

Classification of Oligophrenia and their Clinical and Pedagogical Features

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Abstract:

Oligophrenia can be caused by endogenous and exogenous factors. Clinical data on children with intellectual disabilities have been gradually collected. Scientists have also tried to classify mental retardation on the basis of social, ie self-sufficiency capacity. Many scientists have studied the mental retardation of children for many years and have tried to systematize and group the data from the data for specific reasons. But new challenges continue to plague oligophrenia. Shuni qayd etishimiz kerakki, hozirgi paytda bolalar aqli zaifligi sohasidagi muvaffaqiyatlar ko'p hollarda boshqa fanlarning rivojlanish darajasi bilan aniqlanib sezilarli muvaffaqiyatlarga erishilgan bo'lsa ham aniq javoblar topilgani yo'q. Bu aqli zaiflikning etiologiyasi, patogenezi va klinikasiga bog'liq..

Key words: Oligophrenia, congenital and acquired mental retardation, physiology, biochemistry, biology, genetics, Down's syndrome, microcephaly.

Introduction

Initially, the study of children's mental retardation provided an opportunity to provide some insight into the characteristics of children with severe impairments of mental activity in a clinical setting in which physicians were involved.

According to some historical data, the first disease to show mental retardation was cretinism. The disease has been closely monitored. It was later discovered that the disease was associated with disorders of the endocrine system. Later, other forms of mental retardation in children began to be described.

Eskirol described the severe forms of damage to the intellect. Among them, idiocy and imbecility, which are less visible, are distinguished by weakness. Eskirol vividly described the mental weakness of children and highlighted its peculiarities. He distinguished between congenital and acquired brain damage. According to the author, the difference between congenital and acquired mental retardation is huge. Thus Eskirol distinguished between oligophrenia and dementia. In his study of mentally retarded children, Eskirol emphasized the uniqueness of their level of speech development. According to him, a speech impediment has a negative impact on the child's mental development. Eskirol bases his classification on two factors: the degree of impairment of mental activity and the state of speech function.

Eskirol distinguished two categories of impairment of mental activity: idiocy and mental weakness, depending on the speech state of each category: idiotism has no speech, only noise, in other cases a separate syllable consists of words and phrases. I mean, if the mind is weak, there is speech, the vocabulary is limited. Burneville studied idiot children and found that these children had moderate levels of mental illness. Significant changes in the development of these children can be seen in the process of special work with them. In the early 19th century, Burneville suggested that this group of

children use the term imbetsilik. In the mid-nineteenth century, Laysage used the term "stupidity" to describe a state of mild intellectual impairment. Clinical data on children with intellectual disabilities are gradually being collected. In Phase II of the Defect Study, each researcher considered that his or her classification could be based on one or two reasons for the occurrence of the defect.

Later, Segen, Geller, Solelar began to attach great importance to the weakness of the will, attention desires in mental weakness. For example, Sole said that idiots do not pay attention, imbetsils pay attention in the initial state, and idiots pay attention.

In the late nineteenth and early twentieth centuries, with the development of industry, questions arose about raising the literacy of the population. In order to educate children, the network of schools has been expanded, and general education programs have been developed. Children who failed to meet the requirements of the educational process were identified and included in the list of students who did not succeed. Psychologists were actively involved in the study of these children. Bine and Simons developed different methods to check the intellectual level of children of different ages. Juveniles were screened for IQ, and work was done to address the problems that children face in school.

Bolalar tekshirishning bu m This method of examining children did not work. Because this method does not give the confidence to objectively assess the intelligence of children.

Krepelin developed his own classification based on children's educational opportunities. His service was that he combined the symptoms known at the time into a group called congenital and acquired mental retardation - oligophrenia. He used the terms "idiocy", "arrogance", "stupidity" as degrees of damage to intellectual activity.

In this way, children with oligophrenia can be educated in a special school on the basis of a simplified program. Imbetsil children have fewer educational skills, but some of them may be able to complete primary education in a special class. At the same time, they can take on less complex work processes. Idiot-level oligophrenic children have no access to work or education at all. Therapeutic and educational activities are carried out for them in special boarding schools.

There have been other classifications of mental retardation in children. Some scientists base their classifications on anatomical principles. (Tomashevsky, Ireland, Grizenger, Burneville, etc.)

For example, according to the Burneville classification, idiots distinguish the following forms according to the nature of the pathological changes in the structure of the brain:

- a) hydrocephalus.
- b) microcephaly
- c) idiocy caused by the cessation of the development of brain folds.
- g) idiocy associated with congenital absence of brain parts.
- d) idiocy caused by hypertonic sclerosis of the brain.
- e) idiocy caused by atrophic sclerosis of the brain.
- o) meningitis, idiocy after encephalitis.
- j) post-myxedema idiocy.

However, gross changes in brain structure do not always lead to pathology, which is specific to later stages of mental retardation.

Subsequent observations of mentally retarded children suggest that some development may be

observed. Later, there were studies to determine the "limits" of the developmental potential of the mentally retarded (Demor, Kreplin, AS Griboyedov, etc.). Some authors compared the developmental potential of the mentally retarded in normal aspects. For example, according to Damor, idiot children can reach the level of development of a normal 2-year-old child during their development, while imbecile is equal to the level of development of a 6-year-old and debile is equal to the level of development of a 12-year-old child. Kreplin, on the other hand, may develop these categories of mental retardation at even higher levels. Such classifications were scientifically inaccurate, superficial, and irrelevant.

