RESEARCH ARTICLE



Open Access

Herbal Remedies for Sleep Bruxism in Children

Deepa Gurunathan¹, Nivedhitha MS², Joyson Moses³, Mebin George Mathew⁴, Mahesh Ramakrishnan⁵

¹PhD Scholar, Department of Pediatric and Preventive Dentistry, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai - 600 077, Tamilnadu, India, Email: <u>deepag@saveetha.com</u>

²Professor, Department of Conservative Dentistry and Endodontics, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai - 600 077, Tamilnadu, India, Email: <u>nivedhitha@saveetha.com</u>

³Professor, Department of Pediatric and Preventive Dentistry, Thai Moogambigai Dental College and Hospital, Mogappair, Chennai, India Tamilnadu, India, Email: <u>joysonmoses@gmail.com</u>

⁴Senior Lecturer, Department of Pediatric and Preventive Dentistry, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai - 600 077,

Tamilnadu, India, Email: mebingeorgem.sdc@saveetha.com

⁵Reader, Department of Pediatric and Preventive Dentistry, Saveetha Dental College and Hospitals, Saveetha Institute of Medical and Technical Sciences, Saveetha University, Chennai - 600 077, Tamilnadu, India, Email: <u>mahesh@saveetha.com</u>

ABSTRACT

Bruxism is an oral habit consisting of involuntary rhythmic or spasmodic nonfunctional gnashing, grinding, or clenching of teeth, unlike chewing movements of the mandible, that leads to occlusal trauma. The use of herbal medicine, as one element of complementary and alternative medicine, is increasing worldwide and the herbal management of bruxism is in its nascent stage. Herbal therapy is a natural substance that relieve symptoms of the body by restoring it and consequently improving the general health. Aroma oils lower heart rate and blood pressure, are antiinflammatory, analgesic, antispasmodic, induce sleep, strengthen blood vessels, or prevent nerve damage .This article looks into the various treatment and adjunct herbal management of bruxism in children

ARTICLE HISTORY

Received October 20, 2020 Accepted November 14, 2020 Published December 11, 2020

KEYWORDS

Herbal, remedies, children.

INTRODUCTION

Bruxism is an oral habit consisting of involuntary rhythmic or spasmodic nonfunctional gnashing, grinding, or clenching of teeth, unlike chewing movements of the mandible, which may lead to occlusal trauma[1]. Bruxism has two distinct circadian manifestations: it can occur during sleep sleep bruxism) (indicated as or during wakefulness (indicated as awake bruxism) [2]The most dangerous form of this pathology is night bruxism, which has a psychoemotional and occlusal origin. If untreated, it leads to damage of the teeth, periodontium and oral mucosa, pathology of the muscles constituting the masticatory system, headache and cervical pain, temporomandibular, and hearing disorders [3].Although bruxism is not a life-threatening disorder, it can influence the quality of human life [1,3]

The number of patients seeking treatment because of temporomandibular disorders and oral parafunctions is increasing, which may confirm a correlation between these conditions and a growing number of chronic stressors in highly developed societies. The prevalence of these problems is seen to be higher in the younger population [4]. Bruxism can lead to dental wear, jaw muscle pain and fatigue, and temporal headaches, and in some severe forms can compromise oral functions such as chewing, speaking, and swallowing [5]. However, no direct relationship has been observed between the type of bruxism, the severity, and the presence of additional clinical signs and symptoms. In fact, it has been reported that patients with frequent sleep bruxism are less prone to complain about fatigue and pain in the masticatory muscles than the patients with fewer masticatory events per night[6]. The diagnosis of sleep bruxism is usually based on an interview, clinical examination, and objective polysomnography. The most common method for diagnosing bruxism in children is parental reports of grinding the teeth. However, detection is often impeded by a lack of prior knowledge regarding bruxism [2,4]

