

Speech therapy can help spastic dysphonia

DR. GOTT



PETER GOTT, M.D.

DEAR DR. GOTT: About 10 years ago, I began noticing a problem with my speech. Specialists concluded it was spastic dysphonia. Since I've always been rather thin, could an active thyroid gland aggravate my problem? Is there a solution?

DEAR READER: Dystonia refers to an uncoordinated muscle movement during which two sets of muscles (agonist and antagonist) contract simultaneously. When these inappropriate contractions affect the vocal cords, difficulty in effective vocalization (spastic dysphonia) results. People with this harmless but embarrassing affliction are in other ways normal; however, their voices are squeaky and hoarse.

To my knowledge, thyroid disorders do not affect dysphonia, nor is

there any cause. Patients can often be aided by speech therapists. Also, the spasticity is worsened by fatigue and tension, so patients usually notice a waxing and waning of their speech difficulties.

DEAR DR. GOTT: I'm 70, have enjoyed a good wife, good food and year-round outdoor sports. A TUR several years ago took care of my daytime problems very well, but now, 1 1/2 hours after I go to bed, pressure builds up around the prostate gland with small amounts of voiding. A urologist has tried sleeping pills, medication and everything else to help. What's your advice?

DEAR READER: A transurethral resection (TUR) of the prostate gland is a technique by which a urologist removes part of the gland, using a coring-out device which is introduced through the penis. The purpose of the operation is to remove swollen prostatic tissue that blocks the bladder outlet, resulting in frequent, irregular urination and poor urinary control. Sometimes, prostatic tissue grows back to cause partial obstruction. Or scarring may form after surgery, with the same result. Thus, a TUR may not give permanent relief of

symptoms.

From your description, I conclude that you may be experiencing another round of urinary obstruction, such as caused your "daytime problems" years ago. In this case, you are unable to empty your bladder completely at bedtime, the formation of additional urine causes urgency and you must

void frequent, small amounts during the night.

A urologist should be able easily to diagnose your problem by examining the bladder opening through a lighted tube that is passed into the bladder through the penis. This is called cystoscopy and enables the specialist to

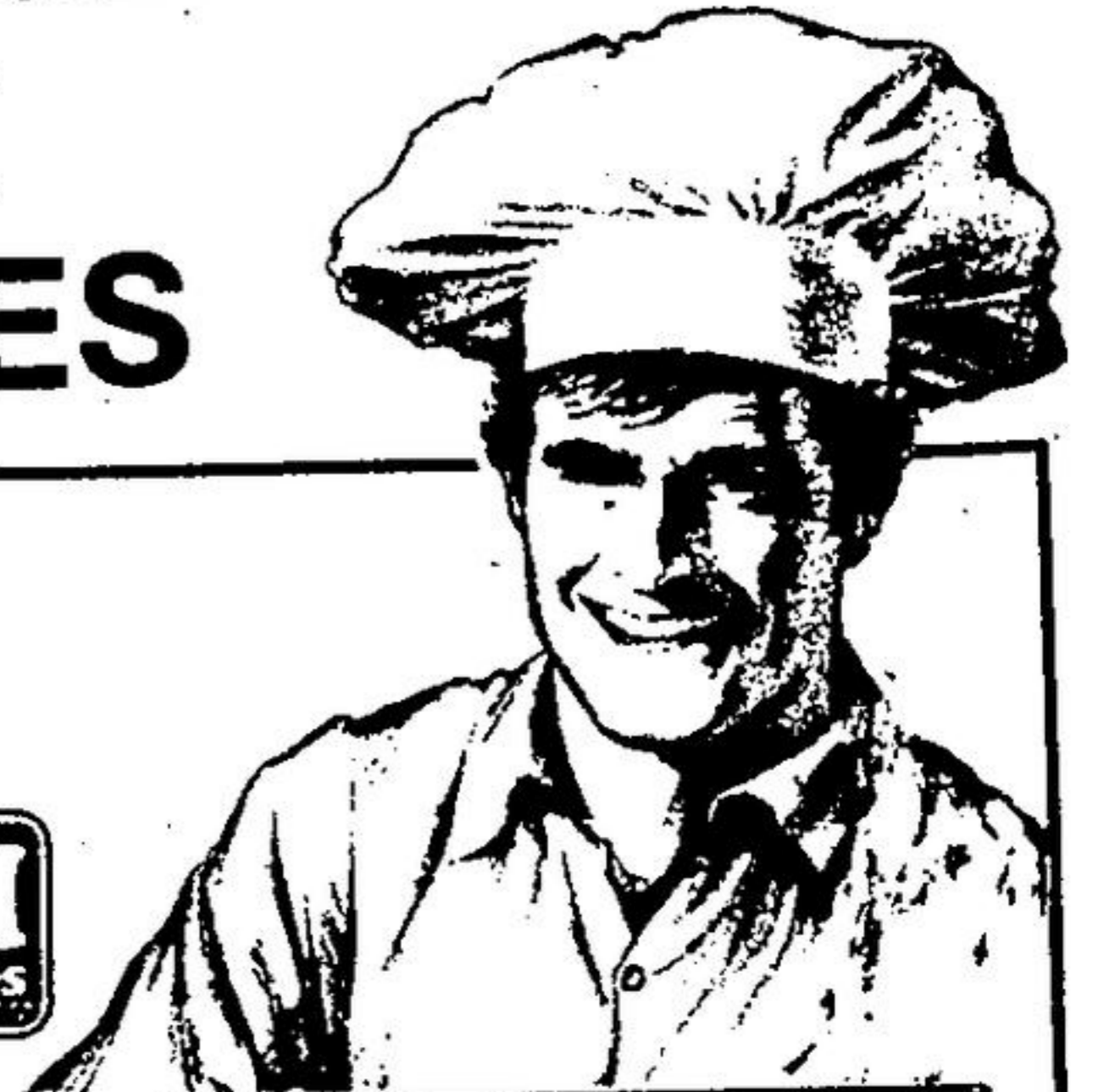
see if prostatic (or scar) tissue is causing your symptoms. Ask your urologist for referral to a colleague for a second opinion. You may need a second operation for relief.

To give you more information, I am sending you a free copy of my Health Report "The Prostate Gland."

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A: Chances are, you are doing nothing wrong. Diet Center calls these lulls in weight loss plateaus. They are a real and natural aspect of the dieting cycle. They are your body's defense against losing weight too quickly. Following are some helpful tips: Eat as much of a variety of foods as your diet allows. Such variation may help your body let go of those stubborn pounds. Drink at least eight glasses of water daily. It is one of the best ways to reduce possible water retention. Continue taking body measurements, and exercise.



KATHY HAJAS
Diet Center Counselor

Although you may not be losing pounds during a plateau, you should continue to lose inches. Attitude is important. Appreciate how far you've come instead of lamenting over the distance you've yet to go. You will achieve success. For more information, call your local Diet Center at 877-2900

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