three months, I noticed his teeth, his arches, and his breathing started changing.

I was so passionate about this that I went back to school and studied everything I could at the time. This was many years ago. I've been practicing and teaching courses for 34 years now – a long time. For many years, I just practiced. I would work with a lot of different doctors that would send me patients – maybe an orthodontist, a children's dentist, a physician, or I've treated their child and they would see the changes and get excited about it.

Finally, within the last 10 years, I've decided I wanted to teach major courses at universities on this. I've been travelling around, using different venues of universities, and inviting some of the

professors. We've been studying some of the work that's been done in Brazil in this field. It actually helps with sleep apnea, jaw problems, and orthodontic relapse. We now have good studies to substantiate that.

DM: Let me just interject here. I mean, the type of therapy that you've learned and are teaching is called oromyofunctional therapy?

JM: Right.

DM: Okay.

JM: Orofacial myofunctional therapy.

DM: Orofacial myofunctional therapy. It's cool.

JM: Yeah. Because it isn't just the oral, it's the whole facial muscle – the head and neck. We teach people to breathe through their nose and to rest their tongue up. We exercise all of the facial muscles. We work on functional posturing and chewing. Chewing is very important, because most people don't chew their food enough.

DM: Let me just summarize some of the benefits, so that people would be more intrigued to listen enough to some of the details. Basically, it may be the most profound therapy for sleep apnea, which is a pervasive problem that affects so many people. And this is a really good one that will definitely keep people interested: it is an alternative to facial plastic surgery, to get rid of the lines and wrinkles around your face, which is really exciting.

JM: Have you noticed that on yourself?

DM: Yeah, I have. I've been using some different approaches, but then I've noticed a benefit [using this], too. But it's so effective that in Brazil – I believe it's Brazil – and many other surgeons know it's so effective that they refuse to do surgery unless they try this first.

JM: Right. That's what's happening in Brazil. But in our country, it's a little bit different. As far as sleep apnea, we work with the sleep physicians and the dentists who are doing sleep dentistry. It's enhanced the use of the CPAP and their mandibular advancement appliances. The orthodontist – we work with the orthodontist. In Brazil, the myofunctional therapists there work with the plastic surgeons.

DM: Well, let me just finish the other benefits, because this is another major benefit that you supported, and you just alluded to it with the orthodontic work. It's that in many cases, it can be a substitute for very expensive orthodontic work. Just by the application of these exercises that you teach, you're able to essentially shift and change the teeth positions and the jaw position without the use of appliances.

JM: Well, we can't say that we do that, but we can work with the muscles. We can do a lot of preventive work by teaching children not to suck their thumb, bite their nails, lean, bite their lips, and all the little oral habits that they have. If we can get them young enough (you can see by those pictures that I sent you that), we can change the growth pattern. But we work with the doctors. In this country, we have to be really careful to stay in our scope of practice.

DM: Sure. Clearly. But on the site, of course, we're really fond of promoting approaches that allow people health independence and not necessarily having to rely on a healthcare professional.

JM: But if this is started young enough with babies – making sure that they are breast-fed properly, that their tongue is free at birth, if they are taught how to chew whole foods instead of eating a lot of baby foods and soft foods, and by teaching them simple exercises as a young child to get them to breathe through their nose and get their little lips together – a lot of it is educating the parent. You know, education – early intervention.

DM: Let's put this in context, because I think once it's in context, people will have a better appreciation of it.

[----- 10:00 -----]

There is another country, a very large country (actually we referenced it earlier or alluded to it), and economically, it's very successful. It's Brazil. It's actually appearing that it may be even more successful than the United States. At least the fact is they're going up, and we're going down. But if you can comment on the popularity of this approach down there, how it got started, and how you learned pretty much at the same time as the person popularizing it in Brazil. Because I think that will help people develop a better appreciation of the approach.

JM: Back when I learned myofunctional therapy, at the same time, there were a few students from Brazil. They were speech pathologists. I was a dental hygienist. They went back to Brazil and decided that this needed to be a doctorate program or a program that was readily available in order to progress in the country. Right now, currently, there are 20 universities with PhD programs in myofunctional therapy.

In our country, it's sort of like a post-graduate course that you take if you have a child that has this problem. It's kind of hushed up. It's just gaining more popularity.

DM: It's definitely on the back burner. But can you also comment on how it's virtually universally accepted within the healthcare professionals, that they integrate this as part of the therapy?

JM: Yeah.

DM: [inaudible 11:43]

JM: Absolutely. Definitely. When I went to Brazil, I couldn't believe it. It's like McDonald's. There are places everywhere where you can get this treatment and early intervention. I couldn't believe the clinics and how accepted it is. There were thousands of therapists. It's just amazing how I felt taken aback.

In our country, it's kind of held at a limit. It really needs to be a standard of care treatment, readily available for everyone (especially the preventive aspects of this), and also offered as an alternative for those people who I've had yesterday. I saw a lady yesterday who was in her late 20s. She'd had three jaw surgeries and her bite was starting to open again. She had headaches and jaw pain. This has got to stop.