Clinical studies suggest that stress is the main reason for patients to seek medical advice. This is also confirmed by the large number of medicines used in order to treat stress related problems in western countries such as antidepressants, anxiolytics, and hypnotics, which decrease arterial blood pressure and the level of cholesterol [7,8]. The use of herbal medicine, as one element of complementary and alternative medicine, is increasing worldwide. The herbal management of bruxism is in its nascent stage[9]. The aim of this article is to review herbal strategies which can be used for sleep bruxism

Prevalence of Sleep Bruxism

Epidemiological studies showed that bruxism can be seen in all age groups but more common in the young population [10-12]. The literature reports prevalence rates of bruxism in children ranging between 14% and 20% while in adults ranging between 6% and 8% and it decreases with age. [13] Fonseca found the prevalence to be 15.29%[11] whereas Serra Negra found the prevalence to be as high as 35.3% [12] Some researchers report that bruxism is more prevalent in boys [10]

Management of Sleep Bruxism

In the absence of a causal treatment, the management of bruxism focuses to prevent progression of dental wear, reduce teeth grinding sounds, and improve muscle discomfort and mandibular dysfunction in the most severe cases. Counselling and behavioral strategies, splint therapy, medications, and contingent electrical stimulation have shown heterogeneous results. [1,4,8,9]

Sleep hygiene measures

The treatment of sleep bruxism usually begins with counselling of the patient with regard to sleep hygiene.[14-16] This includes stop smoking and drinking of coffee or alcohol at night, limit the physical or mental activity before going bed, and ensure good bedroom conditions[18-21]

Splint therapy

Occlusal splints have been considered as the firstline strategy for preventing dental grinding noise and tooth wear in primary sleep bruxism. In general, the design of the device is simple, covers the whole maxillary or mandibular dental arch, and is well tolerated by the patient. [22-29]. However, its efficacy reducing the number of masticatory episodes per hour of sleep seems to be transient, with a maximal effect observed during the first 2 weeks , and returning to baseline after longer periods of use [30-32].

Contingent electrical stimulation

In the last years, contingent electrical stimulation (CES) has reappeared in an attempt to reduce the masticatory muscle activity associated to sleep bruxism. The rationale for CES consists in the inhibition of the masticatory muscles responsible of bruxism[8,9] applying a low-level electrical stimulation on the muscles when they become active, i.e. during the bruxism episode. Two experimental studies have applied CES in patients with signs and symptoms of sleep bruxism and myofascial pain, and found a reduction of the EMG episodes per hour of sleep while using CES, but with no changes in pain and muscle tension scores [5,12]

Pharmacological therapy

Most of the drugs investigated for treating sleep bruxism were used in experimental studies of small sample size and in which the effects were solely evaluated after very short treatment periods using the medication.[33-36] Mohamed et al. reported the first RCT evaluating amitriptyline (used during 7 days) in a group of patients with sleep bruxism and temporomandibular disorder symptoms, and found no changes in pain reports and in the nocturnal masseteric muscle activities with the therapy.[37] Other pharmacological therapies such as bromocriptine and propranolol have also been investigated, but again failed to show positive results[40]

Herbal Options

Among the herbal medicines used to treat sleep bruxism, Phytolacca decandra 12c and Melissa officinalis 12c are the most commonly used. The first is indicated for grinding and biting of teeth and the second is indicated for anxiety. Although these herbal medicines are used to treat sleep bruxism in children, there is no support in the dental literature for their effectiveness when used in a combined way [9,41]

Herbal therapy 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.[10] In addition, it is accessible, sustainable, and safe, even for children, because it can be controlled as long as necessary, with no side effects.[10] Therapeutic setting and monitoring adjusted according to the patient's symptom results in improvement of quality of life along with herbal therapy. Although the prescription of P. decandra 12c close to bedtime improves the patient's grinding, it has also resulted in more episodes of nightmares; thus, the introduction of M. officinalis 12c will also be necessary to restore sleep, eliminating completely other symptoms such as nail biting and parasomnias. [9]

The use of aromatherapy is a popular approach to treat bruxism symptoms and urges. The best essential oils for teeth grinding include lavender, roman chamomile, ylang-ylang, juniper berry, and peppermint [32-37]

Some common properties found in these oils lower heart rate and blood pressure, are antiinflammatory, analgesic, antispasmodic, induce sleep, strengthen blood vessels, or prevent nerve damage [9].Essential oils can't replace a mouthguard but will help alleviate pain and tension. [42]. Hence any of the above mentioned techniques will need to be used in combination for best results.

