



The Source of the Neurological Problem May be Another Body System that Interacts with the Nervous System

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DESCRIPTION

Various symptoms can be caused by structural, biochemical or electrical abnormalities in the brain, spinal cord or other nerves. Paralysis, muscle weakness, poor coordination, loss of sensation, seizures, confusion, pain and altered level of consciousness are some of the symptoms. There are many known neurological disorders, some of which are relatively common, but many of which are extremely rare. They can be neurologically evaluated and studied and treated in the fields of neurology and clinical neuropsychology. Preventive measures, lifestyle changes, physical therapy or other therapy, neurorehabilitation, pain management, medication, neurosurgeon surgery, or specific diet are examples of interventions for neurological disorders. In 2006, the world health organization estimated that neurological disorders and their sequelae (direct consequences) affect up to one billion people worldwide, and identified health inequalities and social stigma/discrimination as major contributors to associated disability and impact. Genetic disorders, congenital abnormalities or disorders, infections, lifestyle or environmental health problems such as malnutrition, brain damage, spinal cord injury, nerve injury or gluten sensitivity can all be the cause of neurological problems. Metal poisoning, a condition in which metals accumulate in the human body and disrupt biological processes, has been linked to neurological problems, at least in the case of lead. The source of the neurological problem may be another body system that interacts with the nervous system. For example, cerebrovascular disease is caused by problems with the blood vessels (cardiovascular system) that supply the brain; autoimmune disorders are caused by damage caused by one's own immune system; and lysosomal storage diseases such as Niemann-Pick disease can cause neurological deterioration.

People with unexplained neurological symptoms, especially peripheral neuropathy or ataxia, should be evaluated for underlying celiac disease, according to the national institute for health and care excellence. Cases of idiopathic neurological symptoms in which no cause can be determined are one area that can be questioned. In some cases it can be determined, perhaps to the exclusion of any accepted diagnosis, which a higher level of brain/mental activity is causing the symptoms rather than the symptoms originating in the area of the nervous system from which they appear to originate. Classic examples are "functional" seizures, sensory numbness, "functional" limb weakness, and functional neurological deficit. Such cases may be disputed as "psychological" rather than "neurological". Some cases, such as conversion disorder, may be classified as mental disorders if the symptoms appear to be causally related to emotional states or reactions to social stress or social context. Dissociation, on the other hand, refers to a partial or complete disruption of a person's conscious functioning, such that a person may feel disconnected from their emotions, body, and/or immediate surroundings. Depersonalization disorder can be diagnosed at one extreme. There are also neurological conditions where a person appears to consciously register neurological stimuli that cannot be attributed to the part of the nervous system that would normally be attributed, such as phantom pain or synesthesia, or when the limbs act without conscious control. As in alien hand syndrome. Theories and assumptions about consciousness, free will, moral responsibility, and social stigma can play a role in this, whether from the perspective of the doctor or the patient.

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