



## **PREVENTION OF ALLERGIES IN CHILDREN**

Kobiljonova Sh.R.,

Toshmatova G.A.,

Yusupova M.J.

Tashkent Medical Academy

shakxnoza 0044@ gmail.com

### **ABSTRACT**

Over the past 30-40 years, the world has been a significant increase in the prevalence of IgE-mediated allergic diseases, including such as atopic dermatitis (AD), allergic rhinitis (AR) and bronchial asthma (BA), both among the adult population and among children. According to the European Allergy White Paper, today one in three European children suffers from allergies, and one in ten - asthma. This allowed the WHO in 1999 to include asthma and allergies as a priority for the next decade.

### **KEYWORDS**

### **Introduction**

The International Study on Allergy and Asthma in Children (ISAAC) provided an opportunity to standardize different estimates of the spread of asthma and allergic diseases, made it possible to find differences in the conditions of the spread of diseases between countries, revealed that the frequency of atopy in countries with a "Western" lifestyle, including Russia, is an order of magnitude higher than in developing countries.

Long-term clinical and epidemiological studies, conducted over the past decades have established that the spread of allergic diseases in different regions of Russia ranges from 15 to 35%, a large share among them, BA occupies from 5 to 15%, and among the sick, the number of young children is increasing.

The sequential development of allergic reactions and diseases in persons predisposed to atopy is indicated as an "allergic march". In children, it is characterized by the initial development of a food allergy, followed by occurrence of atopic dermatitis, followed by allergic rhinitis, bronchial asthma and other allergic diseases are formed, significantly reducing the quality of life of the child, contributing to the physical and emotional maladjustment of both the patient and the members his family.

Children born in families of "allergics" from an early age have a greater risk of both bronchial asthma and other atopic diseases. Therefore, in order to prevent the development of atopy, a program is needed dispensary observation of pregnant women and children high-risk groups for allergies. Early diagnosis and a timely set of adequate therapeutic and preventive measures can reduce the risk of developing

allergies in a child, reduce the number of severe forms allergic diseases, as well as to reduce the economic costs of their treatment.

Measures to prevent the formation of the atopy phenotype in a child are the prevention of intrauterine sensitization of the fetus, the prevention of respiratory infections in the mother during pregnancy, limitation of drug exposure during pregnancy, recovery external environment, improvement of the ecological situation in everyday life, prevention of passive smoking, struggle for breastfeeding, and in the absence of milk in the mother - the appointment of artificial mixtures with partial hydrolysis protein, the use of physical rehabilitation methods and hardening, etc. However, the view on some preventive measures has changed in recent years.

Thus, it was noted that in large families, where children quite often had respiratory infections, the frequency of allergic diseases was lower than among rarely sick children. These observations have been developed in so-called. "hygienic theory", explaining this phenomenon insufficient "training" of the Th1 response in rarely ill children. In addition, it has been shown that the appointment of a strict hypoallergenic diet for pregnant women does not reduce the risk of developing allergic diseases in their child, while following a hypoallergenic diet during lactation by the mother of a child at risk may reduce the likelihood of developing the disease.

Food allergy, being the first in time of development sensitization, has a huge impact on the formation and subsequent development of all allergic diseases in children. Associated with epicutaneous sensitization most skin, respiratory and gastrointestinal manifestations of allergy in children. Allergies in young children age, as a rule, a systemic process that requires an integrated approach to prevention and treatment. The most common allergens in food allergies are milk, eggs, soybeans, nuts, fish, shellfish, wheat, rye.

The severity and high frequency of food allergies in young children is due to physiological immaturity, gastrointestinal tract (which provides tolerance to food antigens through immune and non-immune mechanisms), increased mucosal permeability for foreign protein and features of the neonatal immune response (polarization towards Th2). Food tolerance (FT) is understood as the specific suppression of the immune response upon oral intake of an antigen. Mechanism of PT - antigen-specific and depends on the age of the child, the dose and properties of the received antigen. Timely formation of food tolerance is the most important guarantor of allergy prevention in a child.

Adequate feeding of children in the first year of life during around the world is the main task of practical public health. Breastfeeding is definitely the best feeding. In the absence or insufficient breastfeeding most important for health baby is the right choice of breast substitutes milk. Artificial nutrition should ensure the full development of children who do not receive breast milk.

The appearance of the first symptoms of a food allergy in a breastfed child requires discussion with the mother of dietary measures aimed at exclusion from her diet of highly allergenic foods and histamine liberators. Sometimes it is necessary to exclude whole cow's milk. And only with severe manifestations of dermatitis, in the absence of positive dynamics of the skin process against the background of complex therapy, the child can be transferred to artificial feeding. In case of sensitization to cow's milk proteins, specialized mixtures based on soy protein isolate, which do not contain milk protein in their composition, can be used.