There are no drug treatments on bruxism that combine the continuous use of a medicine with no side effects in the literature. Hence the use of complementary medicine like herbal therapy can help in treating sleep bruxism

REFERENCES

- 1. Lavigne GJ, Rompre PH, Poirier G, Huard H, Kato T, Montplaisir JY. Rhythmic masticatory muscle activity during sleep in humans. J Dent Res 2001;80(2):443–8.
- 2. Lobbezoo F, Ahlberg J, Glaros AG, et al. Bruxism defined and graded: an international consensus. J Oral Rehabil 2013;40(1):2–4.
- Waldman HB, Cannella D, Perlman SP. Do you consider complementary and alternative medicine in your medical history review? J Mass Dent Soc 2010;59:24-6
- 4. Manfredini D, Lobbezoo F. Role of psychosocial factors in the etiology of bruxism. J Orofac Pain. 2009;23(2):153–166.
- Tan EK, Jankovic J, Ondo W. Bruxism in Huntington's disease. Mov Disord. 2000;15(1):171–173
- 6. Rompré PH, Daigle-Landry D, Guitard F, Montplaisir JY, Lavigne GJ. Identification of a sleep bruxism subgroup with a higher risk of pain. J Dent Res. 2007;86(9):837–842
- Landry-Schönbeck A, de Grandmont P, Rompré PH, Lavigne GJ. Effect of an adjustable mandibular advancement appliance on sleep bruxism: a crossover sleep laboratory study. Int J Prosthodont. 2009;22(3):251–259.
- Lavigne GJ, Soucy JP, Lobbezoo F, Manzini C, Blanchet PJ, Montplaisir JY. Double-blind, crossover, placebo-controlled trial of bromocriptine in patients with sleep bruxism. Clin Neuropharmacol. 2001;24(3):145–149.
- Silva CT, Primo LG, Mangabeira A, Maia LC, Fonseca-Gonçalves A. Homeopathic therapy for sleep bruxism in a child: Findings of a 2year case report. J Indian Soc Pedod Prev Dent 2017;35:381-3
- 10. Serra-Negra JM, Paiva SM, Seabra AP, Dorella C, Lemos BF, Pordeus IA. Prevalence of sleep

bruxism in a group of Brazilian schoolchildren. Eur Arch Paediatr Dent. 2010;11(4):192–195.

