



Jeffrey Brown: “Dr. Good” (the interview)

This incredibly strong interview was given to us by one of the world’s top experts in the biomechanical treatment of dystonia, Tourettes syndrome, Parkinson’s disease and other neurological disorders in their connection with TMJ. I am sure that this information will cause deep reflection for dentists who read us and doctors of various specialties, as well as help our patients to convincingly make sure that the cause of their problems is purely physical. So, what activity does Dr. Brown on Facebook, what people-legends did he learn from, how dystonia is associated with birth injuries, about braces and dental injuries, details of the treatment on the ALF, and this amazing person tells a little about himself in this exclusive interview.

Instead of the preface



— Dr. Brown, the activity that you are doing on Facebook, spreading information about the correlation of TMJ with dystonia, Tourette and Parkinson’s disease, not sparing time for heated discussions and not being afraid of skirmish, helps to heal a lot of damaged lives. Do you consider this is your vocation? And are these people always grateful to you for it?

As you know, I have spent many years training and learning how to handle the ALF and splint appliances. If you look at my resume, you can tell how many years of training I have put into myself getting better at this work. Because of this, I feel that I need to let as many people know about a ‘better way’ than just taking medication or just doing surgery to fix problems. I will admit that on Facebook I have taken a beating many times because I am not staying in the mainstream, but that is only because what I do works so very well for so many people. I really do not consider this my vocation, it’s just that I think I owe it to everyone to help spread the word about a better way to do things!

So many, many, of my patients are incredibly grateful for what I do- this is why I keep going onward. I see around 100 patients each week and almost all of them do really well. There are always a couple who want things fixed right away, and I am simply not able to do that. It took them years to get this bad and I will need a few years to help them. This is where we have a problem sometimes. Even though I clearly explain that this will take time to help them, they still want it fixed right away.

— *A couple of years ago you were “kicked out” from one of the largest “dystonic” resources for trying to help a couple of patients with free advice, that the cause of their problems is biomechanics, although in such groups they are looking only for the “best pill of the day”, comparing pharmaceuticals, and reject attempts to find the real cause of the problem. Don’t you get angry at such things?*

Sure, sometimes I get angry ,but in truth I do understand why they want a quick fix. They are frustrated, they hurt, they have ‘heard it all’ from a million doctors. To try to tell them that the root cause of their problem could be something physical totally changes their position in regard to their problem. I am telling them UFO’s are real basically and they want nothing to do with something that is so far ‘out there’- no pun intended! An analogy would be if you are a member of an automobile club and some new guy shows up with his motorcycle, you really don’t want him in your club. I get it. So yes, years ago I was mostly disappointed that people in this group told me to leave. I did leave, but I do hope that one day someone in their group might call back.



