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**Toshkent tibbiyot  
akademiyasi  
«Yosh olimlar tibbiyot  
jurnali»**



**Tashkent Medical  
Academy  
«Medical Journal of  
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## FEATURES OF GROWTH, DEVELOPMENT AND MORBIDITY OF PRESCHOOL CHILDREN WITH ALLERGIC DISEASES

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**Annotation.** This article talks about allergic diseases in preschool children. One of the most important indicators of health, especially for children, is physical development. It is known that the establishment of standards for physical development in children for a relatively long period is very difficult, because the physical development of the individual, the population is constantly affected by a complex of social factors, education, changes in environmental conditions, the level of scientific and technological progress and medical care.

**Keywords:** features of growth, development of preschool children, morbidity in preschool children, allergic diseases of preschool children.

## ОСОБЕННОСТИ РОСТА, РАЗВИТИЯ И ЗАБОЛЕВАЕМОСТИ ДОШКОЛЬНИКОВ С АЛЛЕРГИЧЕСКИМИ ЗАБОЛЕВАНИЯМИ

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**Аннотация.** В данной статье рассказывается об аллергических заболеваниях у детей дошкольного возраста. Одним из важнейших показателей здоровья, особенно для детей, является физическое развитие. Известно, что установление нормативов физического развития у детей на относительно длительный период весьма затруднительно, т.к. на физическое развитие личности, населения постоянно влияет комплекс социальных факторов, образование, изменение условий внешней среды, уровень научно-технического прогресса и медицинского обслуживания.

**Ключевые слова:** особенности роста, развитие детей дошкольного возраста, заболеваемость детей дошкольного возраста, аллергические заболевания детей дошкольного возраста.

## МАКТАБ YOSHGACHA BOLALARNING ALLERGI KASALLIKLARI BILAN O'SISH, RIVOJLANISH VA XUSUSIYATLARI.

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**Annotatsiya.** Ushbu maqolada maktabgacha yoshdagi bolalarda allergik kasalliklar haqida gap boradi. Ayniqsa, bolalar salomatligining muhim ko'rsatkichlaridan biri jismoniy rivojlanishdir. Ma'lumki, bolalarda nisbatan uzoq vaqt davomida jismoniy rivojlanish standartlarini o'rnatish juda qiyin, chunki. shaxsning, aholining jismoniy rivojlanishiga doimiy ravishda ijtimoiy omillar majmuasi, ta'lim, atrof-muhit sharoitlarining o'zgarishi, ilmiy-texnikaviy taraqqiyot darajasi va tibbiy yordam ta'sir qiladi.

**Kalit so'zlar:** o'sish xususiyatlari, maktabgacha yoshdagi bolalarning rivojlanishi, maktabgacha yoshdagi bolalarda kasallanish, maktabgacha yoshdagi bolalarda allergik kasalliklar.



**Relevance:** The physical development of a child is a process of biological maturation of cells and tissues, organs and the whole organism [14,20]. Physical development is associated with the functional and neuropsychic development of the child and is a holistic process that consists of a set of many morphological and functional ones in their dynamics and interconnection [7,18,22]. When studying physical development, it is possible to identify various disorders at an early stage and prevent them.

The problem of human health is relevant at all stages of ontogenesis - from birth to the last days of life. The health issues of the child population are especially relevant due to the age-related characteristics of the child's development. It is during the period of preschool age that the dominant role of the genotype in improving the functional capabilities of the body changes significantly and the role of motor activity increases [5,16,23].

In the preschool period of human ontogenesis, there are large, often unused, psychophysiological reserves for the development of the child. According to biological characteristics, preschool age is divided into the following periods: 1. newborn - the first 4 weeks of life; 2. chest (infant) - up to 1 year; 3. early childhood - from 1 year to 3 years; 4. preschool - from 3 to 6 (7) years. Reflecting the stages of biological development, the age periodization of children facilitates the construction of a system of physical education at this age, helps the correct construction of physical education classes (programming, selection and dosage of exercises, choice of methods of physical and motor training, etc.) [14,21]. The first years of a child's life are characterized by rapid growth and development of the body. Morphological indicators are intensively increasing: body height and weight, chest girth.

From birth to the age of three, the excitability and lability of the neuromuscular apparatus noticeably increase, but the strength of the muscles is still very small. All joints of the child, due to the weak development of the ligamentous apparatus and muscles, are characterized by great mobility [3,11].