DM: There's probably a reason for that. My guess is that this approach has been actively suppressed by the professionals who attempt to threaten it. They're very effective at that. If they see this competition coming in, rather than embracing it like they did in Brazil and widely adopting it, they resist it. That's in large part the reason why this isn't more widely known.

We're here today to start to rectify that process, because it doesn't have to be that way. We don't have to be suppressed by threatened healthcare professionals, who are just unwilling to recognize this for the profound benefits that it offers.

JM: Through the years, for many, many years, there's been a structural approach and functional approach to orthodontics. It's time that we get together and work together, because the continuing problem, the cause of the problem, hasn't been dealt with by just doing surgery, taking drugs, or doing different appliances in the mouth. You have to look at function, the way the body functions.

Digestion of food. If you're not chewing your food enough, your body is working overtime to try to digest it. It's having the ability for the muscles to support the arches. I see so many people that have had orthodontics, and then their teeth have moved. They feel it's their fault, because they didn't wear their retainers. [But] it is because the muscles are not retaining that, because the muscles have not adapted to the structure.

If we can do more preventive work at a younger age to prevent the problem or the disorder (because it is a disorder even from the start), then we're ahead of the game. We're way ahead of the game. Instead of [inaudible 14:53-14:54] to fail, then somebody says, "Oh, boy, maybe the tongue lady can help you," you know, because your tongue doesn't work right.

DM: I couldn't agree more. That's one of the reasons why I'm so attracted to this approach. It's because it addresses the cause. One of the primary principles that we teach on our site is to address the reasons why you're having a problem. The traditional approach fails to do that miserably in most every case and in many situations. That's the same process here.

I just want to comment on the digestion component, because you had me doing exercises, where it took me an hour to finish my salad. I'd be eating a salad in a restaurant, and everyone's waiting for me, twiddling their thumbs, to finish eating. But it's important, because you've got to digest your food.

First of all, how many people in the country have some type of disorder that would benefit from this approach? And then maybe highlight the conditions, so that people would be alerted, too, and may access this information.

JM: I've heard different estimates between 40 to 80 percent of everyone who has this problem, because we've been inundated with processed foods, baby bottles, pacifiers, sippy cups, and different things that kids put in their mouths, their hair, or their clothes. Their tongue starts working incorrectly.

Once your tongue doesn't function right, it affects your posture and your ability to breathe correctly because the soft palate will collapse, which leads to learning disabilities. You're not getting enough oxygen to your brain when you're not breathing through your nose. When your

tongue is resting in the wrong place and your body starts thinking your mouth is your nose, that throws a whole different picture that brings in allergies and brings in all kinds of problems.

We have tonsil problems when kids are biting their nails all the time. The bacteria are being trapped by their tonsils, because their tonsils are working hard to trap those bacteria. But then when it gets so large, that then the child can't swallow, can't breathe, and it creates a whole group of problems that leads to dysfunction. We need to be functioning at peak performance.

Everybody is going to the gym now, working out, lifting weights, but they forget about their face muscles. Their face muscles are so important, because they hold the brain, the brain [inaudible 17:48], and your abilities to speak, chew, swallow, and breathe correctly. It's so critical.

DM: It's fair to say maybe half of the population has a disorder that would benefit [from this]? Almost 95 to 99 percent of people aren't even aware that that's the issue.

JM: No.

DM: Let's focus on the kids first, because that's really the group that would benefit most significantly. Because they're in their formative years, they really have an opportunity to apply these techniques and make a dramatic transformational shift in their health. If you're a parent and you have a child, can you give the range of ages and identify the conditions that would alert them that they would benefit from this approach?

JM: The therapy that I do, I actually start... I like to look at babies even to see if their tongue is restricted, if they're having trouble with breastfeeding, latching on, and that sort of thing. But as far as the real treatment that I do, it's usually between three years old and up. As soon as the child can do some fun little exercises with their tongue and their lips, and maybe like do an art project, you know, holding something between their lips, so that their brain starts knowing that they can breathe correctly through their nose. It's a very important technique.

We look at habits. Is the cat sleeping in their bed? Which is really bad for little kids, because then the dander eventually causes them to mouth-breathe at night. Is the bedroom hot at night?

DM: It's probably bad for adults, too.

JM: Yeah. They shouldn't. They should sleep in cooler beds and without the cats. I know. I love cats, but they're really, really hard on your airways.

Also, our dairy products. I go through everything. Our dairy products in the country sometimes can cause a lot of mucus. When mucus is forming, then people can't breathe.

[----20:00-----]

Our dairy supply is not as good as it used to be, for sure, because of all the chemicals and things they're putting in there.

Also, if the child is prone to nosebleeds, he's not going to blow his nose or clear his nose, because he's afraid of creating a nosebleed. They learn to breathe through their mouth. If

sometimes kids are wearing glasses that are way down in here and they can't breathe, they learn this mouth-breathing behavior.

