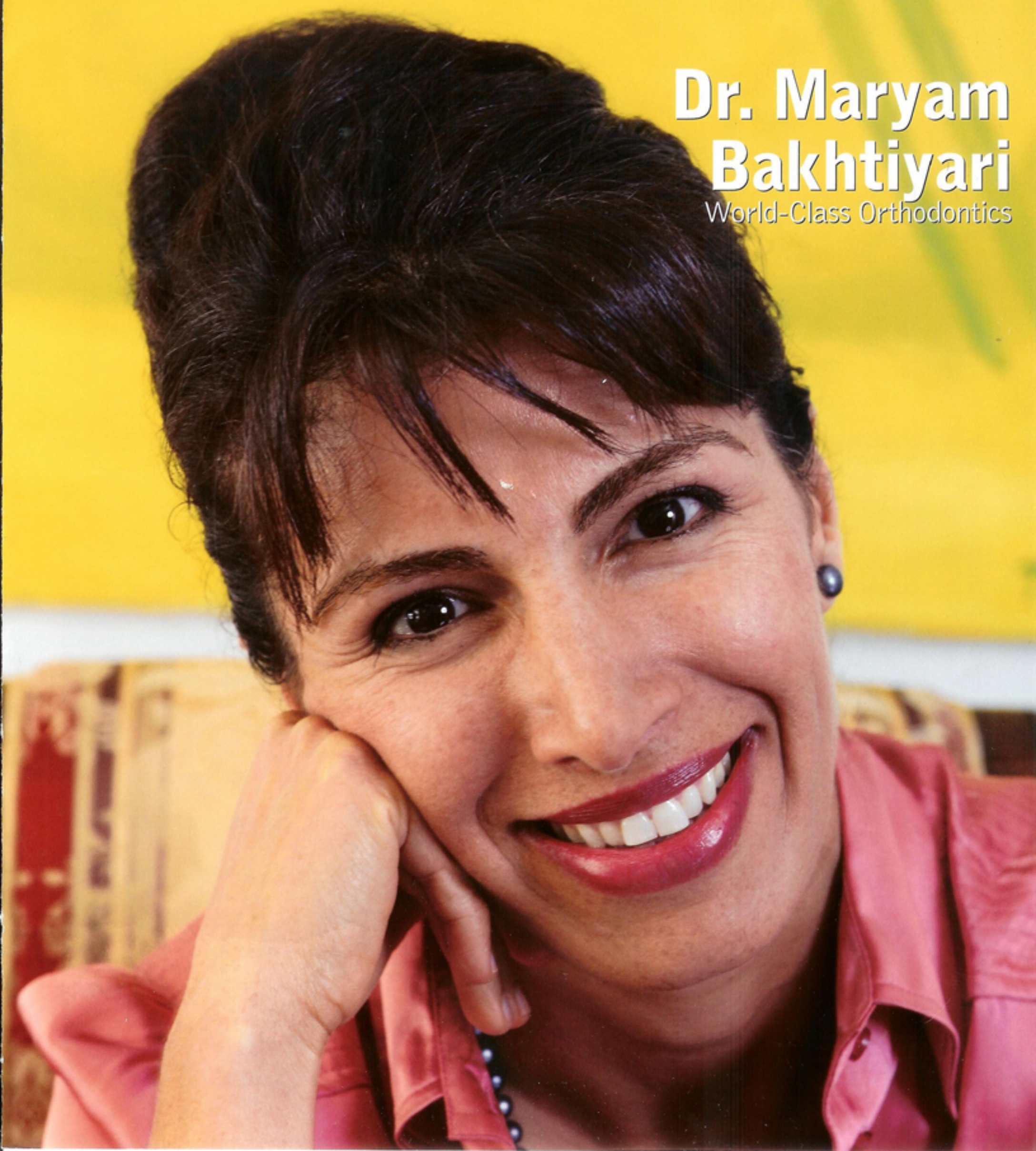


Los Angeles Edition

DOCTOR *of* DENTISTRY

A BUSINESS AND LIFESTYLE MAGAZINE FOR DENTISTS

**Dr. Maryam
Bakhtiyari**
World-Class Orthodontics



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World-Class Orthodontics

By Travis Anderson

For more than a decade, Maryam Bakhtiyari, D.D.S., has practiced orthodontics differently than most other dentists.

