

THE TRANSISTOR AFTER CARDIAC ARRHYTHMIAS IS AN ISCHEMIC ATTACK OF YES-GENDER

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ABSTRACT

Neuropsychological and extended neuropsychological studies with individual analysis of the indicators of the results obtained were conducted in order to identify cognitive impairment in transient ischemic attack in patients with coronary heart disease.

Keywords: transient ischemic attack, cognitive dysfunction, gender.

Until recently, special attention was not paid to sexual factors in the diagnosis and treatment of many diseases, including the treatment and diagnosis of neurological disorders. Studies aimed at studying the effects of new drugs, which most often cause only disappointment, were conducted with men, and the features of the effects of these drugs on the body of women were overlooked. [4; pp.24-30]. In many publications, in order to preserve the "purity of research" in the surveys conducted, women were intentionally excluded from these surveys, or (women's opinions were not studied). Experiments conducted at those moments led to the conclusion that some diseases are common in men compared to women. (Mainly because men participate in the research, and women are excluded) [21; pp.67-73]. But now:

- Long-term course of the disease, severe course of the disease period or the effect of treatment, the results of which in most cases will depend on the gender of the patient.

- * Hormonal factors

- * Immune system factors

- * Factors related to the reproductive (childbearing) function of women

- * Genetic factors.

- Physical (behavioral) and social (cultural) factors (gender characteristics)

- * (Individual) personality factors

- * Factors that vary from individuals

- * Macrosocial factors[3; b.1-16, 10; b.768-769, 13; b.112-113, 12; b.673-684]

It is generally accepted that the main difference between men and women is that women have reproductive characteristics. However, the body development specific to men or women is controlled by the brain. [1; p.933-942.]. In the process of installing receptors in the brain, the characteristics characteristic of men or women in the brain differ in different ways. This, of course, will ultimately determine the difference in the work of the male and female brain. In turn, the brain determines not only the reproductive system, but also the system of development of the body of men and women. In a sense, the brain can be perceived as a sexual organ, because as a result of the development of the brain, male and female traits are nominate. Unlike sexual differentiation, brain differentiation is not secondary. The male trait in the brain can be high and low.

Changes in gender orientation, violations of socially accepted forms of sexual behavior, the consequences of Hali, remain unexplored. Thus, only the degree of differentiation of the brain (according to the characteristics of courage / latophat (masculinism /femininity)) it can not only characterize the biological characteristics of an individual's organism, but also determine the individual (socio-religious) development of an individual. [1; b.933-942.] Along with genetically determining expectations in the development of an individual, in his personality, in the formation of psychological and behavioral patterns, most often, the influence of the environment and conditions becomes large. His sexual predisposition will directly depend on the influence of socio-cultural factors. [8; p.68-29-6833 , 17; p.1255-1265]. At the same time, social norms and cultural traditions also differ for both men and women. Consequently, environmental factors affect the male and female body differently, just as biological differences in the male and female body, sociocultural norms also affect differently. In the scientific literature, the terms "gender" and "gender" are often used synonymously when defining differences between men and women. [1; p.933-942.].

Some researchers have proposed to distinguish between these two concepts, that is, to use the concept of "gender" only when thinking about the biological (genetic, anatomical, hormonal, physiological) characteristics of the body, when men have strong, large muscles, the idea of their height is accepted. More than 200 years ago, it was believed that the size and weight of the male brain stem were of significant importance. [9; p. 273-289, 7; p.336-346.] These studies confirmed that the severity of brain damage in men was significantly determined. [14; p. 93-94, 13; b.112-113]: the average ratio of the brain mass of men and women was 1:0.8. Differences were observed in the size of the developing fetal brain in the womb. The brain size of the boy's fetus is relatively large. Brain damage is associated with the length of the human neck: human height is 10 sm.ga with an increase in brain weight gain is 50-60 gr.ga was observed to increase. The growth rate when assessing the brain mass ratio is also 0.76 in women and 0.79 in men. Special modern methodological literature makes it possible to identify gender-specific features of the structure of the brain. [16; pp.256-258]. Thus, it was shown that the number of neurons in the hypothalamic nucleus of men and hajmi is 2 times greater than in women. [16; pp.256-258]. Morphometric observations provided additional data on the sexual demorphism of the cerebral cortex: – the average density of neurons in men is greater than in women ($116,500 \pm 30,667$ I $101,167 \pm 25,667$ neurons per 1 mm³, $r < 0.02$; these differences are evident in the right hemisphere – the gorge of male and female pointers corresponds to the right side. $1.18 \pm 0.11.1$ on the left side, 13 ± 0.09 , $r < 0.05$). In men, the predominance of nerve cells (quantitative) is higher in number, in animal studies was not observed. [1; p.933-942, 16; p.256-258]. The above indicates a high density and nerve tissue in the brain of men, combined with a large amount of damage and brain mass. In women, a low number of nerve cells is replaced, in women, strong nerve fibers are supplemented. In women, the blood flow rate in the cerebral cortex, the metabolic rate is much higher. 80% of glucose is used to maintain an ionic gradient across cell membranes, and dendrites make up 90% of host cells. [14; b. 93-94, 13; b.112-113]. Their shape, location and proportions have the ability to depict the most important differences in direction – three-dimensional objects or objects necessary when working with drawings. Only 25 percent of women are able to conduct appropriate tests compared to the average men. Already at school, it was noticed that boys are much better at solving mathematical problems, relationship theory, and pre-existing concepts. Among the most gifted children in mathematics, there were 13 boys for 1 girl, and the best girl had a low score of a boy, the best boy. A 15-year study of the differences in this regard has shown that it has a biological basis. Boys have good hand-eye compatibility skills when playing with a bush (ball). [14; p. 93-94, 13; b.112-113]. Men are well versed in geographical maps and play chess well. [14; b. 93-94, 13; b.112-113, 16; b.256-258]. Due to the active development of the right hemisphere of the brain in men, the high density of neurons, the connection of men with the function of the cerebral cortex, the fact that men are active from a mathematical point of view is controlled by the large right hemisphere of the