- 11. Fonseca CM, Santos MB, Consani RL, Santos JF, Marchini L. Incidence of sleep bruxism among children in Itanhandu, Brazil. Sleep Breath. 2011;15(2):215–220.
- 12. Manfredini D, Restrepo C, Diaz-Serrano K, Winocur E, Lobbezoo F. Prevalence of sleep bruxism in children: A systematic review of the literature. J Oral Rehabil. 2013;40:631–42
- Machado E, Dal-Fabbro C, Cunali PA, Kaizer OB. Prevalence of sleep bruxism in children: a systematic review. Dental Press J Orthod. 2014;19(6):54–61.
- Krishnamurthy, A., Sherlin, H. J., Ramalingam, K., Natesan, A., Premkumar, P., Ramani, P. and Chandrasekar, T., Glandular Odontogenic Cyst: Report of Two Cases and Review of Literature, Head & Neck Pathology, 2009, 3(2):153-158.
- 15. Danda, A. K., Comparison of a Single Noncompression Miniplate Versus 2 Noncompression Miniplates in the Treatment of Mandibular Angle Fractures: A Prospective, Randomized Clinical Trial, Journal of Oral and Maxillofacial Surgery, 2010, 68(7):1565-1567.
- 16. Danda, A. K., Tatiparthi, M. K., Narayanan, V. and Siddareddi, A., Influence of Primary and Secondary Closure of Surgical Wound After Impacted Mandibular Third Molar Removal on Postoperative Pain and Swelling-A Comparative and Split Mouth Study, Journal of Oral and Maxillofacial Surgery, 2010, 68(2):309-312.
- 17. Vijayakumar, G. N. S., Devashankar, S., Rathnakumari, M. and Sureshkumar, P., Synthesis of electrospun ZnO/CuO nanocomposite fibers and their dielectric and non-linear optic studies, Journal of Alloys and Compounds, 2010, 507(1):225-229.
- Sajan, D., Lakshmi, K. U., Erdogdu, Y. and Joe, I. H., Molecular structure and vibrational spectra of 2,6-bis(benzylidene)cyclohexanone: A density functional theoretical study, Spectrochimica Acta Part a-Molecular and Biomolecular Spectroscopy, 2011, 78(1):113-121.
- 19. Gopalakannan, S., Senthilvelan, T. and Ranganathan, S., Modeling and Optimization of EDM Process Parameters on Machining of Al 7075-B4C MMC Using RSM, In: Rajesh, R., Ganesh, K. and Koh, S. C. L. (eds), International Conference on Modelling Optimization and Computing, Amsterdam: Elsevier Science Bv, 2012, pp. 685-690.
- 20. Krishnan, V. and Lakshmi, T., Bioglass: A novel biocompatible innovation, Journal of Advanced Pharmaceutical Technology & Research, 2013, 4(2):78-83.

- 21. Neelakantan, P., Grotra, D. and Sharma, S., Retreatability of 2 Mineral Trioxide Aggregatebased Root Canal Sealers: A Cone-beam Computed Tomography Analysis, Journal of Endodontics, 2013, 39(7):893-896.
- 22. Putchala, M. C., Ramani, P., Sherlin, H. J., Premkumar, P. and Natesan, A., Ascorbic acid and its pro-oxidant activity as a therapy for tumours of oral cavity - A systematic review, Archives of Oral Biology, 2013, 58(6):563-574.
- Devi, V. S. and Gnanavel, B. K., Properties of concrete manufactured using steel slag, In: Xavior, M. A. and Yarlagadda, P. (eds), 12th Global Congress on Manufacturing and Management, Amsterdam: Elsevier Science Bv, 2014, pp. 95-104.
- 24. Kavitha, M., Subramanian, R., Narayanan, R. and Udhayabanu, V., Solution combustion synthesis and characterization of strontium substituted hydroxyapatite nanocrystals, Powder Technology, 2014, 253:129-137.
- 25. Lekha, L., Raja, K. K., Rajagopal, G. and Easwaramoorthy, D., Schiff base complexes of rare earth metal ions: Synthesis, characterization and catalytic activity for the oxidation of aniline and substituted anilines, Journal of Organometallic Chemistry, 2014, 753:72-80.
- 26. Lekha, L., Raja, K. K., Rajagopal, G. and Easwaramoorthy, D., Synthesis, spectroscopic characterization and antibacterial studies of lanthanide(III) Schiff base complexes containing N, O donor atoms, Journal of Molecular Structure, 2014, 1056:307-313.
- 27. Mohan, M. and Jagannathan, N., Oral field cancerization: an update on current concepts, Oncology Reviews, 2014, 8(1):13-19.
- 28. Sahu, D., Kannan, G. M. and Vijayaraghavan, R., Carbon Black Particle Exhibits Size Dependent Toxicity in Human Monocytes, International Journal of Inflammation, 2014, 2014:10.
- 29. Neelakantan, P., Cheng, C. Q., Mohanraj, R., Sriraman, P., Subbarao, C. and Sharma, S., Antibiofilm activity of three irrigation protocols activated by ultrasonic, diode laser or Er:YAG laser in vitro, International Endodontic Journal, 2015, 48(6):602-610.
- 30. Parthasarathy, M., Lalvani, J. I. J., Dhinesh, B. and Annamalai, K., Effect of hydrogen on ethanol-biodiesel blend on performance and emission characteristics of a direct injection diesel engine, Ecotoxicology and Environmental Safety, 2016, 134:433-439.
- 31. PradeepKumar, A. R., Shemesh, H., Jothilatha, S., Vijayabharathi, R., Jayalakshmi, S. and Kishen, A., Diagnosis of Vertical Root Fractures in Restored Endodontically Treated Teeth: A Time-dependent Retrospective Cohort Study,

Journal of Endodontics, 2016, 42(8):1175-1180.