A good myofunctional therapist is going to look at everything. He's going to look at their environment, where they're sleeping. They're going to look at the temperature. They're going to look at their diet; what they're eating; and if they're eating all soft foods like macaroni and cheese, chicken nuggets, smoothies, yogurt, and all the stuff that they don't have to chew.

I get a lot of very holistic moms that come in to see me. They say, "We make our own oatmeal that's organic. For lunch, we'll have pureed organic soup. And for dinner, we have quinoa pasta." That child is not chewing a thing. Maybe they're having green smoothies that are full of vitamins and everything. But unless they leave it in their mouth long enough and actually even chew that smoothie, that doesn't get absorbed or utilized as well as it could.

DM: I'd like to comment on that. Part of the reason is that when you chew, there's a very specific reflex, a nervous reflex, that goes from your jaw, down into your stomach, and your digestive system that stimulates the secretion of digestive enzymes. Unless you're chewing, you're not going to have that enzymatic power to break apart your food and metabolize it properly.

JM: Yeah. There's a great big gland called the parotid gland that's right in front of the masseter muscles. When you start chewing and activating these muscles, that gland gets pumped, too. [In] that saliva gland, the saliva comes out. It's going to break the food down and get it soft and digestible. By the time it gets into your stomach, it's easily digested. But if you're mouth-breathing, and your tongue is resting down, you're competing.

Kids won't want to chew, because they'll be afraid that they'll suffocate. They just want to swallow it fast. They even swallow... If their parents make them eat a lot of meat, they're going to swallow it whole. They're not going to chew it well enough, and then it sits in their stomach. Also, they're swallowing air many times when their tongue isn't working right or trapping air and swallowing air with their food. They feel bloated. They feel uncomfortable after they eat, or they're full. They don't want to eat very much.

There's this whole condition called failure to thrive that's pretty new out there. Our kids just stop growing like they should. There are some doctors that feel if the tongue is not going up to the roof of the mouth, the hormones are not being released from the pituitary gland. The whole pumping action of your tongue going up to the roof of your mouth will expand the nasal cavity and also stimulate the sphenoid bone to rotate and secrete enzymes from the pituitary gland.

Many of my kids, they'll just start growing all of a sudden – the little ones. It's kind of really [inaudible 24:13].

DM: The pituitary gland is so important, because it's the master hormone gland. It secretes so many different hormones. A big part of your work with these exercises is to actually train that tongue to spontaneously rest on the roof of your mouth. I mean, you have hundreds, if not thousands, of exercises. A good percentage of them that's the central core: to get your tongue up there.

JM: Yeah, definitely. Getting the tongue up is so important. The tongue is actually an organ; it's not a muscle. People think it's a muscle. It's got a lot of very strong muscles in it. Working together, it's one of the strongest working group of muscles in your body. The job of the tongue is to protect your airway and to move the food around. If the tongue is restricted because that lingual frenulum (the string underneath your tongue), is too tight, you have a hard time moving the food into the molar area, that you can't chew properly.

The hyoid bone, which is in your neck, is also connected to your tongue. That starts your whole posturing, too. If your tongue is resting down and forward, it's just enough to pull your head (which weighs as much as a bowling ball, and your tongue weighs about three ounces).

And then we have backpacks, computer posture, eating in front of a coffee table, and resting your head forward. There's an epidemic right now of all kinds of back problems like scoliosis, and this whole forward-head posture. I spoke to one orthopedic surgeon, and he said they're doing more shunts now than they ever did. It's like a rod in the spine to hold the head up, because all these muscles get tired from holding the head instead of the spine.

DM: That's a really good pearl that we can give people right now, because most people watching this probably spend a good portion of their time on their computer or sitting down. In that case, when you're doing that, one of the key things you want to do – I was absolutely guilty of this for 40 years probably, to have my head forward – you have to clearly remember to tuck your chin in and get your head all the way back, where your ears are over your shoulders. That is the key. You'll notice an amazing change.

You have to be consistent. Remember to do that every 15 minutes or so. That'll make a dramatic change in the way that you feel.

JM: It's true. But the problem with myofunctional therapy is in the past, a lot of doctors were kind of interested in it. They would think, "Which exercises should I do," thinking they'll just do a few exercises for a few weeks, and then they're done. But in order to really do this re-patterning of all these muscles, you have to do it slowly over time in order for the memory, the muscle memory, to remember to do it. It's hard to do it by just reading it in a book.

DM: Yeah.

JM: Or picking a few exercises. You really need somebody to support you over time in order for it to hold. Otherwise, just like everything else, in two years, it'll relapse. We have to look at everything.

DM: That's a good point to talk about. It's exactly what this is. The way we talked about it so far, it sounds like maybe you just get a few exercises and you're done. But the process, I think, is important to understand. As you alluded to it, it's that typically, like in our relationship, I hired you for a year to do this work. Now, the frequency of the visits become less as time goes on, but it's still a year's worth of mentoring to get this pattern solidified, so that it's reflex and it's in your muscle memory.