However, it should be borne in mind that they contain native protein, which can also quickly cause allergic reactions. More effective mixtures with a high degree of protein hydrolysis: Alfare, Alimentum, Nutrimigen, Pregestimil and some others. Expansion of the child's diet and the

introduction of dairy products, previously excluded, is possible only 6-12 months after the absence of clinical manifestations of the disease.

The introduction of complementary foods in children often provokes the development the first manifestations of an allergy. It should be borne in mind that the introduction of complementary foods significantly reduces the protective effect of breast milk. In this regard, according to the recommendations of the Nutrition Committee of the European Society of Pediatric Gastroenterology, Hepatology and Nutrition (1999), the introduction of complementary foods to children with allergies is postponed by 5-6 months of life.

Thus, the increase in the frequency of allergic morbidity is due to the complex interaction of factors environment and hereditary predisposition, the role of which, of course, is decisive. However, external risk factors also influence the development of allergies, and in the prenatal period and the period of early childhood their influence is most significant. So, for example, fetal hypoxia transferred in the antenatal and intranatal periods contributes to the more frequent development of allergies in children. The mechanism of its aggravating effect in these children is associated with reduction of barrier functions of various organs and systems to exogenous allergens. To the development of food allergies the child often leads to excessive consumption by the mother highly allergenic and dairy products during breastfeeding. Prevention of allergies in the first year of a child's life mainly consists in the prolonged use of breastfeeding, and in case of a lack of breast milk, the appointment of specialized mixtures with reduced allergenic properties.

## List of Used Literature

1. Abduraimovna, A. D., Turg'unboyevna, Y. N., & Rustamovna, Q. S. (2023). QIZLARNI OILA VA JAMIYATDA O 'ZO 'RNINI TOPISHDA PSIXOLOGIK KO 'NIKMA VA MA'NAVIY YETUKLIKNI SHAKLLANTIRISH. *Scientific Impulse*, 1(7), 310-313.
2. Abduraimovna, A. D., Turg'unboyevna, Y. N., & Rustamovna, Q. S. (2023). QIZLARNI OILA VA JAMIYATDA O 'ZO 'RNINI TOPISHDA PSIXOLOGIK KO 'NIKMA VA MA'NAVIY YETUKLIKNI SHAKLLANTIRISH. *Scientific Impulse*, 1(7), 310-313.
3. Azimovna, U. A. (2023). DEVELOPMENT OF MODERN MARKETING IN UZBEKISTAN. *American Journal of Technology and Applied Sciences*, 10, 1-6.
4. Imamova, A. O., G. O. Toshmatova, and R. Khabiljonova Sh. "Protecting works and hygienic assessment of nutrition of preschool children in Tashkent." (2023).
5. Kobiljonova, S. R., & Jalolov, N. N. (2023). REPRODUCTIVE AND PERINATAL OUTCOMES BORN BY CAESAREAN SECTION.
6. Mirsagatova, M. R., & Sulstonov, E. E. (2023). Features of the Microflora of the Gastrointestinal Tract in Chronic Inflammatory Diseases of the Upper Digestive Organs in Children. *World of Science: Journal on Modern Research Methodologies*, 2(2), 93-98.
7. Salomova, F. I., Sadullaeva, H. A., Abdullaeva, D. G., & Kobilzhonova Sh, R. (2022). PREVALENCE AND RISK FACTORS OF ALLERGIC DISEASES IN CHILDREN IN HOT CLIMATIC CONDITIONS.
8. Джалолов, Н.Н., Имамова, А.О. (2023). РОЛЬ ПИТАНИЯ В ЛЕЧЕНИИ ХРОНИЧЕСКОГО ГЕПАТИТА. *Европейский международный журнал междисциплинарных исследований и управленческих исследований*, 3 (02), 28-34.