When organizing the physical education of young children, one should remember the

physiological weakness of their skeletal system and musculo-ligamentous apparatus and strictly dose physical activity [7,10].

At this age, the nervous processes are not strong enough and mobile, but the conditioned reflex connections are very strong and very difficult to alter. Therefore, in the process of physical education, it is necessary to teach children how to perform this or that exercise correctly, since the acquired skill is firmly and permanently fixed. Simple movements memorized with errors will make it impossible in the future to form more complex motor skills correctly, and this will make it difficult to fully develop the child's motor talent.

At an early age, a child cannot develop properly without sufficient physical activity. It has been established that in two-year-old children, active movements account for 70% of the time of wakefulness, and in three-year-olds - at least 60% [2,13]. Gradually, as the movement develops, children acquire a certain expediency and purposefulness, greater completeness. However, in the cerebral cortex, the processes of irradiation prevail over the processes of concentration, so the movements of children are characterized by inaccuracy and lack of coordination. Attention at this age is still unstable, and children cannot concentrate on one thing for a long time and get tired quickly [5,17].

In the period from 3 to 6 years (preschool age), all body sizes increase relatively evenly. The annual increase in body length is 5-6 cm, body weight - about 2 kg. But by the end of this period, growth acceleration begins: the child adds 8-10 cm per year. Such rapid growth is associated with endocrine changes occurring in the body (the second period of rapid growth occurs in children at 13-14 years old, when puberty begins).

In preschool children, the proportions of the body noticeably change: the arms and legs become much longer and grow faster than the torso [12,14]. If by 6-7 years the length of the body doubles, then the length of the arms - more than 2.5 times, and the length of the legs - more than 3 times.

The growth of muscle tissue occurs mainly due to the thickening of muscle fibers. The child first develops the muscles of the pel-



vis and legs, and then (from 6-7 years) the muscles of the arms[16]. By the age of 5, muscle strength increases. However, due to rapid muscle fatigue and the relative weakness of the musculoskeletal system, preschoolers are not yet capable of prolonged muscle tension. By the age of 6-7, the maturation of the nerve cells of the brain ends. However, the child's nervous system is not yet sufficiently stable: the processes of excitation predominate over the processes of inhibition.

The nervous regulation of the activity of the heart in children is still imperfect. Irregularity in the frequency and strength of heart contractions is observed even at rest. During physical exertion, the heart muscle quickly gets tired, so exercises during exercise should be diversified.

Early and preschool age are characterized by significant changes not only in physical but also in motor development.

Consider the stages of preschool age. So, in the first year of a child's life, one of the most important developmental tasks is solved - preparation for the implementation of antigravitational reactions: sitting, standing, upright walking. It is precisely for this that the processes of growth in length and increase in body weight are directed, which are most intensively occurring at this age [21]. Muscles and bones are strengthened. The main distinguishing feature of the spine is the virtual absence of bends. The development of normal curvature of the spinal column is facilitated by sufficient physical activity of the child.

In infancy, a subcutaneous fat reserve is formed, which serves as a reserve of nutrients, mechanical protection of the skeleton and internal organs, as well as thermal protection to maintain body temperature, including due to special brown adipose tissue. In this age period, there is a primary acquaintance with the outside world and active mental development [8,13]. Therefore, contacts with adults, especially with the mother, are of paramount importance.

The age of early and first childhood is characterized by the gradual acquisition of some independent functions in the microcommunity. Many personality traits are formed, the child acquires personality traits. Intensive

growth processes are replaced by processes of cellular differentiation. During this period, ossification of many elements of the skeleton continues, eruption and loss of milk teeth occur, which is a criterion for "dental age". Motor activity increases sharply, the structure and functionality of skeletal muscles change. The arch of the foot is formed. Therefore, special attention should be paid to the prevention of flat feet, to encourage walking barefoot on the ground and grass, to monitor the quality and comfort of shoes [4,20]. Due to the morphological and functional maturation of the nervous and muscular structures, radical changes occur in the organization of small and precise hand movements, fine coordination abilities are formed.

