Commentary

A review of: Biobloc Therapy, by John R.C. Mew

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BIOBLOC THERAPY

by John R.C. Mew

Reviewed by Barbara Coughlin Eck M.A.

This text, written and published by its British author, John R.C. Mew, details an integrated orthodontic and orofacial myofunctional treatment approach entitled Biobloc Therapy. Dr. Mew has travelled internationally to teach his philosophy and this system of functional orthopedic treatment. Biobloc Therapy was written as a text for participants of courses of clinical instruction in this method. The Biobloc approach differs from conventional British orthodontic treatment in that permanent teeth are rarely extracted and active treatment time for dental correction may be approximately half that required for treatment of similar malocclusions with fixed arch wire appliances. However, facial changes may require guidance of growth over several years.

The system uses a series of appliances to stimulate growth of inadequately developed mandibular and/or maxillary bone. The treatment is most effective if started before the age of ten years. Severe cases of disharmony in dentofacial development are ideally treated at an earlier age. However, Mew does illustrate the effective use of this treatment approach with older children and adults.

Dr. Mew devotes two chapters to the topic of orofacial myology. The chapter entitled "Myofunctional Influence" discusses the research literature and is illustrated with case reports that support the author's premise that disordered orofacial resting postures tend to have a negative influence on the developing dentofacial complex.

Dr. Mew is clearly as interested in the effects of treatment on facial form as on the occlusion: "Lack of jaw growth affects the whole face and is likely to lead to flat cheeks, unattractive lips, large noses, tired eyes, double chins, receding chins and sloping foreheads, features that will be readily recognized whenever there is a pronounced crowding of the teeth." He contends that environmental influences often play a significant role in abnormal jaw and dental development. It is, therefore, no surprise that he considers therapy to correct oral resting postures, eliminate parafunctional behaviors and normalize oral functions a frequently essential element of this treatment approach. In the chapter on orofacial myofunctional therapy (myotherapy in English terminology), he details the therapy he prescribes and the clinician training he oversees. As in the United States, neither speech pathologists nor dental personnel are yet routinely taught to diagnose or treat orofacial myofunctional disorders.

Orofacial myologists will be familiar with most of the research referred to in these chapters and will appreciate

the numerous illustrated case histories and variations of many of the familiar tongue and lip exercises. Other chapters of potential interest include a discussion and historical review of orthodontic treatment philosophies; Malocclusion - Genetic or Environmental?; a discussion of the factors that control facial growth; The Tropic Premise, a novel theory of the etiology of malocclusion which led the author to the development of the Biobloc system. The final chapter on Limitations, Failures and Problems also makes for interesting reading. The text is liberally illustrated with black and white photographs showing changes of facial form in addition to pictures of the occlusion and treatment appliances. John Mew has written a thought provoking text that will no doubt arouse controversy and interest both here and overseas. This would be a valuable reference tool, especially for the orofacial myologist receiving referrals from orthodontists using the Biobloc approach in this country.

Biobloc Therapy (1986). By John Mew. Flo-Print, Publisher, Langton Green, England, 288 pp.

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