

FEATURES OF ANTHROPOMETRIC PARAMETERS IN WOMEN OF THE FIRST AND SECOND PERIOD OF MIDDLE AGE WITH DIFFERENT CONSTITUTIONAL TYPES

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✓ *Resume,*

The article considers the features of anthropometric parameters in women of the first and second period of middle age with different constitutional types. Classification of constitutional types is discussed.

Keywords: Constitution, physique, somatotype.

HAR XIL KONSTITUTSIYAVIY TIPDAGI O'RTA YOSHDAGI BIRINCHI VA IKKINCHI DAVR AYOLLARIDAGI ANTROPOMETRIK PARAMETRLARNING XUSUSIYATLARI

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Maqolada turli xil konstitutsiyaviy turlarga ega bo'lgan o'rta yoshdagi birinchi va ikkinchi davr ayollaridagi antropometrik parametrlarning xususiyatlari muhokama qilinadi. Konstitutsiyaviy turlarning tasnifi muhokama qilinadi.

Kalit sozlar: konstitusia, tana tuzilishi, somatotip.

ОСОБЕННОСТИ АНТРОПОМЕТРИЧЕСКИХ ПАРАМЕТРОВ У ЖЕНЩИН ПЕРВОГО И ВТОРОГО ПЕРИОДА СРЕДНЕГО ВОЗРАСТА ПРИ РАЗЛИЧНЫХ КОНСТИТУЦИОНАЛЬНЫХ ТИПАХ

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✓ *Резюме,*

В статье рассматриваются особенности антропометрических параметров у женщин первого и второго периода среднего возраста при различных конституциональных типах. Обсуждается классификации конституциональных типов.

Ключевые слова: конституция, телосложения, соматотип.

Relevance

The Constitution represents a set of relatively stable morphological and functional properties of the human body, formed as a result of the implementation of the genetic program under the influence of specific environmental factors [1,4].

Evaluating anthropometric indicators, functional and hereditary characteristics, using relative and additional distinguishing features, researchers of physical development identified various types of physique and Constitution [2,3,6].

Currently, a significant number of classifications of constitutional types have been proposed. Most often, these classifications combine descriptive and quantitative features [5,9].

In medicine, the most common classifications of constitutional types are M. V. Chernorutsky (1929), A. A. Bogomolets (1926), V. N. Shevkunenko (1935), W. Sheldon (1954), Shtefko-Ostrovsky (1929), V. V. Bunak (1937), and R. N. Dorokhov (1988) [4]. In addition to the constitutional schemes adopted in our country, there were many others. Of the earlier schemes, the classification of A. A. Chaïou (1912) and L. Mac-Auliffe (1925) is the most famous [8]. These authors assumed that the Constitution is the result of a direct impact of the external environment on the body. Due to this influence, certain connections are formed between the systems of bodies that are mainly developed among representatives of these constitutions. To characterize a particular anatomical Constitution, a

number of researchers suggest the term "somatotype", which is based on morphological criteria [10]. The somatotype is a part of the Constitution, its external somatotypic expression, and morphological characteristic [11]. There are not only age differences, but also gender differences in body types. Somatometry is well developed for men and still poorly for women and children [4]. In Russia, somatotypological diagnostics of men and women, proposed in 1979 by V. p. Chitetsov using the classification and terminology of I. B. Talant (1997), is widely used [12].

Many authors point out that in the period preceding puberty, the morphological Constitution is still unstable, but in the puberty period in some, mainly early maturing types, it can become stable [13]. Some authors note that this age is characterized by the greatest transformation of constitutions [4]. So, according to M. A. Korneva (1999), in Leningrad girls of the youth age period, the muscular type of physique prevails (45.5-53.0%); the frequency of the thoracic type increases from 16 to 18 years of age; while the frequency of the digestive type of physique, characterized by increased fat deposition, tends to decrease in this age period.

According to O. A. Aksenova (1996), V. V. Sokolov (2000) and A.V. Cond-rasheva (2004), the constitutional composition of women in the South of Russia as changed slightly over the past 15 years. It is mainly represented by mezasobnym type with a low content of bone, muscle and fat components' [8].

