



# TCM Acupuncture in a Patient with Bruxism: A Case Report

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## Background

- **Purpose: To report on a case of Jane Doe with Bruxism treated with TCM (Traditional Chinese Medicine) style acupuncture**
- Bruxism affects 8 – 31 % of adults
- According to western medicine there is no cure , only symptom relief and/or protection of dental damage possible



## Narrative

- Jane Doe, a cis-gendered white female age 33, suffering on and off from bruxism since a traumatic event of a violent nature in her late teens.
- Currently under a lot of stress working/FT school 6 days/week plus female partner going through IVF
- Local points
  - 2 that were most sore on palpation
    - Limited to 2 points to not overwhelm patient because pain associated with past trauma
- Distal points:
  - Pick points that apply to more than 1 of diagnostic patterns present
  - on channels associated with local pain
  - Associated with underlying TCM patterns of Qi Stagnation and Blood Stasis
  - Help patient stay grounded and to not be overwhelmed with emotional and physical symptoms because symptoms associated with past trauma
  - Empirical point for tight connective tissue
  - 1/week treatment frequency used because pain associated with past trauma
    - To help patient physically and emotionally adjust at her own pace

## Timeline

**Treatment 1** - Jaw pain 8/10 - both fatigue + constant muscle tightness. After treatment - R side especially 9/10. Tight jaw + neck on palpation. Bruxism started with traumatic event in late teens. Acupuncture points. YINTANG, TW.17-B SI.17-B LI.4-B GB.34-B SP.6-B LR.3-B

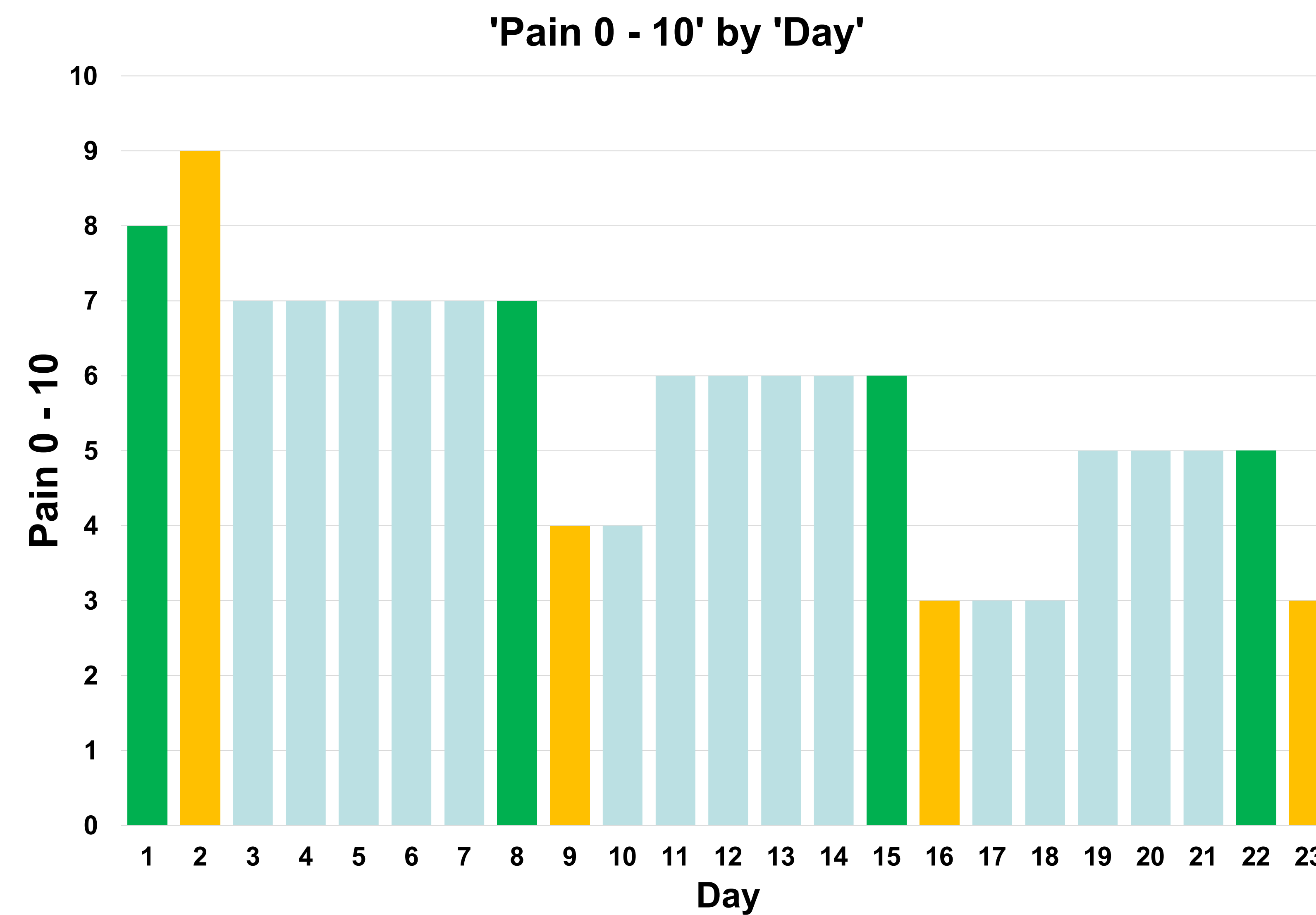
**Treatment 2** - Very tired after last visit. Pain 7/10 two days after last treatment. Today 7/10, 4/10 after acu. Noticed breathing easier for 2 days. Homework was to play guitar. Did it and felt better. EX.YINTANG, TW.17-B SI.17-B LI.4-B GB.34-B SP.6-B LR.3-B, CV.4

