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Febrile Seizures

By Rexanne Mancini

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While fever is the body's natural defense against infection, approximately five percent of children have what are classified as "simple" febrile seizures while running a fever.

If anyone has a child who suffers from febrile seizures, take heart ... 99 percent of children outgrow them by the time they are six years old and there are generally no ill after effects.

Febrile seizures can occur in babies as young as three months old. When the child is running a fever, a seizure brought on by the sudden rise of their body temperature can overtake them.

Febrile seizures look like epileptic attacks and they are one of the most frightening events a parent can live through. These seizures happen only when a child has a fever and are not a precursor to epilepsy, although in about 1 percent of cases, febrile seizures are an indication of more complicated neurological problems.

When my older daughter was 18 months old, she had her first febrile seizure. Thankfully, I had read about them and knew what was happening. The first episode lasted less than two minutes and by the time the paramedics arrived, she was sleeping peacefully. I wish I could say that was her last febrile seizure. She had at least ten more in the following four years, with the last episode occurring when she was five-and-a-half-years-old.

While we tried to learn everything there was to know about these seizures, the best explanation any doctor had was that they were hereditary. Sometimes I wonder about the genetic conclusions doctors jump to. As far as my husband and I knew, no one in our immediate families had recurring febrile seizures, nor did our younger daughter ever have a febrile seizure. As we were told by numerous physicians to expect our other children to have them too, we were enormously relieved when we were spared yet another 5 years of anxiety and living in fear of the dreaded fevers.

Not all children who have a febrile seizure will have another one. I believe the statistics are 30 percent of children will suffer only one. If you've lived through this once, I pray you are one of the lucky parents

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who never have to witness your child in the grips of this malady again. While these seizures do not cause the child long-term harm, they can age a parent ten years overnight.

There are many redundant articles online that explain and explore febrile seizures, their complications and coping strategies for parents, although all that can really be done is to make sure the child is safe and allow the seizure to pass. Knowledge is power. The more you know about febrile seizures, the better you will be able to cope if your child ever has one or has already suffered one or more seizures.

Rexanne Mancini is the mother of two daughters. She maintains an extensive yet informal parenting and family web site, Rexanne.com - <http://www.rexanne.com> –Visit her site for good advice,

award-winning Internet holiday pages and some humor to help you cope. Subscribe to her free newsletter, Rexanne's Web Review, for a monthly dose of Rexanne:
<http://www.rexanne.com/rwr-archives.html>

Facts About Epilepsy

By Gray Rollins

A neurological disorder that affects the nervous system, epilepsy is also known as 'the seizure disorder.' In fact, epilepsy is often diagnosed after a person has had 2–3 seizures that were not brought on by any known medical condition. A seizure refers to sudden high-voltage electrical activity in the brain, and it affects a person's feelings or actions for a short span of time. Seizures can be so mild as to go unnoticed or be intensely disturbing in their ferocity. The cause of an epileptic seizure is not known. It may be the direct result of a brain injury or a heredity factor.

Anyone can develop epilepsy; it occurs across all ages and all races of people. Epilepsy is quite common, affecting 1 in every 120 adults in the US alone. Whether a person will be epileptic or not depends on his seizure threshold, (an individual's resistance level to seizures). A low seizure threshold means the person is more prone to having seizures for no reason. Such a person can easily develop a seizure when an apparently mild outside event triggers it. A person with a high seizure threshold is likely to get a seizure due to a serious outside factor, like a head injury. This means that almost **ANYONE CAN HAVE A SEIZURE IF THE CIRCUMSTANCES ARE RIGHT**. Often, a seizure may not immediately follow an injury. It may take place after 6–10 months, though there is no known cause for this delay.

Causes:

The causes of epilepsy can be classified into three groups. Each group is characterized by a different type of seizure.

Symptomatic epilepsy: In this kind of epilepsy, there is a known cause for the seizure. This may include a head injury, a stroke, or a scar on the brain. Infections like meningitis can also lead to an epileptic seizure. A scan often reveals the cause and treatment is started accordingly.

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Idiopathic epilepsy: There is no known reason for this type of epileptic seizure, except a low seizure threshold. This person has no disabilities and leads a normal life. Response to treatment is fairly good among such patients.

Cryptogenic epilepsy: When a doctor rules out the previous two kinds of epilepsy, he or she may deduce that the seizure is cryptogenic. So, it is surmised that underlying physical reasons that need to be investigated are causing the seizures.

Making a diagnosis can be tricky because there are no obvious symptoms in epilepsy. The person having the seizure can remember little of what happens during that time. Therefore, it is helpful to get information from someone who has seen the seizure happening. Blood tests, EEG, CT scans, and MRI scans provide additional information.

New cases of epilepsy are most likely to occur in children during the first year of their lives. This tendency gradually declines until the child reaches 10 years, after which it stabilizes. The people who are most vulnerable to an epileptic attack include:

–Underweight babies –Babies with abnormal brain structures –People who have suffered a bleeding

into the brain –People who have had a serious brain injury –People with cerebral palsy –People with mental handicaps –Children who have had febrile seizures –People with a family history of seizures

Treatment:

Around 70% of the people with epilepsy are treated with anti-epileptic drugs (AED's). AED's only prevent seizures; they do not cure epilepsy. The type of AED and the dosage needed depends on the type of seizure. Some people experience a decrease in the tendency towards seizures as they age. Sadly, there are people who never achieve control over their epilepsy in spite of receiving the most suitable treatment.

Gray Rollins is a featured writer for EpilepsyExpert. To learn more about epilepsy, visit us at

<http://www.epilepsyexpert.com/>

and

<http://www.epilepsyexpert.com/epilepsy/treatment/>



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