Next Scientists
European International Journal of Pedagogics

TYPE Original Research
PAGE NO. 145-148
DOI 10.55640/eijp-05-11-34

The Significance And Role Of "Adenoid" Disease In Clinical, Pedagogical And Psychological Training Of Hospital Pedagogy

Masharipov Rajabboy Rakhimovich

Professor, Department of Clinical Fundamentals of Special Pedagogy, Nizami National Pedagogical University of Uzbekistan, Doctor of Medical Sciences, Uzbekistan

OPEN ACCESS

SUBMITTED 27 September 2025
ACCEPTED 19 October 2025
PUBLISHED 24 November 2025
VOLUME Vol.05 Issue11 2025

Abstract: This article examines the clinical, pedagogical, and psychological aspects of adenoid disease and its significance in the training of hospital pedagogy specialists. Adenoids, as important lymphoid structures, play a crucial role in respiratory health, and their pathological enlargement negatively affects children's breathing, speech development, hearing function, and overall psychophysiological condition. The study analyzes pedagogical approaches used by hospital teachers when working with children suffering from adenoid-related disorders, including individualized educational plans, psychological support strategies, and instructional practices based on clinical knowledge. Additionally, the article highlights learning limitations faced by children with adenoid disease, adapted teaching methods, and the importance of interdisciplinary collaboration in ensuring effective hospital-based education.

Keywords: Adenoid, hospital pedagogy, clinical training, pedagogical support, psychological adaptation, child health, respiratory disorders, speech development, special education, health pedagogy.

Introduction: The most common respiratory diseases in preschool and school-aged children who are treated in hospital schools for more than a month are "Adenoid", difficulty breathing due to the enlargement of the gland located in the nose-larynx-palate, crooked growth of upper jaw teeth, slurred speech, frequent fatigue, snoring when sleeping, fatigue, inability to learn lessons, when sleeping cases of slurred speech are observed.

So, these are the symptoms observed in children with "adenoids". Most importantly, these symptoms are

observed as a result of a lack of oxygen when children breathe.

The following conditions are observed in children who are sick with “adenoids”. As a result, the hospital creates difficulties and complications for the teacher in treating the disease:

- Breathing through the nose makes it difficult to deliver oxygen to the entire body;

- The nose performs the following functions: it maintains the respiratory system - heart - blood vessel system in balance (it acts as a resonator);

- The blood passing through the nose is heated and heated through the blood vessels located in the lower part of the nasal cavity and transferred to the respiratory tract;

- There are small hairs in the nose, which clean and filter the air and transfer it to the respiratory tract.

For children undergoing long-term treatment in a hospital school, it is recommended to first pay attention to the respiratory system and consult an otolaryngologist.

In consultation with an otolaryngologist, we inform parents and hospital staff about “Adenoid” disease, the most common respiratory disease in young children (ages 2 to 12).

adenoiditis? It is a disease that occurs due to chronic inflammation of the nasopharyngeal tonsils, resulting in enlargement of the tonsils. What is adenoiditis? It is an acute inflammation of the nasopharyngeal tonsils.

Adenoid disease occurs mainly in children aged 1-14 years, mainly this disease is more common in preschool (3-7) children.

What is the cause of adenoid disease?

Pathological growth of the tissues of the nasopharynx usually occurs in preschool and school-age children, after suffering from infectious diseases. For example, children who have suffered from infectious diseases such as influenza, angina, scarlet fever, diphtheria, measles, as a result of a decrease in immunity, are prone to adenoid disease. Adenoids can also be caused by a decrease in the immunity of the child's body, hereditary diseases, frequent colds, and parents' lack of care for their children's physical activity, neglect of sports and timely medical examinations.

Where is adenoid disease located?

The adenoids may completely fill the nasopharyngeal vault and extend down the lateral walls to the pharyngeal orifices. They are usually broad-based, irregularly rounded, and divided by a deep groove along the midsagittal line, each divided into two or three lobes by a fissure of about the same depth.

What are the symptoms of adenoid disease?

First, it causes nasal breathing disorders, that is, mouth breathing. The child becomes lethargic, forgetful, and cannot learn lessons well. Headaches, general malaise, insomnia, frequent fatigue, irritability, decreased hearing, improper development of the upper jaw teeth, and lack of oxygen in the body occur.