We're not going to be posting the simple exercise that will solve your problems. Rather, it's really a coaching relationship with someone who can mentor you that's been trained in this

whole approach, and individualizes and customizes the exercises based on your specific anatomy.

JM: Right. It's different. For each person is like a snowflake, they're different. There are different parts to the therapy. We have to sequentially activate the muscles of the tongue. The first part is just for all the muscles working to get the lips stronger. Get the masseter muscles activated and working to get the breathing started. I use some of the Buteyko breathing exercises as well. It's kind of incorporated in.

The second part is actually chewing (being able to manipulate the food in the correct place), and swallowing, where your tongue is going up and back rather than down and forward. We make it a habit, even in your sleep, to swallow correctly.

And then we work more aggressively on functional posturing. Because if someone's sitting with a forward head, it's virtually impossible to swallow. You're going to aspirate your food much easier if your head's forward rather than up and back. Then we'll go into the actual functional posturing, and then we subliminally give you exercises to make you aware of where your tongue is all the time. Pretty soon, it becomes a habit. It becomes a different function that your body adapts to. It's so powerful.

[----- 30:00 -----]

DM: Yeah. It's a very profound shift to have that tongue, almost every time you're consciously aware of it, actually be at stop on the roof of your mouth. It's a very specific spot for it to be. That's where it's designed to be. If it's not there, then there are complications, side effects, and consequences of sort of bad habits and posturing, which we alluded to earlier.

JM: Also, we'd like you to develop what we call a lip seal. Another one of our goals is to get your lips closed all the time, except when you're talking or eating. But to make your nose's primary function is getting oxygen. Actually, it's healthier to breathe through your nose on so many levels. You actually maintain a higher carbon dioxide level, which does all kinds of things.

We deal with a lot of hyperventilation as a Buteyko therapist for those kids with asthma and allergies. It makes a huge difference.

DM: Absolutely. The nose, as many people know, is filled with hair. Those hairs perform a very important filtration system. It filters out much of the junk that we shouldn't be even putting into our lungs. The last thing you want to do is to have air pollution in your lungs or at least the microparticles, which can easily be filtered out with the nasal hairs.

JM: And also there's an enzyme that's excreted by the little hairs in your nose that actually have an anti-allergy effect on the body. It will help you maintain, especially if you're allergic to airborne things like dust, pollens, dander, and different other things. Being able to cope with allergies or sensitivities on a much higher level is so important to being trained in breathing.

Also, there are studies out now showing that 50 percent of airway surgeries relapse – 50 percent – like deviated septum repairs and many different things to open up the airway that they do, which is lovely. But if you don't behavior-modify the breathing when you're done, everything relapses.

I know this year I've been to Stanford, NYU, and UBC (British Columbia). and all these doctors are finally getting it. In Northwestern, UCLA, and UCSF.

DM: [inaudible 32:50]

JM: They're starting to really get it. It's exciting, because it seems like... I feel like I've been preaching for many, many years. [inaudible 32:57-58]

DM: Well, you have been.

JM: But science is now backing us. It's very exciting.

DM: You've been doing it for nearly four decades. In my experience, it takes about 30 years for that type of intervention to finally catch on. But you've been persistent. It's your passion. It's what drives you to get out of bed in the morning. It's got finally its desired effect. Hopefully, this will catalyze it even further. The more people are aware of it, the greater demand there will be. And then as a result of people requesting it, the more healthcare professionals will take interest and start learning about it, which is the ultimate goal. We want to get to something like Brazil.

JM: Right.

DM: Where it's a standard of care.

JM: I wrote a book called *Tucker the Tongue Finds His Spot* for little kids. I've written like 15 articles, and I'm writing two chapters in textbooks right now. I have another book coming out for the laymen. I'm trying really hard to just blanket everyone – the public and the professionals – so that we can start university programs in the United States with a master's degree or even a doctorate degree in this and catch up to Brazil.

I couldn't believe it when I was there. I was there in 2009. I couldn't believe how their faces were so forward. I saw very few people wearing braces. I saw everybody thinner than others in American. I asked one of the teachers, "Where are all your fat people?" They laughed, and they said, "Well, the only fat people are the ones that go to America for one year."

DM: What a testimony.

JM: Yeah. Their food is so clean. They eat a lot of salads. The salad bars there, the products were farmed and picked that morning. They eat... That's their fast food.

DM: Yeah.

JM: It's different.

DM: Definitely.

JM: Completely.

DM: Yes, indeed. You talked about the facial structures. I had mentioned earlier how this is also a useful alternative, or at least a supplement to, but potentially a valid alternative to most traditional plastic surgical procedures for the face. I'm wondering if you can mention that. I think we can provide people with some simple instructions that they can do without even having to see

anyone. They could prove it to themselves that this approach works. So, why don't you comment on that and explain...

JM: Sure.

DM: [How to] get rid of their facial wrinkles.

JM: Oh, yeah. It's just working on getting their tongue in the right place, their lips closed, and then sleeping correctly. I prefer additional sleeping. I mean, make sure your tongue is working, so you're not pushing on your face and creating more wrinkles.

