

# Research and Reviews: Journal of Medical and Health Sciences

## Commentary on “Aphasia: language disorder syndromes”

Divya Jyothi Uppari

Jawaharlal Nehru Technological University, Hyderabad, Telangana 500085, India

### Commentary Article

Received: 08/05/2015  
Revised: 27/05/2015  
Accepted: 04/06/2015

#### \*For Correspondence

Jawaharlal Nehru Technological University, Hyderabad, Telangana 500085, India. E-mail: [divyauppari@rediffmail.com](mailto:divyauppari@rediffmail.com)

Keywords: Aphasia, Drugs, Brain disease

### COMMENTARY

Aphasia is associate noninheritable language disorder caused by injury to the brain. This category of language disorder ranges from having issue memory words to losing the power to talk, read, or write, however doesn't have an effect on intelligence. This additionally affects visual language like linguistic communication. Brain disease is sometimes caused by brain injury, most typically caused by stroke.

#### Expressive Aphasia

Individuals with nonfluent aphasia (also known as Broca's aphasia) were once thought to own lobe injury, although more moderen work by Semitic deity Dronkers mistreatment imaging and 'lesion analysis' has disclosed that patients with nonfluent aphasia is also littered with having lesions within the medial insular cortex. Broca analysis failed to study these lesions as a result of his studies failed to dissect the brains of pathologic patients, and so solely the lot of temporal injury was visible. in an exceedingly somewhat informative and somewhat anecdotal imaging study, Dronkers and Odile Plaisant scanned the preserved brains of Broca's original patients' non-living brains employing a non-invasive MRI scanner to re-examine the precise location of the brain injury being studied [1-13] injury to a neighborhood of the motor cortical region within the left lobe (Broca's area) is related to disruption to the flexibility to talk [14,15] people with nonfluent aphasia usually have right-sided weakness or disfunction of the arm and leg, as a result of the lobe is additionally vital for body movement.

#### Anomic Aphasia

Anomic brain disease, additionally called anomia or dysnomia, is another style of brain disease projected below what's usually called the Boston-Neoclassical model, which, in essence, may be a problem with naming. It's necessary to recollect that some level of anomia is seen altogether off the aphasias. An individual with amnesic aphasia is aware of what they need to speak however cannot realize the suitable words to try to therefore [16-20].

#### Receptive Aphasia

In distinction to motor aphasia, harm to the lobe could end in a receptive aphasia that's referred to as Wernicke's aphasia (also referred to as receptive aphasia and Wernicke's aphasia). Patients affected by Wernicke's aphasia, in contrast to Broca's aphasia patients, manufacture speech with none grammatical drawback. However, as a result of the centre, that is answerable for language comprehension, is damaged, Wernicke's aphasia patients cannot convey that means. These people typically don't have anybody weakness, as a result of their brain injury isn't close to the elements of the

brain that management movement. Each motor aphasia and/or Wernicke's aphasia additionally be|is also} in the course of visual aphasia (see also dyslexia), that is that the nonheritable inability to supply (expressive aphasia) and/or comprehend (receptive aphasia) oral communication. Visual aphasia also can go with logagraphia, the precise loss of the flexibility to supply written communication even once the mandatory motor skills appear to be intact [20-25].

### **Isolation Aphasia**

Isolation encephalopathy, typically called mixed aphasia or linguistics aphasia, could be a sort of disturbance in language talent that causes the lack to grasp what's being afore said to you or the problem in making speech with which means while not moving the power to recite what has been aforesaid and to accumulate fresh bestowed words. This sort of encephalopathy is caused by brain harm that isolates the components of the brain from different components of the brain that are to blame of speech. The brain damages are caused to left temporal/parietal cortex that spares the Wernicke's area. Isolation encephalopathy patients will repeat what others say, so they are doing acknowledge words, however they cannot comprehend which means of what they're hearing and continuance, and can't turn out substantive speech of their own.

