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40-year-old female presenting with chronic bruxism, menorrhagia and digestive issues successfully treated with sacro occipital technique methods and eye movement desensitisation reprocessing: A case report

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Introduction: A 40-year-old female presented with chief complaint of bruxism (temporomandibular joint disorder – TMD), menorrhagia and digestive issues since childhood that had been treated by a variety of therapies including spinal manipulation, diaphragm release, naturopathy, homeopathy, Neuro Emotional Technique, and Nambudripad Allergy Elimination Technique. None of these therapies had a lasting effect on presenting symptoms. Sacro occipital technique (SOT) analysis showed category two presentation with significant restriction in the diaphragm and pseudohiatal hernia as well as multiple distortions in the cranium and teeth #18 and #27. After correction of these patterns her mouth guard was determined to be recreating the distortion of the cranium and she stopped using it.

The patient was effectively treated with SOT focused on category two correction, diaphragm release and cranial corrections, however relief would not last more than a few days. The same subluxation findings occurred over 16 visits in a four-month period with no lasting resolution. Further exploration of the patient's mental status showed symptoms of Post Traumatic Stress Disorder (PTSD). The patient agreed to undergo a treatment of Eye Movement Desensitisation Reprocessing (EMDR).

Methods: The patient underwent 2 EMDR sessions. Chiropractic analysis was done before and after each session. Chiropractic adjustments were made as indicated after each session. There was a visit in-between the two EMDR sessions where a chiropractic correction was made. EMDR was done with bilateral tactile input through the hands at patient's preferred settings. As defined in traditional EMDR protocols, focus was on cognitions, emotions and somatic sensations around trauma.

Results: On the day of the first session of EMDR, the patient presented with the same category two, diaphragm and cranial-dental indicators. The reprocessing of the trauma was incomplete at the end of the first session and chiropractic analysis was repeated. All chiropractic findings before the session were gone after the first session and a new finding of atlas subluxation was presented and corrected.

The patient displayed the same atlas finding at the next chiropractic visit which did not include EMDR. The atlas was corrected. The patient returned for another EMDR session the next visit and pre-EMDR treatment chiropractic analysis displayed the same atlas finding. Reprocessing was completed and post-reprocessing chiropractic analysis showed elimination of any subluxations and restoration of motion to the cranium.

continued

concluded

The patient was tracked over a 6-month period with no recreation of any subluxation findings or symptoms she presented with. This included being under periods of high stress. She was treated for gallbladder dysfunction with Chiropractic Manipulative Reflex Technique (CMRT) and was co-managed with a naturopath with symptom relief when the patient was compliant with her care plan.

Conclusion: Chronic sacroiliac joint problems can present a challenge to the SOT practitioner. This case presented with concurrent symptoms of PTSD. Cases of bruxism chronic category two TMD cases should be checked for underlying emotional factors that may be contributing to their condition and referred to a licensed mental health professional when not responsive to chiropractic techniques.

Indexing terms: Chiropractic; sacro-occipital technique; SOT; PTSD; TMD; bruxism; EMDR

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