As new information on oligophrenia has been collected, classifications based on several characteristics have emerged. Tredgold developed his classification based on etiopathogenic and clinical data, while he divided etiological factors into primary and secondary types. It was concluded that the clinical norms of oligophrenia are endogenous in hereditary etiology in primary oligophrenia, while endocrine disorders in secondary oligophrenia are caused by eating disorders. Based on etiological factors, Djervis distinguished oligophrenia from endogenous, ie hereditary, and exogenous infections, intoxication. Each type of oligophrenia was then described.

Some scientists have attached great importance to disorders of the endocrine glands in the pathogenesis of oligophrenia. Sante de Sanctis divides all cases of oligophrenia into 2 groups: the first - groups associated with damage to the central nervous system, the second - groups associated with damage to the endocrine system. This classification was supported by S. Sandy, D. A. Azbukin and others.

According to Professor D.A. Azbukin, a number of similar cases should be excluded from the group of oligophrenia. These include: children without pedagogical care, somatic weakness, temporary retardation of psychological development (imbecile children), local disorders of certain abilities (arrhythmia, graphostenia, legastonia), dementia (normal state of schizophrenia, latent forms of epilepsy).

There have also been attempts to classify mental retardation on the basis of social ability, ie self-sufficiency. Mr Blair emphasized the need to take into account the social status of the mentally handicapped. Nowadays, some of the classifications are outdated and do not correspond to the modern level of development of science, but in their time these classifications had a certain importance in the study of oligophrenia, we must take into account that physiology, biochemistry, biology, genetics and others. a number of advances in the field have helped to shed some light on the etiology and pathogenesis of oligophrenia. These data suggest that abnormal brain development and structural abnormalities may be observed in oligophrenia.

The development of neurophysiology provides the basis for an objective study of the higher nervous activity of the mentally retarded.

The classification given by MS Pevzner takes into account etiological, physiological and clinical data. M.S. Pevzner differentiated mentally retarded children according to the pathological predominance of excitation or inhibition processes, which is reflected in their personality traits and behavior. Mental retardation is characterized by the slowness of basic neural processes, which makes it difficult for the brain to form complex functional systems, which in turn can lead to cognitive impairment.

MS Pevzner singled out children with mental retardation who had defects in the complex processes of cognitive activity at the center of pathological conditions, but who had defects in certain analyzers with no defects in the mental-volitional field (mild form). MSPevzner included the following cases in another form, behavioral deficits accompanied by mental deficits, severe deficits in mental health, local defects in the area of certain analyzers (speech defects, hearing impairments, underdevelopment

of fine motor skills, etc.)). The author distinguishes a special form of oligophrenia, the peculiarity of which is that, in addition to cognitive activity, there are also complex personality defects associated with disorders of the frontal lobe of the brain.

O.Ye. Freyerov considered that in order to make a clinical classification it is necessary to know the pathophysiological characteristics of the mentally retarded. In psychiatry, mental retardation is divided into excitatory and inhibitory types, which is the basis for the clinical classification. Freyerov distinguishes several groups of mental weakness: the first group is called hyperdynamic oligophrenia. In addition to mental retardation in this group of children, there are disorders of the will, slowness of braking processes. This group can be divided into 2 groups:

Group 1 included mental retardation with explosive dysthymic syndrome. Mental retardation in this group is characterized by intellectual deficits, restraint, impulsivity, mood swings, and low motivation. They get into fights and arguments quickly.

Mentally retarded people in group 2 have high mood, braking, and childish insanity. They often laugh out loud and make inappropriate jokes and jokes. Often there are elements of clowning in their actions and showing these actions to others. Group 2 is adynamic, as opposed to group 1 in terms of clinical symptoms. Oligophrenics in this group are characterized by general movement and mental retardation. This group is also divided into 2 groups:

Characteristics of group 1: lethargy. Laziness, indifference to the world around us. The speed of mental processes slows down, the impulse of the will is significantly weakened. In group 2 mentally retarded, the adynamic state is evident.

D.E. Melexov attached great importance to shifts in the field of mental will, taking into account the role of local defects. A number of classifications compiled by foreign researchers (Tredlogt, Holler, Djervis) differed from each other by a common feature. According to G.Yu. Sukharyova, the authors of these classifications have expanded the concept of "oligophrenia" without evidence. They include neuropsychic disorders and transient developmental delays in the oligophrenia group.

In her classification, G.Yu. Sukharyova takes into account 3 criteria: causes, duration of damage (ie, at what stage of brain development is the effect of the pathogen), clinical features of movement, based on these three criteria, clinical cases of oligophrenia are divided into 3 groups. divided into Group 1 Down's syndrome, microcephaly, oligophrenia caused by metabolic disorders (haloctosemia), mental retardation accompanied by skin and bone diseases.

Group 1 is oligophrenia caused by various factors in the fetus. Various infections such as measles, influenza, syphilis, and toxoplasmosis can be pathogenic. The effects of toxoplasmosis and hormones in the mother's body, as well as hemolytic diseases in infants, also cause oligophrenia.

Group 2 included oligophrenia caused by severe birth defects and neuroinfections (meningitis, meningoencephalitis) as a result of traumatic brain injury in childhood. These classifications are just the beginning of the development of this complex problem, which needs to be studied in the future. Some forms of oligophrenia are rare. Forms of such oligophrenia are rare, especially in secondary schools. Some forms of oligophrenia need to be classified clinically because they are more common in pedagogy. In classifying these forms we rely on the classification of G.Ye. Sukharyova.

In psychiatry, mental retardation is divided into excitatory and inhibitory types, which is the basis for the clinical classification. These classifications are the initial stage in the development of this complex problem, as there are different forms of oligophrenia in secondary schools, which in the future will force defectologists to work on themselves, to study and research.

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