The increase in the size of the gland reaches such a level that in some cases it can completely occupy the nasopharyngeal cavity, auditory tube, nasopharynx. In such cases, the patient's ability to hear decreases, the volume of the voice changes, he speaks slurred, the skin and soft membranes turn pale, and physical weakness occurs.

Difficulty breathing through the nose, constant discharge of serous fluid from the nose, impaired function of the auditory tube, and phlegm from the nose and throat into the throat are observed. Impaired nasal breathing, first of all, leads to oxygen deprivation of the face and brain, disrupting the normal functioning of the cardiovascular system and breathing.

Adenoids are divided into three degrees: in degree I, the adenoids cover up to 1/3 of the larynx. in degree II, they cover up to 1/2 of it, and in degree III, they cover up to 2/3 or almost completely.

Grade I adenoiditis does not significantly interfere with a child's nasal breathing while awake. It resolves with conservative treatment.

grade II-III adenoids have difficulty breathing through the nose, as a result of which they begin to breathe through the mouth. This leads to headaches, general malaise, insomnia, frequent fatigue, irritability, hearing loss, malformation of the upper jaw teeth, night sweats, snoring, grinding of teeth, sleep talking, and fatigue. They cannot learn subjects at school, become lazy, the skin under both eyes becomes bluish, their eyes look for salvation, and in the long term, this leads to disorders in the development of the facial skeleton. The lower jaw, which always hangs, becomes narrow and elongated, and the upper jaw develops a hard palate incorrectly. It is formed high and narrow, and the bite is disturbed due to the incorrect arrangement of the teeth. These changes give the face a characteristic “adenoid” appearance.

with hypertrophy of the paranasal sinuses may develop a distorted chest shape (goose chest), anemia, and an enlarged blind spot in the eye over time.

Treatment.

In children diagnosed with adenoids, conservative methods are used during acute colds, and in other chronic cases, they are removed only surgically.

The conservative method is used when the tumors are

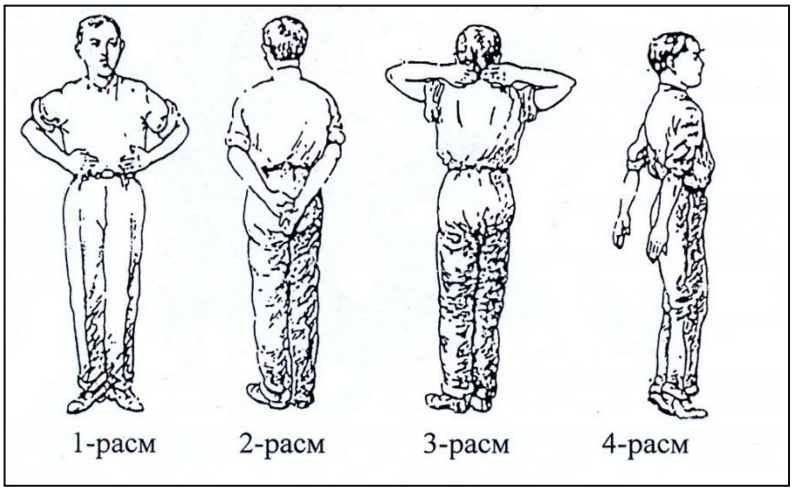
slightly enlarged or in cases where surgery is not possible. For climatotherapy, the air of the mountain climates such as Deniz, Khumson, Oktash, and Zomin is recommended. In some cases, the appointment of antihistamines and calcium gluconate helps.

enlarged tonsils make it difficult to breathe through the nose, adenoids should be surgically removed. The operation is most often performed in children aged 5-7 years. However, when nasal breathing becomes more difficult, hearing is impaired, and other pathological phenomena occur due to adenoids, adenoidectomy is performed even in children of breast age, It is used in children of school age (12-15 years old).

After the operation, the child is placed on a low bed with his head on his side for 25-30 minutes, while at the same time he is allowed to swallow ice cubes or ice cream (a decrease in body temperature leads to a faster cessation of bleeding). 2 hours after the operation, the patient is given liquid, cold food (spicy, hot food, pepper, vinegar, etc. cannot be given, as this may cause bleeding). The patient should adhere to this diet for 4-5 days.

