Homeopathic therapy for sleep bruxism in a child: Findings of a 2-year case report

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ABSTRACT

Bruxism is a sleep disorder characterized by grinding and biting of teeth with multifactorial etiology, resulting in deleterious effects on teeth, periodontium, and temporomandibular joint. There is a lack of scientific evidence evaluating the effectiveness of medicines in treating this parafunction. The present case report was drafted under the rules of CARE checklist. An 8-year-old male patient with sleep bruxism and associated symptoms received a combined homeopathic therapy of *Phytolacca decandra* 12c and *Melissa officinalis* 12c for 2 months. After this period of combined homeopathic therapy, the bruxism and associated symptoms completely disappeared. After 2 years of clinical follow-ups, the patient had no recurrences. The use of homeopathic therapy was successful and should be seen as an alternative to treat sleep bruxism and its associated symptoms in children.

KEYWORDS: Children, homeopathy, sleep bruxism

Introduction

Bruxism is a sleep disorder characterized by biting and teeth grinding.[1-8] Its etiology is currently classified as primary, when it is not related to a detectable cause or sociopsychological problem and/or medical association, and secondary, when it is related to sociopsychological or medical conditions regarding the movements of limbs of other sleep disorders associated with bruxism.[3]

Bruxism usually causes detrimental effects on the surfaces of teeth, which may affect the periodontal tissue and temporomandibular joint (TMJ) in particular myofascial pain.[3] It is a parafunction, with a prevalence of 14%-20% that affects children from both genders.[3] Although it has been extensively studied, there is no scientific evidence about the effectiveness of the current therapies, such as the use of medicines or psychological treatment.[1-4] Among the homeopathic medicines used to treat sleep bruxism, *Phytolacca decandra* 12c and *Melissa officinalis* 12c are the most commonly used.[5] The first is indicated for grinding and biting of teeth and the second is indicated for anxiety.[5] Although these homeopathic medicines are used to treat sleep bruxism in children,[5] there is no support in the dental literature for their effectiveness when used in a combined way. In this sense, we aimed to report a long-term effect of *P. decandra* and *M. officinalis* as a combined homeopathic treatment for sleep bruxism in a child.

Case Report

An 8-year-old male patient (SBS) attended the Pediatric Dentistry Department of the Dental School at Federal University of Rio de Janeiro, Brazil, for

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dental treatment with the primary complaint of sleep bruxism as reported by his parents. After anamnestic evaluation, the patient showed no relevant medical history; he presented nail biting habit in hands and feet as well as parasomnias (nightmares, restless sleep of the legs, snoring, and irregular sleep). Extraoral examination showed symmetrical face, short upper lip and everted lower lip, and no TMJ dysfunction signs. Intraoral examination showed occlusion mixed dentition, Angle Class II malocclusion, satisfactory oral hygiene, no cavities, but wear on occlusal/incisal of the following teeth: 54, 53, 63, 64, 74, 73, 83 and 84 [Figure 1].

Referred to a homeopathic dentist, the patient received the following repertorization: biotipology (balanced sulfuric); diathesis (lymphatic); and moody (shy, sly, silent, cries when crossed, being aggressive). Based on the findings, the treatment prescribed for bruxism was a daily use of three tablets of *P. decandra* 12c, 30 min before sleep. In addition, a rigid occlusal bite plate was indicated to avoid the teeth wear. The parents consented to the treatment. Moreover, they received a journal and were asked to record the child’s behavior during sleep.

After 44 days of treatment, the patient showed no side effects, and parents reported improvements on grinding of teeth and nail biting; however, nightmares had increased and the child often slept on his parents’ bed. Therefore, we added three tablets of *M. officinalis* 12c to the treatment. After 15 days of treatment, the sleep disorder symptoms disappeared completely.

Treatment was discontinued after 2 months, and after a 2-year follow-up, no recurrence of symptoms was identified. The patient remains on a 6-month preventive appointment program and will receive orthodontic treatment for interception of Angle Class II malocclusion.

**Discussion**

There is no scientific evidence regarding the ideal treatment for sleep bruxism. In addition, the results on the effectiveness of a drug therapy are inconclusive since some drugs present side effects and cannot be used continuously. In this sense, the search for a therapy that combines prolonged use without side effects is perfectly justified, as performed in the presented case.

The occlusal bite plate was indicated only to avoid tooth wear and to diminish the load on the TMJ. This artifact does not completely eliminate the load and does not prevent or cure bruxism as mentioned by Dylin. However, although the use of rigid occlusal bite plates was not efficient in reducing the signs of bruxism the authors opted to put a plate in this case because the tooth wear was serious.

Other point that has to be emphasized is time. One could think that time could improve bruxism in the child included in the present case report. According to Saadia, the end shape of the glenoid cavity occurs with the first permanent molar eruption and with masticatory stimulus. Thus, bruxism that occurs in this stage of life can be considered a transitional physiological event, mainly due to the referred immaturity up to 6 years old. Therefore, since the patient included in the present case report was 8 years old at the beginning of the treatment, the authors believe that time did not influence the stoppage of the tooth grinding.

Homeopathy is a healing system that makes use of natural substances that relieve symptoms of the body by restoring it and consequently improving the general health. In addition, it is accessible, sustainable, and safe, even for children, because it can be controlled as long as necessary, with no side effects. Our case report showed that therapeutic setting and monitoring were adjusted according to the patient’s symptoms to obtain good results and an improvement of his quality of life. Although the prescription of *P. decandra* 12c close to bedtime improved the patient’s grinding, it also resulted in more episodes of nightmares; thus, the introduction of *M. officinalis* 12c was necessary to restore sleep, eliminating completely other symptoms such as nail biting and parasomnias.

Therefore, this case report motivated us to develop a randomized, controlled clinical trial with Brazilian children belonging to a public school of Dentistry at Federal University of Rio de Janeiro, Brazil, in which the effectiveness of homeopathy in the bruxism treatment is being evaluated.

**Conclusion**

There are no drug treatments on bruxism that combines the continuous use of a medicine with no side effects in the literature. Therefore, dentists should use complementary health practices as homeopathy, since it represented a successful natural therapy for the child included in the present case report.

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**Conflicts of interest**

There are no conflicts of interest.
References