brain. However, the female brain will be more sensitive to subtle stimulation. Women perform oral tests well [14; b. 93-94, 13; b.112-113, 12; b. 607-609]. Newborn children show more interest in girls, people and facial structure, while boys are content with objects. Girls will have the ability to learn a language much earlier, read short phrases, memorize words, and write correctly. The girls' hearing will also be well developed. Nutc and other defects are more often observed in boys. (Musical hearing shows a ratio of 1:6 in boys and girls. They are very sensitive to the timbre of music, changes in the sound of music.) Differences can also be observed in vision. [1; b.933-942, 16; b.256-258]. Males have a well-developed ability to see well during the day.

Women, on the other hand, have good vision in the dark. Women have the ability to remember well what they see. In addition, they also have acute peripheral vision. Thus, women are less likely to suffer from side car accidents. From the point of view of taste, however, women are extremely sensitive to the bitter fizz there, they love sweets, and men distinguish well between salty things THERE, in general, the ability to perceive taste in women is extremely subtle. Women also have a well-developed ability to feel covid. All these registered characteristics depend to some extent on the differentiation of brain structures of men and women with anatomic functions. [1; p.933-942, 16; p.256-258]. Sexual dimorphism - in the process of studying diseases such as mental retardation, impaired learning ability, brain damage in old age, non-human ones will appear. Women are most likely to develop Alzheimer's disease in old age. Including this disease (Alzheimer's disease) is more common in women. [5; p. 1248-1250, 6; p. 660-662, 18; p.1-2.]. Cognitive impairment in Alzheimer's disease is more common in women than in men. Female relatives are more at risk of developing Alzheimer's disease than male relatives. [15; b.33-38, 19; b.213-214.]. Women have a small number of nerve cells, each of which has nerve connections and is responsible for multitasking. Therefore, women suffer more when the nerve cells of men and women are damaged (die) in the same amount. The most obvious macro- and microscopic differences in women and men are found in the left hemisphere of the brain. [16; pp.256-258]. This determines the difference in some functions in the cerebral nervous system of men and women. These features are responsible for the speech function. In men, damage to the left hemisphere of the brain is 3 times more common than in women. Skug I. According to (2004), aphasia of the call is somewhat different in the case of a cerebral infarction than in women, in men because of its anatomical location. [20; b.35-48, 14; b. 93-94, 13; b.112-113, 12; b. 607-609]. In men, the length of certain parts of the hypothalamus becomes longer. The prostration of certain areas of the hypothalamus is associated with sexual orientation and gender equality. Thus, damage occurs to the hypothalamic cells of the forebrain (the anterior cerebral bulge on the forehead, responsible for sexual behavior and gender orientations). Features of the brain of men and women, in particular the occurrence and consequences of neurological diseases, may determine treatment methods differently. The central autonomic nervous system is closely related to immune and endocrine processes [16; pp.256-258, 2; pp.371-380]. The role of the neuroendocrine and neuroimmune systems is obvious in the regulation of physical and emotional tachycardia, hunger and thirst, drowsiness and cheerfulness, body charisma, pain, sexual predisposition, somatic declines to severe pain – in other words, when changing human living conditions or activating changes in human behavior. [21; pp.67-73,]. This is done through the exchange of mutual harmonies. The composition of this substance is not the same in men and women, as a result of certain influences, this system is different. [11; p.854-855.]. In women, this differs by physiological processes, fluctuations in the hormonal profile. Pregnancy and childbirth lead to a serious restructuring of the neuroendocrine system. [21; pp.67-73,]. In the process of neurological disorders, including in the diet of women, the body of women becomes very weak. Men were perceived as representatives of the stronger sex. However, the life expectancy of women is longer than that of men. [14; b. 93-94, 13; b.112-113, 12; b. 607-609]. Is this due to innate biological superiority or to the fact that men live in poor conditions? Based on scientific data and historical experience on this issue, it is