There is actually a study about that. A lot of plastic surgeons try to encourage their patients to sleep on their back, but they can't, because their tongue is dropping into their airway. You could raise the back of the bed just a little bit, so if your tongue is dropping it's going to drop down rather than into the airway. It'll take the pressure off the face.

I know some people are using tape, to tape some of the wrinkles away with paper tape.

DM: Why don't you explain how that works? Because I thought that the wrinkling was actually damage to the tissue and was irreversible, but apparently, it's all these muscles... What you're teaching with the tape is how to reattach it to the proper places on the skull.

JM: Yeah. You can't just tape and find that that's going to fix everything. But by exercising all of your face muscles, you're getting a lot more energy into these muscles, then you can do little things like taping and other things that might help.

But my goal is... I use cosmetic treatment to motivate my patients to continue doing some exercises for a whole-year period. But I know in Brazil and other therapists around the world are doing facial muscle exercises for cosmetic reasons.

I mean, I work in Beverly Hills. I could get everybody and their mother as patients. I prefer to do people better in a functional pattern that is incorrect. But I know that's coming soon, because I've talked to some aestheticians, and they're really excited about it. Actually, I'm treating an aesthetician right now. She's so, so excited and can't wait to do some of these to help her patients.

DM: Now, can you comment also on some similar therapies that are different? Because this approach is also good for – as you mentioned in Brazil, the speech pathologists got a hold of this. There are variations. So, comment on the variations and the use of this approach – the orofacial myofunctional therapy – for speech disorders.

JM: Yeah. Well, if your tongue is restricted, or if you're swallowing down and forward like this, you're going to talk with the "F" lisp like this. Or if the sides of your tongue are not activated, you're going to talk like, let's say, how Donald Duck [would say] "sucker" and "succotash," where the sides of the tongue would come out. By tightening, toning, and re-patterning the muscles of the tongue, it will enhance some speech disorders.

A lot of speech pathologists are excited about myofunctional therapy as an alternative treatment for their patients in our country.

Also, physical therapists. [In] the last class that we did, we had three physical therapists who were so excited because they had TMJ problems themselves, and they work for over 20 years in TMJ treatment for jaw problems. They knew that there was something with the tongue, but they didn't know how to fix it. They're starting to get involved in it.

Occupational therapists as well who do feeding, they're really interested in how we can get the tongue to start functioning, so that we can have an easier job teaching feeding to children and different other functional approaches.

Osteopathic physicians are very excited, because they are all about getting the body to function. Myofunctional therapy is getting this part of the body to function. Eliminating habits. A lot of pediatric dentists are thrilled when the kids come to me and come back, and they're no longer sucking their thumb, biting their nails, or doing all these things to cause problems.

[----- 40:00 -----]

Also, mouth-breathing. Being a dental hygienist for many years, I know that mouth-breathing causes periodontal diseases. It's one of the major causes of periodontal disease and decay. If you're mouth-breathing, the bacteria in your mouth need air to live. They're much stronger, much more virulent, and the biofilms (we call them "biofilms," the fancy name for plaque), are much thicker. The plaques on your teeth are much thicker if you're mouth-breathing and not moving your muscles or your tongue around to clean your teeth. Your tongue actually can clean your teeth.

I talked to a dentist from Romania once, and he said, "We don't have toothbrushes, but we teach the children how to use your tongue to really clean your teeth and to keep your lips together." I was like, "Wow." We're behind, because all we want to do is use clogs, use scaling, root planing, periodontal surgery, put the bone in, and graft the tissue over here. We're not looking at the cause of periodontal disease.

We're on a mission this coming year in California. It's going to be the year for dental hygienists to get involved in myofunctional treatment for their patients, to add that to their armamentarium for the battle against gum disease. Because we know that gum disease is so related to other health problems and decay as well. The bacteria in your mouth are what leave off the waste products that cause the acids to destroy the enamel. There's a whole new movement now.

Little kids are getting massive decay, because they're walking around their sippy cups or baby bottles with juice in it and chewing on things that [are loaded with] sugars and different things. It's causing taxpayers millions of dollars, because the little babies or little kids that get rampant decay, where they have 15, 16, to 20 cavities, they have to anesthetized. They have to go to the hospital to have their teeth fixed. And the average hospital pediatric case costs the taxpayers 10,000 dollars.

DM: It's a problem, I would measure, say, far more than millions. It may be approaching billions, because the millions really isn't even [inaudible 42:52] in the federal budget. I'm wondering, if the initial visit to yourself or other orofacial myofunctional therapists, like any good healthcare professional, involves history. During that history, you do a very detailed analysis.

JM: Absolutely.

DM: And you're doing this to find out the risk factors for someone who would have these diseases. Because the first therapist I saw, we did this brief visit. It was really questionable whether or not I would benefit from the therapy. But when I saw you, it was a slam dunk. There's no question you need this therapy, so I committed to it. I'm wondering if you could highlight some of the risk factors that you review in your initial history to give people an idea that they may benefit from this approach.