Although some of her peers disagree with her philosophy, Dr. Bakhtiyari is more confident now than ever before of her skills and techniques. "I know exactly what they know, except I believe in the philosophy of non-extraction and orthopedic expansion," she says, showing off her contrarian side.

Despite the sometimes intense peer pressure, Dr. Bakhtiyari hasn't wavered from her belief that functional jaw orthopedics is one of the best orthodontic treatments for both children and adults. Her results were validated in 2007, when she became the first woman in the world to earn diplomate status from the International Board of Orthodontics. (IBO) "The cases I presented were difficult, and the diplomate process usually takes

several years," says Dr. Bakhtiyari, who practices in Manhattan Beach, CA. "Being the first female to become a diplomate was very challenging and I almost gave up, but I'm glad I didn't. I hope others will look at my success and say, 'Maybe there is another way.'"

USING A EUROPEAN PHILOSOPHY

After graduating from University of Pacific Dental School in 1993, Dr. Bakhtiyari left the San Francisco area and began practicing general dentistry close to her home in the South Bay of the Los Angeles area.

Dr. Bakhtiyari's fledgling career took an unexpected turn when she developed a passion for orthodontics. "It wasn't until I sent a few children to someone else for orthodontics that I realized that

Staff, left to right, standing: Bitu Davoodian, marketing; Olga Barton, receptionist; Amber Cochran, front office; Daisy Molina, back office. Left to right, sitting: Raynelle Hayes, front office biller; Dr. Maryam Bakhtiyari; Evelyn Lomeli, back office RDA; Carole Crain, office manager.



I wanted to do more for my patients," she says. "I've always looked at faces — faces of models, faces of ordinary people — and thought about the ways I could help them. Instead of referring people to orthodontists, I began thinking that I should change my focus and learn how to help these people myself. That's when I stepped in and started educating myself."

As she began to seek additional training, Dr. Bakhtiyari discovered the art of functional jaw orthopedics, in which fixed or removable appliances are used to develop the arches. By offering braces only after such an appliance is used, Dr. Bakhtiyari is able to preserve teeth that otherwise would be removed, leading to a broad, beautiful smile and profile.

This philosophy, she says, is contrary to what many dental students are taught in school. "The first line of defense for many orthodontists is to extract four bicuspids and provide braces," says Dr. Bakhtiyari, who did her undergraduate studies in biochemistry at the University of California at Los Angeles. "My philosophy is the opposite of this long-held tradition. It's a more European approach in which we preserve the teeth and attempt to create a wider jaw. It wasn't until I started going to seminars that I realized, 'Wow, look what a difference this approach makes in a patient's face.'"

As part of her orthodontic training, Dr. Bakhtiyari was privileged to meet the late John Witzig, D.D.S., who many dentists refer to as the father of modern functional orthodontic treatment.

"I researched many residencies and happened to find one that he was teaching," she says. "It all started making sense, and I began looking more closely at European models. They have beautiful, broad smiles and they look beautiful from different angles. Their faces are not narrow and long. On the other hand, when I look at models from the United States, I notice that they usually have pictures taken from the front, not from the side. They have beautiful, straight teeth, but if you look at their profile, below the nose, they are usually dipped in and curved in because they've had few teeth pulled. In very few countries do they pull teeth like we do in the United States. I have a completely different philosophy, and it's one reason that I don't pull teeth in 99% of my cases."



Dr. Bakhtiyari feels that her advanced training in innovative orthodontics is the best way to serve patients. Behind her is one of her paintings, which provides an atmosphere that is not like the typical dental office.

PHOTO BY RICH SCHMITT/RICH SCHMITT PHOTOGRAPHY

BENEFITS OF ORTHOPEDIC ORTHODONTICS

As part of her practice, Dr. Bakhtiyari cares for many children. She talks softly as she recounts stories about children who underwent oral surgery before exploring noninvasive methods.

"Sometimes, a child will go to an orthodontist, and he or she might tell the parents that expanding arches isn't a proven science or that the teeth will revert back," she says. "So, the orthodontist pulls numerous teeth and goes right to braces. Don't get me wrong. The teeth will look beautiful, but the profile will not. Imagine a child who has her jaw pushed back; when teeth are pulled, the lower jaw goes back even further. The result is that the lower part of the child's face will dip in and lead to an unattractive lower-face profile. We can do better than that."

