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Specific Aspects of the Course of Convulsions Syndrome in Children

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Abstract: This scientific article is about talvasa syndrome, which is common in medicine, and this syndrome is one of the most common syndromes of the nervous system, in which treatment is necessary in the daomi of long periods. The pathogenesis of the talvasa condition is complex and uneven, on the basis of which hypoxia, microcirculation disorders, isolated or diffuse brain tumors, hemorrhages as well as disorders of the metabolism occupy a large place. In the development of talvasa syndrome, asphyxia, metabolic changes are also caused by hyperthermic syndrome, and after trauma, after infectious diseases, perinatal brain damage. Currently, patients with epilepsy are increasing in European countries.

Keywords: Talvasa syndrome, drugs against talvasa, disease, seizure attacks.

Relevance of the topic. Talvasa condition is one of the most common clinical syndromes in children. According to data, 2/3 of the state of talvasa falls on children under 3 years of age. Talvasa occurs during periods of growth of children, which is due to hereditary incompatibility, adverse effects of harmful habits on the fetus and its development, the course of childbirth, the course of the postnatal period. These can directly cause seizures, seizures, or latent damage to the central nervous system. Seizures, which occur in infants ,children of early age, are divided into 2 main groups: symptomatic and epileptic. Symptomatic cramps are infectious, toxic, traumatic, diseases accompanied by substance exchange disorders, brain response, encephalytic reaction. Encephalitic reactions can often be irreversible. Therefore, it is necessary not to rush to diagnose such cases with epilepsy. Talvasa is observed in brain tumors, abscess, pathology of the vascular system (aneurysm, angiomatosis, acute disorders of cerebral circulation), congenital developmental defects of the brain, degenerative diseases, stagnant form of epileptiform syndrome. The pathogenesis of the Talvasa state is complex and not uniform, on the basis of which lies hypoxia, microcirculation disorders, isolated or diffuse brain tumors, hemorrhages. Disorders of metabolism (calcium, phosphorus, magnesium, potassium, sodium, sugar, tryptophan amino acids, hormones) occupy a large place in this. In children of early age, talvasa M is observed in cases of effective respiratory and withdrawal.

10-20% of newborns suffer from pre and perinatal brain damage (Eggers and other authors 1974), according to the Department of Neurology (nerves) of the 1st city children's hospital at the Moscow Institute of scientific investigation of Pediatrics and pediatric surgery, 6/7 patients aged 1 month to 5 years are affected in 40.3% of children, (V.P. Ginchina. 1976). Intrauterine damage in labor leads to focussed and diffuse blood clots in the brain. In its ischemic areas, atrophic, sclerotic, changes, scarring, Liming, foci distort the Liquorice, leading to hydrocephalus or diffuse talvasa. Under the influence of destructive-organic changes, talvasa ulcers in pathological foci increase, and epileptic seizures take on a chronic resistant form.

Seizures at elevated temperatures (febrile) account for 1/3 of the total number of patients hospitalized for emergency medical care. Febrile cramps are more common in children with intra-cerebral lesions who have exudative diathesis, who are born with chala and asphyxia, with body mass exceeding normal. An increase in body temperature (39-40ºC) shifts in homeostasis, blood and liquid osmotic pressure increase in membrane permeability, a brain tumor leads to febrile cramps. It develops on the Tonico-clonic, diffuse or hemitic, which is accompanied by the disappearance of the talvasa, and after an attack, sleep or drowsiness is observed. Febrile thalvases can sometimes progress from a primary thalvase reaction to epileptiform syndrome and epilepsy. A study of Sisinni and Kavane (1975) confirmed that 18% of children had febrile thalvases with epilepsy.

EEG disorders and epileptiform cramps are also observed when pyridoxine deficiency, pyridoxalphosphate vitamin B coferment biosynthesis decreases. Babies born with asphyxia will have a decrease in the amount of ATF in their blood (29.1 mg %), and even at 3-3.5 months,its amount in the blood (30.2-52.5 mg%) will be reduced. When intercurrent infections are added, ATF and energy reserves are reduced leading to decreased pyridoxalphosphate synthesis, vitamin B6, deficiency, and febrile cramps.