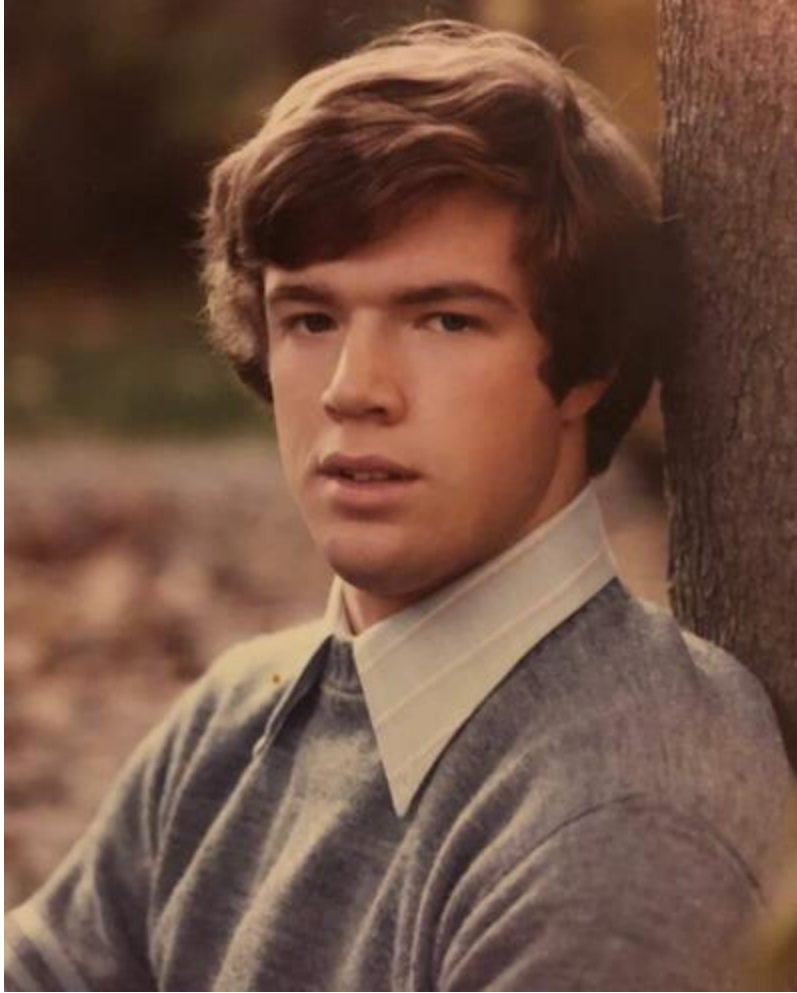
— *“Evil usually wins, unless Good is very very good” — with this quote from Dr. McCoy from the famous “Star Trek” series, you commented on the situation when the website and biomechanical treatment group of the Spaniard Marcello Mazza was closed due to a certain conflict with the medical mainstream. Please tell our readers what did you mean by this phrase?*

Marcello was apparently threatened by someone who told him to either stop doing what he was doing, or let them use his information for their own site. He decided to withdraw from the whole thing because he was only

trying to help others with a concept that just made sense! I was also referring to the drug companies as well – they tend to promote long term use of drugs for patients, yet there are certainly better ways than drugs. Basically what I meant was that the drug companies are really evil- all they care about are the profits to be made peddling their drugs to unsuspecting people.

It is almost impossible to battle Big Pharma as we call them here in the US. I was truly hoping that someone like Trump would go against them, but he has not that I am aware- I was hoping he would be good and powerful enough to make the drug companies change how they do business, but they will not- all that matters is money with them. It will take someone or something extreme with lots of virtue to battle Big Pharma. My point has always been that before you drug down a person, you should look for the causative factors as to why they are hurting, rather than just treat their symptoms. A broken leg is such an obvious thing to everyone, but a distorted cranial bone or a displaced TMJ disc is not quite as obvious- it takes a lot of training to spot such a thing, not to mention how to deal with it.

About the career, searches in the treatment of TMJ and about ALF



— Starting this interview, I still wanted to know more about you. Your dentist career began in 1982, when you accepted early decision into the Georgetown School of Dentistry. What was the reason for this choice? Did you just continue the family tradition in this way or were there other reasons?

In 1982 I was quite poor and felt I had little choice in dental schools. I went to Bowdoin College for undergraduate work and graduated Magna Cum Laude. When I applied to multiple dental schools, I was concerned that I might not get into any of them to be honest. When Georgetown almost immediately sent me that acceptance, I gratefully took it! Over the coming months I was also accepted into every other school that I applied to except for one! I accepted Georgetown because I was a poor kid from Maine and was thankful they would take me. I am actually glad it happened that way! The reason I became a dentist was that a neighbor of ours was a dentist and