Does nasal breathing improve in children after adenoid removal? Does he sleep with his mouth closed?

Yes, after removing the adenoids, the child will not be able to breathe fully through the nose. Because the child has been accustomed to breathing through the mouth for a long time. For this, if parents do special “nasal breathing exercises” for their child in the morning and evening for a month, he will breathe fully through the nose. In the table below, we recommend this nasal gymnastics to parents.



The following method of nasal gymnastics is recommended.

Exercise 1 (Fig. 1). The patient stands straight with the chest slightly protruding (without straining) and the abdomen slightly retracted; the heels are brought together at an angle of 90 degrees. The patient, placing his hands on the lower part of the chest, begins to breathe slowly through the nose, while the abdomen should not protrude forward. During inhalation, the ribs should be clearly felt to separate under the hands. The breath should be exhaled slowly through the nose.

Exercise 2 (Figure 2). The patient is in the same position. Only his hands are behind his back - and both palms are joined; the stomach should be pulled in as much as possible. A slow breath is taken in through the nose; the chest expands and the lungs fill with air at the same time. Then, of course, a slow breath is taken out through the nose.

Exercise 3 (Fig. 3). The patient is in the same position, but with his palms on the back of his head. The fingertips are pressed together to the midline; while taking a deep breath through the nose, the elbows, which were previously extended forward, are gradually spread to both sides. As he exhales slowly, the elbows are gradually returned to their original position.

Exercise 4 (Fig. 4). The same position, but the hands are freely placed on the sides. While inhaling, the hands are slowly moved back until they form an angle of 12-15 degrees with the body; at the same time, without rushing, the patient rises slightly on the tips of his legs, draws his stomach in as much as possible, and at the same time inflates his chest. While exhaling, he slowly returns to the starting position.

CONCLUSION

One of the most difficult diseases to treat in hospitals is adenoiditis, which is one of the most difficult and complicated respiratory diseases. It is difficult to treat other diseases without treating the disease.

The following results are achieved by early detection and timely treatment of “adenoids”:

- Provides the entire body with saturated oxygen;

- With the respiratory system - the heart and blood vessels are maintained at a constant rate of activity and

the entire body is supplied with oxygen and nutrients;

- Psycho-emotional, stress, mental depressions, moods, desire to sleep of sick children improve;

- Children with learning disabilities have a high level of "cognitive" development;

- A sick student feels good and rests well.

REFERENCES

1. Niedzielski A., Chmielik L.P., Mielnik-Niedzielska G., Kasprzyk A., Bogusławska J. “Adenoid hypertrophy in children: a narrative review of pathogenesis and clinical relevance.” BMJ Paediatrics Open. 2023.
2. Ahmad Z., Krüger K., Lautermann J., Lippert B., Tenenbaum T. “Adenoid hypertrophy — diagnosis and treatment: the new S2k guideline.” HNO. 2023.
3. McNeill E. “Diseases of the adenoids and tonsils in children.” (Article) ScienceDirect. 2024.
4. Ma Y., Xie L., Wu W.H. “The effects of adenoid hypertrophy and oral breathing on maxillofacial development: a review.” Journal of Clinical Pediatric Dentistry. 2024.
5. Karpova E.P., Tulupov D.A., Naumov O.G., Usenia L.I., Belov V.A. “Adenoiditis in children: A modern view of the etiology and preventive treatment.” Pediatria. 2024.
6. Ismatullayeva, N. R. (2021). On the Introduction of E-Learning Portfolio in the Educational Process. Current Research Journal of Pedagogics (2767-3278), 2(09), 35-37.
7. Ismatullayeva, N. R. (2022). POSSIBILITIES OF USING THE INTERACTIVE BOARD IN FOREIGN LANGUAGE LESSONS.«. O ‘zbekiston-Xitoy: Tarixiy-Madaniy, 77.
8. Ismatullayeva, N. R. (2022). Teaching Translation Methodology in the Foreign Language Classes. International Journal of Social Science Research and Review, 5(12), 448-452.