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Features and Course of Epilepsy in the Mountain Desert Regions of The Surkhandara Region

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ABSTRACT

This article discusses the features of epilepsy in the mountainous desert areas of Surkhandarya region and how it occurs. Epilepsy is a chronic polyetiological neuropsychiatric disorder that often begins in childhood and adolescence and is characterized by paroxysmal disorders, personality changes in the emotional sphere. Therefore, the prevention of epilepsy begins in childhood, and the disease is not only a medical but also an important social problem. Knowing the clinic of epilepsy, especially to determine the extent of its onset, is necessary for general practitioners, as patients with epilepsy often consult these physicians when their initial symptoms appear. The article also describes what disease epilepsy is and the condition of the patient with it.

KEY WORDS*:* Epileptic Seizure, General Tremors, Dizziness, Adversive, Sensory, Auditory, A Gene, Hereditary, Propulsive, Minor Seizures, Paroxysmal Disorders.

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INTRODUCTION

Epilepsy is a chronic, multi-etiological, neuropsychiatric single pathogenesis, often occurring in childhood and adolescence, and with paroxysmal seizures, convulsions, and more or less is a disease that appears to occur in the individual. Although treatment of childhood epilepsy does not completely eliminate epilepsy in adults, it does reduce the frequency to some extent, and it is well known that the incidence of epilepsy is lower in adults. Therefore, epilepsy in children is an important problem not only in medicine but also in the social sphere. Knowing the epilepsy clinic, especially to determine the stage of its onset, should be known not only by neurologists and psychiatrists, but by all physicians working in the clinic, as patients with epilepsy often consult a district physician at the first appearance of its onset. There are differing views on the various manifestations of epilepsy in the Surkhandarya region. Many say that epilepsy develops from a gene, or hereditary, epilepsy, even if it is not caused by an external condition. So, it is believed that in this way it can be passed from generation to generation. It can also occur as a result of brain dysfunction, meningitis-encephalitis complications and trauma, and other causes, regardless of etiological factors. At present, the system of strict contraindications for symptomatic focal epilepsy with intergenerational epilepsy has disappeared, and a certain pattern has been identified. The name epilepsy comes from the Greek word epilepsus, which means “to cover”. The main symptom of this disease is epilepsy the older Russian name for “falling disease.” Although epilepsy is a pathological manifestation of epilepsy, it is not the only manifestation, and it is not a condition that must be present.

THE MAIN FINDINGS AND RESULTS

The clinical manifestations and duration of epilepsy can be divided into two groups according to their nature.

The first group is epileptic paroxysms that occur at the same time and are short-lived.

The second group is constant, when affected, when there is a change in the patient’s personal circumstances. We

will look at each group separately according to the symptoms. There is currently no generally accepted classification of epileptic paroxysms. Grandmal is one of the most common types of epilepsy. Signs of advances notice. Several hours or day before a major seizure is reported in the form of various functional impairments. An aura is the initial phase of an epileptic seizure, a loss of consciousness that the patient can remember and describe. This phase will be very short. The tension in the movement often ends with deep and heavy breathing.

After a seizure, the patient is unconscious for a few more minutes. Some patients get up immediately after a fall and resume their work, while others go to a deep sleep for 10-20 minutes. After a seizure, she begins to have complete amnesia.

It is known first in the process of disease development. Aspects of sleep disorders before epilepsy include:

a) Extraordinary light
b) Manifestations of fear affect
c) Disturbance of sleep duration, restlessness
d) Prolonged dreaming
e) Sometimes a transition to sleep deprivation, a state of dizziness
f) The content of dreams is stored in the memory
g) These and other dreams can be repeated regularly.

Characteristic symptoms (dreaming, walking, crying, laughing, screaming in the dream) are general tremors, dizziness, especially changes in memory. Each of these is not unique to epilepsy in a particular case, but their compatibility allows us to identify the first symptoms of epilepsy. In the early stages of epilepsy, headaches occur in many patients. However, in most patients it is not intensive and does not lead to clinical manifestations. The main difference between pre-epileptic headaches is that progression does not justify the appearance of symptoms, as is the case in the general process. There will also be no night headaches. In some patients, the headache later becomes a precursor to an epileptic seizure. The onset of epilepsy in children is two times higher than in adults, viscero-vegetative paroxysms are observed, characterized by short-term and debilitating clinical condition. Sometimes they are limited to visceral symptoms only.

Pathomorphology. In the brain of deceased patients with epilepsy:

- Dystrophic changes in ganglion cells;
- karyocytolysis, shadow cells;
- neyronofagiya;
- glial hyperplasia, disorders in the synaptic apparatus;
- swelling of neurofibrils;
- The formation of “windows” of desolation in the nerve processes, “swelling” of dendrites.

