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## DISEASES OF THE CHILDHOOD AND AND MEDICAL EVENTS WITH THEM PSYCHOLOGICAL EVENTS

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**ABSTRACT:** This article discusses the condition of conducting, complications of school-age children and neurographiological disturbances and the range of examination of medical and technical measures taken to these children.

**KEYWORDS:** Neverfiology, apathy, adamamia, hypersidine, hypipetic, affective, vegetative symptoms, central nervous systems.

### INTRODUCTION

A mentally and physically perfect child is a guarantee of family strength and stability, community stability and spiritual maturity. Yes, while each of us lives in this bright world, we see the continuation of our life in the fate of our children. We choose a suitable name for them, entrust them to good teachers and live with the dream of seeing the happiness and perfection of our lovers.

But have you ever thought that a child who gets sick a lot can put any mother in a very difficult situation? Endless doctor's appointments, searching for a good doctor, tests, medications, sick leave, and the agony of being locked inside four walls for weeks. What is the reason for the child to be sick so often? Brain injury during childhood (in the form of trauma or vascular disease) can occur in different periods of child development. Since ancient times, all injuries of the children's brain system have been divided into three periodic groups: injuries during pregnancy, during childbirth, and after childbirth:

- injuries during pregnancy cause retardation of the development of the nervous system of the fetus, which has a negative effect on the development of the fetus, especially damage to the central nervous system is complicated by retardation of the development of the brain. Symptoms of some pathological, i.e., affected organs may appear later, in the first years of a child's life, which may be a manifestation of impaired movement, speech, and mental functions.

It is related to premature birth. One of the most frequently observed complications in all types of childbirth is bleeding into the brain substance, that is, during long-term childbirths, as a result of crushing or deformation of the head, a rupture of blood vessels occurs.

As a result of a traumatic injury of the central nervous system, complex pathophysiological mechanisms appear that disturb the balance of the main nervous processes. Disturbance of blood

circulation in the brain, disruption of cerebrospinal fluid circulation, brain tumor and other types of harmful mechanisms.

After the acute period of the disease, the recovery period begins, characterized by the restoration of impaired functions. Since the recovery process of the central nervous system in children is high, brain injuries in childhood do not always lead to severe complications. However, in a number of cases, pathological symptoms observed for several years after the injury are recorded. Recurrent headaches, dizziness, vegetative-vascular symptoms, rapid fatigue, personality changes, memory impairment, and sometimes intellectual decline are among the most common symptoms. Depending on the location of the injury, the signs that appear are paresis, paralysis, aphasia, and deafness. Complications of trauma in childhood are especially manifested in changes in external conditions (for example, going to a preschool educational institution, a general secondary educational institution). Usually, in these cases, educators observe a number of specific characteristics in the child, such as excitability, temper, tendency to affect, rapid mood swings, headaches, sometimes a decrease in intelligence and retardation of speech development. In some cases, these signs cause the child to be transferred to a special (assistant) institution. Psychopathological characteristics after brain injuries in children are manifested in different forms. A number of characteristics of children's behavior are primarily reflected in their health and mastery of the school program. Some authors divide children who have experienced brain injuries into several groups. For example, prof. G. E. Sukhareva differentiates the five most frequently observed groups of children with brain injury complications.

Group 1 includes children with complications of minor injuries, and in these cases, disorders are often manifested in high fatigue, as a result of which children cannot show enough effort at work and get tired quickly.

Recommendation - disorders in this group of children have a stable character, and if the child is given a lot of attention by parents and teachers, he can recover effectively.

The 2nd group is divided into two groups, which are characterized by opposite signs in their psyche. Children with apathetic-adyndamic syndrome are included in the first group, that is, they have weak movements, mental mood, sluggish, little and slow movement. The second group includes children with opposite signs of hyperdynamic syndrome. They are excitable, active, very restless. Both groups of children have impaired work ability, decreased mental activity, and decreased self-criticism. They always absorb new material.

Children with psychopathic behavior are included in the 3rd group. After the injury, a sharp change of character is observed in them, the children become rude, angry, insensitive, and the emotional mood prevails. In them, the tendency to outbursts of affective anger is evident, interest in school and studies is lost.

Mentally retarded children are included in the 4th group - in some cases, a decrease in mental activity is observed after severe injuries, and this condition is manifested in a violation of activity, desire, attention, and memory. will come This condition is often observed in early childhood injuries.

Group 5 are children with traumatic seizures, the disease is characterized by frequent seizures. In this case, a sharp change in mood is observed, and children's moodiness and irritability are noted. Seizures lead to a decrease in mental activity, memory impairment. The ability to create new skills is weakened. During the examination of special school students, complications such as hearing and vision disorders, severe speech defects as a result of brain injuries were revealed.

Curative pedagogical measures.

In the acute period of the disease, first of all, calm and quiet conditions, control of the brain state, and drugs to control the heart activity are necessary. Psychotherapy, physiotherapy, reflexology, sedatives and narcotics are widely used in the treatment.

In open wounds, expert supervision and recommendations are prescribed.

A properly organized routine is of great importance in strengthening the neuropsychic activity of an injured child. The training load is controlled by the doctor and the teacher. In some cases, it is necessary to conduct training individually. The child needs to be provided with the help of teachers and friends. It is necessary to constantly conduct conversations with the teacher aimed at strengthening self-confidence, activity, and good mood. Light sports, games held in the fresh air, non-fatiguing activities in various manual labor circles are useful.

Most children and adolescents who have experienced a traumatic brain injury can attend public school with some assistance. In severe injuries, the problem of further education may be related to a special school. In such children, systemic headache attacks are observed as a special complication of the injury, and these pains are often associated with an increase in intracranial pressure, in such cases it is necessary to send the child to a specialist doctor immediately. These children often complain of headaches. Complications of the injury as a residual condition are often manifested in a sharp weakening of memory, which, of course, has a negative impact on the child's level of learning. During the observation of the development dynamics of such children, these memory disorders can be temporary and can be corrected during the continuous work of the teacher. Another pathological symptom is reflected in the impairment of hearing (dysgraphia) and reading (dyslexia). Forms of acoustic dysgraphia as a result of a decrease in phonemic analysis are often observed. The dictation of these children is characterized by a large number of mistakes. Changing letters and confusing them with others makes it difficult to read. In some cases, it may take several months or even several years to achieve a good result

In place of recommendation - the sacred duty and task of parents is not only to give birth to a child, but also to raise them to be highly spiritual, enlightened and mature, to create the necessary conditions for them to find their place in society independently. In the upbringing of a healthy child, the correct establishment of the spiritual environment in the family, the example and responsibility of parents are more important than ever. In this matter, there is a place for both a steadfast, selfless, patient, sometimes strict thrifty father, and a benevolent, tolerant, soft-hearted mother.

The importance of parents' pedagogical and psychological knowledge in raising a child is incomparable. Every parent is very interested in the changes in the formation and mood of their

child, but they ask themselves "how much time did I spend with my child today?" when they ask, they rarely get a satisfactory answer. In the experiments done, mainly  
It is observed that the formation of children in the period up to 6 years is related to how much time parents devote to them. It is recognized that time-out has a positive effect on the development of the central nervous system of children. Parents should put aside their daily work and devote time to their children. The time you spend with your child will increase his confidence. Because you spend time with him, it means that you are paying attention to the child. The closer your child is to you, the more he will be away from evil. If he is strongly connected with you and his family in general during his life, the problems will be reduced.

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