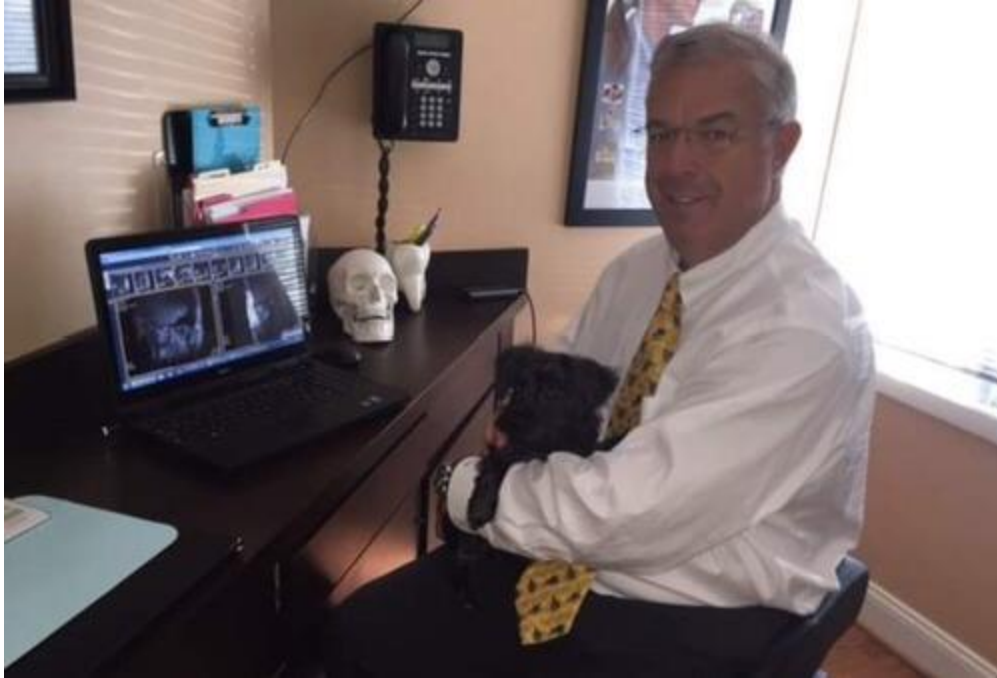
I spent a lot of time watching his work and thought that I would enjoy the same- again, I am glad for this.

— As far as I know, during your studies, you worked in the neurology department of one of the hospitals in the project, which involved studying the regeneration of nerve tissue in the spinal column after major trauma. What was this activity?

The neurology department at Georgetown hired me to simply help maintain the animals that were part of the experiment. First of all- these were cats that were to be put down-euthanized. So they became part of a doctor's experiment to sever the spinal cord and then regenerate the damaged portion. It actually worked quite well, although the experiment was shut down when the media got involved. The cats lived a longer life and were treated incredibly well before being sacrificed for their efforts, and I am thankful for having been a small part of this. Prior to this, at Bowdoin, I was involved in studying how neurons could be regenerated to it all dove tailed quite nicely. I was just a small part in all this and it just got me interested in the field of neurology on a small level.

— Your practice, which you created after your graduation in 1986, became the largest on the East Coast, and your office had one the first digital x-ray systems in Northern Virginia, which was a great wonder at that time. Did you believe in your project so much that you decided on such a large investment?

I believed so much in Fairlington Dental that I put everything I had into it. We really had a huge practice, which is still going strong today. Not only did we have a highly advanced xray system installed, but I also had a dedicated T-1 line to our secondary office so we could view patient charts and xrays from a main server. Such an Internet connection was a bit unheard of back in those 'olden days' but it worked quite well. Of course, that technology is like a dinosaur compared to what we have today.



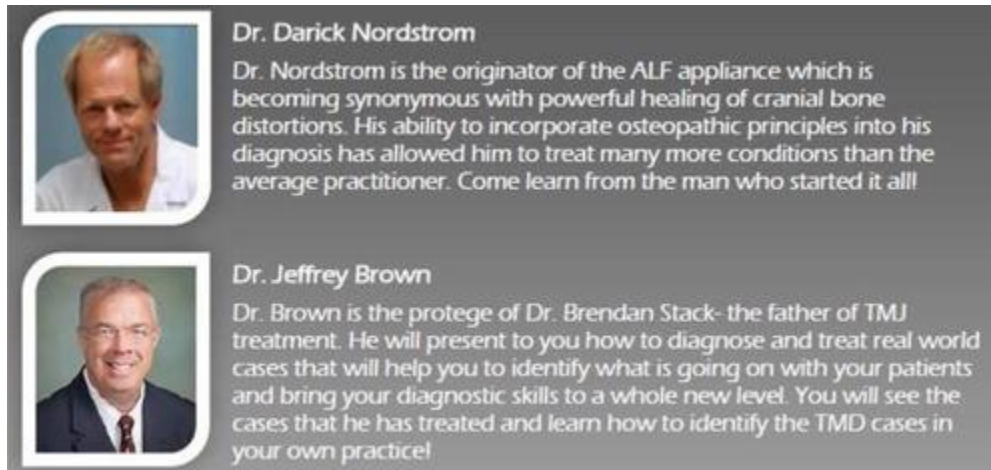
— As far as I know, after some time you took a short sabbatical entrusting the management of Failington Dental to your friend. What was the reason?

