

Dysphonia: Brenda Gets Her Speech Back **Brightside, February,** **2016** **By Dr. Derek Conte**

<https://www.nlm.nih.gov/medlineplus/ency/images/ency/fullsize/1074.jpg>

Brenda was referred to our office by Angie, at THE HERB SHOP, on South Cobb Drive, in Smyrna (Angie, like her mother, Pat, is a very gifted iridologist and herbalist). Brenda was escorted by her niece, who did all the talking. At first, I thought Brenda was just a shy, quiet type as she nodded to me with acknowledgement and spoke with her eyes. It wasn't until I began the interview that I realized Brenda couldn't make intelligible speech.

When I asked her questions she tried to answer, but her tongue rolled uncontrollably around her mouth as her lips attempted to form the words. I suspected a stroke might be to blame. I couldn't understand her at all so I relied on her niece to translate and discovered that over the past year, Brenda was experiencing worsening neck and throat spasms that tightened her vocal cords to the point that the only sound she could produce was that of a scratchy whisper (the vocal cords must be relaxed in order for them to vibrate properly). The poor control of the tongue when speaking was another problem, so I asked Brenda to move her tongue without speaking: up, down, right and left, and point her tongue straight out, she was able to do so perfectly. This meant the cranial nerve (CN XII) that controls movements of the tongue was unaffected. Brenda also could not write legibly and when reading, she said, "the words don't make sense".

These symptoms were pointing to a problem with integration of the movements governed by the cerebellum, located in the bottom rear portion of the brain as well as other areas, known as Broca's and Wernicke's areas, located near the temple and behind the ear, respectively (see illustration).

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Brenda had previously sought help and had had an MRI with no particular defects observed. Stroke was ruled out, as was Parkinson's. Brenda was then diagnosed with "cervical dystonia", a movement disorder causing involuntary back-and-forth movement of the head. She received treatment in the form of Botox injections to the vocal cords (to relax them). She showed no improvement. She was given an anticonvulsant/anti-anxiety medication called clonazepam to reduce the spasms. It did not.

Upon our examination, Brenda showed a significant postural distortion, significant weight-imbalance from right to left, and leg length unevenness of >1", face-up and face-down. The upper neck bones (C-1 and C-2 vertebrae) were markedly displaced and very painful to even a light touch. The cervical range-of-motion was severely compromised, especially when tilting the head back in extension. I felt there had been a significant trauma and asked if she'd been in an accident long ago but she couldn't remember.

We began the adjustments very conservatively, using light force, first by performing some cranial and sub-occipital releases, followed by direct adjustments to the C-1 and C-2 segments. We did this manually, using sustained pressure, and by instrument. Gradually, I could feel her body unwinding in my hands as her breathing changed. This took about five minutes.

At this point Brenda's legs balanced completely, her posture was rectified and her weight balanced out. When I asked her how she was feeling she responded clearly and I understood her for the first time. She now had more vocal resonance. I had her produce some pure vocal tones and her cords were vibrating well. She was smiling brightly and she began to cry.

By the second visit, she continued to improve vocally and was now reading with comprehension silently, yet still had trouble with reading aloud. Her writing was now legible. She was at her best in the morning, she said, when she wasn't stressed or fatigued. Brenda has had two more adjustments and continues to improve with every visit. Then, after a two week hiatus, she came in and I was stunned by how clearly and effortlessly she spoke. Brenda is now on maintenance care.

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