These changes are more marked in the motor area of the cerebral cortex, the sensitive area, the hippocampal gyrus, the amygdala, and the nuclei of the reticular formations. There are also residual changes in the brain associated with previous infections, injuries, and developmental defects. These changes are not specific.

I. Depending on the time of occurrence:
- Epilepsy of awakening;
- Nocturnal epilepsy;
- Generalized (can occur at any time);
- Forms that have features of both partial and generalized.

II. By localization:
- Temporal;
- Cortical;
- Occipital;
- Diencephalic, etc.

III. By age of onset of seizure:
- Forms of newborns;
- Infant;
- For children;
- Youthful.

IV. By etiology (table 1.):

Table 1. - Classification by etiological factor

1	idiopathic	- there are no evidence-based disorders of the central nervous system; - A known or possible genetic predisposition.
2	symptomatic	- known etiology and verified morphological abnormalities.
3	cryptogenic	- the reason is unknown, hidden; - the syndromes do not meet the criteria for idiopathic forms; - There is no evidence of a symptomatic nature. -Infantile spasms, etc.

- symptomatic;
- cryptogenic;
- idiopathic;

V. With mental symptoms (disorders of higher cortical functions):
- Dysphasic;
- Dysmnestic (for example, dejavu);
- Cognitive (dreaming states, disturbances in the sense of time);
- Affective (fear, anger, etc.);

- Illusions (for example, macropsia);
- Structural hallucinations (eg, music, scenes).

VI. Depending on clinical and syndromic features:

- Epilepsy with propulsive, minor seizures (common in infancy);
- With myoclinic seizures (early childhood form);
- With impulsive seizures (most often during puberty);
- With psychomotor seizures (adversive, sensory, auditory, oral seizures, fits of laughter, which can be combined with convulsions, or can proceed on their own).

VII. Depending on the factor provoking the disease (table 1.):

Table 1 - Classification according to the factor provoking the disease

1	Primary	occurs due to increased convulsive readiness of the brain, congenital or early acquired type
2	Secondary	occurs as a result of damage to GM - mechanical or infectious
3	Reflex	occurs as a result of damage to GM - mechanical or infectious

- Primary (occurs due to increased convulsive readiness of the brain, congenital or early acquired type);
- Secondary or focal (occurs as a result of damage to GM - mechanical or infectious);
- Reflex (appears due to an external stimulus, each patient may have his own: bright or flickering light, noise, smell).

VIII. The main type of seizures that determines the picture of the syndrome:

- Absences;
- Myoclonic absences.

IX. Features of the course and forecasts:

- Benign;
- Severe (malignant).

X. Symptomatic (or secondary):

- Structural defects of the brain;
- Infectious diseases;
- Mechanical damage to the head;
- Sudden withdrawal of sedatives or sleeping pills;
- Abrupt cessation of alcohol consumption;
- Negative effects on the brain in utero or during childbirth (table 2):

Table 2 - Classification of symptomatic epilepsy

1	structural defects of the brain	cyst, hemorrhage, tumor, malformations in the development of the brain, abnormalities in the structure of the GM, thrombus or rupture of a vessel causing a stroke;
2	infectious diseases	encephalitis, meningitis, neurocysticercosis and others
3	sudden withdrawal of sedatives or sleeping pills;	
4	mechanical damage to the head	bruises, TBI;
5	abrupt cessation of alcohol consumption	
6	negative effects on the brain in utero or during childbirth	(hypoxia, birth trauma, insufficient birth weight)

Cryptogenic (or “genuinic”) epilepsy is also distinguished, when there are no genetic or anatomical reasons for the onset of the disease.

XI. Types of paroxysms:

- Accompanied by convulsive paroxysms (seizures);
- Non-convulsive paroxysms.

XII. Depending on the frequency and rhythm of the seizures:

- Epilepsy with rare / frequent seizures (frequent - several times a week, rare - less than once a month);
- Epilepsy with increasing and irregular seizures.

CONCLUSION

In short, medications alone may not be completely effective in treating epilepsy. It is important for a child to lead a healthy life in the fight against the disease. The child should spend a lot of time in the fresh air. Get enough sleep on a regular basis. Proper nutrition, food should be nutritious and rich in vitamins. Spicy, salty foods are not recommended. He should not drink alcohol. It is necessary to wash before bedtime. Avoid sunlight. Exercise doesn't last long. Experience has shown that people with no information are more likely to have epilepsy. If a child is able to master the school program despite the illness, he or she will go to school, severe delays in class, and suspension in the event of an attack, which also applies to kindergarten. Adolescents with major epilepsy are recruited under medical supervision. Any useful cocktail improves brain activity, helps to combat the disease.

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