I actually retired for a while, not sure if I wanted the stress of practicing again. I contemplated going back to it a couple times, but then decided I would not. During those couple years of a break, I studied and took courses with the thought that just maybe I would work at this again. I spoke to Dr. Stack a bit at that time and learned more but did not go back into the frying pan as they say. Running such a practice was stressful to say the very least!

— From the hospital in Atlanta, where you researched this problem, your search led you to American Academy Craniofacial Pain, and then to the ALF Educational Institute. Do you remember your first impressions of acquaintance with this light wire device? And, as far as I understand, you met Darick Nordstrom there?

I did the sleep residency down in Atlanta and that really opened my eyes as to how sick people really are these days. I do not say such words lightly—people are getting sicker and sicker due to lack of sleep as their bodies are unable to regenerate properly. I attended many, many courses upon coming out of the retirement I was semi into and joined the AACFP, trained at ALF Educational Institute, and eventually became a member of the ALF

Academy where I met Darick Nordstrom- the ALF inventor! I am honored to say I had the privilege of lecturing side by side with Darick over in Norway and humbled every time I listen to the man. He is beyond brilliant and has had an amazing 40 year career!



Dr. Darick Nordstrom
Dr. Nordstrom is the originator of the ALF appliance which is becoming synonymous with powerful healing of cranial bone distortions. His ability to incorporate osteopathic principles into his diagnosis has allowed him to treat many more conditions than the average practitioner. Come learn from the man who started it all!

Dr. Jeffrey Brown
Dr. Brown is the protege of Dr. Brendan Stack- the father of TMJ treatment. He will present to you how to diagnose and treat real world cases that will help you to identify what is going on with your patients and bring your diagnostic skills to a whole new level. You will see the cases that he has treated and learn how to identify the TMD cases in your own practice!

— On Facebook, I saw heated discussions with various emotions from patients who tried to use the ALF on their own or those who had been treated for a short time or not with “those” specialists, and they expressed the opinion that “the ALF doesn’t work.” You calmly exemplified the results of the treatment on ALF of your children. Could you share details with our readers?

Sure- my oldest daughter had nosebleeds for years and years, was hospitalized, had cauterizing many times, but it did not work. I suspected a deviated nasal septum so made her upper and lower ALF appliances and the nose bleeds stopped almost right away and now years later she has no more. I believe we widened the upper palate, brought down the palate, straightened her septum, and that lined up the bones in her nose so they no longer scraped the tissue in there.

My boys were different- the oldest twin (by about 2 minutes) suffered ADD/OCD and even depression and sleeplessness. So I ALF’d him (yes-

being ALF’d should be a real word) and he began to sleep better. He went from having major problems in school to graduating high school with honors and is now in college with a 3.7 GPA. My other son snored like a banchee (that is a strange term used in America) and the ALF’s expanded

his palate just enough so he could breathe better- snoring ended almost right away! My fourth child would always grunt, i.e. clear her throat and make a grunting sound. This is another very typical TMJ symptom. After two months of wearing the ALF's, she stopped grunting.



J. Brown's

case, second x-ray was taken after 9 months

— You have a huge baggage of knowledge and degrees that, in addition to the institutions already mentioned, you studied biochemistry at Bowdoin College, and improved yourself at The Las Vegas Institute for Advanced Dental Studies, there also were so many years of training in the treatment of TMJ. But you confessed that always were wondered where the real truth was, and you found it with Dr. Brendan Stack, and knew this was the way to go with him. Please tell us me more about this. And how did start your collaboration with Dr. Stack which continues to this day at your Sleep&TMJ Therapy clinic?