clear that social and cultural factors have a special moral. [16; p.256-258, 10; p.768-769]. The organism of men and women has a significant impact on changes in socio-economic conditions in the country. In Eastern Europe, the mortality rate of men of reproductive age from coronary heart disease has increased significantly over the past 10 years. Risk factors such as high blood pressure have not isolated this phenomenon. In relation to the reforms taking place in the country, stress is associated with such processes, women are more flexible in relation to men. [12; p.673-684]. Thus, many differences in the anatomical structure of the body of men and women are due to the fact that the activity of the male and female body depends not only on biological factors, but also on socio-cultural factors, both in etiology and pathogenesis, as well as on admission to treatment. It is unknown whether the clinical picture of cerebral vascular disease in women is more pronounced than in men. There are no clinical studies to determine the role of gender factors in the published methodological manuals on diseases of the cerebral vessels. The phrase "gender" was proposed to be used to express male and female human traits (masculinlik- valet), (femininity – Latofatlik). The behavioral trait of a gender character often depends on the imagination of men and women in relation to existing socio-cultural factors in society. When distinguishing the attitudes (reactions) of men and women to various types of violence, pain, Jal (reactions) depends not only on the biological nature of men and women, but also on the masculinity and feminist nature of their character. Some women are prone to masculinism (masculine) trait, while some men are prone to feminism (feminine) trait. Depending on the masculine and feminist nature of the personality, psychological and social factors acquire different meanings. To date, studies aimed at identifying gender characteristics in clinical situations have been limited to only a few (depression (zinc depression) and alcoholism). In pain syndromes, especially in headache disorders, the study of psychological and social factors, including gender differences, can be very promising. A transient after cardiac arrhythmias is an ischemic attack-gender.

floor	man (n=66)			woman (n=66)		
	masculine	feminin	androgen	masculin	feminin	андроген
remember	11,1	86*	2,8	66,6*	14,5	8,7
mind	9,7	86	1,4	72,9	16,7	6,3*
Note	11,1	86	2,8	72,9	16,7	10,4
Ponimanie	11,1	83,3	1,4	70,8	16,7	10,4
to talk	8,3	72,2	2,8	58,3	12,5	6,3*
Movement balance	2,8	13,8	1,4	25*	42*	2,4

We have 132 patients who have to maintain the purity of their studies, of which 66 are men and 66 are women. A study was conducted by Sandra Boehm [1976] of patients with transient ischemic attack after cardiac arrhythmias, and the patients were examined in accordance with the results obtained. When 66 male patients, 66 female patients out of 132 patients were examined, 66 male patients with masculinism had memory impairment - 11.1%, thinking disorder - 9.7%, behavior imbalance - 2.8%, attention -11.1%, colloquial speech - 8.3%, awareness - 11.1%., in male feminists, these indicators are much higher, (86,0; 86; 13,8; 86; 72, 2; 83,3;) however, in male androgynines, these indicators differ in that they give a much lower result, namely(2,8; 1,4; 1,4; 2,8; 2,8; 1,4) it has been noticed that the results obtained are close to the results of healthy people. Now that the same indicators are checked in women. In female masculines (66,6; 72,9; 25; 72,9; 58,3; 70,8;) interest in female feminines (14.5; 16.7; 42; 16,7; 12,5; 16,7) percentage of female androgynes(8,4; 6.3; 2.4; 10, 4; 6.3; 10.4) he organized physical education. In conclusion, it should be noted that in patients who have undergone transient ischemic ataxia after cardiac arrhythmias, there is an increase

in the sign of femininity in male patients, an increase in the symptoms of masculinism in female patients, which, in turn, indicates that the disease is in full swing. If the patients we examined have changes in the socio-cultural factor, changes in character and, alternatively, cognitive impairment, such patients need to take preventive measures to prevent dementia.