According to the authors, this data can be used for organizing sports and health-improving events for this region. Constitutional diagnostics in women of the first and second period of middle age, and conducted S. Aristova (2005), showed that the most frequently registered representatives of the megalosomal Constitution (57.4%); women of the leptosomal Constitution make up 15.5%, mesosomal - 4.0% - 22.9%. The distribution of somatotypes is influenced by differences in professional characteristics [14].

Some authors note the role of heredity and the environment in human growth and development. It is established that in the formation of the human Constitution, the share of hereditary influences accounts for 71-76%, and the hereditary conditionality of the Constitution as a whole is higher than its individual components. Genomic and chromosomal mutations change the Constitution of the entire organism [15]. According to I. N. Verzilina and M. I. Churnosov (2002), a significant increase in congenital pathology was detected in newborns in the city of Belgorod. Correlative relationships between the constitutional type and the frequency of pathological changes in the thyroid gland in Kiev students who survived the Chernobyl accident at the age of 8-11 years and continued to live in Kiev (Bobrik I. I., Davidenko L. M., 1996), between body proportions, hormonal status, and the level of radioactive contamination in girls 9-15 years old in the Gomel region [1,4].

It is proved that in order to obtain a more detailed description of physical development, it is necessary to take into account not only individual anthropometric parameters, but also to study the component composition of the body: the ratio of fat, muscle and bone mass [14]. The study of the ratio of individual tissue components is extremely important, since it most fully reflects the General state and nature of metabolic processes in the body and changes significantly under the influence of specific nutrition, physical activity and social status. The average value of the fat component, according to V. G. Nikolaev (2001), is 16.8 ± 0.2 kg (27.5 ± 0.1 %) in women and 8.5 ± 0.004 kg (13.8 ± 0.1 %) in bone. According to E. V. Boucharova (1999), the index of the bone component is higher and is 9.9 ± 0.1 kg (6.3 ± 0.1 %), while the value of the fat component is less by 4.8 kg (12.0 ± 0.1 kg or 19.5 ± 0.1 %).

In women of Khakassia, the component composition of the body is distributed as follows: the fat component accounts for 14.9 ± 0.5 kg; the bone component - 5.8 ± 0.1 kg [4]. According to I. G. Dobrovolsky (2016), women 20-25 years of age have fat and bone components more and are 12.1 ± 0.5 kg and 12.7 ± 0.2 kg, respectively. Girls have 17-20 years of the Saratov region, the fat component is 14.4 ± 0.3 kg, the bone component - 7.2 ± 0.1 kg [4].

According to H. T. Kaarma (1991), childbirth is easier for slender women than for small women and for full women of any height. In support of this fact, H. T. Kaarma (1991) points to the direct dependence of the frequency of complications of pregnancy and childbirth on the woman's Constitution. First of all, this refers to the endomorph body type, and body mass index identified as the most informative [14].

The physical status of newborns is affected by the type of mother's Constitution (Smooth B.C., Verigo L. I., 2006). In particular, children of women with leptosomal Constitution were characterized by low values of the main parameters of physical development except for body length. They were also characterized by an average degree of development of fat and muscle mass and low - bone mass. At the same time, the relative amount of adipose tissue in women with stenoplastic somatotype exceeded all other children. Children in women with megalosomal

Constitution were characterized by the highest values of all anthropometric indicators and indices, as well as high development of muscle and bone tissue. The relative amount of the fat component of this group was the lowest (Nikolaev In.G., 2001). Women with leptosomal Constitution had the most favorable course of pregnancy, and women with megalosomal Constitution can be classified as a risk group for non-gestation. More than half of the women of the euryplastic somatotype suffered from preeclampsia, which was characterized by an earlier, more severe onset and was accompanied by fetoplacental insufficiency. Fetal hypoxia in childbirth was registered in every 3rd - 4th woman of athletic and euriplastic somatotypes, which served as the main indicator for operative delivery in 38.9% of cases.

Thus, the physical status of newborns is directly dependent on the size of the mother. A high degree of correlation between the main indicators of physical development and components of body weight of newborns and the main parameters of the mother's physique was revealed [13].

Thus, there are geographical features of the anthropometric parameters of women in different types of Constitution. It is of practical interest to study the features of ultrasound anatomy of the internal genitals of girls aged 21-26, 33-40 years of one ethno-territorial group and different body types.

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