- 32. Dhinesh, B., Bharathi, R. N., Lalvani, J. I. J., Parthasarathy, M. and Annamalai, K., An experimental analysis on the influence of fuel borne additives on the single cylinder diesel engine powered by Cymbopogon flexuosus biofuel, Journal of the Energy Institute, 2017, 90(4):634-645.
- 33. Eapen, B. V., Baig, M. F. and Avinash, S., An Assessment of the Incidence of Prolonged Postoperative Bleeding After Dental Extraction Among Patients on Uninterrupted Low Dose Aspirin Therapy and to Evaluate the Need to Stop Such Medication Prior to Dental Extractions, Journal of Maxillofacial & Oral Surgery, 2017, 16(1):48-52.
- 34. Govindaraju, L., Neelakantan, P. and Gutmann, J. L., Effect of root canal irrigating solutions on the compressive strength of tricalcium silicate cements, Clinical Oral Investigations, 2017, 21(2):567-571.
- 35. Patil, S. B., Durairaj, D., Kumar, G. S., Karthikeyan, D. and Pradeep, D., Comparison of Extended Nasolabial Flap Versus Buccal Fat Pad Graft in the Surgical Management of Oral Submucous Fibrosis: A Prospective Pilot Study, Journal of Maxillofacial & Oral Surgery, 2017, 16(3):312-321.
- 36. Wahab, P. U. A., Nathan, P. S., Madhulaxmi, M., Muthusekhar, M. R., Loong, S. C. and Abhinav, R. P., Risk Factors for Post-operative Infection Following Single Piece Osteotomy, Journal of Maxillofacial & Oral Surgery, 2017, 16(3):328-332.
- 37. Mohamed SE, Christensen LV, Penchas J. A randomized double-blind clinical trial of the effect of amitriptyline on nocturnal masseteric motor activity (sleep bruxism) Cranio. 1997;15(4):326–332.
- 38. Jeevanandan, G. and Govindaraju, L., Clinical comparison of Kedo-S paediatric rotary files vs manual instrumentation for root canal preparation in primary molars: a double blinded randomised clinical trial, European Archives of Paediatric Dentistry, 2018, 19(4):273-278.
- 39. Menon, S., Devi, K. S. S., Santhiya, R., Rajeshkumar, S. and Kumar, S. V., Selenium nanoparticles: A potent chemotherapeutic agent and an elucidation of its mechanism, Colloids and Surfaces B-Biointerfaces, 2018, 170:280-292.
- 40. Wahab, P. U. A., Madhulaxmi, M., Senthilnathan, P., Muthusekhar, M. R., Vohra, Y. and Abhinav, R. P., Scalpel Versus Diathermy in Wound Healing After Mucosal Incisions: A Split-Mouth Study, Journal of Oral and Maxillofacial Surgery, 2018, 76(6):1160-1164.

- 41. Rajendran, R., Kunjusankaran, R. N., Sandhya, R., Anilkumar, A., Santhosh, R. and Patil, S. R., Comparative Evaluation of Remineralizing Potential of a Paste Containing Bioactive Glass and a Topical Cream Containing Casein Phosphopeptide-Amorphous Calcium Phosphate: An in Vitro Study, Pesquisa Brasileira Em Odontopediatria E Clinica Integrada, 2019, 19(1):10.
- 42. Dagli N, Dagli R, Mahmoud RS, Baroudi K. Essential oils, their therapeutic properties, and implication in dentistry: A review. J Int Soc Prevent Communit Dent 2015;5:335-40