

# Exploring the relationship between tinnitus and somatosensory disorders

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## Abstract

**Aim.** This review investigates the bidirectional relationship between subjective tinnitus and somatosensory disorders, focusing on temporomandibular disorders (TMD) and cervical spine dysfunctions (CSD). It seeks to identify underlying mechanisms, evaluate therapeutic interventions, and propose directions for future research. **Materials and Methods.** The systematic review adhered to PRISMA guidelines and searched PubMed, Scopus, and Web of Science for studies using the keywords "TINNITUS" and "TMJ." Publications between October 2014 and October 2024 were considered. Eligible studies included human participants, open-access articles in English, and adult populations. Exclusion criteria encompassed case reports, animal or in vitro studies, pediatric research, and unrelated reviews. The screening process involved duplicate removal, title and abstract evaluation, and full-text analysis, culminating in selecting 26 articles for qualitative synthesis. Discrepancies during selection were resolved by consensus from the reviewer. **Conclusions.** This review highlights the

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**interconnectedness of tinnitus with TMD and CSD, emphasizing the role of somatosensory-auditory pathways. While therapeutic approaches, such as manual therapy and mandibular exercises, demonstrate potential in mitigating tinnitus symptoms, significant variability in patient outcomes underscores the need for personalized treatment. Methodological issues, including small sample sizes, heterogeneity in diagnostic protocols, and cross-sectional designs, limit the generalizability of findings. Moving forward, large-scale, longitudinal studies with multidisciplinary collaboration are essential to refine diagnostic criteria, elucidate causal mechanisms, and enhance treatment efficacy for individuals with tinnitus and associated somatosensory disorders.**

**Keywords: Tinnitus, Temporomandibular Disorders (TMD), Cervical Spine Dysfunctions (CSD), Somatosensory-Auditory Interaction, Neuroplasticity, Temporomandibular Joint (TMJ), Pain Management, Multidisciplinary Therapy, Manual Therapy, Pathophysiological Mechanisms**

## Introduction

Tinnitus, commonly called the perception of sound without an external auditory stimulus, is a complex and often debilitating condition affecting a significant portion of the adult population worldwide. It is characterized by the sensation of hearing sounds, such as ringing, buzzing, or hissing, without any corresponding external noise (1–17). These sounds can range from a mild background noise to a loud, constant disturbance, varying significantly in intensity and frequency. For many individuals, tinnitus is a persistent condition that can fluctuate over time, often becoming more pronounced in quiet environments or during moments of stress. The perception of these phantom sounds can profoundly impact an individual's quality of life, leading to difficulties in concentration, sleep disturbances, and emotional distress. Epidemiological studies indicate that its prevalence in the general adult population ranges between 10% and 15%, with an even higher incidence up to 18% in individuals over 60 (18–25). This prevalence underscores its importance as a public health issue, particularly in aging societies where the burden of tinnitus is expected to increase. Tinnitus is broadly classified into two distinct categories: objective and subjective (26–33). Objective tinnitus, a rare subtype, is audible to an external observer using specialized equipment and is often associated with vascular or muscular anomalies (3,34–40). In contrast, subjective tinnitus, the more common form, is perceptible only to the affected individual and is frequently linked to neuroplastic alterations in the central auditory system (6–8,10,41–53). These changes are thought to arise as a compensatory mechanism following damage to the peripheral auditory system, such as noise exposure, ototoxic medications, or age-related hearing loss (54–65). One intriguing feature of subjective tinnitus is its modulation by somatosensory inputs (66–77). Patients often report changes in tinnitus intensity or pitch

