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Disruption in the mechanism of swallowing takes place when the 50 pairs of muscles and nerves in your throat stop functioning effectively

BY MANU MOUDGIL

When you just CAN'T swallow

ALL OF US take the process of eating for granted: Biting, chewing and swallowing seem to be almost involuntary reactions. So imagine how miserable life would become if you couldn't swallow for some reason. A disruption of the mechanism of swallowing is known as dysphagia, and this can occur at any age and stage of your life, though it is more common in elderly people. Symptoms include pain while swallowing, choking or coughing while eating, a sensation of food getting stuck in your throat or chest or behind your breastbone. This may result in unexpected weight loss and recurrent pneumonia

WHY IT HAPPENS

WHEN you swallow, your tongue pushes food to the back of your throat and muscle contraction quickly moves food through your throat. Next, it moves into the tube that connects your throat to your stomach. Circular bands of muscles open every time you swallow to let food pass, then quickly close. In all, it takes about 50 pairs of muscles and nerves to accomplish the simple act of swallowing. The problem can arise with these muscles anywhere from the mouth to the stomach in the swallowing mechanism.

Several conditions can lead to dysphagia, primarily strokes, traumatic head or spinal cord injuries, meningitis, head, neck or throat cancers and their treatment, degenerative neurological conditions like Parkinson's disease and Multiple Sclerosis. Dysphagia may also occur as a result of muscles that have been weakened by age.

The impairment of the muscles in this region is not the only cause of this problem. Disorders of the brain can also create problems with swallowing. The brain is unable to direct the muscle movements that allow food to move from the mouth to the stomach. This is what happened to Inderjeet Sodhi last September after he suffered a severe brain stroke. This resulted in paralysis of the right side of his body and Sodhi was also unable to swallow. "I could not even swallow my own saliva. I used to carry a box with me in which to spit after ever few minutes. A tube was inserted into my nose to support feeding," the 58-year-old recalls.

CHILDREN ALSO SUFFER

CHILDREN generally suffer from it when they have brain abnormality like cerebral palsy which affects movement of their muscles. Another cause of dysphagia among children is a cleft lip. "In cleft lip, the lips aren't completely functional and the tongue also shrinks. This makes the swallowing process difficult for children and treating the cleft lip also cures dysphagia," says Dr Jyoti Baia, senior physiotherapist, Sir Gangaram Hospital.

Besides bringing about a drastic lifestyle change, dysphagia can cause serious threat to one's health. Aspiration pneumonia, which occurs when food enters your lungs instead of stomach, malnutrition, dehydration, weight loss, and airway obstruction are common with people suffering from dysphagia. In severe conditions, if not resolved, it may lead to death also.

"Early detection and treatment of dysphagia in patients who have sustained a stroke is very critical since it may result in pneumonia and cause death," says Dr

Alakananda Banerjee, HOD physiotherapy, Max Super Speciality Hospital.

TREATMENT REGIMENS

TRADITIONAL methods to treat dysphagia include conventional speech therapy and oral exercises, besides altering the position of the head while eating to facilitate swallowing.

"There is no medicine for dysphagia so patients have to depend on exercises and electric stimulation," says Dr Hitesh, occupational therapist, Max Super Speciality Hospital. Thermal stimulation involves application of ice to the throat area.

Alterations in diet are used therapeutically to improve the efficiency and safety of swallowing. "Techniques are taught

to the patients and their family members to enable them to swallow. For instance the angle of the head which best facilitates swallowing is taught and the diet is altered to enable a patient to obtain the maximum nutrition from a minimal intake," says Dr Hitesh.

In most moderate to severe cases a feeding tube is necessary to provide nourishment to the patients. Tubes, can, how-

ever, cause infections and cannot be kept inserted for too long.

MOUTH EXERCISES HELP

MOUTH exercises and electric stimulation called Vitalstim therapy have helped Inderjeet Sodhi get rid of his feeding tube. He can now swallow saliva and solid as well as semi-solid food. Though the time taken by him to eat and swallow has doubled since his problem began, the improvement is significant. "Yesterday I had *chappatti* with *dal* after eight months. Though my favourite butter chicken is still a dream, doctors say it won't take more than a month before I am able to eat it again," says Sodhi.

Vitalstim therapy, also used by Sodhi, involves small electrical currents to stimulate the muscles responsible for swallowing. "The signal that the brain can't send to the muscles is transmitted through these small currents instead. The current stimulates the swallowing nerves in the throat. Trained specialists also help patients re-educate the muscles through rehabilitation therapy," explains Dr Hitesh.

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FIRST AID FOR CHOKING

IF YOU notice someone who has a problem swallowing or choking on food, take immediate action. If the person is coughing forcefully and is able to speak, this is a partial airway obstruction. So encourage him to cough until the obstruction is cleared. Do not give fluids as these may take up space needed for the passage of air.

Someone who cannot answer by speaking has a complete obstruction and needs emergency help. Abdominal thrusts or "Heimlich manoeuvre" should be attempted. This is a thrust that creates an artificial cough forceful enough to clear the airway. Here's how to perform the manoeuvre:

- Stand behind the person
- Form a fist with one hand
- Place fist below ribcage, thumb inward
- Hold the fist with other hand
- Keep arms off ribcage
- Give four inward and upward thrust
- Repeat till the object is ejected