JM: Okay. Well, I take a detailed dental and medical history. I like to go back to the birth. A lot of times I like to talk to the parents, even if it's an aging parent, to find out how the birth was; what if the baby had colic; if the baby was bottle-fed or breastfed (and if so, how long); if they walked and talked at a normal stage of the game; if they had any eye-hand coordination problems; if they had speech therapy in the past growing up; and any allergies, headaches, or TMJ problems.

I always like to rate the pain in their jaw or their head. And the frequency – how often they have headaches or jaw pains. I look at their posture. I take pictures, I take videos of my patients to study it and to draw up a treatment plan that will work for them.

DM: Thumbsucking, too, right, and pulling the blanket?

JM: I want to look at thumb sucking. If they had a favorite stuffed animal or blanket that they slept with, the position of their sleep, what their digestion is looking like, if they drool at night or drool at all, if they have any texture sensitivity with foods, and if they're fussy or finicky eaters. I like to look at their diet (what they're eating for breakfast, lunch, and dinner), to see the consistency of the food. Are they chewing? Are they eating a lot of sugar? If they eat a lot of sugar, the treatment I do is not going to be as effective. It just isn't.

DM: Why is that?

JM: Because the sugar holds lactic acid in the muscles, and the muscles won't retrain or repattern as easily if they're eating Cokes, Froot Loops, and other things. I do a quick assessment of their diet.

I go into neck pain, leg pain, and back pain. If they have pressure or pain behind their eyes, if their hands and feet get cold, I want to know about that, because that could all be related to circulation. If their body isn't functioning properly, a lot of times circulation is an issue.

I want to know what surgeries they've had and what kind of accidents they've been in to indicate any trauma to their head or their body. I want to know if they were immunized as a child. If they've had, what kind of? If they've had chicken pox, measles, or mumps.

I look at everything to make sure that the candidate is a good candidate for this. I get their attitude. I don't take every patient. I just make sure that they understand the reason why they're there, and what we can do to fix it. If they choke, if they have trouble swallowing food, if they gag a lot. Even at the dentist when they take X-rays, does that make them choke? I want to know about that.

I look at their throat to see what their Mallampati score is. The Mallampati score is a way of scoring. Dr. Mallampati is an anesthesiologist from Italy. He would look in your throat to see how big the opening was when you just put your tongue down and open. Do you see the uvula and the soft palate way back there? What do you see when they open? You're going to score them. You're going to find out about their breathing: if they're mouth-breathing, if they snore at night.

Snoring is the first part of sleep disorders. You've got to really look at that if they're snoring. If they wake up with a dry mouth, if they have trouble breathing when they lay down in bed, a lot of times it's the bedding. The bedding is full of dust mites. Because they're using these cute little comforters and then they sleep with the same cover instead of having a bed cover or a bed spread and then taking that off at night, our beds are full of dust mites now, which encourage mouth-breathing.

Snoring is a big problem. I don't know if you've done... You've done a few things on snoring.

DM: Yeah.

JM: It's a big hindrance to relationships. I know a lot of... People I've been out to the desert with when they're building these retirement communities, they now have two bedrooms; one is soundproofed for the snorers, so that the couple can stay married. It's a big problem.

And so is periodontal disease. If you have periodontal disease, you most likely have bad breath. People don't want to kiss, because they're afraid to kiss each other. That breaks down that connection between people. That's one of the biggest causes of divorce. I've talked to so many psychologists, and they agreed. Once the kissing stops, that connection is broken.

DM: With respect to the sleeping, the comforters, and the dust mites, actually it's probably dust mites' feces that are the issue. My understanding is that if you have a wool comforter made of good wool, it's impossible for the dust mites to live in that. They just can't. It radically decreases that. If you're going to use a comforter, it should be wool. It's a little more expensive, but it's far preferable from an allergy perspective.

JM: Good.

DM: That's something to consider.

If you can comment on any other features. This has been great. This is exactly what people need to know to understand if they're at risk for having these conditions or would benefit from this type of approach.

JM: Right. I know we're going to have a website ready with how to find a therapist in the United States and other countries as well – people that we've trained to do this. If you'd like to...

DM: Yeah. That's the key. I mean, they won't be able to connect with you, because you're pretty much not accepting new patients for the most part. Just very few and far between.

[----- 50:00 -----]

JM: I'm very careful with who I take, because I teach a lot. But I do see 40 to 50 patients a week, a lot of them on Skype. I can only do what I could do.

DM: That's how we do our visit, too. It's on Skype. I've actually never met you personally other than Skype, but we will one of these days.

JM: Yeah, for sure.

DM: How many therapists have you trained and are out there at least in the United States that people could actually see?

JM: Well, probably at least a hundred to 150.

DM: Okay. That's a wide range and should provide enough support for the people who are seeking this. If they're interested, they should be able to find someone locally who can provide this type of approach and exercise program that will really address the cause of the problem. It has such a magnificent benefit to overall health.