during neck, head, or jaw (78–83) movements. This phenomenon has increased interest in the potential relationship between tinnitus and somatosensory disorders, such as temporomandibular disorders (TMD) and cervical spine dysfunctions (CSD) (84–94). TMD involves disorders of the jaw joint and associated musculature, and CSD encompasses issues with the cervical spine, sharing complex neural pathways with auditory systems [284–296]. This anatomical and functional overlap suggests that dysfunctions in these regions may influence tinnitus perception or contribute to its onset. Despite the growing body of research exploring the interplay between tinnitus and somatosensory systems, the evidence remains inconsistent (108–114). Some studies highlight a clear association, suggesting that TMD or CSD treatment can alleviate tinnitus symptoms in certain cases (115–118). Others fail to establish a significant link, reflecting the heterogeneity of tinnitus etiology and the multifactorial nature of TMD and CSD. Consequently, these interactions' mechanisms are poorly understood, and their clinical implications remain uncertain (119–126). Given the complexity of tinnitus and its potential somatosensory connections, this systematic review seeks to comprehensively evaluate the current evidence regarding the bidirectional relationship between subjective tinnitus and symptoms of TMD and CSD (127,128). The research on the “Bidirectional Relationship Between Tinnitus and Somatosensory Disorders” was undertaken for several reasons, responding to the growing evidence of a connection between these two phenomena, previously studied separately (9,11,13,15–17,129–133). Connection Between Auditory and Somatosensory Systems: Previous studies have suggested that tinnitus is not only an auditory condition but can also be influenced by somatosensory inputs, such as those from the jaw (associated with TMD) and the neck (CSD). The research explored in depth how mechanical or postural stimulation might interact with tinnitus perception and whether these somatosensory disorders play a role in initiating or exacerbating tinnitus symptoms. Improving Therapeutic Options: Another key reason for this research is the potential to develop more targeted and multidisciplinary treatments for tinnitus (134–138). Observations that certain treatments for temporomandibular disorders (such as manual therapy or mandibular exercises) appear to alleviate tinnitus symptoms have prompted researchers to examine how combined therapeutic approaches could be more effective. Treating auditory and somatosensory aspects may lead to better clinical outcomes. Variability in Clinical Outcomes: Despite the clear link between tinnitus and somatosensory disorders, patient responses to treatments vary significantly. Research is essential to identify the underlying pathophysiological mechanisms of these interactions and how they can be addressed personalized, improving the effectiveness of treatments (121,139–143). Need for a Better Understanding of Underlying Mechanisms: There are still significant gaps in understanding the neurophysiological mechanisms behind tinnitus, particularly regarding the role of neuroplastic changes

and central sensitization (144–153). Research into the bidirectional relationship between tinnitus and somatosensory disorders could provide crucial insights into how sound perception is influenced by physical factors such as postural alignment or muscle tension. By synthesizing existing research, identifying gaps in knowledge, and highlighting methodological limitations, the review aims to clarify the nature of these associations. Furthermore, it proposes future research directions to enhance understanding and improve clinical management strategies for individuals affected by this challenging condition (154–160)..

## Materials and Methods

The literature search encompassed three significant databases: PubMed, Scopus, and Web of Science, using the keywords “TINNITUS” and “TMJ” to identify relevant studies published between October 2014 and October 2024. Specific inclusion and exclusion criteria were applied to ensure a focused and high-quality analysis. The review included studies conducted on human participants, written in English, openly accessible, and focusing on adult populations. On the other hand, case reports, animal or in vitro studies, reviews, articles unrelated to the topic, and studies involving pediatric populations were excluded from consideration. The data processing stage began with the identification of articles. The predetermined criteria guided the selection process, and disagreements were resolved through discussion among the reviewers. This rigorous approach ensured the inclusion of studies most relevant to the research question.

## Discussion

Several studies have highlighted the association between TMD and otologic symptoms, including tinnitus (161–166). Research indicates that individuals with TMD often experience tinnitus at higher rates than the general population (140,143,167–170). Tinnitus severity has also been linked to the presence of bruxism, stress, and psychological discomfort, suggesting a multifactorial nature of the relationship (56,171–179). Painful TMD conditions, in particular, are strongly associated with tinnitus symptoms, and there is evidence that addressing TMD-related pain may alleviate tinnitus (28,180–185). Dysfunction of the masticatory muscles, anatomical abnormalities, and alterations in the temporomandibular joint (TMJ) structures are proposed as contributing factors (92,186–190). Structural changes, such as those involving the petrotympanic fissure, may predispose individuals with TMD to tinnitus by altering auditory pathways or introducing somatosensory inputs that interact with auditory processing (29,84,84,184,191,192). These findings underline the importance of further exploring the anatomical and physiological links between TMD and tinnitus (87,193–201).

