

ETIOPATHOGENETIC CRITERIA AND CLASSIFICATION OF EPILEPSY

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ABSTRACT: Epilepsy has been known since ancient times. In ancient Greece and Rome, epilepsy was associated with magic and magic and was called a “sacred disease”. It was believed that the gods sent this disease to a person leading an unrighteous life, already in 400 BC. Hippocrates wrote the first treatise on epilepsy “On a sacred disease”. The greatest physician of antiquity believed that seizures were provoked by the sun, winds and cold, which altered the consistency of the brain. In the middle Ages, epilepsy was feared as an incurable disease transmitted through the patient’s breathing during an attack. At the same time, they worshiped her, since many great people, saints and prophets, suffered from epilepsy.

KEYWORDS: Head injury, brain, Epileptiform syndrome, nervous system, Epileptic disease.

INTRODUCTION

The reasons for the development of epilepsy:

1. Heredity. Seizures are a very complex reaction that can occur in humans and other animals in response to various negative factors. There is such a thing as convulsive readiness. If the body is faced with a certain impact, it will respond with convulsions. For example, convulsions occur with severe infections, poisoning. But some people may have an increased convulsive readiness. That is, they have seizures in situations when healthy people do not have them. Scientists believe that this feature is inherited. This is confirmed by the following facts:

- People who already have or have been sick with epilepsy most often get epilepsy;
- In many epileptics, relatives have disorders that are similar in nature to epilepsy: urinary incontinence (enuresis), pathological craving for alcohol, migraine;

- If you examine the patient's relatives, then in 60-80% of cases they can reveal violations of the electrical activity of the brain, which are characteristic of epilepsy, but do not appear;

- Often the disease occurs in identical twins.

It is not epilepsy itself that is inherited, but a predisposition to it, increased convulsive readiness. It can change with age, increase or decrease at certain times.

2. External factors contributing to the development of epilepsy:

- Damage to the baby's brain during childbirth;

- Metabolic disorder in the brain;

- Head injury;

- Intake of toxins into the body for a long time;

- Infections (especially infectious diseases affecting the brain - meningitis, encephalitis);

- Circulatory disorders in the brain;

- Alcoholism;

- Suffered a Stroke;

- Swelling of the brain.

THE MAIN FINDINGS AND RESULTS

As a result of these or those damages in the brain, there is a region characterized by increased convulsive readiness. He is ready to quickly go into a state of excitement and give rise to an epileptic seizure.

The question of whether epilepsy is more congenital or acquired disease remains open to date. Depending on the causes that cause the disease, there are three types of seizures:

- Epileptic disease is a hereditary disease based on congenital disorders;

- symptomatic epilepsy - a disease in which there is a hereditary predisposition, but external influences also play a significant role (if there were no external factors, then, most likely, the disease would not have arisen);

- Epileptiform syndrome is a strong external influence, as a result of which any person will have a seizure;

The main types of epilepsy:

1. Symptomatic - there is always a reason for the development of foci of pathological impulses. These can be the consequences of trauma, intoxication, tumors or cysts,

malformations, etc. This is the most “unpredictable” form of epilepsy, since an attack can be triggered by the slightest irritant, for example, fright, fatigue or fever.

2. Idiopathic epilepsy is most often generalized, and symptomatic epilepsy is partial. This is due to different reasons for their occurrence. In the nervous system, signals from one nerve cell to another are transmitted using an electrical impulse that is generated on the surface of each cell. Sometimes unnecessary excess impulses occur, but in a normally functioning brain they are neutralized by special antiepileptic structures. Idiopathic generalized epilepsy develops as a result of a genetic defect in these structures. In this case, the brain cannot cope with the excessive electrical excitability of the cells, and it manifests itself in convulsive readiness which can be at any time “capture” the cortex of both hemispheres of the brain and cause an attack.

3. With partial epilepsy, a focus is formed with epileptic nerve cells in one of the hemispheres. These cells generate excess electrical charge. In response to this, the preserved antiepileptic structures form a “protective shaft” around such a focus. Until a certain moment, convulsive activity can be contained, but the climax comes, and epileptic discharges break through the boundaries of the shaft and appear in the form of the first seizure.

4. Cryptogenic - it is not possible to accurately establish the true cause of the occurrence of uncharacteristic (untimely) impulse foci.

In the pathogenesis of epilepsy, the leading role is played by a change in the neuronal activity of the brain, which, due to pathological factors, becomes excessive, periodic. Characteristic is a sudden pronounced depolarization of neurons in the brain, which is either local and is realized in the form of partial seizures, or acquires a generalized character. Significant disturbances in the processes of thalamocortical interaction and an increase in the sensitivity of cortical neurons were found. The biochemical basis of seizures is the excessive release of excitatory neurotransmitters - aspartate and glutamate - and the lack of inhibitory neurotransmitters, primarily GABA.

CONCLUSION

In conclusion, the organization of care and the development of a system for managing patients with epilepsy is an extremely urgent problem. Today, it seems that it is more expedient to solve these issues of organizing the treatment of patients with epilepsy at the level of the administrative region, since this state structure contains all the necessary conditions for the

quick and rational implementation of the most successful developments in the provision of specialized care to the population.

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