

CODE: ABS 062

## **A COMPARATIVE CASE REPORT: GALVANIC STIMULATION, THE MENDELSON MANEUVER, AND OROMOTOR STIMULATION FOR DYSPHAGIA TREATMENT IN SUB-ACUTE STROKE PATIENTS.**

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**Background:** Dysphagia (swallowing difficulties) is a common and often debilitating condition following a stroke, particularly in the sub-acute phase (1-6 months post-stroke). Swallowing difficulties can lead to malnutrition, dehydration, and aspiration pneumonia, which contribute to poorer prognosis and reduced quality of life. Swallowing is a complex process requiring coordinated neuromuscular activity involving the oral, pharyngeal, and oesophageal phases. Stroke-related neurological damage often disrupts this coordination, resulting in impaired swallowing safety and efficiency.

**Purpose:** This case report compares three common therapeutic interventions for dysphagia in sub-acute stroke patients: Galvanic Stimulation (GS), the Mendelsohn Maneuver (MM), and Oromotor Stimulation (OMS). The goal was to assess their impact on swallowing function, aspiration risk, and quality of life.

**Method and Materials:** Three sub-acute stroke patients with confirmed dysphagia were selected to receive one of the interventions: GS, MM, or OMS. Each patient underwent a structured rehabilitation program, where patient 1 received GS, patient 2 received MM and the patient 3 received OMS and swallowing function was assessed using The Dysphagia Outcome and Severity Scale (DOSS) and Gugging swallowing Scale (GUSS) before and after 4 weeks of therapy.

**Results:** The findings of the study demonstrate that each of the three treatments resulted in improvement. In that GS demonstrated the most significant improvement in swallowing safety and oral control. MM showed benefits in reducing aspiration risk, and OMS helped in strengthening oropharyngeal muscles.

**Conclusion:** This case report highlights the potential benefits of personalized dysphagia treatments for sub-acute stroke patients and suggests that Galvanic Stimulation may be a preferred method for improving swallowing safety in severe cases.

**Keywords:** Stroke, Dysphagia, Galvanic Stimulation, Mendelsohn Maneuver, Oromotor Therapy.