### *Therapeutic Approaches*

Interventions targeting TMD symptoms have demonstrated promising outcomes for managing

tinnitus, particularly in cases with a somatosensory component (202–208). Manual therapy, mandibular exercises, and functional education programs have been shown to improve both pain and tinnitus-related distress (209–213). Additionally, the initial severity of tinnitus has been identified as a significant predictor of treatment outcomes, emphasizing the need for personalized and multidisciplinary treatment plans (214–220). Comparisons of different therapeutic strategies reveal that combined approaches, such as manual therapy integrated with patient education, yield better outcomes in reducing pain and tinnitus intensity (221–225, 328,329). After these treatments, improvements in the mandibular range of motion and quality of life further support their effectiveness (226,227). However, these findings also highlight the variability in patient responses, necessitating further research to optimize intervention protocols (228–236).

### *Pathophysiological Mechanisms and Multidisciplinary Approaches*

The mechanisms underlying the relationship between TMD and tinnitus remain complex and multifaceted (237–244). Neuroplastic changes, somatosensory-auditory interactions, and anatomical factors are all implicated (245–251). For instance, the position of the mandibular condyle and its proximity to auditory structures may influence the perception of tinnitus [274–283]. Additionally, the role of central sensitization and the modulation of auditory signals by somatosensory inputs are key areas of interest (263–271). Evidence supports the integration of dental, physiotherapeutic, and psychological interventions in managing tinnitus with somatic components (252,272–282). Multidisciplinary approaches have been found to improve outcomes by addressing the interconnected nature of somatosensory and auditory dysfunctions (3,4,27,283–290). These strategies are particularly beneficial in cases where tinnitus perception is modulated by head or jaw movements (34,54,54,291–298).

### *Study Limitations and Future Directions*

Despite significant progress, many studies in this field are limited by small sample sizes, lack of control groups, and cross-sectional designs, which restrict the ability to assess symptom progression over time (35,95,247,299–306). Additionally, heterogeneity in diagnostic criteria and the absence of standardized audiometric assessments complicate the comparison of findings across studies (306–310). Future research should address these limitations by employing larger, longitudinal studies with uniform diagnostic protocols (50,311–316). Exploring the effects of targeted interventions on TMD and tinnitus symptoms could provide valuable insights into causal relationships and effective treatments (317). Collaborative efforts between audiologists, dentists, and physiotherapists will also be essential to develop comprehensive management strategies (95,318–327).

## Conclusions

This narrative review explores the bidirectional

relationship between tinnitus and somatosensory disorders, particularly TMD and CSD. The findings emphasize the significant role of shared neural pathways and somatosensory-auditory interactions in modulating tinnitus perception. Tinnitus is often influenced by somatosensory inputs, such as jaw or neck movements, which underscores its association with TMD and CSD. Therapeutic interventions for TMD, including manual therapy, mandibular exercises, and functional education programs, show promise in alleviating tinnitus symptoms, particularly in cases with a somatosensory component. These treatments reduce pain, improve mandibular range of motion, and enhance the overall quality of life. Personalized and multidisciplinary approaches that integrate dental, physiotherapeutic, and psychological care are particularly effective in addressing the multifaceted nature of tinnitus. However, variability in patient responses highlights the need for individualized treatment plans.

Despite these promising insights, the current body of research is limited by several methodological challenges. Small sample sizes, the absence of control groups, and heterogeneity in diagnostic criteria hinder the generalizability of findings. The lack of standardized audiometric assessments further complicates comparisons across studies. Future research should prioritize more extensive, longitudinal studies with uniform diagnostic protocols to clarify causal mechanisms and refine therapeutic approaches. Exploring the role of neuroplastic changes, central sensitization, and anatomical factors, such as mandibular joint proximity to auditory structures, will enhance understanding.

Additionally, investigating the effects of combined interventions, such as manual therapy and psychological support, could improve clinical outcomes. Collaborative efforts among audiologists, physiotherapists, dentists, and psychologists are essential for developing comprehensive management strategies. By addressing these research gaps, the field can progress toward more effective diagnostic tools and personalized treatment protocols, ultimately improving the quality of life for individuals affected by tinnitus and associated somatosensory disorders.

### Abbreviations:

Cervical spine dysfunctions (CSD)  
Temporomandibular disorders (TMD)  
Temporomandibular Joint (TMJ)

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### Conflicts of Interest

Authors declare no conflict of interest.

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