With Dr. Stack, he harped on doing an MRI to document our work. He said that is the single most important way to figure out how damaged the joints are and from there you can develop a plan to help your patient. I actually met Dr. Stack many years ago and told him I wanted to buy his practice- he said NO. Then, seven years ago, we met again and he was ready. He and I spent the next couple years together and I learned all that I have now.

He was not the best teacher in the world- he frequently told me how stupid I was and how I had a long way to go. That was just the way he was and I shook it off each day. Years later, I am thankful for such harshness because

it has given me the discipline to stay the course and keep learning. He pushed me down the path of the Sleep residency, ALF residency, osteopathic training, and physical therapy. I now can look at the patient as a 'whole' person, not just a bunch of teeth. In fact, my new patients laughingly say I have not looked at their teeth. My response is that the teeth do not matter yet, not until the cranial bones, the cervical spine, and the articular discs are properly lined up.



Jeffrey Brown, Brendan Stack and assistants of Sleep&TMJ Therapy
About dystonia and cranial distortions, TMJ and dental traumas

— You travel a lot with master classes all over the world — United Kingdom, United Arab Emirates, Norway, Denmark, Austria, South Korea, Canada, throughout the US States. But, as far as I know, there often a problem that you are considering the patient as a whole, and not only his teeth, but dentists, coming to these seminars for dentists, want to treat only the teeth, and do not want to hear you really. What do you feel at such moments?

I will admit some frustration that the dentists only want to look at teeth – after all, that is what we were trained to do. But I also know that it will take time to make changes to the profession, and those changes are actually starting to happen- it's really starting to work. More and more dentists are learning about the ALF and TMD and this is quite encouraging.



Jeffrey Brown and Brendan

Stack in London

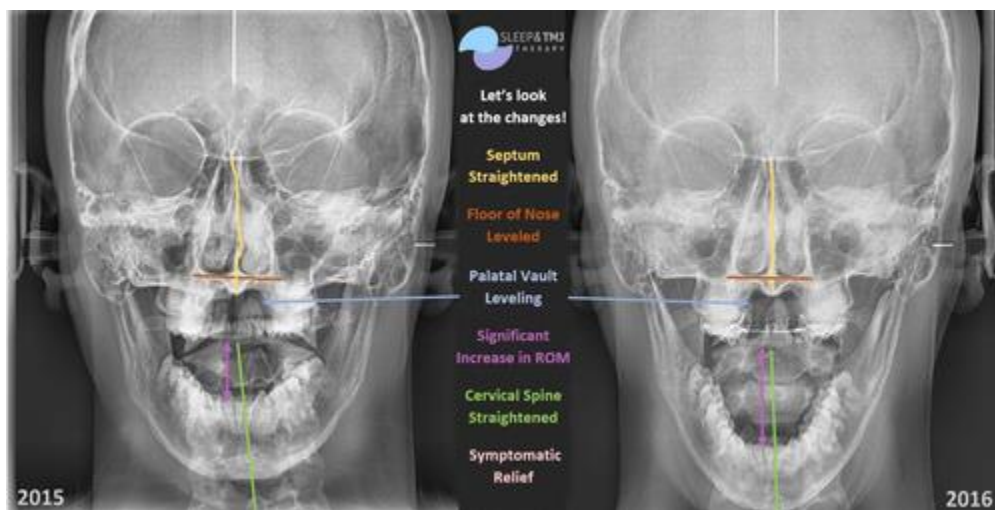
— Despite the fact that your treatment is considered unconventional in the “conventional pharmacological culture”, a lot of dystonia patients feel much better in a couple of months and off of most drugs or botox to the neck, usually used by the medical mainstream. And, despite the fact that studies of the correlation of TMJ and dystonia are still little known, you and Brendan Stack presented these cases in London. At the same time before this trip you were concerned that orthodontists would laugh you out of room and that you hope they will give you at least a few minutes to show your cases. What did happen in reality?

