

Beautiful Balanced Faces The First 9 years: The Most Critical time!

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Abstract: This article is a review of the literature presented over the past 150 years regarding the implications of airway obstructions. A practical approach is presented and directed to understanding growth and development of children from infancy through adulthood. Emphasis is placed on the first nine years of a child's life. The author believes that early intervention and control of airway obstruction will enhance the lives of children who have obstructed airways. Studies have been cited as well as cases presented verifying the authenticity of the material.

Today's society is favorable to beautiful people. Look at every television and magazine advertisement as you seek confirmation; everyone is stunning,¹ studies have shown that more attractive faces lead to more successful personal and professional lives.² Pleasing faces are rewarded with better salaries, more credibility, more rapid employment advances and are more readily accepted into the cultures of the world.³ We have become conscious to the tune of 75 billion dollars spent annually on products and services that can affect looks.⁴ During the first nine years of a child's life, critical events occur rapidly and with such complexity that the miracle is that balance occurs at all. Research has shown that the hub for the development of beauty and function is a clear and open airway.^{5,6,7} This paper reviews growth and development research conducted over the past one hundred and fifty years.

Multiple factors affect the growth and development of human faces. The major factor contributing to the development of a balanced face is the airway.

Environmental conditions, nutrition, exercise, habits, and family history all play a role in the development of a beautiful face and body. Evidence indicates that an open airway has a primary and perhaps the ultimate responsibility for proper development of the face.⁸ Enlow says, "Everything that develops, develops around the airway, the airway is the central hub of development, any event that alters the free flow of air passing over the airway causes dysplasia."⁹

Since Robert¹⁰ first described the relationship between airway function and maxillary anomalies, multiple researchers have discussed the causes and effects of malocclusions, and irregular facial developments occurring during childhood. Technological advances over the past twenty years have

opened a vast array of informational exchanges that allow us to share the research that we need to assist our children in developing normally. Airway obstruction can be defined as a lack of patency of the airway. Tonsils, adenoids, a small narrow palate, and obstructive tumors may be located within the airway, altering the free flow of air through the nose, over the turbinates, and in and out of the lungs. A proper sequence of ventilation is essential for growth.

In 1843 Robert¹¹ suggested that there was a relationship between enlarged tonsils and mouth breathing. He found that children who had large tonsils were usually mouth breathers. The children had small concave palatal vaults and crowded upper anterior teeth. Since this first reference to the development of facial anomalies was done 164 years ago, it is hard to believe that so little has been done about an issue that affects so many. For years most practitioners and researchers believed that genetic attributes were responsible for small airways, small palates, long faces, and crowded teeth.

One of the greatest physicians of the 20th Century, Sir William Osler stated in 1919: "Chronic enlargement of the tissues of the tonsillar ring is an affection of great importance, and may influence in an extraordinary way the mental and bodily development of our children."¹² Osler keenly observed, described,

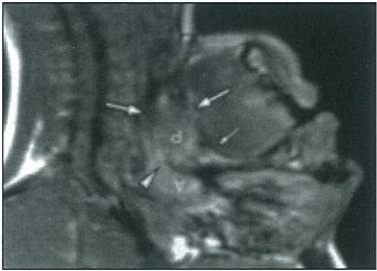


Fig. 1 - Tonsils and Adenoid Position Age 5

A. Adenoids
P. Palatine Tonsils
Q. Arrows point to the size of the tonsils
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