In the period of 5-6 years, a half-height jump in body length is observed, and the limbs at this time grow faster than the body. This is the basis of the "Philippine test" (stretching the hand over the head to the opposite ear), which is an indicator of the morphofunctional maturity of the organism and the possibility of starting the child's learning [7]. The physical development of preschool children is less intensive than in early childhood. The body weight of a one-year-old child doubles by 6-7 years. If during the 1st year of life growth increases by 20-25 cm, then at 4-5 years old it increases only by 4-6 cm. By the age of 5, the growth of a newborn doubles. At the age of 5-7 years, the intensity of growth increases again. This period is referred to as the "first stretch" period.

One of the important indicators that determine the physical development of children is the ratio of head circumference to chest circumference. The older the child, the greater the difference between these indicators becomes (the circumference of the chest should be large). In the first year of life, the circumference of the chest exceeds the half-height of the child by 7-10 cm, and in a 7-year-old child it is equal to half the height.

In preschool age, there is a rapid growth of the skeleton. The fusion of the cranial sutures ends by 4 years [18,19]. The shape of the chest changes somewhat, although in children 3-7 years old it still remains cone-shaped, the ribs are raised and cannot fall as low as in

adults, which limits the amplitude of their movement.

The timing of the start and end of ossification is different for different bones. Thus, the fusion of the ilium, ischial and pubic bones begin only from 5-6 years. As the child grows and develops with his transition to a vertical position, physiological curvature of the spine is formed in the cervical and lumbar sections with a forward bend, and in the thoracic and sacral - backward. By the age of 6-7 they are clearly outlined, but only by the age of 14-15 they become permanent. The configuration of the spine, the position of the head, shoulder girdle, tilt of the pelvis determines the posture of the child [7, 13]. The formation of posture depends on many environmental conditions (nutrition, regimen, organization of sleep), but mainly on the physical activity of the child. Of great importance for the education of correct posture is the symmetrical development of muscles and the uniformity of support on the lower limbs.

Up to 4 years, the arch of the foot is somewhat flattened - this is a physiological phenomenon. But with excessive static load, severe, irreversible flat feet can be caused, despite the high elasticity of the muscles and ligaments of the lower leg and foot [7, 13]. With the correct dosage of the load, the arch of the foot is formed correctly. The same provision applies to the growth and development of the entire skeletal system in children. Physically optimal loads contribute to the normal formation of the skeleton, while excessive loads affect the shape and structure of the bones [5, 14]. This is confirmed by studies that have revealed significant bone tissue hypertrophy with excessive load on the arms during prolonged training in throwing and on the push leg during training in high jumps.

The intensive development of the skeleton of children is interconnected with growth, the formation of muscles and the ligamentous-articular apparatus. The younger the child, the more elastic the ligamentous-articular apparatus [6]. The mass of muscle tissue is small in relation to the total body weight, but with age, muscle tissue changes. The mass of muscles during development increases more than the mass of many other organs. If the mass of mus-

cles in newborns is 23.3% of the total body weight, then in 7-8-year-old children it increases to 27.2% [8].

Simultaneously with the increase in muscle mass, their functional properties are improved. If in an infant the skeletal muscles are one of the stimulators of rapid growth and development, then in preschool age, as the intensity of growth decreases, the development of skeletal muscles is associated with an increase in its motor activity. The higher the activity of skeletal muscles under optimal conditions for a given age, the more complete the metabolism, the functions of internal organs and systems [7].

According to the positive concept of health developed by WHO, health is understood not simply as the presence or absence of a disease, but as "the state of biological and mental functions in interaction with the physical and social factors affecting them". Academician Yu.E. Veltishchev considers the health of children and adolescents as a state of vital activity corresponding to the biological age of the child, the harmonious unity of physical and intellectual characteristics, the formation of adaptive and compensatory reactions in the process of growth [9].

The children's body most significantly reacts to adverse environmental factors during the period of intensive histomorphological and functional restructuring of organs and systems in transitional, so-called nodal, age periods. One of these periods is the age from 4 to 7 years [1,8,13].

Chronic diseases that occur between the ages of 3 and 6 develop against the background of multiple acute pathologies and determine the health of the child in school years and later in life, affect his physical development, the progression of the existing congenital or genetically determined pathology, contribute to the growth of general and infectious morbidity [7,9].

During the period of preschool age, children have a high level of general morbidity in all age groups. The maximum frequency of diseases is recorded in children aged 4 years.

In the age period from 3 to 6 years, the prevalence of chronic pathology in children increases: diseases of the respiratory system, di-

gestion, musculoskeletal system and connective tissue, eye diseases, mental disorders and behavioral disorders [15,17].

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