Tetany, laryngospasm, facial muscle tension, tonic contraction of the arms and legs (“obstetrician's arm”, approach of the big toe to eclampsia) followed by a diffuse clonic talvasa phase, lasting up to 2 minutes. Sometimes eclampsial cramps can recur and take on a snoring tone.

Until recently, tetany has been called rachitogenic spasmophilic syndrome, which occurs in children aged 3-4 months with rickets symptoms - late autumn and early spring. Disorders of mineral metabolism in rickets (hypocalcemia, often hyperphosphatemia, increased alkaline phosphatase activity) are accompanied by acidosis, in which the electrical excitability of the nerves increases.

Materials and research methods: The diagnosis of talvasa syndrome is made mainly on the basis of data on Anamnesis, pregnancy and delivery, spinal fluid tests, exoencephalography, pneumoencephalography. It is also put on the basis of a group and rhesus incompatibility of the blood of the mother and child, the formation of special antibodies in the blood and milk of the mother, an increase in the amount of Unbound bilirubin in the blood of the baby. Diagnosis-the action is poured on the basis that it is not recorded in talvasas and EEG when it is in moderation. Blood, spinal fluid, blood sugar electrolyte levels are checked. A decrease in calcium in the blood causes an increase in neuromuscular excitability and tetanic cramps. In the latent type, mechanical and electrical excitability increases. Khvostek, Lyust, Trusso, Erbo symptoms are observed based on that can also be put.

Conclusion. The tests carried out and the data collected showed that in children, talvasa syndrome and various types of talvasa are 5-6 times more common in children, especially in young children, than in adults. It is important that in children talvasa is more common in infectious diseases, when body temperature increases, when metabolism (carbohydrate, mineral) is disturbed, when the body is dehydrated, the predisposition of young children to talvasa is due to the fact that their central nervous system is not perfectly developed, when the permeability of the hematoencephalic barrier is increased.

LIST OF REFERENCES

1. Bakuns G.O., Burd G.S., Vayntrub M.Ya. i dr. Jur. Nevrologii i psixiatrii, 1995 g., t. 95, № 3, str. 41-44
2. Voronova T.A. - «Antikonvulsanti v psixiatricheskoy i nevrologicheskoy praktiki». Pod red. A.M.Veyna i S.N.Mosolova, S-P6, 1994, str. 3-30.