Literature :

1. Allen L. S. et al. Sex differences in the corpus callosum of a living person] // Neurology. - 1991.– Issue 11. - pp. 933 – 942.(228)
2. Berkeley K. J. Gender differences in pain. // Behave. Brain Sei. – 1997. - Issue 20. – pp. 371 – 380.(234)
3. Blumenthal S.J.Women's Mental Health: A New National Focus. // Ann. New York Academy of Sciences. - 1996. – Issue 789. – pp. 1-16.(236)
4. Fillingim R. B. Sex, gender and pain: women and I are really different. // Churr Review Pain. – 2000. - Issue 4. – pp. 24-30.(260)
5. Gir R. U. [et al.] Kappa-opioids cause significantly greater analgesia in women than in me. Nats. Med. – 1996. - Issue 2. – pp. 1248-1250.(265)
6. Goldstein L. B., Berteis K., Davis J. N. Interdistrict reliability of the NIH stroke scale. // Arch. Nervous. – 1989. - Val. 46. – p. 660 – 662.(266)
7. Ivy D. S. The influence of gender in family assessments: comparison of prepared and unprepared concepts of observation of matriarchal and patriarchal-family interviews [Text] / D. S. Ivy, K. U. Konoli // Journal of Family Psychology. – 1994. - Issue 8, No. 3. – pp. 336-346.(277)
8. Jaggi S.M., Bushkuel M., Canides J., Perrig W.J. Improving mobile intelligence by training working memory // Proceedings of the National Academy of Sciences. 2008. Val. 105. No. 19. pp. 6829-6833. (278)
9. Keim M. Metabolism and decomposition of nitric oxide. // Biochem. Biophysics. Acta. – 1999. – Val. 1411. - pp. 273-289.(286)
10. Lezek M. D. Evaluation of neuropsychology. // New York. : University Press, 1983. - 768 p.Lovenstone S., Gauthier S. Treatment of dementia. London: Martin Dunitz, 2001. (288)
11. Madsen K.S. Baare V.F.K., Westergaard M. et al. Inhibition of the reaction is associated with the microstructure of white matter in children // Neuropsychology.2010.Val.48.No.4.pp.854-2. (292)
12. Overman U. H. Bachevalier S., Schniann B. Cognitive gender differences in very young children parallel biologically based cognitive gender differences in monkeys. // Behave. Nevaski. – 1996. - Issue 110, No. 4.–pp. 673 – 684.(298)
13. Overman W. H. Cognitive gender differences in children: comparison with animals // Abstracts of the XXVII International Congress on Psychology. Stockholm, 2000. // International Psychological Journal. – p. 112.(297)
14. Pereira-Jorge M.R. Andrade K.K., Pagliano-Fontes F.H. et al. Anatomical and functional changes in MRI after one year of rehabilitation of the audience with the help of hearing aids // Neuroplasticity. 2018. Available at: <https://www.hindawi.com/journals/np/2018/9303674/>.(Date of application:5.12.2018) doi: 10.1155/2018/9303674. (302)
15. Poletaev A. B. Serum anti-slob, anti–GFAP and anti-NGF autoantibodies of IgG class in healthy individuals and patients with mental and neurological disorders.// Autoimmunity. – 2000.- Issue 32, No. 1. – pp. 33-38.(306)
16. Razumnikova O., Savinykh M., Suslov R., etc. A computerized battery of cognitive tests. Individual differences in cognitive characteristics: measurement and dynamics of learning. Q: Proc.

11th trainee. Strategic Technology Forum (iFAST) on August 24, 2018. Novosibirsk: ICG SB RAS, 2018. pp. 256-258.(309)

17. Sakagami M., Pan H. Ottl B. Behavioral inhibition and prefrontal cortex in the decision-making process // Neural networks. 2006. Issue 19. No. 8. pp. 1255-1265. (317)

18. Sheikh H., Brekhman A., Brosh M. et al. // Behavioral semantics of learning and cross-modal processing in the audience's cerebral cortex: the concept of a semantic processor // Hearing research. 2011. Val. 271. №. 1-2. (318)

19. Silberstein S. D., Lipton R. B., Goodby P. J. Headache in clinical practice. // Ed. - ISIS, Medical Media, 1998. - 213 p.(326)

20. Skug I. Epidemiology of vascular dementia in Europe., A. Eevansson / in: Cerebrovascular diseases, cognitive impact and dementia. //Ed. by J. O'Brien [et al.]. - London, New York: Martin Dunitz, 2004. – pp.35-48.(330)

21. Wayne A.M. Diseases of the nervous system in men and women. // Journal of Neuropathology and Psychiatry. – 1993. - Vol. 93, No. 5. - pp. 67-73.(26)

22. Yakhno H. N. Cognitive devices and cardioneurology // Cardioneurology: Proceedings of the I National Congress, (December 1-2, 2008).- Moscow, 2008.- pp. 17-18.(323)