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## Mini Review

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# Homoeopathic Therapy for Bruxism

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## Introduction

In this important and excellent review and expert consensus, bruxism is cited as one of the pathophysiological factors that can lead to cement cracks in the dental area [1]. As drug-based and homoeopathic treatment approaches have not been addressed, we would like to briefly refer to the current study situation based on evidence-based medicine [2, 3]. As part of a systematic review of the effectiveness of individualised homoeopathy for sleep disorders in children and adolescents, we found four randomised placebo-controlled trials (RCTs) and one observational trial with a before-and-after setting, including a placebo-controlled RCT with a crossover setting [3].

## Method

We would like to draw attention to the bruxism study by Tavares-Silva et al. 2019 [4], as this study meets the criteria of evidence-based medicine, allowing us to recommend, given the high prevalence of bruxism in children and adults [5, 6], that individualised homoeopathic treatment of bruxism be considered as a means of reducing the risk of tooth enamel damage.

## Results

### Homoeopathic therapy

The authors examined 52 children (including 25 girls) with a mean age of 6.6 years (range 5-12 years) with indications of sleep-related bruxism. In the evening, 5 globules of the preparation

'Mellissa officinalis 12C' (= 'CH12', group 1) or 'Phytolacca decandra 12 C' (group 2) or Mellissa + Phytolacca (group 3) or placebo (group 4) were administered for 30 days. After washout phases of 15 days each, the groups were randomly switched so that each child was assigned to all 4 groups once (= 4 x 30 days of treatment). The severity of bruxism was assessed daily by the parents (scale 0 to 10). In addition, a sleep diary and a standardised anxiety scale were evaluated. Side effects were documented in the sleep diary. Laboratory tests (HPLC chromatography and mass spectroscopy) were also carried out to examine and declare the active ingredient content of the preparations.

Melissa officinalis 12C had a significantly stronger effect on the severity of bruxism than Phytolacca decandra 12C ( $p = 0.018$ ). The combined administration of both agents did not improve this effect. Mellissa officinalis 12C narrowly missed significance compared to placebo (decrease in bruxism severity by  $2.36 + 0.35$  vs.  $1.72 + 0.29$ ;  $p = 0.05$ ; visual scale 1 to 10), which in our view could also be due to the relatively small group size, so this question should be investigated further in studies.

At the very least, Melissa officinalis 12C appears to be a suitable candidate for the homeopathic treatment of bruxism in children. In 2017, Tavares-Silva et al. reported on an 8-year-old boy with sleep-related bruxism, which had completely disappeared after 2 months of treatment with both of the above preparations; there was no recurrence within the following 2 years [7].



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Mourao et al. reported on 60 patients with bruxism aged between 18 and 60 who were treated conventionally for 6 months with interocclusal acrylic plates and additional homeopathic therapy (N=30, Cimex lectularius and Matricaria chamomilla) or with plates and placebo (N=30). Unfortunately, only a conference report is available for this study, which states that the homeopathic treatment was effective and could be considered as a complementary therapy for pain relief and to prevent tooth damage as a result of bruxism [8].

### Therapy with classical pharmacological dosage

*Melissa officinalis* (15 drops of a 20% tincture twice daily for 30 days vs. placebo; N=24 children aged 5 to 10 years, including 11 girls) was mentioned in a systematic review as one of the treatment options for sleep-related bruxism in children [9]. However, with regard to EMG activity, no significant differences were found in this study between the high-dose lemon balm juice tested here [9].

### Conclusion

These data indicate that future studies should examine whether homeopathic dilutions of *Melissa officinalis* are effective in treating bruxism, especially since the methodological groundwork for testing the effectiveness of homeopathic treatments according to evidence-based medicine criteria is already in place [3, 10, 11].

### Acknowledgement

None.

### Conflicts of Interest

The authors declare that there are no conflicts of interest.

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