### **Global Aphasia**

Global encephalopathy, results from harm to in depth parts of the perisylvian region of the brain. a private with total aphasia can have problem understanding each spoken and written communication and can even have problem speaking. This can be a severe sort of encephalopathy that creates it quite troublesome once communication with the individual. Additional typically times than not, the individual United Nations agency has total aphasia will say solely a couple of words or retell one acquainted word [21-25]. This implies that the shopper repeatedly says an equivalent word regardless of the question or context.

### **Progressive Aphasias**

Individuals with motor aphasia (also known as Broca's aphasia) were once thought to own lobe injury, tho' more moderen work by Semitic deity Dronkers exploitation imaging and 'lesion analysis' has disclosed that patients with motor aphasia could also be stricken by having lesions within the medial insular cortex [25-35].

### **Conclusion**

From this it can be concluded that aphasia is associate noninheritable language disorder caused by injury to the brain. This category of language disorder ranges from having issue memory words to losing the power to talk, read, or write, however doesn't have an effect on intelligence. This additionally affects visual language like linguistic communication. Brain disease is sometimes caused by brain injury, most typically caused by stroke. Brain injury coupled to brain disease may be caused by alternative brain diseases, as well as cancer, epilepsy, and Alzheimer's. Acute brain disease disorders typically develop quickly as a result of head injury or stroke, and progressive styles of brain disease develop slowly from a tumor, infection, or dementedness. The realm and extent of brain injury or atrophy can confirm the kind of brain disease and its symptoms.

## **REFERENCES**

1. McMicken BL, et al. Language Remediation in a Case of Wernickes Aphasia Post Herpes Simplex Virus Type 1 Viral Encephalitis. J Clin Case Rep 2014; 4:441.
2. McMicken BL, et al. Do You Know of Cases of Wernickeas Aphasia Post Herpes Simplex Viral Encephalitis? Commun Disord Deaf Stud Hearing Aids 2014; 2:e117.