**Treatment 3** - No breathing changes this week. Noticed touching jaw less. Talked about stress of working/school 6 days/week. Pain 6/10 by end of week + today. 3/10 after treatment. EX.YIN\_TANG- TW.17-B SI.17-B LI.4-B GB.34-B SP.6-B LR.3-B CV.4

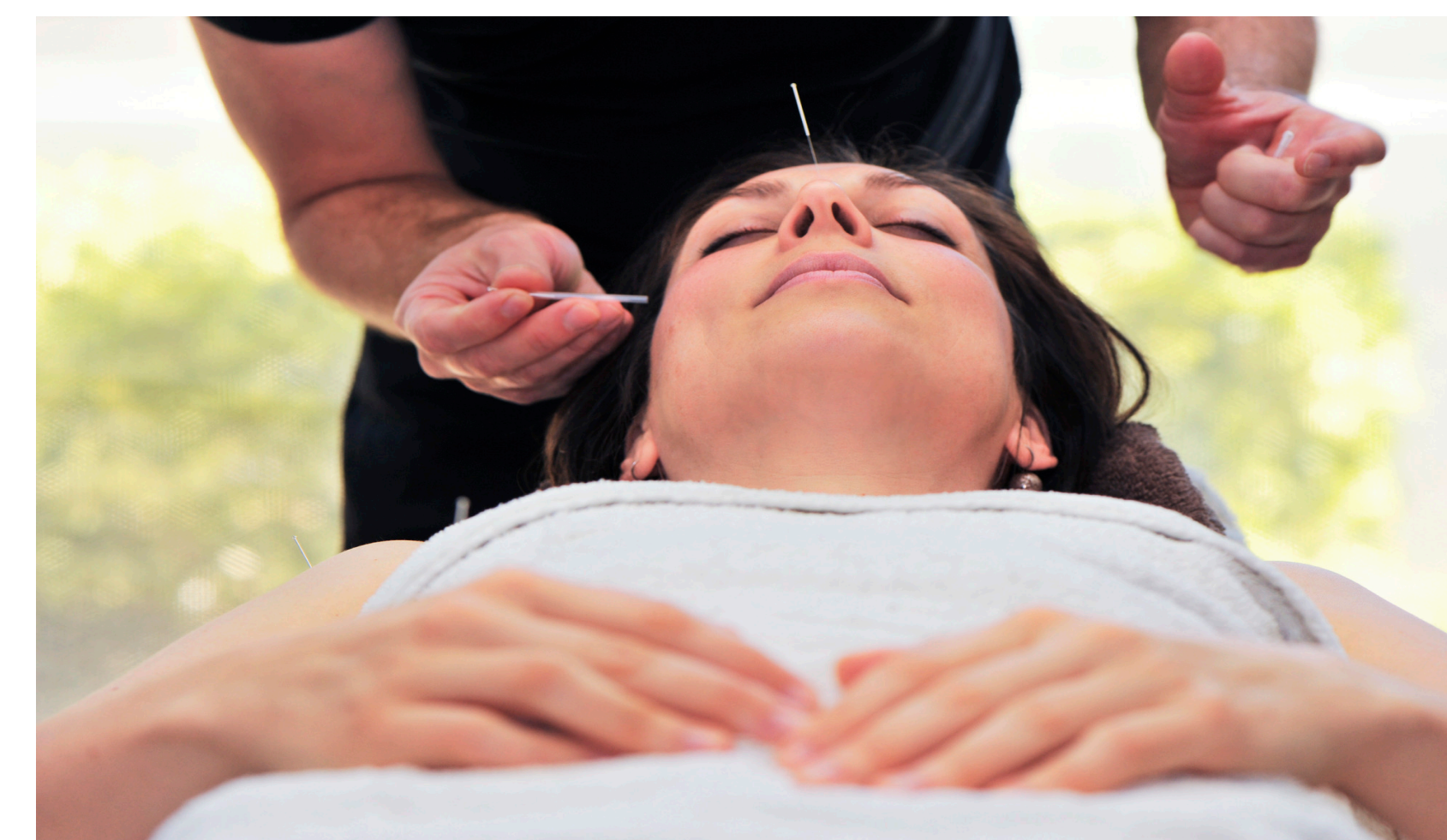
**Treatment 4** - Pain 5/10 during week + visit day. 3/10 after acu. Talked again about holding her stress in her jaw + link to previous trauma. Talked about stress of her partners fertility procedures. EX.YIN\_TANG- LI.4-B GB.34-B SP.6-B LR.3-B CV.4- ST.6-B ST.7-B

## Outcomes

FIGURE 1. Jane's daily pain scores 0 – 10



Treatment Days: 1, 8, 15, 22  
Day After Treatment: 2, 9, 16, 23



## Perspective

- Pattern of Jane's pain scores typical of what we see in clinic
- Pain increases slightly from initial presentation after first treatment if patient has not received acupuncture for this in for at least 1 month (8/10 to 9/10 for Jane)
- Pain then recedes to a level lower than initial presentation after the initial treatment bump (7/10)
- Pattern then is for pain to decrease after treatment and then to increase through the week until next treatment (7/10 to 4/10 to 6/10, 6/10 to 3/10 to 5/10, 5/10 to 3/10)
- That Jane's pain looked like it was leveling out at 3/10 means that is likely the lowest level of we will achieve for her long term



## Discussion

- Value of whole person care and the need to at least touch on (within scope of practice) what happened around initial onset of pain
  - Included here is homework and discussion centred around helping the patient see how own their own attitudes and behaviours affect their current symptoms
- Limitation of NPRS (Numerical Pain Rating Scale) to patient in expressing her own experiences and value she received from the treatment
  - Being able to breath easier, better sleep, feeling more relaxed and calm, the immeasurable value to her of being able to better recognize and express her own emotions, improved overall sense of well-being
- Further research possibilities: comparing whole person trauma informed care to just physical treatment, longer course of treatment, other styles of acupuncture to TCM acupuncture

## Conclusions

- TCM style acupuncture with whole person trauma informed care can be not only be an effective way to treat bruxism but can also use the patients symptoms as a tool to achieve a patient reported better overall quality of life in general.

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