Are You Trapped in Sleep?

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The cause of obstructive sleep apnea (OSA) and snoring is anatomical. It relates to airflow through the throat, where the mouth and nose area meet or, more accurately, where the nasal and the oral passageways intersect. The structural blockage of this intersection influences the passage of air through this into the windpipe in a “quantitative and qualitative” way. This impacts and is impacted by the human body in many different ways.

Sleep apnea was discovered through the study of and as a component of sleep, not as anatomical conditions predisposed to apnea during sleep and other effects while awake. This is understandable because the intensity of the apnea is greater during sleep when the body is both prone and relaxed. The signs of impact seen in snoring, snorting, and stoppage of airflow are dramatic and get our attention as “acute” types of conditions.

Unfortunately, human nature’s response to unwanted conditions is to eliminate or manage them quickly and conveniently. This drives the “healthcare market” to repair, replace, relieve and manage. Even “prevention” is more related to efficiently managing the concern, complaint or symptom and its direct origin, rather than the “source” of a series of interactions and influences that ultimately result in a particular symptom or set of symptoms.

As a result, education, research and treatment is segmented into specialties and subspecialties based on regions, systems, functions, or means of intervention. Because dentistry is segmented from medicine, there is a territory, namely that of the “jaw/tongue/throat” area, where the study of different disciplines are not integrated as they need be.

Consequently, no area in either profession accounts for studying the anatomy and how it functions in movements of this “jaw/tongue/throat” complex that controls the “quantitative and qualitative” aspects of airflow, not just the size of the opening but the detailed (typography) shape of its surface’s impact upon aerodynamics of this airflow. There is no accounting of the multiple muscles that make up the tongue and/or integrate with these and various bones, muscles and nerves of the skull, spinal column, shoulders, collar bone, ribcage and the total muscular and skeletal system.

Because medicine is so segmented in structure, OSA is seen as a sleep problem rather that an anatomic problem of the “jaw/tongue/throat” complex control of breathing- our body’s first priority for survival as evidenced in Cardio Pulmonary Resuscitation (CPR). Until there is a reorientation of perspective to this reality, the impact upon and threat to breathing will remain “trapped in sleep”. And, the ways our body compensates for the smallest compromise in airflow and breathing, not yet measurable, will remain hidden with it, hidden from medicine’s perception and “trapped in sleep”.