

Sleep Apnea Dental Relation to Cancer and Other Chronic Conditions

By Arthur Strauss, DDS

Obstructive sleep apnea (OSA), from my perspective, is an effect of impaired oral function as it relates to the jaw, tongue, throat relationship, which actively determines whether and how you breathe.

The domain of dentistry is the teeth, jaws and associated structures, which control the posture and position of the tongue, which moves in and out of the throat controlling the airway and OSA.

Breathing is controlled by airflow through our airway, which is controlled by dental structures that influence the posture and position of the tongue, which is the gatekeeper of our airway.

Because these dental relationships control breath and breathing, they have the greatest influence on our survival, our “fight or flight reactions” also known as our “stress” response and release of our stress hormones, likely, the only cause of what is loosely referred to as “stress”. Stress is a description of sensations from the release of the stress hormones. I suggest that all the other references to stress are about things that influence and trigger the release of these stress hormones.

Medicine attributes stress to having a major influence upon pain and both acute and chronic disease and dysfunction conditions including cancer. The second influence, compensations and adaptations, is from, what I refer to as “our body’s functional design to survive”. A threat to the airway and airflow causes immediate compensations including:

- Clenching and grinding the teeth to change tongue position in the throat, and,
- Postural changes, like forward head posture, to create more room in the throat behind the tongue.

Long term habits, tongue sucking, finger sucking or tongue thrusting influence the tongue position. So can spacing or crowding of teeth or the shape and size of the jaw. I believe growths within the jaws called torus or “tori” can also have an effect.

Our body is constantly compensating and adapting to manage imbalances. I do not believe that a great stretch of our imagination is required to consider that our body may compensate for long term chronic challenges for our cells receiving oxygen, from regular and basic routine chronic interferences with airflow by adapting to less oxygen by needing less oxygen or even no oxygen as do cancer cells.

Adaptations throughout the body are reactive and not associated with long term consideration of their impacts upon the rest of the body. That is how, I believe, they can lead to our numerous, unwanted chronic conditions, even cancer.