

A close-up photograph of a young child with light brown, slightly messy hair. The child's eyes are closed, and a hand is holding a white tissue to their nose, wiping it. The background is a soft, out-of-focus light blue and white. The text is overlaid on the right side of the image.

# **SNOTTY NOSED KIDS**

## **YOU THINK THEY LOOK BAD NOW!**

Heidi Dickerson, DDS, LVIM, FIAPA

Most people think the way they look as an adult is due to their genetic makeup. The reality is our genes play only part of this role and our environment plays the other part.

Our body is so adaptive it will do whatever it takes to survive. What do we need for survival? Well, warm shelter, food, water, and oxygen.

Consider the **RULE OF 3:**

You can survive for **3 HOURS WITHOUT SHELTER** in a harsh environment (unless that environment is icy water)

You can survive for **3 DAYS WITHOUT WATER** (if sheltered from a harsh environment)

You can survive for **3 WEEKS WITHOUT FOOD** (if you have water and shelter)

However,

You can **ONLY** survive for **3 MINUTES WITHOUT AIR** (Oxygen)

These numbers should show you the importance of Oxygen's role in our bodies!

Consider when you have a cold...how do you feel? Tired, fatigued, no energy...LOUSY! When you are sick and you can't breathe through your nose, you open your mouth and drop your tongue so that you establish a secondary airway. Breathing through our mouths is not what nature intended. Our noses were meant to breathe through, our mouths were meant to eat and talk with. We should not be mouth breathers!

What's the big deal? Let's look at Harvold's Experiments on Monkeys (In 1918, Egil P. Harvold, D.D.S, Ph.D, L.L.D; Brutta S. Tomer, D.D.S; Karin Vagervik, D.D.S; and George Chierci, D.D.S, examined the relationship between mouth breathing and dental malocclusion). He plugged their noses with silicone nose plugs to make them mouth breathers and they all developed malocclusions and had incorrect facial development.

After only one year of oral respiration the researchers noticed the monkeys with the blocked noses kept their mouths open, their tongues were low in their mouths, their arches didn't develop normally, and they developed an increase in facial height, steeper mandibular plane angles, larger gonial angles, and malocclusions.

This experiment demonstrated that breathing through one's mouth can physically alter the structure of one's face. **Form Follows Function!**

How does that relate to the snotty nosed child? If a child has allergies, they will become stuffed up. If they cannot breathe through their noses... they will do what it TAKES TO SURVIVE, so they will drop their tongues low in the mouth, open their mouths and breathe. Chronic allergies will develop chronic mouth breathers! Just like Harvold's monkeys, a human will develop the same facial and dental issues.

The correct place for the tongue is resting on the palate. In rest and in swallow it is important that 2/3rds of our tongue be resting on the palate as the tongue is our NATURAL PALATAL EXPANDER! If the tongue stays up on the roof of the mouth, then the maxilla and mid-face will develop normally. If not...we will not be able to develop to our full genetic potential!

Today, LONG FACE SYNDROME has become epidemic. REMEMBER...just because something is prevalent, does not make it NORMAL! Long

Face syndrome is a condition characterized by a face that is longer and usually more narrow than normal. Individuals affected by it tend to have enlarged tonsils/adenoids, suffer from asthma, have allergies...all things that will clog their noses and make them breathe through their mouths.

When we can't breathe through our nose for a long period of time, we will keep our tongue posture low in the mouth to keep the airway open, also causing an incorrect swallow and tongue rest posture. Malformation of the dental arches and malocclusion are sure to follow!

The unbalanced muscle forces relating to the upper arch will create a heightened palate, and the low tongue posture will increase the length of the lower jaw.

#### Some symptoms of mouth breathing include:

- Headaches
- Gingivitis and gum disease
- Cracked/dry lips
- Sore throat and cold symptoms
- High narrow palate
- Bags under the eyes (venus pooling)
- Bad breath and higher risk for cavities
- Nocturnal salivation
- Laziness and anxiety
- Tires easily with exercise
- Poor concentration
- Forward head posture
- Nightmares
- Bed wetting
- Less growth hormone released
- Digestive disturbances-gas, upset stomach, acid reflux
- ADHD
- Poor sleep: Obstructive Sleep Apnea, Sleep Breathing Disorders

Can a snotty nosed kid develop normally? YES! IF you diagnose them early, find the cause, get rid of the source, retrain the tongue/ muscles (myofunctional therapy), develop the mid-face, utilize their growth potential, and create physiologic stability!

Our goal should be that every patient we treat becomes a nasal breather. If we can help our patient's achieve that, they will be healthier throughout their lifetimes.

Stay tuned: in future LVI VISIONS I will be going into more depth regarding the importance of nasal breathing!