A CASE OF DYSARTHRIA

B. N. PRANESHA RAO

Mr S., aged 33 years reported to the clinic on 7-3-1967 with a complaint of misarticulation from childhood. The case felt that the tonsils operation that he underwent at the age of 5 might have caused the problem. Mothertongue of the case is Tamil and he knows English, Hindi and Sanskrit. He is a graduate. He has six siblings and there was no family history of speech or hearing defects or any other illnesses. No significant prenatal history except instrumental delivery. Other milestones of development were reported to be normal. The case underwent tonsils operation at the age of 5 and tongue tie operation at the age of 7. Otolaryngological examinations revealed scarring and contraction of soft palate, scarring and retraction of tonsils, and chronic lymphoid hyperplasia of pharynx with no unusual infection of upper respiratory tract. Neurological examinations revealed normal reflexes. No abnormalities were noted with regard to the functions of higher centers and cranial nerves except for a slight paresis of orbicularis oris and pharyngeal muscles. Hemiatrophy of the tongue on right side was also noticed. It was diagnosed as residual traumatic birth injury. There was no hearing loss and psychological examinations revealed no specific problems relevent to the defect.

Speech evaluation disclosed severe unintelligible speech. For many sounds he substituted g. All retroflex sounds were defective and the case claimed that he could not produce them at all. The pitch, and loudness of voice was normal. There was a slight nasality. The tip of the tongue was not mobile. All consonants he tried seemed to be gutteral. He distorted č, $č^h$, y, y^h in a similar pattern and also s and s. He substituted n for n and misarticulated the retroflex sounds t, t^h d, d^h and there was lack of breath pressure while articulating them. He misarticulated t^h, d, 1, and 1 and d were heard as $_g$ and d_g respectively. In brief it could be said that except vowels and consonants all the other consonants were misarticulated. Severity was so much that he hesitated to talk to the people. He was also of the opinion that he cannot get back his speech.

The case attended the clinic regularly for *2½* months for session of 30 minutes therapy each. The therapy started with the correction of 1 sound. Tongue exercises to increase mobility of the tongue were given. Phonetic placement, visual and kinaesthetic clues were provided. He was asked to do the exercises at home in front of a mirror. The case was exposed to the descrimination of 1 and }, and t and d etc. The case was kept well motivated and he gradually gained confidence at each stage of his success in the movement of the tongue in

Mr B. N. Pranesha Rao was an Internee at the A.I.I.S.H.

the right direction. Integral stimulation was the basic technique. He used to complain occasionally of some uneasiness and pain in the tongue after exercises. However this was neither constant nor prolonged. Key words on some of the sounds such as ɖ, l, ʈ were elicited and the sound was contrasted with other words. Then the sounds were worked at phrase and small sentences level. A passage containing the corrected sound was used at the end to establish and measure the carryover from word level. Most of the time, in this case, nonsense syllables were found to be more useful for drilling and to elicit proper articulation. It was difficult to get them in isolation. The case was asked to talk to different people at the Institute and it gave him an opportunity to talk to different persons and it also gave us a measure of his success. At the time of voluntary discharge the case could articulate all sounds except the retroflex sounds, correctly in all positions, in running speech under control in the clinic. He had always complained of not finding any opportunities to talk outside the clinic. Follow up study indicated that the case had continued to hold on to the improvement gained. However, running speech without control was not as good as speech under control. The case plans to attend some more therapy.