3. Kiran S. Detecting Small and Large Fluctuations in Language and Cognitive Performance: A Longitudinal Rehabilitation Case Study. *Int J Phys Med Rehabil* 2014; 2:203.
4. Mauszycki SC, et al. A Sub-Acute Case of Resolving Acquired Apraxia of Speech and Aphasia. *Int J Phys Med Rehabil* 2014; 2:188.
5. Kautz DD and Van Horn ER. Sex and Intimacy after Stroke: Recommendations from the 2013 AHA Consensus Document. *Int J Phys Med Rehabil* 2014; S3:003.
6. Li Z et al. Unconsciousness at Emergency as a Manifestation of Hashimoto's Encephalopathy. *Bioenergetics* 2014; 3: 112.
7. Pimental PA and Gregor MM (2014) Neuropsychological Consultation in Infectious Diseases: Pathogenesis and Neuropsychological Sequelae in Herpes Simplex Encephalitis. *Journal of Neuroparasitology* 2012; 3:1-6.
8. Anthony JL et al. Development and Validation of a Brief Assessment of Preschoolers'™ Articulation. *Commun Disord Deaf Stud Hearing Aids* 2014; 2:120.
9. Gomez AMG et al. Clinical Functioning in a Cohort of Patients with Severe Mental Disorder, before and after Joining a Workplace Reintegration Program. *Brain Disord Ther* 2015; 4:159.
10. Flavia M et al. Left Tactile Agnosia Amelioration by Prism Adaptation Sustains Unilateral Spatial Neglect-Based Hypothesis. *Brain Disord Ther* 2015; 4:158.
11. Naisberg Y. Macro Biophysical Physiological Neuropsychiatry. *Brain Disord Ther* 2015; 4:157.
12. Tortolero GS et al. EEG Findings in Diffuse Lewy Body Disease and Parkinson's Disease with Dementia. *Brain Disord Ther* 2015; 4:156.
13. Sivathanu S and Sampath S (2015) Childhood Chronic Inflammatory Demyelinating Polyneuropathy – A Report of Two Cases. *Brain Disord Ther* 4:155.
14. Xie F and Ma X. Molecular Hydrogen and its Potential Application in Therapy of Brain Disorders. *Brain Disord Ther* 2015; 4:154.
15. Klingner CM et al. A Case with 7 Min Door-To-Needle-Time and an Outline of Ultrarapid Stroke Management. *Brain Disord Ther* 2015; 4:153.
16. Fang C et al. C1q as a Regulator of Brain Development: Implications for Autism Spectrum Disorders. *Brain Disord Ther* 2015; 3:152.
17. Masters A et al. Melatonin, the Hormone of Darkness: From Sleep Promotion to Ebola Treatment. *Brain Disord Ther* 2015; 3:151.
18. Wang XH et al. Impact of Deep Brain Stimulation Therapy on Autonomic Disturbances and Related Symptoms of Parkinson's Disease. *Brain Disord Ther* 2015; 4:150.
19. Hahn MK et al. Low-Dose, Off-Label Quetiapine Use, Metabolic Syndrome and Impaired Fasting Glucose in an Elderly Man: A Case Report. *Brain Disord Ther* 2015; 4:149.
20. Hori K et al. Anti-Dementia Agents are Partially Symptomatic Treatment and Partially Disease Modifying Treatment. *Brain Disord Ther* 2015; 4:148.
21. Naveed S et al. (2015) Knowledge of Amyotrophic Lateral Sclerosis (ALS) in Pharmacy Students. *Brain Disord Ther* 4:147.
22. Cirillo J and Long J. Face and Upper-Limb Reorganization in the Human Somatosensory Cortex after Spinal Cord Injury. *Brain Disord Ther* 2015; 4:e117.
23. Long J. Brain Computer Interface for Spinal Cord Injury. *Brain Disord Ther* 2014. 3:e116.
24. Paliwal PR and Sharma VK. Capsular Warning Syndrome-Better Observation or a New Disease? *Brain Disord Ther* 2014; 3:e113.
25. Bailus BJ. Variations on a Theme: Crispr Models for 15q11-Q13 Disorders and Beyond. *Brain Disord Ther* 2014; 3:146.

26. Quliti KWA. A Case Study of Partial Seizure with Secondary Generalization Induced by Clozapine in Patient with Treatment Resistant Schizophrenia. *Brain Disord Ther* 2014; 3:145.
27. Chesky K and Amlani AM. An Acoustical Analysis of the Frequency-Attenuation Response of Musician Earplugs. *Commun Disord Deaf Stud Hearing Aids* 2015; 3:127.
28. Loeb DF et al. Maternal Shared Reading with Toddlers Born Preterm and Full-Term. *Commun Disord Deaf Stud Hearing Aids* 2015; 3:128.
29. Irfana M and Sreedevi N. Tongue Dynamics in Childhood Apraxia of Speech: A Case Study. *Commun Disord Deaf Stud Hearing Aids* 2015; 3:129.
30. Chaudary B et al. Smart Cane Outdoor Navigation System for Visually Impaired Deaf-blind and Blind Persons. *Commun Disord Deaf Stud Hearing Aids* 2:125.
31. Blood GW et al. Bullying in Schools: Speech Language Pathologists Responses to Specific Bullying Incidents. *Commun Disord Deaf Stud Hearing Aids* 2014; 2:121.
32. Al-Juboori AN et al. Otitis Media with Effusion in Children: A Follow up Study in West Baghdad, Iraq. *Commun Disord Deaf Stud Hearing Aids* 2014; 2:122.
33. Yanez C et al. Cross-hatching Eustachian Tuboplasty Long Term Outcomes. *Commun Disord Deaf Stud Hearing Aids* 2014; 2:123.
34. Johansen JD et al. Effect of Counseling, Amplification and Fractal Tones in Tinnitus Management. *Commun Disord Deaf Stud Hearing Aids* 2014; 2:124.