9. Жалолов, Н. Н., Нуриддинова, З. И., Кобилжонова, Ш. Р., & Имамова, А. О. (2022). Главные факторы развития избыточного веса и ожирения у детей (Doctoral dissertation, O 'zbekiston Respublikasi Sog 'liqni Saqlash vazirligi, Toshkent tibbiyot akademiyasi, Koryo universiteti "Atrof muhit muhofazasining dolzarb muammolari va inson salomatligi" xalqaro ishtirok bilan Respublika 9-ilmiy-amaliy anjumani materiallari to 'plami 153 bet).
10. Jalolov, N. N., Imamova, A. O., & Sul'tonov, E. Y. (2023). Proper nutrition of athletes, martial arts.
11. Ибодуллаевна С.Ф., Рустамовна К.С., Гайратовна А.Д., Абдурахмоновна С.Х. (2022). РАСПРОСТРАНЕННОСТЬ И ФАКТОРЫ РИСКА АЛЛЕРГИЧЕСКИХ ЗАБОЛЕВАНИЙ У ДЕТЕЙ В ЖАРКИХ КЛИМАТИЧЕСКИХ УСЛОВИЯХ. Искусство медицины. Международный медицинский научный журнал , 2 (3).
12. Имамова А.О., Тошматова Г.О. и Хобилжонова Ш.Р. (2023). Охранные работы и гигиеническая оценка питания детей дошкольного возраста в Ташкенте.
13. Кобилжонова, С.Р. (2023). ПРИНЦИПЫ ДИАГНОСТИКИ И ЛЕЧЕНИЯ ОСТРЫХ ГНОЙНО-ДЕСТРУКТИВНЫХ ЗАБОЛЕВАНИЙ ЛЕГКИХ.
14. Кобилжонова, Ш. Р., Жалолов, Н. Н., & Журабоев, М. Т. (2022). Тугри овкатланиш спортчилар юкори натижалари гарови.
15. Кобилжонова, Ш. Р., Миррахимова, М. Х., & Садуллаева, Х. А. (2022). РАСПРОСТРАНЕННОСТЬ И ФАКТОРЫ РИСКА БРОНХИАЛЬНОЙ АСТМЫ У ДЕТЕЙ.
16. Кобилжонова, Ш. Р., Миррахимова, М. Х., Садуллаева Х. А. (2022). Значение экологических факторов при бронхиальной астме у детей.
17. Миррахимова, М. Х., Нишонбоева, Н. Ю., & Кобилжонова, Ш. Р. (2022). Атопик дерматит билан касалланган болаларда панкреатик етишмовчиликни коррекциялаш.
18. Миррахимова, М. Х., Садуллаева, Х. А., & Кобилжонова, Ш. Р. (2022). Значение экологических факторов при бронхиальной астме у детей (Doctoral dissertation, Россия).
19. Мирсагатова, М.Р., и Султонов, Э.Е. (2023). Особенности микрофлоры желудочно-кишечного тракта при хронических воспалительных заболеваниях верхних органов пищеварения у детей. Мир науки: журнал современных методологий исследований , 2 (2), 93-98.
20. Ниязова, О.А., и Имамова, А.О. (2023). СОВЕРШЕНСТВОВАНИЕ ОРГАНИЗАЦИИ ОКАЗАНИЯ МЕДИЦИНСКИХ УСЛУГ И ЦИФРОВОЙ СРЕТЫ. Европейский международный журнал междисциплинарных исследований и управленческих исследований , 3 (02), 41-46.
21. Ниязова, О.А., и Имамова, А.О. (2023). Совершенствование организации оказания медицинских услуг и Цифровой среды. Европейский международный журнал междисциплинарных исследований и управленческих исследований , 3 (02), 41-46.
22. Саломова Ф.И., Миррахимова М.К., Кобылжонова С.Р. (2022, апрель). Влияние факторов внешней среды на развитие атопического дерматита у детей. Серия конференций Европейского журнала научных архивов.
23. Саломова, Ф. И., Садуллаева, Х. А., Миррахимова, М. Х., Кобилжонова, Ш. Р., & Абатова, Н. П. (2023). Загрязнение окружающей среды и состояние здоровья населения.

24. Саломова, Ф., Садуллаева, Х., & Кобилжонова, Ш. (2022). Гигиеническая оценка риска развития аллергических заболеваний кожи у детского населения. Актуальные вопросы профилактики стоматологических заболеваний и детской стоматологии, 1(01), 88-91.
25. Саломова, Ф. И., & Тошматова, Г. О. (2012). Эпидемиология мастопатии и особенности заболеваемости женщин, страдающих мастопатией. Врач-аспирант, 52(3.1), 222-228.
26. Salomova, F. I., Jumakulovich, E. N., & Toshmatova, G. A. (2022). Hygienic Basis for the Use of Specialized Food for Alimential Prevention of Mastopathy. Journal of Pharmaceutical Negative Results, 150-155.
27. Х, ММ (2022). Распространенность и факторы риска бронхиальной астмы у детей. Техасский журнал медицинских наук , 7 , 111-116.
28. Халматова, Б. Т., & Ташматова, Г. А. (2021). Современные методы диагностики функции внешнего дыхания у детей с бронхиальной астмой.
29. Юлдашева Ф.У. и Имамова А.О. (2022). Роль спорта в формировании здорового образа жизни у молодежи. Европейский международный журнал междисциплинарных исследований и управленческих исследований , 2 (11), 85-89.