



DELAY IN ANTHROPO-NEUROPSYCHIC DEVELOPMENT, WHICH OCCURS DURING INFANT MALNUTRITION

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Abstract

In this article, we analyze the problems of the delay in anthropo-neuropsychic development that occurs during the period of malnutrition of babies. In the analysis, the duration and severity of malnutrition is associated with delayed neuropsychological development, speech delay, as well as frequent infectious diseases due to the development of secondary transient immunodeficiency, which in turn exacerbates the eating disorder. We must pay close attention to the feeding system of young babies.

Keywords: stress, subcortical dysfunction, hypothalamus region, autonomic nerve, catecholamines, glucagon, gluconeogenesis.

Introduction

The mechanisms of development of chronic eating disorders depend on various factors, but it is based on a universal chronic stress reaction, which leads to a gradual deterioration in metabolic disorders with a decrease in carbohydrates and fats, activation of protein catabolism and a decrease in its synthesis. First of all, dystrophic changes in the gastrointestinal mucosa lead to a violation of the secretory function of the small intestine, digestive glands. Dystrophy of the muscle layers of the intestinal wall leads to impaired bowel movement. There is a decrease in acidity, pepsin, chemosine and lipase secretion in the stomach, which disrupts the absorption of nutrients in the gastrointestinal tract and leads to a decrease in food tolerance. Therefore, even an age-appropriate food load can be complicated by acute digestive disorders. As the disease progresses, the excitability of the cerebral cortex decreases, dysfunction of subcortical formations develops, the hypothalamic region including a decrease in the activity of the appetite-controlling center and disorders of the autonomic nervous system. Increased levels of catecholamines, glucagon, and cortisol





lead to increased lipolysis and destruction of skeletal muscle protein, as well as activation of liver gluconeogenesis. The amount of protein in the body of a malnourished child can be reduced by 20-30%. The onset of the disease is accompanied by the consumption of subcutaneous fat, fat and glycogen reserves in the muscles and internal organs to maintain the growth of the body. When these reserves end, the parenchymal organs begin to disintegrate. With severe fatigue, the ratio of body weight to its surface is disturbed, the ratio of anabolism and catabolism processes is disturbed, and a violation of the regulation of chemical heat production occurs. When cells break down, alkaline valence disappears, which leads to the appearance of acidosis. Subsequently, the enzymatic activity of the blood decreases, the antitoxic, deamination, glycogen and prothrombin-forming functions of the liver are disrupted. An increase in the level of antidiuretic hormone leads to changes in the electrolyte balance. Thus, there is a greater increase in hydration due to a decrease in intracellular fluid and circulating blood volume; hypoproteinemia exacerbates tumor syndrome. There is a tendency to centralize blood circulation against the background of hypovolemia by the cardiovascular system. Also, deep functional disorders of the central nervous system and cortical reactions are observed, which leads to a delay in neuropsychic and psychomotor development. With improper nutrition, there is a lack of many important microelements, water and fat-soluble vitamins, which are involved in a number of immune reactions necessary for the optimal growth and development of the brain, which leads to the development of hypovitaminosis, anemia of other deficiency conditions. In this regard, the duration and severity of malnutrition are associated with frequent infectious diseases due to delays in neuropsychic development, speech delays, as well as the development of secondary temporary immunodeficiency, which in turn aggravates eating disorders.

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