JM: Not all oromyofunctional therapists are the same either. Some of them have taken a page out of a book, just give the patient a page of exercises, and say, "Okay, if you do this, you're fixed." But that doesn't work. I've seen a lot of retreatments on that from different types of people that have said, "Oh, yeah, if you just do this, I know..."

DM: How would a person... Well, if they find someone on your site, they're not going to be doing that.

JM: Right.

DM: But they might see someone advertised who's doing this. What are the warning signs? I mean, obviously, if they rip or take a page out of a book, that's a big red flag. Just run away as fast as you can from that person. Are there any other signs that we should be aware of?

JM: Well, I like that person to have some kind of a health background. You know, either had been a speech pathologist, a dental hygienist, or a dentist. A lot of dentists are starting this now in their practices, because they're doing sleep medicine or sleep dentistry, where they make these appliances. They're being taught by the inventors of the appliances that you must use a myofunctional therapist, so they're having their hygienist take our course and then get trained in it properly.

A lot of the sleep medicine physicians I know when I was up at Stanford, Dr. Guilleminault and some of the guys up there, were like, "Okay, we want to send you patients. Where can we find some good therapists?" I would say, sleep medicine doctors. Orthodontists – some orthodontists really know who's really good in their area, whether it be a hygienist or a speech pathologist. A lot of orthodontists are now having myofunctional therapists come into their office and work with their patients.

Finding that the timing of everything is really important, you get the cell amount right away, maybe do some expansion, if the arches are real narrow, and then the myofunctional therapist gets in to get the tongue up. Or if they're in braces, they won't take the braces off until the

swallowing is fine. It just depends. You have to kind of look. If you contact me, I'll be able to help you find somebody.

DM: Great. We'll seek to coordinate the release of this video with your website, so that those resources will be available for people.

JM: Our site is MyoAcademy.com.

DM: What's the name of your website again?

JM: MyoAcademy.com.

DM: It's M-Y?

JM: M-Y-O (Academy) A-C-A-D-E-M-Y.com.

DM: The other important component that I think is really crucial with the success of this treatment and which is why this treatment is going to be successful and spreading is the training of the professionals. The oral hygienists, the speech pathologists, the physical therapists, and the dentists – if any of these professionals are interested after hearing and watching this to get training, what's the process for them to become certified and trained in this?

JM: Oh, yeah. We're training doctors and hygienists. There are some nurses, speech pathologists, physical therapists, and occupational therapists that want this training. It's a four-day class. You can do an internship with me. That's why I still keep seeing patients in person here in Los Angeles.

And then we have advanced courses. We have a lot of support. There's an organization called the AAPMD, which is the American Association of Physiological Medicine and Dentistry. They are very concerned about people's airways and developing airways.

A lot of pulmonologists are interested in myofunctional therapy now, because of the recent studies out showing that it reduces the tongue tie numbers and sleep disorders by 39 percent, which is significant. They want to start getting involved in this.

It'll be really big. I'm very excited that I was able to treat you. I know it's helped your posture. I couldn't believe when I saw a picture of you from a long time ago.

DM: Well, it wasn't that long ago. The picture was when I was at Joe Salatin's farm, which was actually taken this year.

JM: Yeah. I also freaked out.

DM: It was literally about three months before I started seeing you. It wasn't that long ago.

JM: Yeah.

DM: Interestingly, when we had one of our visits, we both commented on the same thing, because I saw that video, too. I said, "Oh, my gosh!" I mean, I recognized instantly that my posture was off. So, it's a profoundly effective therapy.

As we're closing... I just can't say enough good things about it, of course, but maybe if we can just highlight some simple things people can do without seeing anyone. I think one of the most important ones is sleep on your back. I mean, I was sleeping on my side, because of some... I thought it was better, but you convinced me that sleeping on your back with some modifications if you need to, because obviously a lot of people can't.

JM: It helps your posture, because of the bone on your back.

DM: And then telling me to not touch my face. I was touching my face a lot. I think you probably... If you notice I've been much better with that. I'm keeping my hands...

JM: You have. Yeah. People have a tendency to do like the thinker, leaning, just touching and playing with their hair, biting their lips, and all these little habits. They don't realize what they're doing is they're trying to get that remembered endorphin feeling, because it feels good to touch your hair or your face.

DM: If only you have it.

JM: But if your tongue is in the right place, and you're aware that you want to keep your hands at least one foot away from your face at all times, if you're aware of that... That's what I do. I make patients aware. I constantly say the one foot rule, so they keep their hands away from their face at least one foot [away], and then put the tongue up when you notice you are touching [your face].

DM: I'm basically trained at this point. My tongue is virtually on the roof of my mouth a hundred percent of the time when I'm not talking or eating. But I didn't realize that that's a good tip that we can share with people. If you notice that you're touching your face, put the tip of your tongue to the roof of your mouth.

JM: Yeah.

DM: As substitute for face touching.

