What do our teeth betray about us?—Part I

Author: Dr Stanislav Cícha, Czech Republic

The aim of this article is to offer readers information on a topic that is discussed very rarely in dental journals: how tooth position and damage to individual teeth reflect emotional and health status.

In 2000, I read a book by French dentist Dr Michèle Caffin, *Quand les dents se mettent à parler* (When the teeth talk).¹ Because I was most intrigued by the findings of my French colleague, I started to observe these relationships and document them. I encouraged my patients to talk about their troubles and problems that did not appear to be overtly dental. In this manner, psychosomatic medicine²,³ has inconspicuously become part of treatment. It helps patients who are healthy biochemically, radiologically, etc., but who still exhibit dental problems.

In order to avoid constantly flipping through my records, I created convenient one-page diagrams mapping the significance of individual teeth. The colours correspond to acupuncture pathways.⁴ The relationship of acupuncture pathways to different groups of teeth will be discussed in Part II of this article. In Part I, I seek to convey an unconventional perspective of teeth as a mirror of emotional and health status in patients based on my more than ten years of experience.

If we look at the jaws from this unconventional perspective, then the upper jaw firmly attached to the skull represents our wishes (Fig. 1). Particularly its width and regular tooth alignment in the jaw indicate that the patient is able to express
his or her wishes and therefore communication with him or her will be trouble-free (Fig. 2).

A narrow jaw with incisors and canines in anterior crossbite, in contrast, signifies a passive individual with whom communication will be more difficult. Such difficulties with expressing wishes and feelings throughout life are signalled by a complete maxillary prosthesis, for example (Fig. 3).

The lower jaw loosely attached to the skull by the mandibular joint represents our actions. The chin, especially, is a symbol of energy and will. Heroines in novels do not have bird profiles.

The right quadrant relates primarily to the future and the left to the past. The positive and negative expression of the status of individual quadrants is illustrated in Figure 4.

Regarding individual teeth, the fundamental consideration is the position of the tooth in the
Central incisors represent the male and female figures: the father, the right maxillary central incisor; and the mother, the left maxillary central incisor (Fig. 5). People with a prominent left maxillary central incisor (this tooth often overlaps the right one) had and often still have in their adulthood a much stronger maternal influence than paternal influence during their lives (Fig. 6). Once one is aware of this, one will observe that this is very common. The opposite (a stronger influence of the father) is in the minority (Fig. 7). If both of the incisors are aligned symmetrically, it signifies the balanced influence of both parents.

An example from real life: Figure 8 shows the fracture of both central incisors. It was ultimately necessary to extract the left incisor owing to a root fracture. The patient’s parents divorced and she was given over to the care of her father by the court and her sibling to her mother. Thus, she lost her mother and symbolically tooth #21.

I usually see diastemas (Fig. 9) in patients whose parents may live together, but who essentially lead separate lives. Patients with diastemas usually have difficulties in their relationship with a partner. Of course, one does not usually gain such dental arch. If the tooth is located vestibular from the dental arch, the characteristic is significant.

If the tooth is located orally, is displaced beyond the adjacent teeth, is in anterior cross-bite or is missing, the characteristic is repressed. Large areas affected by caries, dental fillings, and pulpless teeth are equally negatively assessed.

Central incisors represent the male and female figures: the father, the right maxillary central incisor; and the mother, the left maxillary central incisor (Fig. 5). People with a prominent left maxillary central incisor (this tooth often overlaps the right one) had and often still have in their adulthood a much stronger maternal influence than paternal influence during their lives (Fig. 6). Once one is aware of this, one will observe that this is very common. The opposite (a stronger influence of the father) is in the minority (Fig. 7). If both of the incisors are aligned symmetrically, it signifies the balanced influence of both parents.

An example from real life: Figure 8 shows the fracture of both central incisors. It was ultimately necessary to extract the left incisor owing to a root fracture. The patient’s parents divorced and she was given over to the care of her father by the court and her sibling to her mother. Thus, she lost her mother and symbolically tooth #21.

I usually see diastemas (Fig. 9) in patients whose parents may live together, but who essentially lead separate lives. Patients with diastemas usually have difficulties in their relationship with a partner. Of course, one does not usually gain such
information from the persons concerned, but one

Mandibular central incisors (Fig. 10) predicate
the importance of the patient’s parents in daily
life. The informative value of maxillary incisors is,
however, far greater according to my observation.

Lateral incisors represent the temperament of
the person and his or her reactions to archetypes
(= attitude towards parents; Fig. 11). If the right
maxillary lateral incisor is in protrusion, it means
the person is able to defend his or her freedom in
the family, but is usually in dispute with the father
(Fig. 12). Similarly, on the left side (tooth #22),
this position indicates opposition to the mother
(Fig. 13), as was confirmed by both of the patients
shown in the figures. If both teeth #12 and 22 are
in protrusion and overlap the central incisors,
the patient tends to have an edge over his or her
parents.

In contrast, retrusion, microdontia or total
anodontia (Fig. 14a) of these teeth is an indication
of subordination, often both in the family and
in society. For example, my questions directed at
the child in Figure 14b with anterior crossbite of
the primary lateral incisors were always answered
by his mother and the child did not interject.
Thus, orthodontic, prosthetic or implant treat-
ment allows these patients a much better start
in current society (Figs. 15a & b) and a stable
position in the family.

Canines reflect the changes through which
a person has gone. They erupt in times of great
growth and at the beginning of adolescence
(Fig. 16). The right maxillary canine represents
the presentation of personality outwardly. The
left maxillary canine represents attitude towards
change (Fig. 17). The right mandibular canine is an
expression of what we wish to achieve outwardly.
The left mandibular canine is a reflection of our
internal transformation (Fig. 18). The canines are
generally perceived by others as a symbol of vital-
ity and superiority. People with small canines or
canine in managerial positions often have in its
place an implant, or a dental restoration to rebuilt
the tooth. I have also observed in these teeth the
retroactive effect of tooth position evident in
a change in the patient’s emotional behaviour, as
with the lateral incisors. A shy girl with a retracted
right maxillary canine completely blossomed and
gained confidence after orthodontic treatment.
Of course, she made her parents anxious because
they suddenly had a completely different child
at home. It was probably not the only cause, but
in my practice I often see similar examples of the
retroactive effect of tooth alignment.

When a patient has his or her teeth aligned
through orthodontic treatment, the original infor-
mation is lost (Fig. 19). However, if the underlying
issue is not resolved, for example a mother still
dominates her daughter, who did not manage to
disappear into world (tooth #21 overlapped tooth
#11) or, conversely, the daughter of this mother
unconsciously does not want to grow up to be
a woman because she likes fulfilling the role of
the good child, when such a patient stops wearing
retainers to maintain the tooth position after re-
moval of the fixed appliance or does not have his
or her teeth fixed by some kind of splint, the teeth
will quickly relapse apparently without cause._

Editorial note: This is the first of a two-part article.

A complete list of references is available from the publisher.

Dr Stanislav Čícha
Milešovská 1766–7
130 00 Prague 3
Czech Republic