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SPEECH DEFECT "RHINOLALIA" IN PRESCHOOLERS

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Abstract
This article examines Rhinolalia, i.e. the timbre of the voice of the speech apparatus, violations in the pronunciation of sounds and its types of causes, a serious deviation in the rhinolalia of the mechanisms of articulation of sounds, phonation, sound formation. Information is provided about the very long and painstaking path of the history of the study of rhinolalia. `

Keywords
anatomical defects, physiological defects, organic, functional cleft palate, timbre of voice, Gutsman method, resonance.

Rhinolalia (from the Greek word Rhinos-nose, lalia-speech) is a violation of the timbre of the voice and pronunciation of sounds due to anatomical and physiological deficiencies of the speech apparatus. The history of studying rhinolalia has come a very long and painstaking way. Doctors, psychologists, and speech pathologists have made a great contribution to the study of the problem. Rhinolalia, explained by cleft lip and palate, was considered a problem, a significant object, the subject of study by dental surgeons, orthodontists, neuropsychiatrists, speech therapists for various branches of medicine and speech therapy. The first scientific papers on rhinolalia were written by doctors. Their actions were aimed at restoring the bulge of the palate, the recreated palatine membrane should be long enough and movable and have a mount for the back wall of the larynx. Achieving this effect makes it possible or eliminates mannerisms in speech.

It is worth noting that the first scientific work on rhinolalia was carried out by doctors, and later acquired problematic significance for various branches of speech therapists. This disease is characterized by cleft lip and palate. There are several types of rhinolalia that have been investigated to identify them, and their action will focus on restoring the bulges of the palate and lips. Studying the causes in the diagnosis of rhinolalia with the joint work of speech therapists and doctors, it will be easy to identify and eliminate the causes. The detection of rhinolalia is delayed, while the duration of treatment increases, and in some types of rhinolalia it can be difficult to detect.

In the process of speech, the soft palate continuously rises and falls to different heights. This state depends on the pronunciation of sounds. By the nature of the dysfunction of the fusion of the palatine larynx, rhinolalia is divided into 3 groups:

Forms of rhinolalia by the nature of impaired function of the fusion of the palate and larynx.

Closed rhinolalia closed rhinolalia occurs as a result of a decrease in physiological nasal resonance when pronouncing speech sounds. The strongest resonance will be in the pronunciation of nasal sounds m, N. With normal pronunciation of these sounds, the nasopharynx is open and the air flow goes directly into the nasal cavity. If there is no nasal resonance in the pronunciation of nasal sounds, then the nasal sound is pronounced similarly to the sounds B, D. The reason for the closed form of rhinolalia is organic changes in the nasal cavity or functional disorders of the fusion of the palate and larynx.

There are functional testing methods for detecting open rhinolalia. One of the simplest checks is the Gatsman method. At the same time, the speech therapist instructs the child to alternately return vowels and vowel sounds, and to alternately close and open the nasal passage of the child. With open rhinolalia, there is a significant difference in the sound of these vowel sounds. Especially when the

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vowel a is pronounced with the nasal passage closed, the sound is not audible, while the nose feels a strong vibration through the fingers of a speech therapist. Again, one of the detection methods is a phonendoscope examination. In this case, the examiner presses one end of the phonendoscope to his own ear, and the other to the child's nose. A lot of noise is heard when a child pronounces vowels, especially vowels I and A. When pronouncing the consonants F, S, SH, a hissing sound is heard. Open rhinolalia can be organic and functional. Organic open rhinolalia can be congenital and acquired throughout life. The cause of the congenital form of open rhinolalia is the cleft of the soft and hard palate.

Mixed rhinolalia. This type of rhinolalia is explained by the outflow of air from the nose with a pathological decrease in nasal resonance, which results in a violation of the articulatory and acoustic side of all speech sounds. The timbre of the voice changes significantly. With mixed rhinolalia, the symptoms of both open and closed rhinolalia appear in combination. It also leads to changes in the palatopharyngeal membrane when the nasal passage is blocked. Nasal sounds are pronounced as with closed rhinolalia, and other sounds are pronounced as with open rhinolalia. Mixed rhinolalia can be both organic and functional in nature.

With all of the above types of rhinolalia, speech sounds are impaired, and with rhinolalia, speech develops with a delay. When treating rhinolalia, it is necessary to identify and correct the causes of its occurrence in a timely manner. With open rhinolalia, as already mentioned, the sounds formed mainly in the oral cavity are pronounced in the beak. The causes of open rhinolalia are cleft palates, and there are also types of open rhinolalia, and they can be both acquired and congenital.

However, with closed rhinolalia, these organic changes in the nasal cavity are turned on, and nasal sounds are produced and changed with a completely different pronunciation, if there is no nasal reason when nasal sounds are pronounced. On the other hand, with mixed rhinolalia, open and closed rhinolalia occur sequentially and have a long period of detection and treatment.

"Different peoples have different countries, even in different provinces of each country, there are different numbers of children born with congenital cleft. A.A. Limberg (1964) summarizes references in the literature, noting that among 600-1000 newborns, one child is born with cleft lip and palate. I.A. According to Kozina (1971), every year about 5,000 children are born with cracks of various shapes, even in the former SSSR. Cleft lip and palate have a negative effect on the general and speech development of the child. It is difficult for the child to breathe when sucking, swallowing. These conditions negatively affect the physical development of the child, slowing down the process of the body's struggle with other diseases. Such children need regular medical supervision and treatment.

Rhinolalia has previously been found in different countries, as shown above. Researchers and doctors have worked hard on the causes and treatment of rhinolalia. Currently, experimental work is being carried out by surgeons to restore the tubercles of the palate. After surgery for rhinolalia, speech therapists perform correction.

Summary: Rhinolalia, i.e. sound disturbance, treatment and prevention work is currently underway. Currently, in our state, great importance is paid to the development of children's speech, and for the proper development of speech with children, doctors and speech therapists carry out various work. All this testifies to the increased attention of our state to children's speech.

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