Dr. Bakhtiyari is personally invested in aiding her patients'

overall health and quality of life, not just their good looks. "Many children suffer from migraines or headaches," she says. "When I began studying functional jaw orthopedics, I had no idea that headaches are so closely related to the jaw. Part of the blood supply that goes to our head passes right behind the lower jaw. These patients usually have temporomandibular disorder (TMJ). When a patient has TMJ, he or she will have symptoms of headaches, clicking or popping in their jaw, ringing in their ears, or may have dark circles around their eyes. We can give them relief from majority of TMJ symptoms by bringing their lower jaw forward and letting the blood supply make its way to the head freely."

When a child visits Dr. Bakhtiyari's office for a consultation, the orthodontist examines the mouth, assessing the positioning and size of the jaw, teeth and arches. She almost always opts for a two-phase treatment. During the first phase, she encourages the child to wear a fixed or removable appliance, an orthopedic expander that is available for the upper and lower jaw.

"The choice comes down to whether a parent prefers the appliance be removable — convenient for washing it nightly — or fixed, so it is less likely to be lost," Dr. Bakhtiyari says. "I have a 6-year-old patient who finished treatment and she started when she was 5. She was very responsible and didn't lose her appliance. The best part is that the kids' teeth change so fast that they don't want to take it out for any length of time. They want to see the results. The reason it is so effective is because when we use the appliance, we don't have to pull teeth and fit the rest into their mouth. We make room for these teeth. There is almost minimum relapse after treatment is completed. It's very stable."

SECOND PHASE

The second phase of treatment, after six to 12 months of wearing an appliance, involves the placement of braces. Dr. Bakhtiyari often accomplishes both phases in less than half the time required for traditional orthodontics. Doing an early assessment — when a child is 6 or 7 years old, as opposed to 12 or 13 — offers the best chance for outstanding results. "If we act early on by aliening and developing their jaw, we give the child a chance to breathe easily, become more calm, happy and healthy, and use their full capacity to learn and grow," says Dr. Bakhtiyari, the mother of an 8-year-old son and a 6-year-old daughter who have worn orthopedic expanders. "I tell patients, 'Do not do jaw surgery unless you absolutely have to do it.' I had a 14-year-old patient who was seen by two oral surgeons who suggested jaw surgery due to her severe class II malocclusion. She suffered from all TMJ symptoms, especially headaches. Her treatment was finished after two years and now she not only has a better profile and more beautiful smile, but also has almost no TMJ symptoms. That is rewarding to see her gained confidence and feels good, also."

Dr. Bakhtiyari also cares for many children who have narrow

upper palates — and the resulting overcrowding of teeth — that can contribute to other health problems. She didn't learn about this in dental school, but is glad she knows now. "We believe this dental situation can contribute to asthma and allergy, and that's something they didn't teach us in dental school," says Dr. Bakhtiyari, adding that pediatric otolaryngologists are seeking her expertise on behalf of their patients.

"I can expand their upper arch with expanders and the child can breathe properly for the first time," she says. "After we expand the arch, the child has an expanded nasal floor and can breathe better. The circulation in their face is better. It's a whole-body, whole-health issue. We can also help reduce or eliminate snoring and sleep apnea. Every day, we care for the kids who have attention-deficit-hyperactivity disorder, and they are so busy jumping up and down. We look in their mouth and they almost all have a narrow upper jaw. If a child can't get oxygen, it's like putting a hand over his mouth. When we spend the time to expand their arches, suddenly we see that this child is breathing normally and will sit down for a few hours at a time. Our approach really impacts overall health."

NUTRITION — KEY TO DENTAL HEALTH

The practice of orthodontics can be about much more than simply fixing teeth. At her office, Dr. Bakhtiyari is passionate about educating her patients and their families about dietary issues.

"In the United States, we eat so many foods that are laden with preservatives and sugar," she says. "Children's jaws are not growing the size that they used to in the past. Our children are not growing to their maximum capacity because they are not getting the proper balance of vitamins and nutrients. It is because of our diet. We are what we eat."