In London, we were in a room with dentists and other doctors who really wanted to learn a better way to treat. I would say that most of the people there were truly impressed that the root cause of dystonia really is a physical problem, not something in the chemistry or in the brain, but it is

due to nerve and muscle impingement from displaced discs. And since we were able to show case after case to the audience, they could not argue that stuff really works!

— In one of your comments on Facebook, you mentioned that with Dr. Stack you are now mulling ideas around did the birth trauma cause the dystonia... Could you comment?

We are actually now in agreement that birth trauma occurs to most everybody and later on manifests as head and neck pain, tremors, dystonia, and onward. Dr. Viola Frymann from many years ago did a great study on this. She discovered that in 95% of all births that there is some degree of distortion to the cranial bones. And these distortions tend to stay with us later in life and manifest in various ways. Almost every new patient that I meet has one ear or eye higher than the other- this confirms trauma coming through the birth canal in most cases.



— In the discussions on Facebook, you said that the cause of TMJ can be directly a birth trauma, cerebral palsy, really different length of legs, early childhood falls, and severe psychological stress, which overlaps with these cranial distortions. But Marcello Mazza “broke into” this discussion and emotionally asked why no one mentions the dental traumas inflicted on patients by incompetent dentists and orthodontists. Do you often see in your office such patients with dental iatrogenic injuries, which caused their TMJ?

Yes, unfortunately, I see this every day of the week. Let's start with a missing tooth- each time you pull out a tooth, this will collapse the airway to some extent. And what have orthodontists done for many years? They pull out four bicuspids to make doing the braces so much easier and quicker. This is a total and absolute shame! I am currently an expert witness in several cases and have one in which the dentist drilled down 28 teeth on a patient which collapsed her airway to the extent that there is likely permanent damage.

When I first met her, she could barely breathe and was constantly sweating. We have her in appliances which open the bite back up, however, there is probably a lot of damage already incurred. The dentist did all these crowns for one reason: money. It is most unfortunate for this patient because she is now in a wheelchair and although much better, it's still nowhere where she should be. This was due to incompetence and greed by the dentist involved- this is the kind of stuff that infuriates me!

— Actually what is the problem with braces for the temporomandibular joints?

Oh my goodness, such a short and simple question yet the answer will be very long! I will admit that I do braces, because I have to. I have to grow teeth taller- i.e. grow up the bone and the gums so the tooth comes up taller to better support the TM joints. Most regular orthodontists do braces to make the teeth straight and pretty. All fine and good, but not really. They ignore the vertical height of the teeth which means they ignore the TM joints, the cranial bones, and the airway. Braces should ONLY be done once you have figured out that the discs are in proper position, the cranial bones are aligned, the cervical spine is in good shape, etc.

So, back to your question. Regular braces tend drag the teeth through the bone and this will have the effect of pushing the condyle (jaw bone) deeper into the socket. This will then pinch on the disc and quite often will push or displace the disc out of the socket. Almost all of my new patients report that they had braces in the past. I see many new patients who are told that the way to fix the TMJ problem is by doing braces- this is so WRONG! You only do braces once everything is lined up as good as it can be — simple as that!

In my own practice, I try to limit the braces to a minimal time frame for another reason as well. When a patient has braces and then a wire is put across the upper teeth, this wire can disrupt the movement of the cranial bones. i.e. cranial rhythm is disturbed. This is not healthy for a patient. So as you can see, braces are needed, however, you have to pay attention to the whole person and work with them completely. I just saw a patient a moment ago who has severely displaced discs, she now wears an upper ALF and lower gelb appliance. The discs likely will need surgery, but not until we get her hips and back aligned properly. Yes, that is correct- I want her hips and back aligned before considering surgery. So if there are any dentists out there reading this article, I am sure you think my statements are indicative that my brain is out of alignment!



— My readers will not forgive me if I don't ask you about the Italian method Starecta, because you were one of the first doctors who began to defend this method, when at the very beginning of its existence it began to be criticized by orthodontists and gnatologists who do not understand what is it for. Please tell us your opinion about the Rectifier.