JM: You want your tongue to rest like behind the first ridge on the roof of your mouth. I think it's nature's anatomy. All those ridges on the roof of your mouth is where your tongue should be. Feel those ridges. Some people have real sharp ridges, because their tongue has never been up there. Yeah. And when you swallow approximately 500 to 1,000 times a day with 55 grams per centimeter of pressure, that pressure constantly going up actually makes things smoother.

But it's more about the rest position of the tongue, to get the tongue resting up there, because you don't swallow as much. But you do have some swallowing. If your tongue is resting like in between your teeth or against your teeth, or when you swallow it's pushing or it's resting down in the floor of your mouth, it can do all kinds of crazy things to your jaw.

A lot of people have this TMJ pain and headaches that radiate from here. They have maybe gone and had a splint done or some kind of an appliance. Sometimes they help and sometimes they don't, because of the muscles. Ninety percent of TMJ problems are related to the muscles not working right, because of habits or because of swallowing disorders. I've seen a lot of patients that grind their teeth and clench their teeth.

DM: An important information: if you're grinding and you know you have a problem, you will benefit from this type of approach. You should not be grinding.

JM: No. A lot of times that grinding is related to the sleep disorder, you know, the sleep disorder breathing that they have. It's an upper airway obstruction somehow, because things aren't functioning right. To get the functioning of all muscles working right can make a huge difference.

DM: Yeah. And just to emphasize, too, it will change the way your face looks. It actually changes the facial structure. The skull bones will shift.

[----- 1:00:00 -----]

JM: Yeah.

DM: The muscle will change. Most people are clueless. They have no idea this is even possible. It has such a profound benefit.

JM: Oh, yeah, because the bones... Everybody thinks, "Oh, your face is your face." But you know, I see a lot of people that have these long-face syndromes from sleeping on their sides, mouth-breathing, and everything. You change that and there are little cells called osteoblasts and osteoclasts. They break down and build up, break down and build up, and within a very short time – months – the whole shape of their face changes. It's an amazing work. I love doing it. I will teach it and promote it until the day I die.

DM: Well, I'm just excited to have met you. I always take the position where life is a journey, and no one ever gets it all. We're just always learning new information. Here in the new as 60 years old, I found out about the work that you were teaching. This made a profound impact in my own personal health. I'm deeply grateful for all that you've done, and for your persistence and dedication over these last nearly four decades to help increase the awareness of this profoundly effective approach in the United States and get it on the same path as it's been in Brazil for all these years now.

JM: Yeah. It's coming. It's coming quickly. I was in Canada, and 10 of 11 universities now are starting research programs in this, because they've seen what other countries are doing. Everybody wants to get on the bandwagon and support this. Of course, there will be companies coming out that measure muscle strength and all kinds of things to help support the research, I hope. It's just not fast enough for me, because...

DM: Yeah.

JM: There are over 70 million people in the United States have sleep apnea right now. If it's treated by traditional medicine, it's bankrupting our healthcare system.

DM: Well, the healthcare system is already bankrupt. Whether or not this is a factor, it's going to pose a new issue. But more importantly, it's seriously impairing the health.

JM: Oh, yeah.

DM: And probably the personal finances of 70 million [people]. And that's just the people with sleep disorder. That's not all the other people, which, as you said, is probably another 80 million people or 90 million people who have other disorders that could benefit from this.

JM: Right.

DM: And then maybe more on top of that if you factor in the people who want to improve the cosmetics of their face. I can't thank you enough. The name of your website again is MyoAcademy.com.

JM: Yeah. And my personal one is Myofunctional-Therapy.com.

DM: Myofunctional-Therapy.com.

JM: Yeah.

DM: That's the other one for you. They can access new information, because there are articles on your site and some other important information.

I can't recommend it enough. I'm really excited to have learned about it this year. It's one of the highlights of my personal health habits for 2012. Hopefully, I'll be finished with the therapy in 2013. I'm excited to see the changes and experience the benefits.

Ultimately, you can have the best health, you can eat an absolutely perfect diet, or you can have the perfect exercise. But if you're not sleeping well, it's impossible, physically impossible, to be healthy. If you haven't trained your muscles or you've been exposed to bad habits as most of us have, then you won't be able to sleep properly, and you can't optimize your health.

JM: I am so grateful to you for bringing this to the public. It's just been amazing. I'm so grateful to have treated you and to have you share this with the public. It's going to make a big difference in a lot of ways.

DM: We have made some differences before. Hopefully, this is another one.

JM: Just a few.

DM: Swine flu and vitamin D, now vitamin K2 and fermented vegetables, but this is a really important one. It's so simple. It's just gets all the criteria of an approach that I'm passionate about which is simple, relatively inexpensive, treating the cause, and having profound beneficial side effects. It hits on every one of those measures. That's why I'm so excited about it and really delighted to be able to make it more widely appreciated.

JM: That's great. Thank you so much.

DM: All right. You're most welcome. Thanks again for all your persistence and for your passion in learning more about this and teaching others, so that they can share it also.

JM: Great. Thank you. Like they say in Brazil, tudo bem! Thank you.

[END]