3. Volf P. - Jur. Nevropatologii i psixiatrii, 1993 g., № 1, str. 36- 38.
4. Eli M.J., trayrer Dj.X. Protivosudorojnaya terapiya. M., 1983 g
5. V.V.Kalinin, Ye.V.Jeleznova i dr. - Monoterapiya parsialnix form epilepsii topamaksom. Jur. Nevrologii i psixiatrii, 7, 2018 g.
6. Юлдашев, С. Ж., Ахмедова, Г. А., Ибрагимова, Э. Ф., Шукурова, Д. Б., & Арслонова, Р. Р. (2019). Роль матриксных металлопротеиназ в развитии хронической сердечной недостаточности. *Вопросы науки и образования*, (27 (76)), 47-56.
7. DR, I. A., IBRAGIMOVA, E., ABDURAKHMANOVA, Z., & ARSLONOVA, R. NEW DAY IN MEDICINE. *NEW DAY IN MEDICINE Учредители: Бухарский государственный медицинский институт, ООО" Новый день в медицине"*, (5), 13-18.
8. Арслонова, Р. Р., Шукурова, Д. Б., & Ибрагимова, Э. Ф. (2022). ОСОБЕННОСТИ ТЕРАПИИ ЭПИЛЕПСИИ У ПОДРОСТКОВ С ЙОДОДЕФИЦИТНЫМ СОСТОЯНИЕМ. *Экономика и социум*, (2-2 (93)), 546-550.
9. Xalimbetov, Y. M., Ibragimova, E. F., Arslonova, R. R., Rustamova, X. X., & Naimova, Z. S. (2020). Formirovanie molodeji v Uzbekistane kak nauchno upravlyaemыy protsess.
10. Rajabboevna, A. R., Yangiboyevna, N. S., Farmanovna, I. E., & Baxodirovna, S. D. (2022). THE IMPORTANCE OF COMPLEX TREATMENT IN HAIR LOSS. *Web of Scientist: International Scientific Research Journal*, *3*(5), 1814-1818.
11. Aslam, I., Jiyanboyevich, Y. S., Ergashboevna, A. Z., Farmanovna, I. E., & Rajabboevna, A. R. (2021). Novel oral anticoagulants for treatment of deep venous thrombosis and pulmonary embolism. *Eurasian Research Bulletin*, *1*(1), 59-72.
12. Jiyanboevich, Y. S., Rajabboevna, A. R., & Salimovna, N. Z. (2020). Study Of Anti-Inflammatory Properties Of Paranitrophenylgyoxilic Acid Thyosemicarbase. *European Journal of Molecular & Clinical Medicine*, *7*(3), 2711-2715.
13. Rajabboevna, A. R., Farmanovna, I. E., & Ergashboevna, A. Z. (2022). YOD TANQISLIGI FONIDA BOLALARDA SHAKLLANISH VA RIVOJLANISH BUZILISHLARNING O'ZIGA XOS XUSUSIYATLARI. *BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIY JURNALI*, 350-352.
14. Rajabboevna, A. R., & Suyunovich, B. E. (2023). The Significant Significance of the Medicinal Plant in Zizyphus in Lowering Blood Pressure. *Scholastic: Journal of Natural and Medical Education*, *2*(4), 169-171.
15. Baxodirovna, S. D., & Rajabboevna, A. R. (2022). GIPERTONIYA KASALLIGIDA KALTSIY KANALLARI ANTAGONISTLARINI QO'LLANILISHI. *BARQARORLIK VA YETAKCHI TADQIQOTLAR ONLAYN ILMIY JURNALI*, 485-488.
16. Murodovna, J. D., & Narzikulovna, I. D. (2023). Use of Beclometasone Dipropionate in the Treatment of Allergic Rhinitis in Pregnant Women. *Web of Synergy: International Interdisciplinary Research Journal*, *2*(4), 367-369.
17. Rajabboevna, A. R., & Murodovna, J. D. (2023). Peculiarities of the Influence of a Grub on Metabolism. *Scholastic: Journal of Natural and Medical Education*, *2*(3), 31-33.
18. Rajabboevna, A. R., Farmanovna, I. E., & Murodovna, J. D. (2022). Optimization of the Treatment Algorithm of Patients with Low Resistance to Antiepileptic Drugs Using Pharmacogenetic Tests. *Eurasian Medical Research Periodical*, *11*, 95-97.

19. Халимбетов, Ю. М., Ибрагимова, Э. Ф., Арслонова, Р. Р., Рустамова, Х. Х., & Наимова, З. С. (2020). Формирование молодежи в Узбекистане как научно управляемый процесс. *Наука и образование сегодня*, (2 (49)), 57-59.
20. Мамиров, В. А., Ибрагимова, Э. Ф., Арслонова, Р. Р., & Абдурахмонова, З. Э. (2019). Эффективность комбинированной терапии при очаговой алопеции. *Вопросы науки и образования*, (31 (81)), 52-57.
21. Юлдашев, С. Ж., Ахмедова, Г. А., Ибрагимова, Э. Ф., Шукурова, Д. Б., & Арслонова, Р. Р. (2019). Взаимосвязь между показателями системы ММП/ТИМП и функциональными параметрами сердечно-сосудистой системы при хронической сердечной недостаточности. *Вопросы науки и образования*, (27 (76)), 66-75.