Put simply, the rectifier increases the vertical height of the teeth to better support the TM joints. It's a great approach for those who cannot afford to work with someone like me, quite honestly. AND- as Marcello so eloquently put it, working with a dentist with no TMD training can be quite dangerous for your health. Here in the US, it's kind of like having Home Depot- for those people who feel they can do it themselves, that's fine, but if you

cannot, then I am there for you! The gnathologists and orthodontists don't like it because it cuts in on their action basically.

— As a dentist, you carefully tell people that you work only with a structure above the neck, because if there is a problem with TMJ, then with the rest of the body as well. And after correcting the cranial bones on the ALF using osteopathic techniques, it is greatly restores the whole body, patients are free of tremor, pain in their neck and back, and these are typical stories on this treatment. But you always emphasize that this work must be done in collaboration with a osteopath. Once and for all, please explain to our readers why this is so important.

As the dentist, my license extends only down to the neck, yet I am quite aware of the distortions in a patient's neck and back. Therefore, I have them work with a physical therapist or osteopath who understands what we are doing and why we are doing it. As I said above, if the hips are out of alignment, so will be the TM joints, so the hips need to be corrected for so many patients. Then the back/neck areas need correction as well. The whole spinal column needs to be addressed in these patients so it must be a team approach.

About patients and the treatment process



— By the way, not so long ago you told one of your patients on ALF that either she must work with an osteopath, or let just leave your office, otherwise you will not be able to help her. Do patients often not follow to all your prescriptions?

I would have to say that most patients do not follow all my advice. Oftentimes this is due to cost or just the fact that it takes lots of time to get such treatment. I personally see a PT (physical therapist) every month and every time I drive over there I keep thinking of ways to get out of the appointment because I am tired and don't have the time. Many patients feel that way, especially when they start to feel a bit better. So basically, if they work with my PT or osteo doctor, they get better faster. And yes, sometimes when I see the cervical spine is in really bad shape, I tell that

patient they absolutely MUST work with someone or they won't get better and they are wasting their money and time with me!

— About the expectations of patients. Usually they are overestimated at the beginning of treatment, despite the fact that there is already a lot of damage that has developed for many years. Do you often see the patient's discontent during the treatment in your practice?

Yes, every day of the week I get a patient in here and they just started last month or so. They absolutely EXPECT things to be done/fixed/finished even though my informed consent is clear that I need to work with them for at least a year or more. These days most everybody expects instant results. In almost every case, when patients follow my advice properly, they get better eventually. They start off being in pain and quite unhappy, then one day they realize they did not need Advil today or them forgot to take their Flexeril because they did not need to. This means they are feeling better! We get this all the time too.



case, 19 months of treatment

Dr. Brown's

— What is the average duration of treatment for patients in your clinic? As well as the most minimal period for which all the problems of the patient were resolved, and the maximum.

All patients are told that I need to work with them for one year, then re-assess their situation. I actually had a patient last year who called our office 20 minutes after the ALF's were in place and she said she was totally all better. In truth, she felt better but we still had a long way to go. It's just that she felt the pressure release that had been there for so many years. Other patients are with me for their entire lives. This is because they cannot afford the braces to finish or cannot afford the surgery, so they will wear

their appliance(s) forever. This is not ideal, but it happens a fair amount of the time. So as you can see, it all depends.

— ***Why do patients have up & down periods that alternate in stages?***

The problem with what I do is that it takes time. I tell patients there will be up days, down days, and sideways days. There will be days that the discs are trying to move and they can be quite irritated so they might even be somewhat painful as things start to move. Also, as the cranial bones move and things re-align, that can be strange as well. It's like a graph that in general is going on an up trend, but it dips up and down along the way.



работа Дж.

Брауна, результат за 1 год и 1 мес.