"We need to return to a more old-fashioned diet of organic food, fresh food," Dr. Bakhtiyari says. "If we don't eat enough proper calcium, we're just destroying our bodies. We're not chewing and biting on carrots and raw food as much, which helps our jaw grow. Let's bite into a fresh apple, eat some fresh greens. And, our kids are mouth breathing. They are changing the shape and form of their mouths because they can't breathe."

Dr. Bakhtiyari, who was born in Iran and emigrated to the United States with her family as a pre-teen didn't need orthodontics when she was a child. "We didn't have McDonald's where I was born or any preservatives in our food," she says. "My mom cooked and we ate a lot of vegetables. When I was a child, they gave us a big bucket of milk and an apple for a snack. We had four kids in the home and none of us needed orthodontics. I look at my cousins who were growing up here in the United States and they all needed orthodontics. I talk to every child who visits my office about how devastating white sugar is. People need to understand all of this before it's too late and they have children suffering from asthma, sleep apnea, snoring and the like. I want children to have a fuller, happier life."

Case one

Case one is of a female, 14 years old. Diagnosis: Class II, division I dental symptoms and class II skeletal symptoms: severe migraine, ringing in the ears, eye pain. Diagnosis after treatment: Class I dental and skeletal symptoms almost all relieved.



Profile view before



Profile after



Full smile



Full smile



Lateral view in occlusion



Lateral view in occlusion



Frontal view in occlusion



Frontal view in occlusion

A life much like the one she had as a child. Dr. Bakhtiyari thanks her parents, Faramarz and Fatemeh, for their love and encouragement in her educational endeavors.

ACHIEVING DIPLOMATE STATUS

Dr. Bakhtiyari has seen a lot of progress in her profession during the past decade. When she started her orthodontics education in the mid-1990s, fewer dentists were using the functional jaw orthopedics approach she embraces. Now, thousands of dentists nationwide do.

To earn the coveted diplomate status from the International Board of Orthodontics, Dr. Bakhtiyari was asked to complete many rigorous requirements. For example, she did an orthodontics fellowship, completed more than 300 hours of orthodontics education, and presented dozens of cases for

review. She also wrote and defended a thesis focused on the benefits of the twin-block dental appliance; she worked with her husband, Hoss Sadeghi, M.D., Ph.D., an anesthesiologist, to document the benefits for children. Then, she had to pass a rigorous final examination.

Dr. Bakhtiyari has never been afraid to express a dissenting opinion, especially on dental topics, about which she feels so passionately. For instance, she is upfront about clashing with the American Association of Orthodontics. "They teach bicuspid extraction and encourage children to wear headgear," she says. "Yet, when I attend some of these seminars today — seminars about functional jaw orthopedics — the speakers, who are orthodontists, talk about how they've thrown the headgear in the trash. They say they just didn't know there was a better way. One day, this will be the prevailing philosophy. Everyone will

Case two

Case two is of a male, 10 years, 7 months. Diagnosis: Class I, division II dental symptoms and class I skeletal mixed dentition symptoms with occasional headaches. Diagnosis after treatment: Class I dental and skeletal, no more symptoms of headaches.



Profile view before



Profile view after



Full smile



Full smile after



Lateral view in occlusion



Frontal view in occlusion



Profile view before



Frontal view in occlusion

treat kids orthopedically.”

Dr. Bakhtiyari has thousands of success stories to share from her nearly 15-year career, and she’s happy to talk shop with anyone who will listen. In her comfortable office, new and established patients alike are encouraged to thumb through a portfolio displaying striking before-and-after patient images that hint at Dr. Bakhtiyari’s outstanding results.

She’s willing to put her money where her mouth is, too, offering training and continuing education classes to others from throughout Southern California.

“I’m more than willing to teach anybody my techniques,” she says. “I’d like to teach this to every orthodontist, even the ones around the corner. My main goal is to get this information out there and for orthodontists and general dentists

to consider using these techniques. Unless you get up and go learn on your own, you don’t learn this in dental school. If you meet me in the street and ask me how something is done, I will tell you the whole story,” she says. “I want other dentists to know they can learn about this and do this. Not too many people are taking up these challenges. I studied it and am able to sit down on a one-to-one level and teach others how to care for patients.”

The office of Dr. Maryam Bakhtiyari, D.D.S., is located at 1117 Second Street in Manhattan Beach, CA. Contact her at (310) 372-6600 or visit www.ortho4mykids.com.

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