— ***As far as I know, in your clinic a high percentage of cured patients — it's about 90%. We have already talked about those that do not follow all prescriptions, but there is also about 5% of cases in which, after the treatment of TMJ on ALF still requires surgery. What is the reason?***

The surgery is ONLY done as a last resort once all avenues are exhausted. Of the 100 patients that I see each week, generally around 1 or 2 will need surgery. This is always determined by the MRI and if there is still pain or not. In general, we do NOT do surgery if a patient feels good, even though the discs are still out of place. The reason for this is that the discs have

likely begun to migrate to a better position, which means symptoms have improved.

I also use the analogy that we have effectively ‘turned back the clock’ enough to a time when they did not have much pain, even though the discs are not perfect. So surgery is only done when pain is still there after all efforts to avoid surgery have been tried. With Tourette’s patients we have often found that they will likely need surgery as they get older, even though there is no pain. If they still have bad tics, then surgery is considered because the patient wants to try and have the tics stop – this works around 80% of the time.

— You are a well-known fighter against insurance companies that refuse to cover treatment of patients with TMJ. You even wrote that once you got angry when one of your patients, who suffered from headaches for more than thirty years, having visited very, very, very many doctors during this time, began to think that it was normal to live like that. But her headaches stopped some time after you start her treatment on ALF, because this pain was due to displaced disks in the TMJ, which no one could diagnose. And this case so angered you that you decided to start pushing on the Virginia Assembly, so that they would restore the possibility of coverage of the TMJ treatment by insurance companies, and you were asked to wish you good luck in this battle. How is it over? Or is it still going on?

I have long since prepared a ‘bill’ for the state Senate, however, it has not been presented yet. I am not sure if it ever will be, but I will keep on trying. Basically, if insurance covered my work, we would help many people get so much better that they could go off of disability (today, I had two more people come off disability and that makes my day!) which would save billions of dollars here in the state of Virginia alone. What a cost saving measure this would be! However, politicians really do not profit since they are lobbied by the drug companies to push meds, not what I do. So we shall see – maybe one day things will change.

About funny things and personal



— I noticed that your little dog Coco has already become the “trademark” of your clinic, who sometimes “decorates” the office and accompanies you at your meetings. Also, she constantly flaunts on many of your posts on Facebook. You are a big man — she is a tiny dog. What can this tell us about your character?

It is almost laughable to see a guy my size- I am 6’5” tall and I weigh 250 pounds- carrying this tiny dog. It is so funny on the weekends when I go to the office to study MRI’s and Xrays- she comes with me and as I pull into the parking lot she literally stands up on her hind legs, front legs are on the dash board and she furiously wiggles her tail as she looks for squirrels – she has seen many at the office and now expects them every time. I adopted

her a few years ago and she is simply the sweetest little dog anyone could ever have!

— And there also a large number of posts with a variety of dishes in your Facebook account — is this «hello» from the time of you studying at the dental school, when you worked as a manager at a restaurant?

No, the recipes are because my patients are required to eat soft foods while their joints try to heal. My assistant, Jessica, is awesome at these great soft food recipes.

— And since this interview is primarily for a Russian-speaking audience, I cannot ask you about the funny case when “IRS” called you on your cell phone and threatened to arrest you for unpaid taxes. You immediately called them back, and imitated your best «Russian mobster voice» such a way, that these scammers even hung up the tube. Where did you get such “mobster” knowledge in Russian voices?

I got this from the John Wick movie- I just could not resist messing with the fake callers!

— What helps you maintain a good mood in life and fighting spirit in your profession?

I am trained in Chi Kung (Qi Gong) and it really helps me keep my spirits up. Energy work is helpful to the patients as well.



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Darren S. Higgins

— Dr. Brown, thank you very much that you take your time for us and gave this interesting interview. Finally, I would like to ask you about the traditional wishes for our readers, among which are patients suffering from TMJ and doctors of various specialization.

Glad to help and glad to make all the comments! My wish would be that the people of Russia learn about TMJ disorders and start to get the treatment they need. If there was any way to arrange it, I would really enjoy coming to Russia to teach what I know and make both doctors and patients aware of what can be done. There is a strong need for people to be aware that drugs do not fix anything and based on having treated thousands of patients over the years, I know this technique is very effective and can help so many people. Thank you for letting me be interviewed, it was a pleasure!